

VERSION	01
APPROVAL DATE	11th March '26

PST01. Institutional Strategy	
PST01.01 Definition and Review of Institutional Policies and Objectives	
TYPE / DIMENSION	Strategic Process / Dimension 1. Policies and Strategy (AQU Catalunya)
OWNER/S	Institutional Director / Quality Assurance Officer
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Establish a structured and evidence-based system for defining, updating and communicating C3S Business School’s institutional policies and strategic objectives, ensuring their alignment with the mission of the centre, sectoral requirements, and the standards of AQU Catalunya.

2. DESCRIPTION

Framework and Principles

C3S articulates its institutional activity through a set of policies that guide academic quality, teaching activity, student support, research/transfer (if applicable), governance, and resource management. These policies set the reference framework for decision-making and for the continuous improvement of programmes and services.

- The definition and review of institutional policies and objectives is based on:
- The mission and vision of C3S as a specialised higher-education centre.
- The strategic guidelines approved by C3S’s Governing Board.
- The Internal Quality Assurance System (IQAS) and AQU Catalunya’s ESG-aligned criteria.
- Feedback from key stakeholders and evidence generated through monitoring mechanisms.

Annual Review Cycle

The institutional policies and objectives are reviewed annually as part of the IQAS monitoring cycle and whenever relevant internal or external changes occur. The process includes:

VERSION	01
APPROVAL DATE	11th March '26

1. Collection of evidence: Results of surveys, complaints, suggestions, retention and progression data, academic performance, and external feedback reports. Regulatory updates, accreditation guidelines and strategic sector trends.
2. Technical analysis (Quality Assurance): Identification of needs for policy adjustment, benchmarking with sector standards and comparable institutions, and assessment of alignment with current strategic objectives.
3. Drafting of proposals: The **Quality Assurance Officer**, in collaboration with the **Institutional Director**, prepares updated versions or amendments of the affected policies.
4. Consultation phase (when applicable): Consultation with faculty representatives, student delegates, administrative and support units, and external partners if relevant. Incorporation of suggestions and evidence derived from the analysis phase.
5. Approval: All institutional policies and objectives are formally approved by the Governing Board and recorded in the institutional repository.
6. Publication and communication: The updated policies are shared through email, intranet, and faculty/student meetings. Changes are included in the annual IQAS review report.
7. Follow-up and continuous improvement: Improvement actions arising from the review are integrated into the IQAS Action Plan (PCI01.02).

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students and Alumni	Provide input through surveys, delegates' meetings, feedback channels, complaints/suggestions, and focus groups. Their feedback informs adjustments to policies affecting academic experience, services, and transparency.
Faculty	Contribute through coordination meetings, quality committees, satisfaction surveys, and program reviews. Identify academic needs and propose improvements.
Administrative & Support Staff	Participate through operational feedback, analysis of procedural effectiveness, and identification of areas requiring clearer policy guidance.

VERSION	01
APPROVAL DATE	11th March '26

Employers / External Partners	Contribute indirectly through feedback on graduate profiles, collaboration agreements, and employability requirements.
Governing Board	Validates proposed changes and ensures strategic coherence and regulatory compliance.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Institutional Policies	Quality Assurance Officer
Record	Annual Review of Institutional Policies	Quality Assurance Officer
Record	Governing Board Minutes	Institutional Director
Record	IQAS Action Plan	Quality Assurance Officer

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of policies reviewed according to schedule	Annual review report	Annual	100%	No. of policies reviewed / No. of policies planned for review
Stakeholder satisfaction with clarity of policies	Satisfaction surveys	Annual	≥ 80%	Average score of relevant items
% of improvement actions implemented	IQAS Action Plan	Annual	≥ 80%	Actions completed / Actions planned

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
v01	11th March '2	Initial design of C3S's Internal Quality Assurance System

VERSION	01
APPROVAL DATE	11th March '26

PST01. Institutional Strategy

PST01.02 Strategic and Budget Planning

TYPE / DIMENSION	Strategic Process / Dimension 1. Policies and Strategy (AQU Catalunya)
OWNER/S	Institutional Director / Finance Manager
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Establish a systematic process for defining C3S Business School's strategic priorities and annual budget, ensuring their coherence with institutional objectives, resource availability, academic needs, and quality assurance requirements.

2. DESCRIPTION

Principles and Scope

Strategic and budget planning at C3S aims to ensure that institutional ambitions are aligned with realistic operational capabilities. The process integrates:

- The institutional mission, vision, and strategic orientation.
- Evidence generated by the Internal Quality Assurance System (IQAS).
- AQU Catalunya's requirements regarding strategic consistency and resource adequacy.
- Input from academic, administrative and support units.
- Medium-term sustainability and risk management considerations.

The process encompasses the definition of annual strategic objectives, prioritisation of actions, resource allocation and approval of the annual budget.

Annual Strategic Planning Cycle

1. Environmental and Internal Analysis:

Conducted jointly by the Institutional Director and Quality Assurance Officer. The analysis includes:

- Academic performance indicators (progression, completion, satisfaction).
- Student recruitment trends and forecast.
- Regulatory changes and accreditation requirements.
- Market trends and labour market demands.
- Financial performance from the prior period.
- Operational risks and resource constraints.

VERSION	01
APPROVAL DATE	11th March '26

2. Definition of Strategic Objectives:

Based on the evidence gathered:

- The Institutional Director proposes the institutional priorities for the upcoming year.
- Strategic objectives must be specific, measurable, and aligned with IQAS principles.
- Objectives may relate to teaching quality, student support, resource enhancement, digitalisation, staff development, governance or external engagement.

3. Identification of Actions and Required Resources:

Each unit (academic, student services, administration, IT, HR) proposes actions supporting the strategic objectives, including:

- Estimated costs and resource needs.
- Expected impact and associated indicators.
- Implementation calendar.
- Potential risks and mitigation measures.

4. Draft Budget Development:

The **Finance Manager** consolidates all proposals and prepares a draft budget that reflects:

- Income projections (enrolment, services, external funds if applicable).
- Operational and academic expenditure.
- Investments in infrastructure, technology, training or new initiatives.
- Contingency allocations.

5. Review and Validation:

The **Institutional Director and Finance Manager** jointly review the draft strategic plan and budget. Adjustments may be introduced to ensure:

- Financial sustainability.
- Coherence with strategic priorities.
- Capacity to support accreditation/monitoring requirements.

6. Approval by the **Governing Board**:

The final plan and budget are presented to the Governing Board, which validates and approves both documents. The approved plan becomes the official reference for the academic year.

7. Communication and Deployment:

Once approved:

- The strategic objectives and priority actions are communicated to all staff.
- Each unit receives confirmation of their allocated budget and responsibilities.
- The information is incorporated into the IQAS annual planning documentation.

8. Monitoring and Adjustment:

Throughout the year:

- Units periodically report on progress using established indicators.

VERSION	01
APPROVAL DATE	11th March '26

- Deviations or emerging needs are analysed, and corrective measures are implemented.
- Results feed into the annual IQAS monitoring and improvement cycle.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students and Alumni	Provide feedback shaping strategic priorities through surveys, representative meetings, suggestions and complaints.
Faculty	Contribute evidence-based input regarding teaching needs, pedagogical improvements, programme development and workload planning.
Administrative & Support Staff	Provide operational and resource-related information and propose improvements to processes or services.
External Partners / Employers	Influence strategic priorities through feedback on skills demand, internship opportunities and employability expectations.
Governing Board	Approves the institutional strategic plan and budget, ensuring feasibility and compliance with the centre's mission and regulations.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Annual Strategic Plan	Institutional Director
Record	Annual Budget	Finance Manager
Record	Strategic Planning Evidence Report	Quality Assurance Officer
Record	Governing Board Minutes	Institutional Director
Record	Progress Monitoring Reports	Unit Managers

5. INDICATORS

VERSION	01
APPROVAL DATE	11th March '26

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of strategic objectives achieved	Monitoring reports	Annual	≥ 80%	Objectives completed / Objectives planned
Budget execution rate	Financial reports	Annual	95–105%	Actual expenditure vs. approved budget
Stakeholder satisfaction with strategic communication	Satisfaction surveys	Annual	≥ 80%	Average score of relevant survey items
% of units submitting timely progress updates	Unit reports	Annual	100%	Reports received / Reports expected

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

PST01. Institutional Strategy	
PST01.03 Information and Communication Strategy	
TYPE / DIMENSION	Strategic Process / Dimension 1. Policies and Strategy (AQU Catalunya)
OWNER/S	Communications Manager / Institutional Director
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Ensure that C3S provides transparent, accurate and timely information to its stakeholders through a coherent and well-managed communication system, supporting informed decision-making, academic quality, and compliance with AQU Catalunya's public information standards..

2. DESCRIPTION

Principles and Approach

C3S's communication strategy is designed to:

- Guarantee the accessibility, clarity and reliability of information.
- Support student recruitment, academic orientation, programme delivery, and student services.
- Strengthen stakeholder engagement and institutional reputation.
- Ensure compliance with public information requirements established by AQU Catalunya (ESG 1.7).

The strategy applies to both internal communication (faculty, staff, students) and external communication (prospective students, partners, employers, accreditation bodies).

Communication Channels and Responsibilities

VERSION	01
APPROVAL DATE	11th March '26

C3S uses a variety of communication channels, each with defined ownership and control mechanisms:

1. Institutional Website

Primary source of public information for prospective students, partners, and society. Managed by the **Communications Manager**, with input from Academic Department, the **Quality Assurance Officer and Institutional Director**.

Includes: program descriptions, access and admission requirements, fees, academic calendars, institutional policies, IQAS documentation, performance indicators, and legal information.

2. Learning Management System (LMS) / Virtual Campus

Main internal communication channel for academic information: teaching guides, course materials, schedules, announcements, assessment criteria, and grades. Managed by the Academic Department, ensures transparency of learning outcomes, assessment methods and student expectations.

3. Email Communications

Official communication channel for administrative updates, academic alerts, quality-related notices, and institutional announcements. Managed jointly by Academic Department and Communications.

4. Notice Boards and Digital Displays

Used for on-campus announcements, deadlines, events, internship opportunities and support services. Managed by Student Services and Communications.

5. Social Media Platforms

Oriented to institutional visibility, community building and public engagement. Managed by Communications following an annual content plan approved by the Institutional Director.

6. Internal Repository

Access-restricted storage for staff and faculty, containing validated academic documents, templates, programme specifications and internal procedures. Maintained by Quality and Academic Department.

Content Updating and Validation

To ensure accuracy:

VERSION	01
APPROVAL DATE	11th March '26

- Academic information is reviewed at least annually by Academic Department, the Quality Assurance Officer and program leads.
- Policy-related information is updated after every approval or modification by the Governing Board.
- Public information is validated according to the IQAS public information process (cross-referenced with PST03.01).
- Time-sensitive communications (deadlines, schedule changes, events) follow a rapid validation protocol by the responsible unit manager.

All departments are responsible for notifying Communications of any required updates.

Monitoring and Continuous Improvement

- The Quality Assurance Officer periodically reviews the adequacy and effectiveness of communication channels.
- Audit findings, survey results and stakeholder feedback are analysed to introduce improvements.
- Improvement recommendations are included in the IQAS Action Plan (PCI01.02).

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students and Alumni	Provide feedback via surveys, suggestions, focus groups and digital engagement, identifying communication gaps or needs.
Faculty	Inform content updates, report inconsistencies, and support accurate academic communication.
Administrative & Support Staff	Contribute to operational communication and clarity of information related to services, schedules and processes.
Prospective Students	Provide input indirectly through enquiries, helping refine clarity and accessibility of external communication.
External Partners / Employers	Contribute through collaboration requirements and information needs related to internships, projects and employability.

4. ASSOCIATED RECORDS

VERSION	01
APPROVAL DATE	11th March '26

DOCUMENT	TITLE	OWNER(S)
Record	Website content inventory	Communications Manager
Record	Annual communication plan	Communications Manager
Record	LMS administrative guidelines	Academic Administration
Record	Public information review reports	Quality Assurance Officer
Record	Social media content log	Communications Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
User satisfaction with C3S communication	Satisfaction surveys	Annual	≥ 80%	Average scoring on communication-related items
Website content update compliance	Annual review report	Annual	100%	Items updated / Items requiring update
Response time for student enquiries	CRM / admissions logs	Quarterly	≤ 5 working days	Average time measured across channels
Engagement rate in institutional communication channels	Analytics reports	Quarterly	Set annually	Metrics according to channel (open rate, clicks, views, etc.)

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
v01	XX/XX/XXXX	Initial design of C3S's Internal Quality Assurance System

VERSION	01
APPROVAL DATE	11th March '26

PST01. Institutional Strategy	
PST01.04 Quality Planning and Review	
TYPE / DIMENSION	Strategic Process / Dimension 1. Policies and Strategy (AQU Catalunya)
OWNER/S	Quality Assurance Manager / Institutional Director
VERSION	v01 (Initial)
APPROVAL DATE	XX/XX/XXXX

1. PURPOSE OF THE PROCEDURE

Define a systematic framework for the planning, monitoring and periodic review of the Internal Quality Assurance System (IQAS) of C3S Business School, ensuring that it remains effective, up to date, evidence-based and aligned with AQU Catalunya's standards.

2. DESCRIPTION

Scope and Principles

Quality planning and review at C3S Business School ensures that:

- The IQAS supports the strategic objectives of the institution.
- Responsibilities and processes are clearly defined and effectively implemented.
- Decisions are informed by reliable evidence and stakeholder input.
- The system remains compliant with AQU Catalunya's criteria and the European Standards and Guidelines (ESG).
- Improvement actions are structured, monitored and evaluated.

This procedure governs the annual planning cycle, the periodic review of the IQAS, and the documentation control mechanisms supporting quality management.

Annual Quality Planning

The Quality Assurance Manager leads the preparation of the Annual Quality Plan, which includes:

1. Identification of priorities

Derived from:

- Strategic objectives of C3S Business School.
- Monitoring results of programmes and services.
- Previous audit findings.
- Stakeholder satisfaction data.
- Regulatory changes and accreditation requirements.

VERSION	01
APPROVAL DATE	11th March '26

2. Definition of planned quality activities

Including:

- Program monitoring and evidence collection.
- Stakeholder perception surveys and analysis.
- Reviews of learning outcomes, assessment criteria and program coherence.
- Public information updates.
- Internal audits (cross-referenced with PST03.03).
- Staff training related to quality assurance.

3. Assignment of responsibilities

Each action is assigned to a responsible unit or individual, with expected deadlines and resource needs.

4. Validation and approval

The Institutional Director approves the Annual Quality Plan, which becomes a binding institutional reference.

IQAS Review Mechanism

Once per academic year—and additionally whenever significant internal or external changes occur—the IQAS is reviewed through a structured process:

1. Compilation of evidence by the Quality Assurance Manager:

- Survey results and stakeholder feedback.
- Programme performance indicators.
- Results of internal audits.
- Review reports and recommendations from AQU Catalunya.
- Complaints and suggestions analysis.
- Effectiveness of the previous Action Plan.

2. Gap analysis

Evaluation of the degree of compliance with:

- AQU Catalunya standards and guidelines.
- ESG quality principles.
- Institutional policies and strategic direction.

3. Proposal of modifications

The QA Manager drafts updates to:

- Procedures and workflows.
- Documentation formats.
- Roles and responsibilities.
- Indicators and monitoring tools.
- Communication and transparency elements.

4. Consultation phase

VERSION	01
APPROVAL DATE	11th March '26

Involving programme directors, student representatives, faculty and administrative areas, depending on the nature of proposed changes.

5. Approval and implementation

Revisions are approved by the Institutional Director and added to the official IQAS documentation.

6. Publication and dissemination

Updated documentation is published on the website and communicated internally, ensuring transparency and compliance with ESG 1.7.

Action Plan and Continuous Improvement

Findings derived from the IQAS review generate a Quality Action Plan, which includes:

- Improvement actions, corrective measures and preventive measures.
- Responsible units and deadlines.
- Expected outcomes and indicators.

Progress is monitored quarterly, and completion is validated before the next quality cycle begins.

Documentation Control

To ensure version integrity:

- All official quality documents are stored in the institutional repository.
- Each document must include: version number, approval date, owner, change history.
- Obsolete documents are archived but removed from operational areas.
- Public versions are updated on the C3S Business School website following a validation workflow.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students and Alumni	Contribute feedback through surveys, delegates' meetings, complaints/suggestions and focus groups.
Faculty	Provide academic input, participate in programme review and propose improvements related to teaching and assessment.
Administrative & Support Staff	Contribute operational perspectives and evidence for process optimisation.

VERSION	01
APPROVAL DATE	11th March '26

External Partners / Employers	Provide insight on skills relevance, graduate preparedness and programme adequacy.
Institutional Leadership	Approves quality plans and IQAS revisions and ensures strategic alignment.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Annual Quality Plan	Quality Assurance Manager
Record	IQAS Review Report	Quality Assurance Manager
Record	Quality Procedures Manual	Quality Assurance Manager
Record	Minutes of Quality Committee Meetings	Quality Assurance Manager
Record	Quality Action Plan	Institutional Director / QA Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
Completion rate of annual quality activities	Annual Quality Plan	Annual	≥ 85%	Activities completed / Activities scheduled
% of IQAS improvements implemented	Action Plan	Annual	≥ 80%	Actions completed / Actions planned
Stakeholder satisfaction with quality management	Satisfaction surveys	Annual	≥ 80%	Average score on quality-related items
Timeliness of IQAS documentation updates	Repository log	Annual	100%	Updates performed / Updates required

6. VERSION HISTORY

VERSION	01
APPROVAL DATE	11th March '26

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

PST02. Stakeholder Engagement	
PST02.01 Stakeholders Survey System Management	
TYPE / DIMENSION	Strategic Process / Dimension 7. Implementation of Academic Quality and Results Management Systems (AQU Catalunya)
OWNER/S	Quality Assurance Officer
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Establish a structured system for the design, administration, analysis and use of stakeholder surveys at C3S Business School, ensuring consistent, reliable and actionable feedback that supports quality enhancement and adherence to AQU Catalunya's standards.

2. DESCRIPTION

Purpose and Scope of the Survey System

Stakeholder perception is a core element of the IQAS. The survey system:

- Collects systematic feedback from students, faculty, staff, alumni and employers.
- Provides evidence for programme monitoring, service quality assessment and strategic planning.
- Supports decision-making across academic and administrative areas.
- Ensures compliance with ESG and AQU guidelines regarding stakeholder participation.

The system covers all regular surveys, extraordinary surveys where needed, and feedback tools supporting continuous improvement.

Annual Planning of Surveys

VERSION	01
APPROVAL DATE	11th March '26

The Quality Assurance Manager develops an Annual Survey Calendar, which includes:

- List of surveys to be administered (mandatory and optional).
- Target populations (students, faculty, staff, alumni, employers).
- Timing and method of administration.
- Responsibility for data collection and communication plans.

This calendar is approved by the Institutional Director and communicated to all stakeholders.

Types of Surveys

C3S Business School conducts, at a minimum:

1. Student Surveys

- Entry/Welcome Survey (new students).
- Course Satisfaction Survey (teaching, materials, assessments).
- Student Services Survey (support services, facilities, guidance).
- End-of-Programme Survey (global satisfaction, preparedness, learning experience).

2. Faculty Surveys

- Teaching Experience Survey
- Training Needs and Satisfaction Survey
- Academic Coordination Feedback Survey

3. Staff Surveys

- Work Environment and Communication Survey

4. Alumni Surveys

- Graduate Satisfaction Survey
- Follow-up Employability Survey (6–12 months after graduation)

5. Employer Surveys

- Employer Satisfaction Survey (internship performance, graduate skills)

The survey system may incorporate additional short surveys if specific quality or accreditation requirements arise.

Survey Design and Validation

- Survey templates are developed by the QA Manager, ensuring clarity, neutrality and relevance.
- Indicators align with programme monitoring, institutional objectives and ESG dimensions.
- Updates to surveys require validation by the Quality Committee.
- Surveys are designed to ensure confidentiality and GDPR compliance.

Administration Process

- Surveys are distributed electronically via the LMS, email or secure links.

VERSION	01
APPROVAL DATE	11th March '26

- Participation is encouraged through:
 - In-class reminders.
 - Communication campaigns.
 - Transparency on the impact of results.
- Response rates are monitored throughout the administration window.
- Extensions are granted when needed to ensure representativeness.

Data Analysis and Reporting

- Data is processed by the QA Manager using standardised templates and statistical tools.
- Each survey results in a Survey Report containing:
 - Response rate
 - Key findings
 - Strengths and improvement areas
 - Recommendations for action
- Reports are shared with relevant units (academics, student services, HR, management).

Survey results feed into:

- Program Monitoring Reports
- Annual IQAS Review
- Strategic Planning Cycle
- Public Information obligations (PST03.01)
- Action Plans (PCI01.02)

Continuous Improvement of the Survey System

- The survey system is reviewed annually considering response quality, response rates, relevance of questions and stakeholder feedback.
- Adjustments are incorporated into the IQAS Review (PST01.04).

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students	Respond to surveys; contribute through delegates and focus groups; highlight improvement areas.
Faculty	Provide structured feedback on teaching and academic coordination; contribute to survey refinement.

VERSION	01
APPROVAL DATE	11th March '26

Administrative & Support Staff	Provide information on internal processes, communication and service satisfaction.
Alumni	Provide data on employability, preparedness and programme impact.
Employers / Internship Hosts	Offer assessments on student performance and workforce readiness.
Management Team	Uses survey evidence in decision-making and strategic planning.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Annual Survey Calendar	Quality Manager
Record	Survey Templates	Quality Manager
Record	Survey Reports	Quality Manager
Record	Program Monitoring Reports	Quality Manager / Academic Leads
Record	IQAS Review Documentation	Quality Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
Survey response rate	Survey system	Per survey	≥ 40% (students) ≥ 50% (faculty)	Responses received / Population
Stakeholder satisfaction with key areas	Survey reports	Annual	≥ 80%	Average scores
% of survey-based improvement actions implemented	Action Plan	Annual	≥ 80%	Implemented actions / Total actions

VERSION	01
APPROVAL DATE	11th March '26

Timelines of survey reporting	Survey calendar	Annual	100%	Reports delivered on time vs. planned dates
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6. VERSION HISTORY

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

PST02. Stakeholder Engagement	
PST02.02 Claims and Suggestions Management	
TYPE / DIMENSION	Strategic Process / Dimension 7. Implementation of Academic Quality and Results Management Systems (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 identifies, registers, analyses and resolves claims, incidents and suggestions submitted by its stakeholders, ensuring that all issues are addressed systematically and that improvement opportunities are effectively integrated into the Internal Quality Assurance System (IQAS).

2. DESCRIPTION

VERSION	01
APPROVAL DATE	11th March '26

Principles and Scope

C3S Business School recognises claims, incidents and suggestions as essential sources of information for quality enhancement. This procedure:

- Ensures timely, transparent and respectful management of all submissions.
- Establishes clear responsibilities for handling each type of case.
- Guarantees that corrective and preventive actions are implemented and monitored.
- Ensures compliance with AQU Catalunya's criteria for continuous improvement, stakeholder participation and complaint management.

The system applies to submissions from:

students, applicants, alumni, faculty, administrative staff, external partners and employers.

Definitions

- Claim/Complaint: Expression of dissatisfaction with a service, process, academic activity or administrative interaction.
- Incident: Any situation where a service deviates from expected standards or established procedures.
- Suggestion: A proposal from stakeholders aimed at improving processes, services or academic activities.

Channels for Submission

Stakeholders may present claims, incidents or suggestions through:

- Online Form (primary channel; accessible via the institutional website)
- Email to the Quality Assurance Office
- Student Services Desk
- Meetings with academic or administrative staff
- Feedback collected through surveys (converted into formal cases when relevant)

All submissions must be documented in the central Register of Claims and Suggestions.

Assessment and Resolution

Once registered:

1. Initial Assessment (QA Manager):
 - Categorisation of urgency and impact.
 - Identification of the unit responsible for resolution.
2. Assignment to Responsible Unit:
 - Academic cases → Academic Administration / Programme Leads
 - Service-related cases → Student Services, IT, Facilities
 - Administrative issues → Registrar's Office or Finance
 - Policy-related issues → Institutional Director

VERSION	01
APPROVAL DATE	11th March '26

3. Resolution Process:

- The assigned unit reviews the situation, gathers evidence and proposes a response.
- Actions may include: correction of an error, clarification of information, updated documentation, staff training, or changes to an internal process.
- Resolution must be communicated in writing to the stakeholder within the established timeframe.

4. Communication to Stakeholder:

- All communications must be clear, respectful and evidence-based.
- If the stakeholder disagrees with the resolution, they may request escalation to the Institutional Director.

Follow-up and Closure

The Quality Assurance Manager:

- Confirms that the corrective/preventive action has been implemented.
- Evaluates its effectiveness after an appropriate period.
- Marks the case as closed in the central register.
- Flags recurring issues for further structural analysis.

Unresolved or recurrent cases may lead to:

- Revision of internal procedures.
- Additional staff training.
- Updates to the Quality Action Plan.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Students and Applicants	Submit claims, incidents and suggestions; provide clarification when needed; validate resolution effectiveness.
Faculty	Receive and address academic-related cases; propose improvements to teaching or assessment practices.
Administrative & Support Staff	Respond to cases related to services, logistics and communication; propose corrective actions.
Alumni	Provide feedback on programme relevance and service effectiveness.
Employers / External Partners	Identify issues related to internships, collaboration or graduate preparedness.

VERSION	01
APPROVAL DATE	11th March '26

Management Team	Resolves escalated cases; ensures institutional learning and structural improvements.
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4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Register of Claims, Incidents and Suggestions	Quality Manager
Record	Communication Logs	Quality Manager / Relevant Units
Record	Corrective and Preventive Action Log	Quality Manager
Record	Annual IQAS Review Report	Quality Manager
Record	Quality Action Plan	Institutional Director / Quality Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of claims resolved within established timeframe	Central register	Quarterly	≥ 85%	Resolved cases on time / Total cases
Number of recurring issues	Register + action plan	Annual	≤ 10% of total cases	Repetitive cases / Total submissions
Stakeholder satisfaction with claim handling	Follow-up surveys	Annual	≥ 80%	Average score
% of implemented corrective actions	Action Plan	Annual	≥ 80%	Actions implemented / Actions planned

6. VERSION HISTORY

VERSION	01
APPROVAL DATE	11th March '26

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

PST03. Accountability & Transparency

PST03.01 Public Information and Transparency

TYPE / DIMENSION	Strategic Process / Dimension 8. Public Information (AQU Catalunya)
OWNER/S	Communications Manager / Quality Assurance Manager / Institutional Director

VERSION	01
APPROVAL DATE	11th March '26

VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Define the system through which C3S Business School ensures the publication, accuracy, accessibility and regular updating of public information related to its programmes, services, institutional performance and quality assurance system, in compliance with AQU Catalunya and ESG transparency standards.

2. DESCRIPTION

Principles and Scope

C3S Business School is committed to providing transparent, truthful, and complete information to students, stakeholders and society. Public information must:

- Support informed decision-making for prospective and current students.
- Reflect the quality, characteristics and operation of programmes and services.
- Comply with AQU Catalunya’s requirements for foreign centres (public information dimension).
- Demonstrate the functioning and effectiveness of the IQAS.

This procedure applies to all public-facing information, including:

- Website content
- Programme descriptions
- Fees and admission requirements
- Policies and regulations
- IQAS documentation
- Indicators and results
- Institutional reports

Public Information Categories

1. Institutional Information

Published on the C3S website and includes:

- Mission, vision and values
- Governance and organisational structure
- Legal information and accreditations
- Institutional policies (quality, teaching, admission, assessment, etc.)

2. Academic Program Information

For each programme:

- Description and objectives
- Learning outcomes
- Curriculum structure and ECTS distribution
- Teaching methods and assessment criteria

VERSION	01
APPROVAL DATE	11th March '26

- Access, admission and progression requirements
- Tuition fees and payment conditions
- Delivery modes and schedules
- Languages of instruction
- Internship or mobility requirements (if applicable)

3. Student Services and Resources Information

- Student support services
- Academic guidance
- Facilities and equipment
- IT and library resources
- Extracurricular and career services

4. Results and Indicators

Published annually and aligned with AQU standards:

- Student satisfaction
- Graduation and retention rates
- Employability outcomes (when applicable)
- Program performance indicators
- Quality action plans and follow-up summaries

5. IQAS Documentation

- Quality Policy
- Process Map
- Quality Manual
- Procedures Manual
- Monitoring and review reports
- Improvement Plans

Periodic Review of Public Information

- Annual comprehensive review during the IQAS cycle (PST01.04).
- Program-specific updates after each monitoring cycle or accreditation evaluation.
- Immediate updates when:
 - Regulations change
 - Fees or admission criteria are modified
 - Programme structures are revised
 - New results or indicators become available

Each department is responsible for notifying the Communications Manager and QA Manager when updates are required.

Continuous Improvement of Public Information

Feedback is collected through:

- Surveys
- Complaints and suggestions (PST02.02)
- Website analytics

VERSION	01
APPROVAL DATE	11th March '26

- Student delegates feedback
- Accreditation review recommendations

All identified improvements are incorporated into the IQAS Action Plan (PCI01.02).

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Future Students	Provide indirect feedback through enquiries and information needs.
Current Students	Contribute through satisfaction surveys, focus groups and suggestions.
Faculty	Validate academic information and support clarity of programme content.
Administrative & Support Staff	Provide updated information for services, fees and operational processes.
Employers / External Partners	Offer feedback on the relevance and accuracy of skills and programme outcomes.
Governing Bodies	Approve institutional policies and validate strategic information.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Website Update Log	Communications Manager
Record	Public Information Annual Review Report	Quality Manager
Record	IQAS Documentation Repository	Quality Manager
Record	Programme Specifications	Academic Administration
Record	Institutional Policies	Institutional Director

5. INDICATORS

VERSION	01
APPROVAL DATE	11th March '26

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
Timeliness of public information updates	Update log	Annual	100%	Updates made / Updates required
Student satisfaction with clarity of public information	Surveys	Annual	≥ 80%	Relevant item score
Number of inconsistencies detected	Annual review report	Annual	0 major inconsistencies	Count of discrepancies
Website accessibility compliance	Website audit	Annual	≥ 90%	Checklist compliance

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

PST03. Accountability & Transparency	
PST03.02 Results Analysis and Sharing	
TYPE / DIMENSION	Strategic Process / 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

Establish a structured system for collecting, analysing, validating and communicating academic and institutional results at C3S Business School, ensuring that decision-making is evidence-based and that outcomes are shared transparently with stakeholders in accordance with AQU Catalunya’s standards.

2. DESCRIPTION

Principles and Scope

This procedure covers all activities related to:

- The systematic collection of quantitative and qualitative data.
- The production of institutional and programme-level results reports.
- The analysis of performance indicators and quality metrics.
- The dissemination of results to internal and external stakeholders.
- The integration of findings into the IQAS and strategic planning.

The principles guiding the process are:

- Accuracy and reliability of data.
- Transparency and accessibility.
- Protection of confidentiality where required.
- Alignment with AQU Catalunya and ESG standards.
- Commitment to continuous improvement.

Data Collection System

The Quality Assurance Manager coordinates the annual data collection process, which gathers information from:

1. Student Progress and Achievement

- Enrolment numbers
- Retention and drop-out rates
- Completion and graduation rates
- Assessment results and pass rates

VERSION	01
APPROVAL DATE	11th March '26

- Progression within programmes
- 2. Student Satisfaction Indicators
 - Course evaluations
 - Programme satisfaction
 - Support services satisfaction
- 3. Faculty and Staff Indicators
 - Satisfaction levels
 - Participation in training
 - Evaluation outcomes
- 4. Program and Academic Indicators
 - Learning outcomes achievement
 - Curriculum alignment
 - Internship and mobility results (where applicable)
- 5. Institutional Performance Metrics
 - Governance data
 - Resource utilisation
 - Facilities and IT service feedback
- 6. External Indicators
 - Graduate employability (when data is available)
 - Employer feedback
 - Accreditation or external review recommendations

All data sources must follow documented methods and remain consistent from year to year to enable comparative analysis.

Internal Sharing of Results

Results are communicated internally through:

- Meetings with programme directors
- Quality Committee meetings
- Staff briefings
- Faculty coordination sessions
- Internal repository (read-only access to validated reports)

This ensures that academic and administrative units understand the outcomes and are able to propose improvement actions.

Integration with Quality and Strategic Planning

Results analysis informs:

- Quality Action Plan (PCI01.02)
- Programme revision and improvement
- Changes to procedures and policies
- Internal audits (PST03.03)
- Strategic planning (PST01.02)

Recurring issues trigger structural reviews or action plan prioritisation.

3. STAKEHOLDERS INVOLVED

VERSION	01
APPROVAL DATE	11th March '26

STAKEHOLDER	MODE OF PARTICIPATION
Students	Provide satisfaction data and qualitative feedback; contribute to interpretation through delegates and meetings.
Faculty	Contribute performance information, academic insights and support programme analysis.
Administrative & Support Staff	Provide service-related data and analyse operational indicators.
Alumni and Employers	Support employability and relevance analysis through surveys and feedback.
Institutional Leadership	Validates results and ensures strategic use of evidence.

4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Program Monitoring Reports	Quality Manager
Record	Annual Institutional Results Report	Quality Manager
Record	Quality Action Plan	Quality Manager / Institutional Director
Record	IQAS Review Report	Quality Manager
Record	Public Results Summaries	Communications Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of indicators collected on time	Data collection calendar	Annual	100%	Indicators collected / Indicators planned
Completion of annual analysis reports	QA workflow	Annual	100%	Reports delivered / Reports scheduled

VERSION	01
APPROVAL DATE	11th March '26

Stakeholder satisfaction with results dissemination	Surveys	Annual	≥ 80%	Survey item average
% of improvement actions derived from results analysis	Action Plan	Annual	≥ 80%	Actions implemented / Actions recommended

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

PST03. Accountability & Transparency	
PST03.03 Internal Quality Audits and IQAS Review	
TYPE / DIMENSION	Strategic Process / Dimension 1. Policies and Strategy (AQU Catalunya)
OWNER/S	Quality Assurance Manager
VERSION	v01 (Initial)
APPROVAL DATE	11th March '26

1. PURPOSE OF THE PROCEDURE

Define the planning, execution, evaluation and follow-up of internal quality audits at C3S Business School, ensuring that the Internal Quality Assurance System (IQAS) is implemented effectively, remains up to date, and meets the requirements of AQU Catalunya and ESG standards.

2. DESCRIPTION

Principles and Scope

Internal audits are a core mechanism to:

- Verify the implementation and consistency of IQAS procedures.
- Identify non-conformities, weaknesses and improvement opportunities.
- Ensure the reliability of programme monitoring and results analysis.
- Validate compliance with institutional policies, regulatory obligations and accreditation standards.
- Support the continuous improvement of processes and services.

This procedure applies to all units, programmes, processes and services included in the IQAS.

Annual Internal Audit Plan

The Quality Assurance Manager prepares an Annual Internal Audit Plan, which includes:

- Processes, areas and programmes to be audited.
- Audit objectives and scope for each area.
- Audit methods to be used (document review, interviews, observation, sampling).
- Audit schedule.
- Assigned auditors and required resources.

The plan is approved by the Institutional Director and communicated to relevant units.

VERSION	01
APPROVAL DATE	11th March '26

The QA Manager compiles the Internal Audit Report (Improvement Plan), which includes:

- Scope and objectives
- Methodology used
- Evidence reviewed
- Summary of findings (non-conformities, observations, improvement opportunities)
- Recommendations
- Required corrective or preventive actions
- Deadlines and responsibilities

The report is validated by the Institutional Director and shared with audited units.

Follow-up and Monitoring of Actions

- Each audited unit must propose corrective or preventive actions for identified non-conformities.
- The QA Manager monitors the implementation and effectiveness of these actions.
- Follow-up audits may be scheduled when needed.
- Actions not completed within the established timeframe are escalated to the Institutional Director.

Internal audit results feed directly into:

- The Annual IQAS Review Report (PST01.04).
- The Quality Action Plan (PCI01.02).
- Updates to processes, policies or documentation.
- Adjustments to public information or indicators when inconsistencies are detected.

Recurring issues may trigger comprehensive reviews of affected processes.

3. STAKEHOLDERS INVOLVED

STAKEHOLDER	MODE OF PARTICIPATION
Faculty	Participate in interviews; provide documentation and evidence related to teaching and assessment.
Administrative & Support Staff	Provide records and participate in audits for service-related processes.
Students	May be involved in interviews or surveys when their perspective is relevant.
Programme Directors / Academic Leads	Provide programme-level evidence and support analysis.

VERSION	01
APPROVAL DATE	11th March '26

Institutional Leadership	Validates audit plans, reports and action plans.
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4. ASSOCIATED RECORDS

DOCUMENT	TITLE	OWNER(S)
Record	Annual Internal Audit Plan	Quality Manager
Record	Audit Checklists	Quality Manager
Record	Internal Audit Reports	Quality Manager
Record	Corrective and Preventive Action Log	Quality Manager
Record	Annual IQAS Review Report	Quality Manager

5. INDICATORS

INDICATOR	DATA SOURCE	PERIODICITY	REFERENCE VALUE	METHOD OF MEASUREMENT
% of audits completed according to the plan	Audit plan	Annual	100%	Audits completed / Audits scheduled
% of corrective actions implemented	Action Log	Annual	≥ 80%	Actions completed / Actions required
Number of recurring non-conformities	Audit reports	Annual	≤ 10%	Repetitions / Total non-conformities
Timeliness of audit reporting	Audit calendar	Annual	100%	Reports delivered on time / Reports scheduled

6. VERSION HISTORY

VERSION	APPROVAL DATE	REASON FOR MODIFICATION
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IQAS PROCEDURES MANUAL

VERSION	01
APPROVAL DATE	11th March '26

v01	11th March '26	Initial design of C3S's Internal Quality Assurance System