

VERSION	01
APPROVAL DATE	11th March '26

PCI01. Continuous Improvement and IQAS Review	
PCI01.01 Data Collection and Indicators Management	
TYPE / DIMENSION	Continuous Improvement Process / Dimension 7. Quality Assurance and Improvement / Dimension 8. Public Information (AQU Catalunya)
OWNER/S	Quality Assurance Manager
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Establish a systematic and coordinated framework for the collection, validation, management and monitoring of institutional data and quality indicators at C3S Business School, ensuring reliable evidence for decision-making, transparency and continuous improvement.

2. DESCRIPTION

Scope and Principles

The effective functioning of the Internal Quality Assurance System (IQAS) depends on the availability of reliable, consistent and comparable data. This procedure ensures that:

- Quality indicators are clearly defined and consistently measured.
- Data collection is coordinated across academic and administrative units.
- Information is validated before analysis and reporting.
- Indicators support monitoring, improvement actions and strategic decisions.

This procedure applies to all quantitative and qualitative data generated by institutional processes.

Definition of Indicators

Indicators are defined in alignment with:

- AQU Catalunya dimensions and ESG standards.
- Institutional strategic objectives.
- Programme learning outcomes and service quality objectives.
- External accreditation and reporting requirements.

Indicators are classified as:

- Academic indicators (learning outcomes, progression, completion).
- Satisfaction indicators (students, staff, alumni, employers).
- Operational indicators (services, resources, response times).

VERSION	01
APPROVAL DATE	11th March '26

- Governance and sustainability indicators (financial, compliance, risk).

Each indicator has a documented definition, source, frequency, responsible owner and reference value.

Data Collection Process

- Data is collected according to an annual data collection calendar.
- Process owners are responsible for providing data within agreed deadlines.
- The QA Manager coordinates and centralises all data collection.
- Standardised templates and tools are used to ensure consistency.

Validation and Storage of Data

Before analysis, data is:

- Reviewed for completeness and coherence.
- Cross-checked with original sources when necessary.
- Approved by the responsible owner.

Validated data is stored in a central quality repository with controlled access and versioning.

Monitoring and Review of Indicators

- Indicators are monitored periodically according to their defined frequency.
- Deviations from reference values are flagged and analysed.
- Indicator relevance is reviewed annually to ensure continued alignment with institutional priorities.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Quality Assurance Manager	Coordinates indicator definition, collection and validation.
Process Owners	Provide data and ensure accuracy for their processes.
Academic Director	Validates academic indicators and interpretation.
Institutional Director	Uses indicators for decision-making and oversight.
Governing Board	Reviews key indicators for strategic monitoring.

VERSION	01
APPROVAL DATE	11th March '26

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Indicator Catalogue	QA Manager
Record	Annual Data Collection Calendar	QA Manager
Record	Indicator Monitoring Reports	QA Manager
Record	Quality Data Repository	QA Manager
Record	Validation Logs	QA Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of indicators collected on time	Collection calendar	Annual	100%	Indicators on time / Total indicators
% of indicators validated without correction	Validation logs	Annual	≥ 90%	Validated at first review / Total
Number of missing or inconsistent data sets	QA reports	Annual	0 critical	Count
Indicator stability over time	Monitoring reports	Annual	Monitor	Trend analysis

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
v01	11th March '26	Initial design of C3S's Internal Quality Assurance System

VERSION	01
APPROVAL DATE	11th March '26

PCI01. Continuous Improvement and IQAS Review

PCI01.02 Analysis of Results and Action Plans

TYPE / DIMENSION	Continuous Improvement Process / Dimension 7. Quality Assurance and Improvement (AQU Catalunya)
OWNER/S	Quality Assurance Manager / Institutional Director
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Define the system through which C3S Business School analyses institutional and programme results and translates findings into structured, monitored and effective action plans, ensuring continuous improvement of academic quality and institutional performance.

2. DESCRIPTION

Scope and Principles

This procedure ensures that quality assurance is not limited to data collection but is transformed into meaningful action. It guarantees that:

- Results are interpreted systematically and consistently.
- Improvement priorities are clearly identified.
- Actions are documented, monitored and evaluated.
- Evidence of improvement is available for internal and external review.

Results Analysis Process

Results analysis is conducted annually and includes:

- Academic performance analysis (learning outcomes, progression, completion).
- Satisfaction results (students, staff, alumni, employers).
- Operational performance analysis (services, resources, response times).
- Governance, financial and compliance results.

Analysis is comparative (year-on-year) and contextual, considering institutional size and maturity

Identification of Improvement Needs

Based on analysis:

VERSION	01
APPROVAL DATE	11th March '26

- Strengths, weaknesses and risks are identified.
- Priorities are defined according to impact on learning quality, compliance or sustainability.
- Structural vs. operational issues are differentiated.

Findings are documented in results analysis reports.

Quality Action Plan

Improvement actions are consolidated into the Quality Action Plan, which includes:

- Description of each action.
- Responsible owner.
- Timeline and milestones.
- Required resources.
- Indicators for monitoring effectiveness.

The Action Plan is approved by the Institutional Director and monitored by the QA Manager.

Integration with Strategic Planning

Significant or recurring improvement needs are escalated to:

- Strategic planning (PST01.02).
- Programme review (PK01.02).
- Resource planning (PSU03 / PSU04).

This ensures that improvement is embedded in governance and not isolated.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Quality Assurance Manager	Leads analysis and action plan monitoring.
Institutional Director	Approves and prioritises actions.
Academic Director	Implements academic improvement actions.
Process Owners	Execute actions within their areas.
Governing Board	Reviews major improvement priorities and outcomes.

VERSION	01
APPROVAL DATE	11th March '26

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Annual Results Analysis Report	QA Manager
Record	Quality Action Plan	QA Manager
Record	Action Monitoring Logs	QA Manager
Record	Follow-up Evaluation Reports	QA Manager
Record	Annual IQAS Review Report	QA Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of improvement actions implemented	Action plan	Annual	≥ 80%	Implemented / Planned
% of actions evaluated for effectiveness	Monitoring logs	Annual	100%	Evaluated / Completed
Reduction in recurring issues	Results reports	Annual	≥ 20%	Year-on-year comparison
Timeliness of action implementation	Action plan	Annual	≥ 80%	On time / Planned

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
v01	11th March '26	Initial design of C3S's Internal Quality Assurance System

VERSION	01
APPROVAL DATE	11th March '26

PCI01. Continuous Improvement and IQAS Review

PCI01.03 External Audits and Recommendations

TYPE / DIMENSION	Continuous Improvement Process / Dimension 7. Quality Assurance and Improvement / Dimension 8. Public Information (AQU Catalunya)
OWNER/S	Quality Assurance Manager / Institutional Director
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Define the system through which C3S Business School manages external evaluations, audits and reviews, ensuring structured preparation, transparent response to recommendations and integration of external feedback into the continuous improvement cycle.

2. DESCRIPTION

Scope and External Quality Framework

External audits and reviews provide independent validation of institutional quality and are essential for accountability and improvement. This procedure applies to:

- AQU Catalunya evaluations and follow-up processes.
- Accreditation or recognition reviews.
- External audits related to quality, compliance or governance.
- Partner or awarding body evaluations (when applicable).

Preparation for External Audits

Preparation includes:

- Review and update of documentation and evidence.
- Internal self-assessment aligned with external criteria.
- Coordination of interviews and site visits.
- Briefing of staff and stakeholders involved.

The QA Manager coordinates preparation activities.

Management of External Recommendations

Once external reports are received:

- Recommendations are analysed and classified by priority and scope.
- Responsibilities and deadlines are assigned.
- Actions are integrated into the Quality Action Plan (PCI01.02).

VERSION	01
APPROVAL DATE	11th March '26

Responses to recommendations are documented and monitored until closure.

Follow-up and Reporting

- Progress on recommendations is reviewed periodically.
- Follow-up reports are prepared and submitted when required.
- Key outcomes are shared internally and, where applicable, published externally in line with transparency requirements.

Integration into the IQAS Cycle

External feedback is integrated into:

- Internal audits and reviews.
- Strategic planning.
- Programme review processes.
- Governance and resource planning.

This ensures that external evaluation contributes directly to improvement and not only to compliance.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Quality Assurance Manager	Coordinates audits, recommendations and follow-up.
Institutional Director	Approves responses and ensures institutional commitment.
Academic Director / Process Owners	Implement improvement actions.
Governing Board	Reviews outcomes of external evaluations.
External Agencies / Auditors	Conduct evaluations and issue recommendations.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	External Audit Reports	QA Manager
Record	Recommendations Register	QA Manager
Record	Follow-up Action Plans	QA Manager

VERSION	01
APPROVAL DATE	11th March '26

Record	External Evaluation Responses	Institutional Director
Record	Public Quality Information	Communications

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of external recommendations addressed	Recommendations register	Annual	≥ 80%	Actions completed / total recommendations
Timeliness of follow-up reports	Audit calendar	As required	100%	Reports submitted on time
Number of repeated external findings	External reports	Per review	0 repeated critical	Count
Stakeholder awareness of external results	Surveys	Annual	≥ 70%	Positive responses

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
v01	11th March '26	Initial design of C3S's Internal Quality Assurance System