

LSST HER Action Plan

Findings from HER report	Actions to be taken	Action by	Success indicators	Specified date of completion by the HER review team	Progress (date) internal review and evaluation comments (methodology adopted)	Actual date of completion	Date for continuous review and evaluation
Good Practice							
N/A							
Affirmation							
N/A							
Recommendations							
N/A							
N/A							
Reviews and implements effective academic governance and management structures (Expectation A2.1)	Review, re-evaluate and redesign the college's academic governance in line with the UK Quality Code, comments received from the officially published HER report and awarding body guidelines in a manner that is fit-for-purpose and is in full compliance with the recommendations of the published HER report and overall requirements.	Executive Committee Deputy CEO Head of Quality	Updated college activities mapping on the UK Quality Code. Updated academic governance structure. Updated terms of reference for all boards, committees and panels. Complete and accurately recorded minutes of meetings.	August 2018	A remapping exercise of all college activities against the UK Quality Code has taken place over a period of time from 8 th of March 2018 to 22 nd March 2018 in consultation with department heads, key staff members and senior managers and a complete new mapping was developed in the light of the numerous requirements with the aim of creating the impetus for the new academic governance. The officially published HER report was scrutinised and areas for actions and further improvements were identified in consultation with department heads, key staff members and senior managers. As a result of the remapping exercise and actions and improvements identified from the officially published HER report, department heads and key staff members were consulted on 13 th April, 21 st and 22 nd May 2018 and numerous senior management meetings were held (12 th April 2018) where the new academic governance was discussed and a new academic governance framework was developed in line with all requirements.	2 April 2018 20 April 2018 16 April 2018 First phase/pilot of new academic governance. The final version was approved by the executive committee on 5 June 2018 and full implementation of the final structure to be	

	<p>As a result of the redesigned academic governance, review, re-evaluate and redesign the management structure and re-adjust roles and responsibilities (where necessary) to observe the newly designed academic governance.</p> <p>Ensure effectiveness in implementation on ongoing basis.</p>		<p>Updated management structure.</p> <p>Updated job descriptions.</p> <p>Complete and accurately recorded minutes of meetings.</p>		<p>Subsequently of the newly designed academic governance, the management structure was reviewed on 16th March and 16th April 2018 and further improvements were made in line with the academic governance and the needs of the college.</p> <p>To ensure effectiveness on the implementation of the new academic governance, new terms of reference were written in consultation with department heads, key staff members and senior managers 13th April, 21st and 22nd May 2018 and to ensure effectiveness of the management structure job descriptions were re-visited and further improvements were made.</p>	<p>in force on 1 July 2018</p> <p>5 June 2018</p> <p>16 April 2018 5 June 2018</p>	
<p>Implement and keep under review a policy and formal procedure for the internal development, modification and approval of programmes (Expectation B1)</p>	<p>Design a policy and a process for formal internal review and evaluation as well as further development and modification(s) of current programmes (if needed) and propose actions for improvement.</p> <p>During the same process (PDRG meetings), discuss requests for new programme(s), consider resource and other requirements and suggest actions for consideration for the newly requested programmes (if any) in line with the college's strategic direction to be proposed to partner, or new, awarding bodies.</p>	Principal	<p>Completed PDRG policy that is also effectively communicated to relevant staff members.</p> <p>Completed and accurately recorded minutes of meetings.</p> <p>Appropriate follow up actions.</p> <p>Completed and accurately recorded minutes of meetings.</p> <p>Appropriate follow up actions.</p>	August 2018	<p>A relevant policy was written and approved by the executive committee on 16th March 2018.</p> <p>In the process of developing the new academic governance, a Programme Development and Review Group (PDRG) was also formed to address all these requirements.</p> <p>To facilitate the clarity and effectiveness of PARG associated terms of reference were also written and this process is now integral to the academic governance of the college.</p>	16 April 2018	
<p>Clarify for all stakeholders the process for the selection and admission of students and ensure that interview outcomes are fully documented</p>	<p>Write a detailed document with the title 'Process of Application, Selection and Admission of students' and include a flow chart fully describing the process of student selection and admission. In the same document all steps should be clearly explained including regrettable cases of applicant complaints and appeals.</p> <p>The entire documented process and the flow chart to be published at the college's website, posters to be put up on the wall(s) of all</p>	Director of Admissions and Marketing	<p>Well informed applicants of the entire process of selection and admissions including their rights to appeals and complaints measured by a newly designed applicant satisfaction questionnaire.</p>	August 2018	<p>The 'Process of Application, Selection and Admission of students' document is currently being developed and upon completion will be available on all touch points.</p> <p>A script and outline for a video/animation is currently being developed, which explain the admissions process and also provide clear information on appeals and complaints procedures. The video will be uploaded on the college's website and shown to applicants at open days.</p>	<p>Meeting held on 30 May 2018</p> <p>Estimated date of completion 29 June 2018</p>	

<p>(Expectation B2)</p>	<p>campuses' admissions departments and also to be given at hand, or emailed, to applicants during the stage of enquiry.</p> <p>The same documentation to be made available at the staff portal and an announcement to be made to staff drawing attention to this additional documentation and clarifications.</p> <p>A review of all admissions documentation including publications in the diverse touch points to take place to ensure that information is uniformed and accurate on the many documents used.</p> <p>All interviews to be fully recorded including the outcome of the interview and applicants' admissions folder to be checked for completeness and accuracy before concluding the case and archiving documentation.</p>		<p>Information regarding the college's selection and admissions including appeals and complaints processes will be easily accessible onsite via posters, leaflets and open day presentations as well as online measured by the availability and accuracy of such resources.</p> <p>Admissions staff accurate and updated product knowledge including all processes and documentation as a result of regular training sessions to be measured via the applicant satisfaction questionnaire.</p> <p>Admissions documentation completeness and accuracy to be measured via regular audits and auditor report(s).</p> <p>Admissions decisions and interview outcomes are recorded, followed by a final review of applicants' admissions folders and audited for completeness and accuracy measured via regular checks and auditor report(s).</p>		<p>A detailed flow chart for all stakeholders is being created, with all possible outcomes and processes, and another simplified version for applicants will be on display in all campuses' Admissions and on the website.</p> <p>A review of all current admissions documentation has been carried out and where inaccuracies were identified amendments were implemented.</p> <p>Staff have been informed of all updates and changes.</p>		
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<p>Clarify the responsibilities for the consideration of external examiner reports at institutional level (Expectation B7)</p>	<p>A formal external examiner process to be put in place that clearly records the review and consideration of external examiner reports by the relevant programme teams via the relevant course committee with responsibility falling on the relevant programme leader (who acts upon identified actions and recommendations agreed at the course committee). Reports are then to be sent to the learning, teaching and assessment committee, the quality manager and the quality enhancement committee for further actioning (if any needed) and overall reporting to take place at the academic board.</p> <p>External examiner comments (if any actions have been identified) also to be inputted at the college's master action plan and logged out when actions have been addressed and completed.</p> <p>Responses to actions identified (if any), before implementation, will also need to be approved by the relevant associate dean.</p> <p>Finally, external examiner reports to also be submitted at the executive committee for discussion accompanied by an action plan, if relevant.</p>	<p>Principal</p>	<p>Appropriate minutes of meetings of relevant committees clearly showing consideration of the relevant examiner reports and formulation of action plan(s) for responses that need actioning.</p> <p>Relevant records of actions inputted in the college's master action plan and a clear follow up of these responses accompanied with logging out when completed.</p> <p>Approval record for actions developed in response of the associated examiner report(s) by the relevant associate dean.</p> <p>Records of responses and actions, including any other comments (if any), in the various relevant module log(s) and course logs.</p> <p>Minutes of meetings from the relevant executive committee showing that external examiner reports and action plan(s) have been received and discussed accordingly.</p>	<p>August 2018</p>	<p>A meeting of consultation and agreement between programme leaders, associate deans and other relevant colleagues has taken place where all such requirements were discussed and appropriate processes have been identified and agreed.</p> <p>The full set of the college's responsibilities in relation to external examiner reports have been mapped in the college's mapping of activities of the UK Quality Code.</p> <p>Relevant committees responsible for reviewing and acting upon external examiner reports have been incorporated in the newly designed academic governance structure of the college, as discussed in previous points.</p> <p>For each of the committees responsible for reviewing and acting upon external examiner reports, clear terms of reference have been written to provide a structured framework in a context.</p>	<p>4 June 2018</p>	
<p>Revise the policy and procedure for appeals to</p>	<p>Revise the appeals policy and ensure that it is fully in line with awarding bodies' regulations as well as the requirements of the Office of the Independent Adjudicator.</p>	<p>Head of Registry in agreement with the head of</p>	<p>Revised, compliant and clear policy in place.</p>	<p>August 2018</p>	<p>The policy was revised in line with external awarding bodies' requirements and the guidelines from the Office of the Independent Adjudicator.</p>	<p>The meeting was held on 12 June 2018</p>	

<p>ensure the requirements of the awarding bodies are met (Expectation B9)</p>	<p>After the revision of the appeals policy, devise an appeals procedure and processes to ensure that implementation is aligned against the revised policy and also incorporate a flow chart that clearly illustrates all stages step-by-step.</p> <p>Have a meeting between Registry and Student Support Office(s) and discuss and agree relevant processes to ensure efficiency and accuracy of procedures.</p> <p>Develop a brief document with key guidelines for the benefit of students and make it available at the campuses' student support services.</p> <p>Upon approval by the executive committee of the revised appeals policy and procedure(s), updated documentation to be sent out to all students and staff and also to be uploaded on the relevant touch points and staff portal for the benefit of all stakeholders.</p>	<p>student support services</p>	<p>Revised and aligned procedure in place.</p> <p>Associated flowchart in place.</p> <p>Minutes of meeting between Registry and Student Support Services clearly recording the discussion and agreement of all parties.</p> <p>Documentation available on staff portal, VLE and college website.</p>		<p>An appeals procedure and relevant processes were also devised and aligned with the appeals policy.</p> <p>A flowchart and a brief document were produced and are available from the diverse touch points.</p> <p>A meeting was held between Registry and Student Support Services and the specific procedure and processes to be followed were agreed between all relevant parties.</p> <p>Relevant notifications to staff and students to be sent and all documentation after approval by the executive committee was uploaded at the various touch points.</p>	<p>Estimated date for completion on 4 July 2018</p>	
<p>Ensure that all information for staff and students is accurate and trustworthy (Information)</p>	<p>Revise the existing public information policy and other associated policies (Admissions Policy Procedure and Regulations, Social Media Policy) and ensure appropriateness and accuracy of contents so that information published at the college's diverse touch points is trustworthy and it is aligned against college-specific requirements, awarding body regulations and the UK Quality Code guidelines.</p> <p>Carry out a comprehensive review of all public information touch points (website, VLE, social media and staff portal) and internal and external publications used to ensure accuracy and currency.</p> <p>Develop a process in line with the policy, accompanied with a flowchart, clarifying the process for the production of information and</p>	<p>Director of Admissions and Marketing</p>	<p>Updated policies in line with all relevant guidelines.</p> <p>Complete and accurately recorded minutes of meetings.</p> <p>A report with the findings of the review and follow up actions in place.</p> <p>An inventory of all publications is kept, with record of current version, review date and expiry of public information in circulation.</p>	<p>August 2018</p>	<p>A full revision consultation has taken place, led by the director of admissions and marketing, and the public information policy with other associated policies (Admissions Policy Procedure and Regulations, Social Media Policy) were agreed and updated with all relevant parties accordingly. An updated version was produced, subject to Executive Committee final approval.</p> <p>An audit of all touch points was carried out and any errors identified were rectified and any amendments or additions needed have been incorporated accordingly.</p> <p>A process was developed in agreement with key staff members in line with the policy and a flow chart was fashioned clearly illustrating all stages</p>	<p>Meeting held on 30 May 2018</p> <p>Estimated date of completion 29 June 2018</p>	

	<p>the signing off of such information to ensure accuracy and reliability.</p> <p>Develop a Publication Committee for approval of publications and all information.</p>	<p>Executive Committee</p> <p>Head of Quality</p>	<p>Regular cyber patrolling, review of internal and external public information is conducted.</p> <p>Availability of the documentation of the process and the associated flowchart.</p>		<p>from beginning to end. Specifically, the key steps that have been agreed are:</p> <p>An online public information request form (accessible via staff portal and website) is being developed, which will be used by all staff requesting an addition or a change to public information and/or a publication.</p> <p>An online based collaborative and multi-stage approval process of public information has been introduced, to be used by staff, quality unit and marketing department.</p> <p>The public information approval process includes:</p> <p>An online based collaborative and multi-stage approval process of public information has been introduced, to be used by staff, quality unit and marketing department.</p> <p>Stage 1 - Request Form</p> <ul style="list-style-type: none"> - Submitted to marketing department & quality unit - Signed off by department manager or owner of public information authorising addition(s) to public information/publication(s) or change(s). <p>Stage 2 - Content Creation & Collation (by Owner & Marketing Department)</p> <ul style="list-style-type: none"> - Project manager and/or Instigator collaborates with Marketing Department to create publication - Once completed, Owner approves publication <p>Stage 3 - Quality Unit</p> <ul style="list-style-type: none"> - Quality unit proof reads and checks for accuracy - Checks with partners and awarding bodies, if required - If any amendments are still required, publication will be sent back to <u>Stage 2</u> <p>Stage 4 - Marketing Director</p> <ul style="list-style-type: none"> - Final approval before publication is printed or changed or addition is made on website <p>All publication(s) will be signed off by four senior staff members: 1) Owner of Public</p>		
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	<p>Ensure that all staff are fully aware of the updated policy and processes involved in the production of information.</p> <p>Upload relevant policies and associated documentation at the college's website and staff portal.</p>		<p>Announcement email by the quality unit.</p> <p>Staff training during staff development sessions.</p> <p>Presence of such documentation and guidelines on the touch points.</p>		<p>Information, 2) Department Manager, 3) Quality Officer & 4) Marketing Director</p> <p>The marketing department will also prepare a training session, to be delivered during scheduled staff development day(s), on public information policy and approval process.</p> <p>As a first step, an email announcement was sent out to all staff clearly articulating the updated policies and processes. Staff will also be receiving briefs to that effect by the marketing department during staff development sessions.</p> <p>All updated policies and associated documentation have been uploaded on the website and staff portal</p>		
<p>Ensure all staff understand, adhere to and implement the Public Information Policy and Procedure (Information).</p>	<p>All relevant policies to be published both in the college's website and staff portal for the benefit of all stakeholders so that policies are conveniently available to all.</p> <p>An email announcement to go out to all staff at the beginning of every semester drawing their attention to the staff portal and relevant policies.</p> <p>A staff questionnaire to be developed with relevant key questions, including public information, for staff to answer (including new recruits when recruited) and asking for further clarifications (if needed). The questionnaire to be coordinated and managed by HR.</p> <p>Maintain the established staff training sessions during scheduled staff development day(s) on the requirements of the UK Quality Code (public information is an integral part of this) and ensure that all staff are familiar with the college's mapping of activities against the UK Quality Code the new academic and management structures and the relevant terms of reference.</p>	<p>Head of Quality</p> <p>Director of Marketing</p>	<p>Clear understanding of staff of the guidelines of public information policy and approval processes and the requirements for effective implementation.</p> <p>Staff are given comprehensive training and guidance on requirements of the UK Quality Code.</p>	<p>August 2018</p>	<p>At the time of writing this action plan, the old policies are still in force and uploaded on the various touch points. However, as soon as the amended policies (as described in the previous similar recommendation) are approved by the executive committee will be replaced accordingly and relevant updated communications will take place.</p> <p>Such emails and notifications are sent out by the quality unit in a timely fashion as a matter of routine. However, as an extra ordinary action an additional email was sent out by the quality unit on 14 June 2018 drawing, once again, all staff members' attention to these requirements.</p> <p>At the present time this questionnaire is under production by the quality unit and as soon as it is ready it will be implement by HR as part of routine HR processes.</p> <p>This is taking place for many years as a matter of routine and standard practice in LSST. Presentation slides are also routinely updated when changes to be made are identified.</p>	<p>14 June 2018</p> <p>Estimated date of completion on 29 June 2018</p>	

<p>Ensure external examiner reports are routinely used to identify key themes across the provision to inform enhancement (Expectation B7).</p>	<p>In addition to the comments made and actions identified previously regarding a similar recommendation received about external examiners:</p> <p>External examiner reports to also be reviewed by the relevant teams and committees in the light of comments made (if any) that may be used for student enhancement opportunities.</p>	<p>Principal</p>	<p>Minuted committee and panel discussions on possible student enhancement opportunities resulting from comments made by external examiners.</p> <p>Follow up actions via the college's master action plan.</p>	<p>October 2018</p>	<p>A meeting conducted by the quality unit manager was held with programme leaders and associate deans and it was agreed that such discussions will be taking place in module teams and programme committees. Consequently, possible programme themes for student enhancement will be reported at the learning, teaching and assessment committee and a summary report will be submitted to the quality and enhancement committee where all programme reports will be summarised thematically in an effort to identify student enhancement opportunities (if any).</p>	<p>4 June 2018</p>	
<p>Ensure full recognition of and takes appropriate responsibility for institutional oversight of academic standards (Expectation A2.1)</p>	<p>This recommendation is the same (but reworded) as in the first one (A2.1) shown on this action plan.</p> <p>Nevertheless, for purposes of clarity we reaffirm our actions from the first recommendation made (again for A2.1) and we are confident that by undertaking these very same steps we will be taking full recognition of our responsibilities as a learning institution of oversight of academic standards in our college.</p> <p>We are thus confident that by doing so we will be seen by all stakeholders to be fully recognising, and acting upon, our responsibilities for institutional oversight of academic standards in our college.</p>	<p>Executive Committee</p> <p>Deputy CEO</p> <p>Head of Quality</p>	<p>As in the previous recommendation for A2.1</p>	<p>December 2018</p>	<p>As in the previous recommendation for A2.1</p>	<p>As in the previous recommendation for A2.1</p>	
<p>Develop a strategic approach to learning and teaching including the analysis and evaluation of student data throughout the deliberative committee structure (Expectation B3)</p>	<p>Develop a strategic approach to learning and teaching that is both systematic and deliberate and incorporate in the process the analysis and evaluation of student data from many diverse sources that are both quantitative and qualitative.</p>	<p>Executive Committee</p>	<p>The formation of the data management department.</p> <p>The formation of the data management panel.</p> <p>Provision of data as requested by the various chairs in the academic governance of the college.</p>	<p>December 2018</p>	<p>As described in previous responses and actions to be taken for both of the recommendations received regarding A2.1, the entire academic governance and management structures have been fully reviewed and redesigned and new terms of reference for all committees have been written. As a result, the learning, teaching and assessment committee has also been reviewed and redesigned and also complemented with panels from all campuses so that a strategic approach is adopted to learning and teaching. Indeed, in the new management structure a 'data Management Department' has been formulated and incorporated in the governance structure via a data management panel. The data management department will be providing on request by other</p>	<p>16 April 2018</p> <p>First phase/pilot of new academic governance.</p> <p>The final version was approved by the executive committee on 5 June 2018 and full implementation of the final structure to be</p>	

	To facilitate the above and support informed and systematic efforts to learning and teaching form a 'Data Management' department and incorporate a 'data Management Panel in the academic governance of the college.				<p>chairs data to inform the various boards, committees and panels so that decision-making is also informed on relevant data. Hence an overall strategic approach to learning and teaching will be adopted throughout the governance structure.</p> <p>Key Student Data will include but will not be limited to:</p> <ul style="list-style-type: none"> -Quantitative and qualitative measures of student satisfaction and the perceived quality and efficacy of systems, processes and learning opportunities. The primary source is data arising from the Student Voice framework (College surveys). - Student engagement data, including attendance and submission of assessments, and use of library and Moodle. - Student cohort data (entry profiles, progression, achievement); this includes equality and diversity data - Periodic and systematic internal review of programmes (including those collaboratively delivered), service areas and appropriate initiatives. External review data, such as from External Examiners, the QAA and OfS. 	<p>in force on 1 July 2018</p> <p>The data management department was formed on 14 May 2018 and it is now functional and fully resourced.</p>	
Develop a cycle of routine monitoring and evaluation of student support services to provide effective institutional oversight (Expectation B4)	<p>Develop a 'Student Support Services Committee' complemented with panels from all campuses to ensure college-wide standardisation and structured routines of monitoring and evaluation of all such activities.</p> <p>Write terms of reference for the student support services committee and panels.</p> <p>Ensure standardisation of activities in all campuses and a common platform for all campuses to be sharing data.</p>	Head of Student Support Services	<p>Presence of the student support services committee and panels in the new academic governance.</p> <p>Relevant terms of reference.</p> <p>Complete and accurately recorded minutes of meetings.</p> <p>Relevant records.</p> <p>Record(s) of the shared data that is accurate and regularly updated.</p>	December 2018	<p>The executive committee, as discussed in our A2.1 recommendation(s), approved the new academic governance and the student support services committee and panels were incorporated accordingly.</p> <p>Indeed, new terms of reference have equally been written and approved.</p> <p>A cross-college meeting was held on 31st May 2018, conducted by the head of the student support services where this recommendation, the new academic governance and the role of the</p>	<p>16 April 2018 First phase/pilot of new academic governance.</p> <p>The final version was approved by the executive committee on 5 June 2018 and full implementation of the final structure to be in force on 1 July 2018</p> <p>31 May 2018</p>	

	Provide relevant training to all campuses' student support services officers to ensure effective implementation.		Staff training material.		student support services committee and panels as well as the relevant terms of reference were discussed and actions to be taken to ensure effective implementation were agreed by all relevant parties. Training to be developed and delivered to all student support services officers during the scheduled staff development sessions.	Starting in Sept. 2018 and on scheduled events thereafter	
Ensure all students are fully engaged as partners in the assurance and enhancement of their educational experience (Expectation B5)	<p>In the process of redesigning the new academic governance ensure that students have been given seats throughout the many panels, committees and boards of the academic governance including the executive committee so that the student body is well represented and they have the opportunity to express their views systematically in every formal meeting with the aim of incorporating their views in the many student enhancement initiatives in the college.</p> <p>Continue with the many student feedback mechanisms such as the student experience survey, the end-of-module questionnaire, the principal's focus groups and the suggestion box.</p> <p>Ask the student union, if the students wish any additional mechanism(s) to be put in place in order to provide further opportunities to students to engage even more in the assurance and enhancement of their educational experience.</p> <p>Design and implement a strategic Enhancement Plan.</p>	Head of Quality	<p>Terms of reference showing student representation in the college's academic governance.</p> <p>Reports (surveys) and minutes of meetings (focus groups) from the many student feedback mechanisms.</p> <p>Email communication(s) to that effect between the principal and the student union.</p>	December 2018	<p>The academic governance and the associated terms of reference have been presented to the student union and students agreed on the structure and contents.</p> <p>These methods for providing opportunities to students to express their views and make suggestions for enhancement are long established in the college and are maintained year-on-year since they are perceived to be best practice mechanisms for collecting student feedback.</p> <p>An email for discussion and proposals for further enhancement ideas from the student union sent out by the principal.</p>	<p>16 April 2018 First phase/pilot of new academic governance.</p> <p>The final version was approved by the executive committee on 5 June 2018 and full implementation of the final structure to be in force on 1 July 2018</p> <p>During the scheduled periods according to our academic calendar</p> <p>Email sent to the student union to that effect on 15 June 2018</p>	

<p>Implement a quality monitoring and review cycle to provide oversight of all higher education provision and ensures consideration of reports at appropriate committees (Expectation B8)</p>	<p>In addition to our response to the two previous similar recommendations with reference to A2.1, where full and consistent oversight has been embedded in our re-designed academic governance via a full quality cycle for monitoring and reviewing including considerations of relevant reports, we have also devised the following:</p> <p>A Quality Monitoring Calendar and a quality and monitoring review cycle using the Deming cycle (or PDCA), accompanied with a detailed schedule of activities with pre-determined meetings, has been devised in order to provide an overall illustrative context for all monitoring and review activities throughout the college's provision. All departments and programmes will be using this notional framework in order to initiate, review, evaluate and improve activities.</p>	<p>Head of Quality</p>	<p>The notion of the quality cycle adopted by all departments, programmes and teams across the college.</p> <p>Production of relevant reports and follow up actions via the college's master action plan.</p>	<p>December 2018</p>	<p>The topic has been already discussed in our newly designed quality and enhancement committee and an agreement was reached as to the specific makeup of the characteristics of the cycle.</p> <p>The cycle will now go to the scheduled academic board for final discussions and approval.</p>	<p>19 June 2018</p> <p>Scheduled for 28 June 2018</p>	
<p>Put in place a policy and procedures to ensure that work placements are implemented securely, managed effectively and regularly reviewed (Expectation B10)</p>	<p>New Work Placement Policy to be drawn up.</p> <p>Work Placement Handbook for academic year 2018-2019 to be drawn up.</p> <p>Review content of presentations and Slides and update where necessary.</p> <p>All other documentation to be reviewed and amended if required.</p> <p>New databases for new intake placements to be created.</p> <p>Employer details to be added and older records updated and checked.</p> <p>All new and amended documentation to be reviewed, amended where necessary and approved by Quality Department, Legal Department and Senior Management. In addition, documentation to be agreed and approved by associate University, London Metropolitan University.</p>	<p>Work Placement Coordinator</p>	<p>Policy in place and accessible.</p> <p>Handbook updated and accessible.</p> <p>Databases shared with relevant Tutors.</p> <p>Employer details and Insurance and Health & Safety information accurate and available for scrutiny.</p> <p>Student placements accurately recorded.</p> <p>Evidence of agreement by the relevant University.</p>	<p>December 2018</p>	<p>A meetings was held, conducted by the work placements coordinator, and relevant staff members and the following were agreed:</p> <p>Review of policy and other main documentation each academic year</p> <p>Review of employer information at the end of each semester</p> <p>Review and monitoring of placements and students in such placements is ongoing and checked as a whole at the end of each semester</p> <p>All reviews will take into consideration feedback from Tutors, other relevant staff, employers and any student feedback</p>	<p>21 May 2018</p>	

<p>Implement and monitor a strategic approach to enhancement in a systematic and planned manner (Enhancement)</p>	<p>Produce an Enhancement Strategy.</p> <p>Embed the enhancement strategy into all relevant college activities and implement throughout the governance structure.</p> <p>Review, evaluate and improve (where necessary) enhancement approaches at regular intervals as part of ongoing and routine practice.</p>	<p>Head of Quality</p>	<p>Policies and structures are embedded and are effective in enabling enhancement to take place.</p> <p>Enhancement is driven systematically.</p> <p>Staff demonstrate good understanding of the Enhancement Strategy and enhancement processes.</p>	<p>December 2018</p>	<p>The first draft of a newly designed enhancement strategy is about to be completed and after that will go out for consultation to the numerous key academic and central services posts/staff members. Upon completion of the consultation process, the final draft will be produced in agreement with relevant colleagues and will then be submitted to the executive committee for final discussion(s) and approval.</p> <p>Given the restructure of our academic governance and the new terms of reference for each board, committee and panel as already stated in our responses in relation to A2.1, we feel that enhancement is now fully embedded in our operations and practice – and by default, all these aspects will be addressed as a matter of routine systematically and continuously.</p> <p>Various meetings will be taking place where overall enhancement issues will be discussed and actions agreed, as a matter of routine.</p>	<p>Estimated time for completion by August 2018.</p> <p>Dates and additional details are illustrated in our response(s) to A2.1</p> <p>During scheduled course meetings and key cross-departmental activities.</p>	
<p>Implement a quality cycle to enable enhancements to be identified, monitored and reviewed for impact and informed by the use of robust and systematically generated data and information (Enhancement).</p>	<p>Implement actions already described previously for the recommendation(s) received for B3, B8 and the recommendation above (enhancement). In doing so, by implementing the requirements of the quality cycle informed by data provided by the data department, this recommendation can be met accordingly and enhancement (in addition to all other initiatives and actions described on this action plan) will be managed systematically, continuously and robustly.</p>	<p>Head of Quality</p>	<p>Minutes of meetings.</p> <p>Availability of data.</p> <p>Availability of reports.</p> <p>Follow up actions via the college's master action plan.</p>	<p>December 2018</p>	<p>All comments made in our responses to recommendations received for B3, B8 and 'Enhancement' fully describe LSST's methodology for approaching holistically student enhancement.</p>	<p>Our overall improved enhancement initiatives have already started and are recorded accordingly in our various minutes of meetings and other documentation.</p>	