



# **Concerns Investigation Process (Wales)**

March 2022

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## Background

1 The purpose of this document is to provide information about the overarching approach for investigating concerns about academic standards and quality. This document is an updated version of the investigation procedure which was developed in 2019. The procedure provides a mechanism through which concerns about academic standards or the quality of the student experience at regulated institutions can be referred by higher education funding and regulatory bodies to QAA for investigation.

2 The investigation process is designed to be rigorous, proportionate and provide assurances that matter to students on academic standards, student outcomes and academic experience. QAA has taken account of the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#) standards in Part 2: Standards and guidelines for external quality assurance, as far as possible. In practice, this means the investigation process recognises the standards for internal quality assurance used by providers and is tailored to specifically achieve the aims and objectives of the Concerns Investigation Process. The investigation process follows the four components of external quality assurance processes: collection of material and supporting evidence; an external assessment; a report of the assessment; and a follow-up process where appropriate. Investigations are carried out by a team of trained peer and student reviewers. Outcomes are based on explicit published criteria (see Appendix 1). While outcomes of concerns investigations do not result in formal judgements about the academic standards of the providers' awards and the quality of student academic experience which would make them appealable, providers are able to raise concerns with QAA if they have dissatisfaction about the conduct of the process and those carrying it out through [QAA's Complaints Procedure](#).

## Introduction

3 The investigation procedure comprises two stages:

Stage 1 - an initial analysis of the concern to establish whether there is evidence of a serious issue that requires further investigation. This stage is undertaken by the higher education funding and regulatory body (funding body) and may result in the case being closed without the need to progress to Stage 2.

Stage 2 - a detailed investigation into the concern carried out by QAA, upon referral from the funding body.

4 A QAA investigation can take the form of either a desk-based investigation or an onsite visit by a review team. The investigation process allows a desk-based investigation to be transferred to an onsite investigation visit if, on the basis of the desk-based investigation, the nature of the concern is considered to be serious or the type of evidence that needs to be collected can only be done through an onsite visit.

5 This document sets out the method and approach to undertaking an investigation and should be read in conjunction with the investigation plan which sets out the detail of how the investigation will be conducted for each specific investigation. The investigation plan is the definitive document prepared for the investigation which will be agreed by the funding body and QAA at the start of Stage 2 of the process.

## Method and approach

6 The indicative timings for the investigation process are set out in Appendix 2 for desk-based investigations and Appendix 3 for onsite investigations.

## Referral process

7 Referrals from the funding body will involve:

- sharing a case file (findings and evidence collected to date)
- access to relevant data from the funding body about the provider and identification of any requirement for QAA to process personal data (see Appendix 4 regarding data protection).
- dialogue between the Concerns Investigation Manager and the funding body on the investigation scope, which is essential for ensuring effective delivery of the investigation.

## Agreeing the approach

8 For each case, QAA will seek agreement with the funding body, during a scoping meeting, of a bespoke investigation plan.

9 Issues under investigation will be considered in line with the reference points appropriate to the regulation of higher education providers by the relevant funding body. Some reference points will be UK-wide, such as the UK Quality Code for Higher Education, and others will be nation specific. Furthermore, the *European Standards and Guidelines for Quality Assurance in the European Higher Education Area* (Part 1: Standards and guidelines for internal quality assurance) are a common element of the regulatory requirements for the funding bodies of the devolved administrations. Further details concerning the relevant baseline quality requirements for academic standards and quality can be found in the relevant funding body guidance.<sup>1</sup>

10 Upon referral of a concern to QAA, the Concerns Investigation Manager will attend a scoping meeting with the funding body to discuss and agree the scope of the investigation, whether the investigation will be desk-based or require a site visit, and the timeframe within which the investigation is to be concluded. A desk-based investigation does not preclude a site visit at a later stage if the review team undertaking the desk-based analysis consider the nature of the concern to be serious, or the type of evidence it needs to collect can only be provided through an onsite visit. This type of circumstance could arise, for instance, if the review team needs to meet students or particular members of staff and/or access written records that could not be made available electronically.

11 Based on the discussions, an investigation plan is developed to specify the approach to be taken and key milestones within the process. This investigation plan is shared with the review team. Any deviation from the plan must be discussed and agreed with the funding body. An outline of the investigation plan detailing the nature of the concern and areas under investigation will be sent to the provider. If a desk-based investigation needs to proceed to an onsite visit (a decision would be made once additional evidence is uploaded by the provider at +3 weeks), the plan may be updated with the agreement of the funding body. If the Investigation Lead becomes aware of issues that might affect delivery of the investigation or other areas of concern outside of the scope of the plan, these should be discussed with the Concerns Investigation Manager at the earliest opportunity.

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<sup>1</sup> [Scottish Funding Council guidance to higher education institutions on quality from August 2017 -2022](#); [Quality Assessment Framework for Wales \(April 2020\)](#) (also available in [Welsh](#)); and [Revised Operating Model for Quality Assessment \(March 2016\)](#).

12 QAA will appoint two or three reviewers, normally including a student reviewer, to conduct the investigation. The size of the review team will depend on the size and complexity of the case. Reviewers will be selected for their expertise in relation to the area of the concern. Providers will be advised on the membership of the review team and will be asked to confirm that there are no conflicts of interest with proposed team members before the team is confirmed.

13 The review team will also include a QAA officer, known as the Investigation Lead, to lead the team and manage the investigation process. The responsibilities of the key roles involved in the process are set out in Appendix 5.

14 In planning, conducting and reporting on investigations in Wales, QAA is committed to treating the Welsh and English languages as equal, and considering the requirements and expectations of the Welsh Language Standards. (For further information, see Appendix 6.) QAA will confirm the language preferences of the provider and individual participants in the conduct of the investigation in the planning stages and will make arrangements for translation as required.

## **Desk-based investigations**

15 The investigation schedule and activities are summarised in Appendix 2.

16 One week after referral of the case file the review team undertake an initial desk-based analysis of the case file and evidence base. This will be done with reference to the investigation plan, ensuring specific concerns are addressed. The initial desk-based analysis is likely to raise questions and lines of enquiry that need to be pursued through additional evidence. The review team will normally have one week to undertake their initial analysis which may result in a request for further information and points of clarification from the provider two weeks into the investigation process. The provider will be given one week to provide additional evidence, either by uploading files or by supplying QAA with access to their own file stores. Requests for additional evidence will only relate to the concerns raised and cover information that is considered important to reach a robust conclusion. Given the short time available within the schedule to submit additional evidence, QAA will be conscious of making these requests proportionate and not overburdening the provider.

17 The review team will then analyse any additional evidence and consider whether the investigation can conclude as a desk-based exercise or whether, in the view of the team, they would recommend that the nature of the investigation would require an onsite visit. If the review team considers the nature of concern to be serious and/or the type of evidence it needs to collect can only be provided through an onsite visit, the Concerns Investigation Manager would inform the funding body and discuss whether the investigation plan would require updating to include an onsite visit and, if so, the length of the onsite visit (either one or two days in line with the onsite investigation process).

18 Where the investigation continues as a desk-based investigation, the review team will meet within a week of considering the additional evidence to discuss their findings and to determine their overall outcome of the investigation. This meeting will take place in private, either virtually or in-person; however, the meeting will not take place at the provider. Details of the outcomes and findings, and the reporting process, which are common to both desk-based and onsite investigations, are detailed below.

## Onsite investigations

19 The online investigation schedule and activities are summarised separately in Appendix 3.

20 The review team undertake a desk-based analysis of the case file and evidence base to the same procedure as a desk-based investigation (paragraph 15).

21 QAA will normally give providers two weeks' notice of a visit date within a timeframe agreed by the funding body. The review team will draw up a visit schedule which will be shared with the provider. The investigation visit will take the form of several meetings at the provider, the purpose of which is to answer any questions that remain from the desk-based analysis. The visit is a useful opportunity for the review team to gain a thorough understanding of the provider's awareness of the concerns being investigated and any action that may have been taken to date. Where the case raises concerns that may impact on the student experience, the team may request to meet with relevant students.

22 For an onsite investigation, the length of the visit is agreed at the start of the process and specified in the investigation plan. However, where the desk-based analysis results in a recommendation that there be a visit then the investigation plan will be updated to include the length of the visit (see paragraph 16) and the provider will be informed.

23 The specific days and details of the schedule for the visit will be for the Investigation Lead to agree with the provider in consultation with the review team. The people to be met during the visit will depend on the nature, scope and seriousness of the concerns raised. The schedule will include a private team meeting to discuss and agree the findings for the report, based on the documentary evidence and meetings at the provider.

## Outcomes and findings

24 At the end of an investigation, the team will reach a conclusion on whether the concerns raised in the investigation plan are justified. This overall outcome of the investigation will be expressed as one of the following:

- *no issues found* - either there are no grounds to support the concern or there is evidence that the concern has already been satisfactorily addressed by the provider
- *minor issues found* - which would require the provider to develop and implement an action plan
- *serious issues found* - this would require the provider to develop and implement an action plan and require ongoing monitoring as part of the funding body's quality assurance framework.

25 More detailed guidance on how the team should determine the outcome is available in Appendix 1.

26 At the end of an onsite investigation, the review team will provide some general feedback to the provider in relation to the team's provisional findings. However, the team will not give specific feedback on areas such as the number and wording of recommendations or the exact outcome of the investigation (no issues, minor issues or serious issues). The reason for this is that the report will be reviewed and moderated by QAA, which may lead to changes to the provisional findings.

## Reporting

27 After an investigation, QAA will prepare an evidence-based findings report, to include the following:

- description of the issue(s) under investigation
- brief description of the Concerns Investigation Process and those involved
- findings related to the issue(s)
- the overall outcome of the investigation and judgements on whether the issues are systematic or have potential wider impact, and if they indicate quality that is either inadequate or likely to become inadequate
- conclusions and recommendations for follow-up action by the provider.

28 Where other issues have emerged during the investigation, QAA will provide a brief confidential summary for the funding/regulatory body indicating the nature of the issue(s) and the evidence that indicated this to the team. The team will not investigate or pursue the evidence.

29 QAA will send the draft report to the provider copied to the funding body, allowing the provider to check the report for factual accuracy and raise any procedural issues. If necessary, the report will be amended before the final version is shared with the funding body and provider. The funding body will determine whether to publish the final report.

30 Following the investigation, QAA will undertake an evaluation of the investigation process, seeking feedback from the Investigation Lead, reviewers and the provider.

## Follow-up

31 Where the overall outcome of the investigation results in an outcome of minor or serious issues, the provider will be required to submit an action plan. The action plan should be submitted to the funding/regulatory body for approval two weeks after the provider has been informed of the funding body's decision on the concern and next steps. The funding/regulatory body may consult QAA on how effectively the plan addresses the findings within reasonable timescales.

32 QAA will undertake follow-up activity as determined by funding/regulatory body. This may involve a desk-based review of evidence submitted by the provider for completion of specific actions, or a follow-up visit by a QAA officer to meet those responsible and accountable for the actions, and to seek feedback from those affected by the actions. Follow-up activity will be commissioned separately by the funding body.

## Appendix 1: Determining the overall outcome of a Concerns Investigation Process

The following three categories will be used to determine the overall outcome of an investigation:

- No issues
- Minor issues
- Serious issues.

This grid is used to guide the team's considerations and is not intended to be used as a 'checklist'. However, if any single issue falls under the serious issues category, the overall outcome should conclude that there are serious issues.

No issues	Minor issues	Serious issues
<p>Minor omission or oversights.</p> <p>A need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change.</p> <p>Completion of activity already underway in a small number of areas that will allow the provider to meet baseline requirements more fully.</p> <p>Issues do not indicate systemic problems in the management of this area and do not present any potential risks to the management of standards and quality.</p>	<p>Weaknesses in the operation of part of the provider's (academic) governance structure or lack of clarity about responsibilities.</p> <p>Insufficient emphasis or priority given to assuring standards, quality, or information in the provider's processes.</p> <p>Procedures are broadly adequate, but have some shortcomings in terms of the rigour with which they are applied.</p> <p>Problems identified are confined to a small part of the provider's activities.</p> <p>Issues are partly systemic in that processes and procedures may not be operating as effectively as they might.</p> <p>Some moderate issues may exist and have the potential to lead to serious problems with the management of standards and quality over time if they are not adequately addressed.</p>	<p>Ineffective operation of parts of the provider's academic governance structure.</p> <p>Significant gaps in policy, structures or procedures relating to the provider's academic standards, quality assurance, or the quality of information.</p> <p>Breaches by the provider of its own quality assurance management procedures.</p> <p>The problems identified affect many parts of the provider's activities.</p> <p>Issues are systemic in that processes and procedures are ineffective or mismanaged.</p> <p>Some serious issues may exist which, if not addressed sufficiently and urgently, may have a severe impact on the management of standards and/or quality.</p>



## Appendix 2: Schedule for desk-based investigations

The exact schedule for each case referred to QAA will be documented in the Investigation Plan. The table below provides an indicative timeline for a desk-based Concerns Investigation.

<b>Working weeks</b>	<b>Activity</b>
Week 0	<ul style="list-style-type: none"> <li>Case referred to QAA for investigation</li> </ul>
+1 week	<ul style="list-style-type: none"> <li>Scoping meeting with the funding body to discuss case</li> <li>Investigation Plan agreed including size and composition of the review team</li> <li>The provider is informed of areas of interest and timescales for the investigation</li> <li>Review team appointed and conflicts of interest checks made with provider</li> </ul>
+ 2 weeks	<ul style="list-style-type: none"> <li>Investigation team undertakes desk-based analysis</li> <li>Provider informed of requests for additional information</li> </ul>
+3 weeks	<ul style="list-style-type: none"> <li>Provider uploads additional evidence</li> <li>The review team makes an assessment of the additional evidence to decide whether the nature of the concern can continue to be addressed through a desk-based investigation</li> <li>Where the team is satisfied that the investigation can continue as desk-based, they continue with their analysis and prepare for the investigation meeting</li> <li>If, with the agreement of the funding body, the investigation plan is amended to an investigation visit, then refer to Appendix 3</li> </ul>
+4 weeks	<ul style="list-style-type: none"> <li>The investigation meeting takes place in private and the review team discuss their findings and determine the overall outcome of the investigation</li> </ul>
+5 weeks	<ul style="list-style-type: none"> <li>Draft report to provider for factual accuracy checks</li> <li>Draft report shared with the funding body</li> </ul>
+6 weeks	<ul style="list-style-type: none"> <li>Provider's comments on factual accuracy are returned to QAA</li> </ul>
+7 weeks	<ul style="list-style-type: none"> <li>Team reviews report in response to provider's comments</li> <li>Report sent to QAA publications team for proofing (and made available to the funding body)</li> </ul>
+9 weeks	<ul style="list-style-type: none"> <li>Report translated (Wales only)</li> </ul>
+11 weeks	<ul style="list-style-type: none"> <li>Final report sent to the funding body</li> <li>A copy of the final report is sent to the provider</li> <li>Funding body to consider whether to publish the report</li> </ul>
+12 weeks	<ul style="list-style-type: none"> <li>Funding body informs provider of decision and next steps</li> </ul>
+14 weeks	<ul style="list-style-type: none"> <li>The provider submits an action plan to the funding body (for outcomes with minor/serious issues)</li> </ul>

## Appendix 3: Schedule for onsite investigations

The exact schedule for each case referred to QAA will be documented in the Investigation Plan. The table below provides an indicative timeline for an onsite Concerns Investigation.

<b>Working weeks</b>	<b>Activity</b>
Week 0	<ul style="list-style-type: none"> <li>Case referred to QAA for investigation</li> </ul>
+1 week	<ul style="list-style-type: none"> <li>Scoping meeting with the funding body to discuss case</li> <li>Investigation Plan agreed including size and composition of the review team</li> <li>The provider is informed of areas of interest and schedule for the investigation</li> <li>Review team appointed and conflicts of interest checks made with provider</li> </ul>
+ 2 weeks	<ul style="list-style-type: none"> <li>Investigation team undertakes desk-based analysis</li> <li>Provider informed of requests for additional information</li> </ul>
+3 weeks	<ul style="list-style-type: none"> <li>Provider uploads additional evidence</li> <li>The review team continues their desk-based analysis</li> <li>The provider is informed of the schedule for the visit</li> <li>For investigations in Wales, the provider is invited to indicate if elements of the investigation visit need to be conducted in Welsh</li> <li>The team continue with their preparations for the onsite visit</li> </ul>
+4 weeks	<ul style="list-style-type: none"> <li>The onsite visit to the provider takes place</li> </ul>
+5 weeks	<ul style="list-style-type: none"> <li>Draft report to provider for factual accuracy checks</li> <li>Draft report shared with the funding body</li> </ul>
+6 weeks	<ul style="list-style-type: none"> <li>Provider's comments on factual accuracy are returned to QAA</li> </ul>
+7 weeks	<ul style="list-style-type: none"> <li>Team reviews report in response to provider's comments</li> <li>Report sent to QAA publications team for proofing (and made available to the funding body)</li> </ul>
+9 weeks	<ul style="list-style-type: none"> <li>Report translated (Wales only)</li> </ul>
+11 weeks	<ul style="list-style-type: none"> <li>Final report sent to the funding body</li> <li>A copy of the final report is sent to the provider</li> <li>Funding body to consider whether to publish the report</li> </ul>
+12 weeks	<ul style="list-style-type: none"> <li>Funding body informs provider of decision and next steps</li> </ul>
+14 weeks	<ul style="list-style-type: none"> <li>The provider submits an action plan to the funding body (for outcomes with minor/serious issues)</li> </ul>

## Appendix 4: Data protection

QAA complies with the General Data Protection Regulation (GDPR) (EU) 2016/679, the *Data Protection Act 2018*, and any other applicable Data Protection legislation in relation to personal data. QAA only processes personal data for the purposes of conducting its review activities and, in this case, ensuring data shall only be accessible to those who require access to carry the requirements of the Concerns Investigation Process.

QAA is committed to ensuring and maintaining the security and confidentiality of personal and/or special category data, and all members of staff are responsible for handling data in accordance with QAA's Data Protection Policy so that personal and special category information is processed compliantly. All QAA staff and reviewers undergo GDPR training on an annual basis. How QAA gathers and processes personal information, the individual's rights and QAA's obligations are set out in [QAA's Privacy Notice](#). There is a Data Protection Incident Reporting Policy and procedure for reporting, assessing and managing incidents.

QAA stores personal data and non-personal data securely and ensures the data is only accessible to those who require access to it to carry out the Concerns Investigation Process. No data or information extracted from it will be passed to any party unless agreed in writing by the funding body. All data or all copies or extracts made from it will either be returned by QAA to the funding body, destroyed on request by the funding body or destroyed in line with QAA's records retention policy.

QAA is ISO27001 certified for information security management.

## Appendix 5: Key roles

### Concerns Investigation Manager

This is the person at QAA responsible for overseeing the delivery of Stage 2 investigations. The Concerns Investigation Manager is the investigation team's first point of contact for queries relating to the process. Key responsibilities of the role include:

- liaising with the funding body to agree an investigation plan for each concern referred to QAA
- liaising with the provider to agree details of the investigation
- developing training and guidance material to support team members in fulfilling their roles effectively
- selecting reviewers for the investigating team to ensure an appropriate match between areas of expertise and the nature of the concern
- providing support to the Investigation Lead in handling complex or difficult cases
- monitoring, evaluating and enhancing the method used to carry out Concerns Investigations.

### Investigation Lead

An Investigation Lead is a QAA officer assigned to each case referred to QAA. This is the person appointed by QAA to manage the process and the review team for a specific concerns investigation. Key responsibilities of the role are:

- acting as the primary contact for the provider during the investigation
- coordinating the team's activities throughout the process, including an appropriate division of responsibilities among team members
- ensuring the investigation is conducted in accordance with the Concerns Investigation process and the agreed investigation plan
- supporting the reviewers in identifying evidence and maintaining an ongoing record of the evidence
- chairing the private meetings of the review team and developing meeting agendas for the team's meetings with the provider
- ensuring the team's conclusions are evidence-based
- maintaining a record of the team's decisions, and its discussions with staff and students
- editing the findings reports to ensure alignment with QAA house style.

The Investigation Lead is responsible for maintaining an overview of the investigation process and its outcomes.

### Reviewers

In addition to the Investigation Lead, the team will include two or three reviewers depending on the scope and complexity of the case. Key responsibilities of the role are:

- analysing the evidence base
- formulating lines of enquiry to be pursued during the visit, ensuring the concern is investigated thoroughly and objectively
- reaching an evidence-based conclusion as to whether the concern raised is justified and the seriousness of any issues found
- formulating recommendations to identify areas of practice that require improvement at the provider
- writing an evidence-based findings report.

## Appendix 6: Welsh language

QAA is committed to treating the Welsh and English languages equally in our work in Wales. All documentation relating to the investigation scheme is produced in both languages, as are all published investigation reports.

For reviews and investigations of providers in Wales, we seek to recruit bilingual reviewers and QAA officers to act as the Investigation Lead. Our advertising and recruitment process actively supports this objective. In any review or investigation of higher education providers in Wales, we acknowledge the right of any person to use the medium of Welsh and the right of any bilingual reviewer to speak in Welsh. We will normally seek to agree the use of the translation facilities existing within a provider and will provide our own interpretation or translation facilities where that is not possible.

We ensure that in the initial planning stages of our reviews, the QAA Officer identifies the language preferences expressed by the provider and individual participants for the conduct of the investigation, determining what elements of the process are to be conducted in Welsh, and making arrangements for translation (from Welsh to English) where appropriate.

Providers may submit their documentation in either, or both, languages at their discretion.

Following agreement about which elements of the investigation will be conducted bilingually, we will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings that we have agreed to conduct bilingually.

We acknowledge that the extent to which Welsh and English are routinely used varies between providers and workplaces. We respect these differences and seek to appoint bilingual investigation leads and reviewers where appropriate, to facilitate the smooth operation of the review process in providers where Welsh is extensively used.

This document is available in English and Welsh.

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