



Quality Handbook

**Quality at Medway Adult Education**

**Introduction**

Medway Adult Education’s (MAE) approach to quality is based on continuous improvement in the quality of its provision and services. The focus of quality activities is to improve teaching, learning and assessment so that learners who attend any MAE course have an outstanding learning experience and achieve their individual learning goals. MAE’s objective is to equal or exceed national averages in all areas of its provision and compare itself to similar providers within the adult community learning sector to ensure it offers a service at least equal to other providers. Medway Adult Education aims to be a service where all learners, regardless of their background, are respected, listened to and supported, and where tutors are given the support and encouragement to inspire and motivate their learners and enable them to fulfil their personal goals.

All members of staff are accountable for quality in the areas they are responsible for and are expected to contribute to the culture of continuous self-improvement. Every member of staff is responsible for implementing quality policies and using required procedures and paperwork.

The needs of the learner are paramount and are at the heart of the Quality Assurance system. A culture of continuous quality review enables us to be accountable for our provision and to strive for improvement. All staff must be supported in this process. Self-assessment makes judgements on processes, not on individuals.

The Senior Management (SMT) and Extended Management Team (EMT) have responsibility for monitoring and developing quality improvement and development activities on behalf of MAE. The whole service is given the opportunity to contribute to the annual self-assessment review which with other information provides the evidence to write an annual Self- Assessment Report (SAR). The Report helps us to determine quality improvement priorities and these feed into the continuously reviewed and updated Quality Improvement Plan (QUIP).

 The effectiveness of the MAE in supporting learners to achieve their learning goals is regularly ‘tested’ by a range of external organisations. The most significant of these, in terms of risk impact if quality standards slip, are the Education Skills Funding Agency (ESFA) and Ofsted.

Quality Handbook

1. [Aim of the](http://www.nottingham.ac.uk/quality-manual/about/index.htm#aim#aim) handbook

The Quality Handbook is a valuable source of information for teaching and administration staff. It sets out as clearly as possible the services policies and procedures relevant to both teaching and learning. The Quality Handbook can be found on Moodle in the new staff room – Quality Review Documents

The Manual applies equally to all Subject Sector Area (SSA). Where necessary, amendments have been made to certain documents to reflect specific needs in certain SSA’s. However, such documents have only been modified and approved after it has been clearly established that an equivalent policy/procedure has been identified and modified for well founded or specific reasons

1. [Policy Development](http://www.nottingham.ac.uk/quality-manual/about/index.htm#devt#devt)

The Service develops policy through consultation with staff. Regular Extended Management Team meetings are used for disseminating information on new policies that have already been agreed and implemented, as well as an invitation to bring forward further issues.

1. [Compliance with the Quality Handbook](http://www.nottingham.ac.uk/quality-manual/about/index.htm#comp#comp)

Where policies are made clear in the Quality Handbook, the service has resolved that all members of staff must adhere to them. It is the Managers’ responsibility to keep their team’s practice under review, and in line with the Quality Handbook. Compliance with the Quality Handbook is checked by sample audits carried out by SMT.

1. [Version control](http://www.nottingham.ac.uk/quality-manual/about/index.htm#versi#versi)

The ongoing developments of documents within the Quality Handbook mean that any printed copy becomes out of date very quickly. Therefore the Quality Handbook is available and updated on Moodle only, although of course, viewers are able to print out any elements which they wish straight from the PC. Please see Document Control Policy for information about how to have a document amended.

Quality Improvement

The Quality and Curriculum and Curriculum Manager has overall responsibility for managing the organisation’s quality assurance arrangements and for working with managers and staff to bring about quality improvement. A flowchart showing the Quality Improvement process at Medway Adult Education (MAE) is shown below

### Quality Assurance Timetable

Activities planned in the quality assurance timetable

## **Internal Audit**

Checks completed on learner documentation (eligibility, enrolment and learning support) and on EBS entry by admin audits

**Progress checks**

Individual Learning Plans completed as appropriate for the course and monitored by Programme Managers and Leaders

**Collection of feedback from the learners, tutors and other stakeholders**

Collected mid-course and at the end of the course and from other surveys and questionnaires

Evaluation by Quality & Curriculum Manager & Data & Funding Manager outcomes and of data to identify issues that need to be addressed

This is done via Monthly Quality Reviews

**Quality Improvement Plan** agreed and implemented to address area(s) requiring improvement

### Observation of staff performance

Staff are observed in accordance with the planned activities included in the annual quality assurance timetable

### Data

### Collected and analysed for individual members of staff, qualification, programme; and for equality & diversity monitoring purposes

### Internal Verification

Feedback collected from interim and final verification activities

### Quality Assurance Audits of MAE’s Processes and documents

Audits of MAE’s processes and related records carried out to evaluate whether they are being complied with and whether they are still suitable

Qualitative and quantitative data (collected from analysis of attendance, retention, pass rates & achievement rates, outcomes of observation of staff performance, feedback collected from learners and their employers, audits of documentation and action plans) used to make judgements about the quality and effectiveness of provision.

### Self Assessment Report and Quality Improvement Plan

Quantitative and qualitative data used to make the judgements about provision that are included in the organisation’s annual self-assessment report

**OBSERVATION OF STAFF PERFORMANCE**

Staff performance including teaching, learning and assessment will be observed in accordance with the Observation of Teaching, Learning and Assessment policy. Any issue identified that will have a significant adverse effect on learner progress will be resolved immediately. The outcomes of the observations and action plans will inform the annual staff performance development review (PDR) and training plan for each individual member of staff observed.

**SHARING GOOD PRACTICE**

Good practice identified through implementation of the organisation’s quality assurance activities should be shared through:

* Communication at team meetings
* Inclusion of examples of good practice uploaded to Moodle.
* Networking with other providers

### USE OF MANAGEMENT INFORMATION

The Quality and Curriculum Manager and Data and Funding Manager are responsible for collecting data and producing reports relating to the following:

* Attendance
* Retention
* Pass rates
* Achievement
* Equality and diversity data.
* Quality of Teaching and Learning
* Learner Satisfaction

The information should be collected and reviewed regularly and reports should be shared with the Management team as part of the monthly Quality Review Meetings and Extended Management meetings.

Attendance, retention, pass rate and achievement should be collected and reported on, by:

* Subject Sector Area
* Funding stream

Equality and diversity data should provide accurate information on recruitment, retention and achievement by:

* Ethnic group
* Age group
* Gender
* Disability.
* Area of deprivation

The data collected should be used to

* inform managers and staff of the organisation’s progress against targets within the self-assessment report, quality improvement plan and the Service targets for achievement.
* inform quality improvements

**QUALITY IMPROVEMENT PLAN**

The Quality improvement plan (QUIP) should be reviewed regularly to identify progress. Where an action has not met the planned target date action should be taken to resolve the delay.

New improvement actions may be included in the Quality Improvement Plan at any time.

### SELF-ASSESSMENT AND IMPROVEMENT PLANNING

The Quality and Curriculum Manager is responsible for coordinating the self-assessment process.

An annual self-assessment report and quality improvement plan are produced. Reports are currently published in December each year

The report is intended to be an accurate reflection of the current provision in relation to the standards set out in the common inspection framework. To ensure the report contains valid and reliable judgments about the strengths, weaknesses and other improvements needed, the following should be considered:

* retention, pass rate and achievement data by each Subject Sector Area or programme
* the views of staff
* the views of learners
* the views of other stakeholders
* the outcome of quality assurance and compliance audits
* observations of staff performance
* staff development activities
* the inspection of documentation and learners’ work / activities
* review of awarding body reports produced by external verifiers
* findings of previous inspections.

All staff should be fully briefed on the contents of the self-assessment report and the actions planned to maintain strengths and address weaknesses and other improvements needed.

Staff should be provided with regular updates on the progress being made against achieving the activities set out in the quality improvement plan. Staff should be consulted about suggested changes and improvements, to ensure their commitment to the process of continuous improvement.

**RELATED DOCUMENTS**

* Quality Improvement Policy
* Observation of Teaching, Learning and Assessment Policy & Procedures

**Quality Improvement Policy**

**Medway Adult Education is committed to providing high quality education and training for Medway residents and beyond, and to improving the quality of its provision as articulated in the strategic plan by**

* Ensuring high standards of professional performance
* Implementing rigorous self-assessment process
* Measuring and analysing performance against benchmarks
* Embedding effective policies and procedures
* Ensuring that all staff employed by the Service are aware of their joint responsibility for improving the quality of provision
* Supporting continuous professional development

The quality process involves a cycle of activities of which continuous self-assessment at course, team, department and whole Service levels are essential parts. The major elements are

* Identifying priorities at different levels of the Service, informed by the Strategic Plan
* Establishing performance indicators and quality service standards against which provision is judged
* Collecting data in order to measure performance; analysing performance against benchmarks and performance indicators
* Implementing and monitoring quality improvement plans
* Providing reports on quality issues for the ESFA, the Service SMT and the local council Governance team.

**Embedding Quality in the work of the Service**

The cyclical self-assessment process is supported by a series of activities, procedures and practices.

**Senior Managers** and the **Local Authority** will

* identify the Strategic Priorities for the Service in response to internal and external demands and initiatives to create a three-year plan
* seek recognition, wherever possible, of expertise in service quality through accreditation to appropriate quality standards and initiatives

**Service Managers** and other Service leaders will

* encourage the widest possible participation in the quality processes by staff, learners, employers, awarding and validating body representatives, funding representatives and members of the local and wider communities
* develop and review Service policies and associated procedures, guidelines and strategies in line with current practices, trends and legal requirements

For each academic year, **Programme Managers** will

* self-assess their area of provision and contribute to the Service Self-assessment Report
* conduct professional performance reviews of all their departmental staff
* establish mentoring arrangements for all new staff or for staff with new responsibilities
* devise a departmental training plan
* establish a quality improvement plan for their department or SSA

**Programme Managers** will

* ensure that course teams and tutors keep electronic records of a minimum of three meetings per year, maintain course files, and complete the annual course review cycle for each course
* ensure that all learners are surveyed via on-course and end of course feedback and learner surveys, the results informing the self-assessment process and that results are fed back to learners
* carry out a programme of teaching, learning and assessment observations supported by the Programme Coordinators and subject specialists

**Support departments and teams** will

* maintain and review standard quality service agreements

**The Quality and Curriculum Manager** will

* manage the annual quality cycle
* review quality improvement plans
* monitor and report on Awarding Body reports
* monitor the complaints procedure
* manage and report on the staff & learners feedback and survey processes
* manage and report on the Observation of Teaching, Learning and Assessment scheme
* work with SMT to draw up the annual staff development plan in conjunction with other members of the Extended Management Team, and manage and report on staff development
* ensure that all staff comply with quality policies and procedures

**Tutors/course teams** will

* complete staged course reviews by minuted team meetings, the programme review process and final annual review by
	1. Reviewing of learners retention, target-setting and achievement
	2. Reviewing Induction
	3. Reviewing teaching, learning, assessment & resourcing mid-course
	4. Providing a Summary Course Review at the end of each course
* provide effective & appropriate teaching, training and support for learning
* maintain current course files
* undertake appropriate development and training

**Senior Managers** will

* validate all decisions on quality issues

**All staff** will

* take part in Professional Development Review
* attend meetings of teams to which they belong.
* be responsible for the quality of their work and contribute to the quality of the Service’s provision in all their professional activity

**Sources of Evidence for the Success of the Strategy**

* Service learner success rates and other relevant data
* Inspection reports and visits
* The Service self-assessment report, including and incorporating department SARs and team and course reviews
* Learners satisfaction surveys
* Partner surveys
* Achieved and sustained kite marks
* Quality reports presented to Governance, Service Manager, SMT& EMT including those on staff development, teaching, learning and assessment observations, assessment and verification, complaints, and surveys

**Roles & Responsibilities**

**Quality Assurance System**

**For Teaching, Learning & Assessment**

# Programme managers

* Induction of new tutors into Quality Assurance System
* Support tutors in maintenance of course files
* Monitoring quality of teaching, learning & assessment through classroom observation
* Continually support tutors in quality improvement
* Identification of tutor development and training issues
* Carry out verification procedures as required by awarding bodies
* Write the Self Assessment Report for their programme/curriculum area(s)
* Promptly deal with complaints within curriculum area under guidance from Line Manager

# Tutors

* Complete registers accurately to supply information on learners attendance
* Maintain course files completing all required documentation
* Contribute towards curriculum self assessment reports via team meetings
* Prompt resolution of informal complaints
* Monitor performance against individual targets and action as appropriate

**Quality & Curriculum Manager in conjunction with SMT**

- set targets for programme areas

- verify Programme SARs

- production of Service quality Improvement Plan

- collation of data for Service SAR

- ensure collation of final draft of Service SAR

 - monitoring of progress against the Service Improvement Plan

- monitoring and ensuring action on complaints submitted through the formal procedure

- Service Nominee for inspection

- ensure implementation of observation cycle

- planning and implementation of SAR process

- monitor targets set for programme areas

- monitor workforce development as a result of action plans

- Support Programme Area Managers in preparation of Programme SARs

- verify Programme SARs

- ongoing review Programme quality Improvement Plans

- contribute to the Service Quality Improvement Plan

- Implement and monitor quality improvement actions identified in Service Quality Improvement Plan

- ensure complaints are dealt with promptly and positively by the appropriate person

#  Service Manager

- Overall responsibility for Quality of Medway Adult Education

 Unit of inspection

- Signatory of final Service SAR

**Quality of Learners’ Experience**

The interests of the learner are at the heart of all policies, procedures and activities.

All staff should

* carry out quality assurance responsibilities allocated to them
* contribute towards the Self Assessment Process
* resolve complaints in a positive manner

# Local Authority leads and Portfolio Holder

- approve Service Policies for Quality Assurance

- final agreement of Service SAR

- ensure Service produces annual quality Improvement Plan

- monitoring progress against the annual Improvement Plan

- (Chair) dealing with complaints taken through steps 1-4 of the Service Complaints Procedure

# Service Manager

- overall responsibility for quality within the Service

- delegation of responsibility for quality control to appropriate staff

- final checking of Service SAR

- reference of Service SAR to Director of directorate and Portfolio Holder & Governance

- dealing with complaints taken through steps 1-3 of the Service complaints procedure

**Documentation Format and Control**

1. **Policies**
* Quality systems used within MAE shall apply quality principles to all business operations including product, processes, practices and administrative functions.
* MAE shall conduct its business within the guidelines of a formally documented and controlled quality system

**2.0 Purpose**

To ensure that:

All documentation and data used within MAE for the achievement of quality assured product and service to the customer is: -

* clearly identified - title, reference and issue status
* reviewed and approved by the correct level of authority
* issued to appropriate people
* revised and issued as necessary, and all obsolete versions removed from the point of use, or clearly marked to identify their status
* controlled and maintained, and appropriate records kept.

 Senior Management Team is responsible for ensuring:-

* All quality documentation is identified, marked, recorded and held within a maintained control system

**3.0 Scope**

All documentation and data used within MAE for the achievement of quality assured product and service to the customer

**4.0 Definitions**

 None

**5.0 METHOD**

**5.1 Documentation format**

Each document will have a header containing:

Doc ID

Author

Approved by

Issue Date

And a Footer containing

Issue number

Review date Page numbers

“This is a controlled document. ALL changes MUST be authorized”

**5.1.1 Procedures**

Procedures describe the core and support processes, and are a description of what is done.

**5.1.2 Work Instructions**

Work Instructions describe in detail how work is carried out, and are produced where deviation from a specific activity could have an adverse effect on the quality of product or service supplied to the customer.

**5.1.3 Forms**

Forms are used to record information for use within MAE. They are the basis of the retained quality records. They always include a reference no; date of issue; and issue number.

**5.2 Numbering**

Strategic documents will be allocated successive numbers – all pre-fixed with ‘SQA’

Operational documents will be allocated successive numbers – all pre-fixed with ‘OpQA’

Management documents will be allocated successive numbers – all pre-fixed with ‘MQA’

**5.3 Register**

A register will be kept of all Forms / Other Documents, clearly indicating document numbers and latest issue numbers/dates.

Each issue cancels & supersedes all previous issues.

The register will also record the originator of the form, approval, and review status.

These details will be included in the ‘Header & Footer’ of each document.

**5.4 Document Release**

Following approval by SMT a new/revised document will be appropriately recorded as above and a ‘Read-Only’ version placed onto the Network.

**5.5 Document Checking**

It is the responsibility of the users of the documents to ensure that they are using the latest, approved issue. If a problem is found with a document, the Quality and Curriculum Manager and Curriculum should be informed immediately.

1. **Records**

The Quality Documents are held on the computer network in Read-Only format and access is available on all MAE computer desktops. One paper copy of each document is held by the Document Controller, these copies are signed by the originator and the approver. Documents are stamped ‘Master’; ‘Superseded’ or Obsolete’ accordingly.

All documents have noted in the footer:

**‘This is a controlled document. ALL changes MUST be authorized.’**

The Electronic files are held in a specific directory on Moodle, which is managed by the service Senior Management Team dependent on whose responsibility the document relates to.

**Retention & Disposal of Documents**

All Quality documents will be retained for a minimum period of 3 years except for where legal or regulatory requirements require a different period.

All paper copy documents will be archived in an environment that will prevent deterioration and will permit access for review purposes. Electronic documents will be archived in a Directory on the master disk and will be subject to backups in line with Service procedures.

Documents will be reviewed annually by the Author in conjunction with the senior management team to decide on the disposal of documents outside the planned period of retention.

How to Access Service Documentation

**Accessing the drive**

If a form or document needs amending then the Quality and Curriculum Manager is informed, and they will arrange for the amended version to be approved and loaded onto the system. The previous version will be removed.

If a new form or document is to be added to the system then it must be submitted to the SMT to be approved, allocated an ID number, and loaded onto the system. The required header and footer showing management of the document will be added at this point.

Please note, the document needs to be submitted to Document Control as above **before** it is formatted into PDF.

Furthermore, adherence to the [accessibility requirements for public sector bodies](https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps) when reviewing and amending documents. Videos on [Digital](https://medway2.sharepoint.com/sites/Intranet/SitePages/RCET/Transformation/Digital/Accessibility-toolkit.aspx?OR=Teams-HL&CT=1630504273219)[Accessibility toolkit Medspace page](https://medway2.sharepoint.com/sites/Intranet/SitePages/RCET/Transformation/Digital/Accessibility-toolkit.aspx?OR=Teams-HL&CT=1630504273219) will support with this.

There is no need to add the Service logo as this is added by Document Control – it is also not necessary to include a title as again, this is added by Document Control.

For the sake of consistency, all MAE documentation must be approved and included within document control.

**Self-Assessment Process at MAE**

Self Assessment exists at three levels:

**Level One** – the whole Service, with high level data used to support overall judgements about the Service’s performance.

**Level Two** – at Programme/SSA level (how the Service is managed) and Sector Subject Level to tie in with the way the Service is inspected.

**Level Three** – at course or programme level. This guidance concentrates on self assessing and reviewing at Level Three. The purpose of reviewing courses/programmes is as follows:

* To ensure that learners benefit from a programme with constantly improving achievement and learner satisfaction
* To ensure that tutors are able to feel they are doing a good job
* For tutors to take ownership and feel empowered to do a good job with their learners
* To highlight issues/problems that can be fixed before they cause damage
* To identify and share good practice
* To judge standards against other providers
* To self reflect and prepare for inspection

**Stage 1** **Clustering programmes for Review**

Programmes are clustered into areas suitable for review where:

* The curriculum area is similar
* The same staff teach the programmes
* The awarding body is the same
* Resources used are similar
* There is one course team delivering the programmes
* The learners have similar modes of attendance and similar age groups
* However there needs to be flexibility with the ways programmes are clustered:
* Different levels may or may not need to be reviewed separately
* Classes with large numbers will be reviewed separately or where numbers are small they can be clustered as part of the SSA area.

**Stage 2 Preparing for Review**

* Before any programme review takes place, the Programme Manager will need to determine who will participate in the review process. This will normally consist of delivery staff, support workers and Programme Manager and Programme Coordinators. These individuals will undertake some training for this role.
* The Quality and Curriculum Manager will assist in suggesting what evidence is necessary and available for the review to take place and will help with its provision.

**Stage 3 Review Meetings**

* Quality review meetings will take place monthly during the year to ensure that it is a continuous process. The first meeting of the new academic year (September) will also have as a major issue for discussion the achievement data from the previous year.

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* At each of the meetings, notes will be kept by the responsible person of issues discussed, judgements made with evidence and any actions proposed, the minutes of these meetings to be kept for future reference to show team involvement in the self assessment process.
* These actions may be added to the Quality Improvement Plan and monitored through the regular Quality Review meetings
* Emerging strengths and weaknesses can be documented using the Position Paper.
* At the end of each course tutors will complete a Tutor end of course analysis which can be used at the end of year review meetings.
* Support and training will be provided to staff to assist with the process of evaluating their programmes against available evidence.

**Stage 4 Final Document**

* The final Self Assessment Report will be produced by the identified team in July/August following a team meeting and will use the evidence collected from the review meetings during the year and data provided by MIS.
* The SAR document will require writers to assess the improvements made during the year and evaluate performance against the EIF Key Outcomes
* Each question will be graded using the four point scale
* Training and support will be provided to ensure the document is evaluative and based on secure evidence rather than descriptive

**Stage 5 Planning for Improvement**

The key document to plan improvements and monitor their success at Programme Level is the Quality Improvement Plan. This is an ongoing working plan which will be amended and updated during the year. It will start the academic year containing the issues raised from the previous year’s Self Assessment. As reviews take place during the year this plan will be reviewed and items added.

**Stage 6 Validation**

All Self Assessment Reviews produced in July/August will be reviewed by the Senior Management Team and feedback given on. SAR documents produced at the end of the year will be moderated and the writer and team invited to a panel of experienced and inexperienced SAR writers who will offer constructive criticism but also support, advice and guidance.

**Supporting Paperwork**

* Self Assessment Process at MAE. The process of Programme Review, Evaluation and Development (this document)
* Checklist of issues and evidence to be discussed or considered at Quality review meetings
* Tutor end of course analysis
* Position Papers
* Self Assessment Report. End of year SAR document
* Quality Improvement Plan

