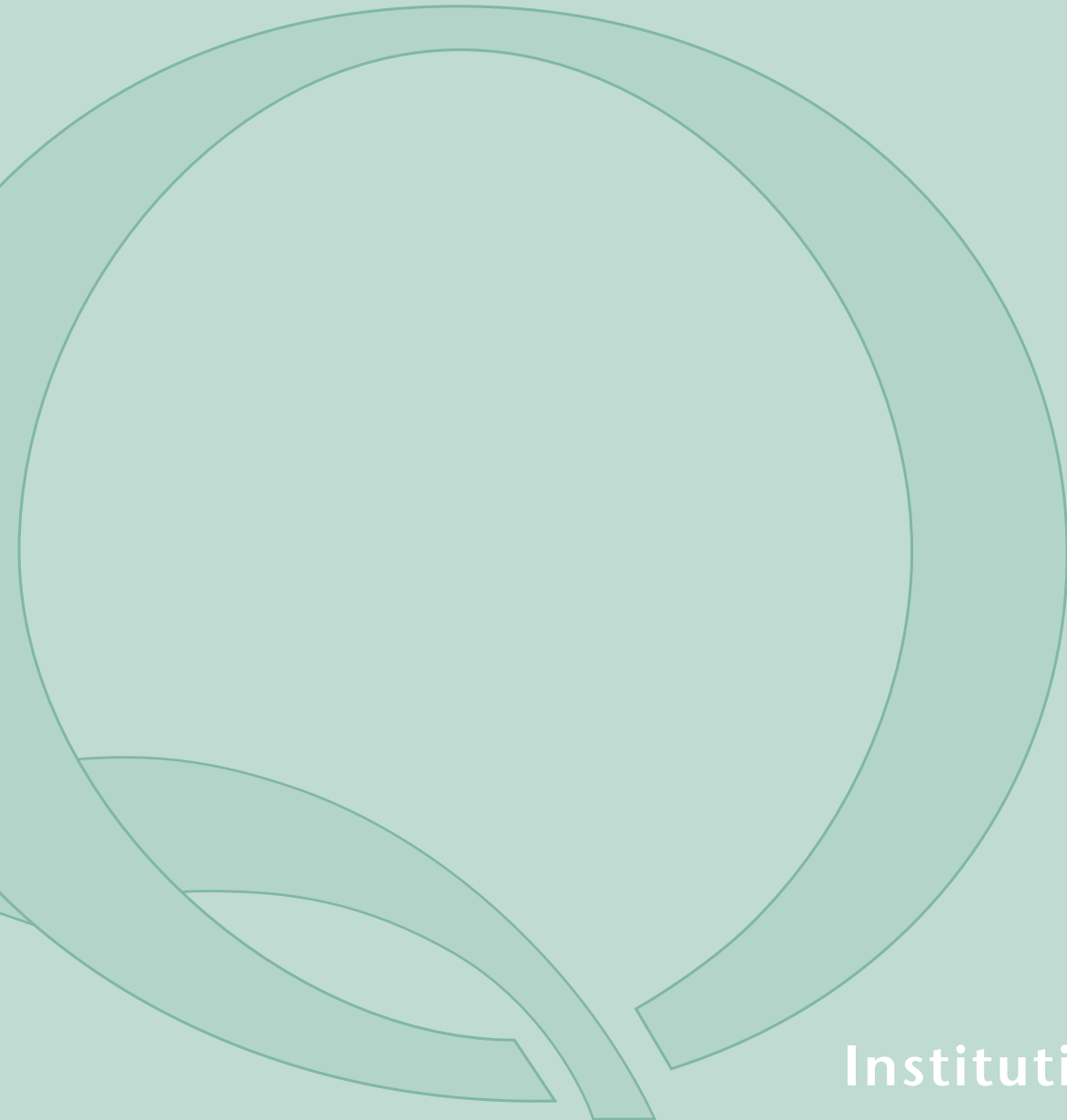




**QAA**



# Institutional audit

**Staffordshire University**

MARCH 2010

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## Preface

The Quality Assurance Agency for Higher Education's (QAA) mission is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out Institutional audits of higher education institutions.

In England and Northern Ireland QAA conducts Institutional audits on behalf of the higher education sector, to provide public information about the maintenance of academic standards and the assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council for England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations, to assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the then Department for Education and Skills. It was revised in 2006, following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and to evaluate the work of QAA.

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002, following revisions to the United Kingdom's (UK's) approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the Institutional audit process is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in *The framework for higher education qualifications in England, Wales and Northern Ireland* and are, where relevant, exercising their powers as degree awarding bodies in a proper manner
- providing learning opportunities of a quality that enables students, whether on taught or research programmes, to achieve those higher education awards and qualifications
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews and on feedback from stakeholders.

Institutional audit results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of awards
- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and the quality of provision of postgraduate research programmes
- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research
- the reliance that can reasonably be placed on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards.

If the audit includes the institution's collaborative provision the judgements and comments also apply unless the audit team considers that any of its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment on the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its awards.

### **Explanatory note on the format for the report and the annex**

The reports of quality audits have to be useful to several audiences. The revised Institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students
- the **report** is an overview of the findings of the audit for both lay and external professional audiences
- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary, the report and the annex are published on QAA's website.

## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Staffordshire University (the University) from 22 to 26 March 2010 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards Staffordshire University offers.

On this occasion the team carried out a hybrid Institutional audit. The hybrid process is used where QAA considers that it is not practicable to consider an institution's collaborative provision as part of standard Institutional audit, or that a separate audit activity focusing solely on this provision is not necessary.

To arrive at its conclusions, the audit team spoke to members of staff throughout the University and to current students, and read a wide range of documents about the ways in which the University manages the academic aspects of its provision. As part of the process, the team visited two of the University's partner organisations in the UK where it met with staff and students, and conducted by teleconference equivalent meetings with staff and students from one further overseas partner.

In Institutional audit, the institution's management of both academic standards and the quality of learning opportunities are audited. The term 'academic standards' is used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK. The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve the awards. It is about the provision of appropriate teaching, support and assessment for the students.

### Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of Staffordshire University is that:

- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards it offers
- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

### Institutional approach to quality enhancement

The University has made a deliberate decision not to develop a separate enhancement strategy. Enhancement is embedded through refinement, to ensure fitness for purpose, through the Learning Teaching and Assessment Strategy, and other routes, to improve student learning opportunities.

### Postgraduate research students

The audit team concluded that the University's management of its research degree programmes met the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*, published by QAA, and that the procedures for assuring the quality and standards of these programmes were appropriately secure.

## **Published information**

The audit team found that reliance can reasonably be placed on the accuracy and completeness of the information the University publishes about the quality of its educational provision and the standards of its awards.

## **Features of good practice**

The audit team identified the following areas as being good practice:

- the rigorous, strategic and detailed resource planning in support of curriculum development
- the progressive approach to enable disabled students to participate effectively in their education
- the key role played by the Link Tutor/International Programme Adviser in supporting and guiding partner organisations, their students and staff
- the effectiveness of the rapporteur system in providing an independent critique of the annual monitoring process
- the way in which the University actively supports innovative and flexible delivery
- the University's proactive and enthusiastic support for collaborative partner students in allowing wide access to its learning and support resources.

## **Recommendations for action**

The audit team recommends that the University consider further action in some areas.

The team advises the University to:

- ensure that the executive-led review of institutional and faculty committee structures has clearly documented intended outcomes and timescales
- accelerate its processes for responding to the expectations of the Academic Infrastructure
- develop further its assessment policy to specify the requirements and expectations for timely and structured feedback to students on assessed work
- ensure that the deliberative oversight and operational management of collaborative provision at faculty and institutional levels is consistent and coherent.

It would be desirable for the University to:

- work towards making external examiners' reports available to student representatives in accordance with *HEFCE 2006/45*
- develop a stronger role for students in the management of the quality of their learning opportunities at faculty level
- ensure that collaborative agreements are signed before programme delivery commences.

## Reference points

To provide further evidence to support its findings, the audit team investigated the use made by the University of the Academic Infrastructure, which provides a means of describing academic standards in UK higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which are:

- the *Code of practice*
- the frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland
- subject benchmark statements
- programme specifications.

The team found that the University is responding, albeit somewhat slowly in some areas, to the elements of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to students.

## Report

1 An Institutional audit of Staffordshire University (the University) was undertaken during the week commencing 22 March 2010. The purpose of the audit was to provide public information on the University's management of the academic standards of the awards that it delivers and of the quality of the learning opportunities available to students.

2 The audit team comprised Dr Michael Edwards, Mr Philip Lloyd, Dr Mark Lyne, Mr Daryn McCombe, Dr Anne Miller and Mr John Wakefield, auditors, and Mrs Alison Jones, audit secretary. The audit was coordinated for QAA by Professor Peter Hodson, Assistant Director, Reviews Group.

### Section 1: Introduction and background

3 The University's previous QAA Institutional audit in 2005 resulted in a judgement of broad confidence in the soundness of its current and likely future management of the quality of its programmes and the academic standards of its awards. The report contained eight areas of good practice and four recommendations for action. The latter related to aspects of the classification of awards and the conduct of awards boards, the periodic review of postgraduate research provision, the annual progress of postgraduate research students and the processing of external examiners' reports. In each case the audit team saw evidence that the University had responded to the issues raised in an appropriate and timely fashion.

4 Since the last Institutional audit, the University has also experienced a range of other QAA audits and reviews: Foundation Degree for Teaching Assistants audit (2005), Major Review of healthcare programmes (2005), Review of postgraduate research degree programmes (2006), Audit of collaborative provision (2006), and an audit of the MA Sustainable Development provision in India (2008-09). All of these had successful outcomes. In only one case, in relation to the parity of the management of Staffordshire University Regional Federation (SURF) and non-SURF collaborative partners, did the audit team conclude that the University had not responded effectively to the recommendations provided (see paragraph 72).

5 The University has identified a number of core issues arising from these audits and reviews and as a consequence it has initiated a comprehensive and thorough review of its quality processes. The first stage of this review, which is currently in process, is looking at on-campus provision. This will be followed by an equivalent review focusing on the quality management of partnership provision. Stage one of the process has given rise to an executive-led review of the academic committee structures at both institutional and faculty/school levels. Given that, at the time of this audit, the new institutional committees have only just been established and discussion is still taking place at faculty level, the audit team's conclusions are restricted to the effectiveness of the committee structures which have been in place since the previous audit and the management of the process of change so far.

6 The University does not have a mission statement but has a clear set of four principles to lead their strategic direction and development. They are: values; customer focus; flexibility; and business growth and diversification.

7 Academic standards and quality is managed by the University through two strands of committees and boards: Academic Board and its committees and the Executive Board and its associated groups. Academic Board, which has ultimate responsibility for standards, academic policy and academic award regulations, has been supported by three committees: the Quality Development Committee, the Learning and Teaching Enhancement Committee and the Research and Enterprise Committee, to which operational issues have been delegated. The first two of these have recently been replaced by a Learning, Quality and Performance Committee with three new subcommittees of its own covering the areas of learning, teaching and assessment, quality and the student experience. The third has been replaced with the Research, Enterprise and Advanced Scholarship Committee. These changes have sought to enhance the efficiency of the



committees and provide a greater focus on the student experience. The audit team noted that, at this stage of the development, the committees have not yet fully documented how they would discharge their responsibilities through the groups which will report to them in future.

8 At faculty/school level the review of the committee structure has led to the removal of faculty/school boards and the faculties/schools have been tasked by Academic Board with ensuring that appropriate replacement opportunities are put in place to allow for communication and consultation with staff and engagement with students. New committee structures have not yet been implemented at faculty/school level, and again, the audit team noted that the intended outcomes and timescale for the review were not fully documented or consistently understood.

9 On behalf of the Executive Board, the Business Delivery Group and the Academic Delivery Group are responsible for the business management aspects of academic leadership, including planning, resource allocation and performance monitoring. It was the view of the audit team that the two strands of committees/groups, deliberative and executive, had been effective in managing standards and quality, but appreciated the rationale behind the current review.

10 The institution's framework for managing academic standards and the quality of learning opportunities, which was in place since the previous audit, appeared to the audit team to have been effective. However, the team concluded that it would be advisable for the University to ensure that the executive-led review of institutional and faculty/school committee structures had clearly documented intended outcomes and timescales.

## **Section 2: Institutional management of academic standards**

11 The executive-led review of the quality process area covered the validation, academic review and annual monitoring of on-campus provision, with arrangements for off-campus provision targeted for reviewed in future.

12 Strategic oversight of academic standards and quality is undertaken for Academic Board by the new Learning Quality and Performance Committee and its Quality subcommittee. Under the faculty committee structure prior to the review, each faculty/school has had a generic quality committee to oversee its operation of quality assurance arrangements. The chairs of faculty quality committees are members of the Quality subcommittee and deans serve on the Learning Quality and Performance Committee.

13 A thorough and transparent academic planning process that includes institution-wide consultation is used to test the feasibility, rationale and market demand for new programme proposals and ensure the provision of suitable resources. This detailed approach was considered to be a feature of good practice by the audit team.

14 The validation process evaluates and confirms the suitability of proposed modules or awards in relation to academic standards and the quality of student learning opportunities. A peer review process is conducted by a panel with an independent chair and external members selected by the Quality Improvement Service (QIS), plus independent members of University staff. The chair of a validation panel confirms whether any conditions have been met within a designated period of time, and confirmed outcomes are approved by the Quality subcommittee on behalf of Academic Board.

15 Annual monitoring of programmes is the responsibility of each faculty/school, and the process reviews the operation of an award using an overview of module reports, an evaluation of the reports of external examiners, student progression and achievement statistics, and student feedback, and contains an action plan. Constructive and critical evaluation of all annual monitoring reports is conducted by each faculty/school using detailed inputs from independent rapporteurs which the audit team found to be particularly effective in enhancing practice (see paragraph 71). The team noted slow progress in resolution of some action points which was confirmed, and considered that there was scope for improvement in the approach to action planning during annual monitoring.

16 Award or subject review is a critical component of the quality management of taught provision by a faculty/school. A panel with an independent chair, and external and internal members holds a series of meetings to review evidence supplied in a self-evaluation document and key programme documentation. The report is confirmed by the faculty/school and approved at the Quality subcommittee. The faculty/school responds to the approved report normally within six months and exceptionally within 12 months.

17 The audit team concluded that the arrangements for the design, approval, monitoring and review of internal programmes are broadly consistent with the expectations of the *Code of practice, Section 7: Programme design, approval, monitoring and review* published by QAA.

18 External examiners are assigned to modules and designated awards. Clear and comprehensive criteria and procedures for appointment and details about the role and responsibilities are published in the quality assurance (QA) handbook and the award regulations. Appointments, extensions and terminations by the External Examiner Approvals Panel are ratified by the Quality subcommittee and reported to Academic Board.

19 Faculties/schools are responsible for detailed briefing of new external examiners about University regulations and expectations, and responsibilities for on and off campus provision using a standard programme of activities.

20 Examiners provide annual reports under generic headings, but the audit team noted that reports did not always include comment on academic standards, thus not meeting the expectations of the *Code of practice, Section 4: External examining*. The team considered that the existing report template does not fully secure the information required on standards. All reports are acknowledged by a letter and this may be followed at a later date by details of action taken in relation to matters raised by the external examiner. A database of the external examiners' comments and the action taken in a given cycle is maintained and used to provide an annual digest.

21 The University has a policy to share external examiner reports through the annual monitoring process. However, the audit team observed, and students and staff confirmed, that full external examiner reports are not shared as a matter of course with student representatives, as required by Higher Education Funding Council for England (HEFCE) information requirements. Senior staff confirmed awareness of this HEFCE requirement and were able to identify policy which stipulated the method by which the reports should be shared. The team found evidence that the policy had not been fully implemented.

22 The audit team concluded that overall effectiveness of the University's practice in relation to external examiners is limited as the report pro forma does not secure information about standards as specified within the *Code of practice*, and the University does not share full external examiner reports with student representatives as required by *HEFCE 06/45*, and recommends that it would be desirable for the University to review approach (see paragraph 73).

23 The University award regulations, the QA handbook and the template for programme specifications all reference *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) (2001) and not the FHEQ (2008). Senior staff confirmed that a decision had been taken to defer integration of the FHEQ (2008). Subject benchmark statements and qualification benchmark statements are used in programme design and approval processes. Programme specifications are available for all awards, contain useful information for students about curricula and assessment, and are published on the website. Students that the audit team met were unaware of them. However, the student handbooks contain a subset of the programme specifications. The team advises that the University should accelerate its processes for responding to the expectations of the Academic Infrastructure to make effective, timely and full use of this infrastructure.

24 A mapping exercise carried out by the University has demonstrated that the precepts of the *Code of practice*, published by QAA, have been effectively embedded in its processes and procedures.

25 The University has effective arrangements for working with professional, statutory and regulatory bodies and integrates their individual requirements into its quality assurance arrangements. The University makes good use of one or more external members in programme design, approval and review.

26 The University has benchmarked an innovative two-year fast track programme against the European Standards and Guidelines. The *Code of practice* is used as a reference point for the development of University policies and procedures relating to academic standards.

27 Academic Board maintains oversight of the award regulations which are reviewed and updated annually and published via the website. Students whom the audit team met were aware of the regulations. The University has a two-tier system of assessment and award boards to consider module results and student profiles, respectively. The Dean of Students and Academic Registrar maintains oversight of the operation of assessment and award boards.

28 An assessment policy describes the purpose and principles of assessment, regulatory requirements, a policy for second-marking and a set of generic principles for good assessment and feedback. University expectations for assessment volume and scheduling, anonymous marking, and provision of formative feedback against performance criteria are clear.

29 The audit team heard from a range of students and observed from the student written submission and the National Student Survey that the timeliness and quality of feedback did not match student expectations as specified in the University's own assessment policy. The team concluded that although the Academic Development team had discussed the management of assessment practice, progress in resolving students' concerns remains slow. The team advises the University to develop further its assessment policy to specify the requirements and expectations for timely and structured feedback to students on assessed work (see paragraph 77).

30 The University holds student records in a system called TheSIS, which can be interrogated by skilled users. Standard reports are generated for use at assessment and award boards and in annual monitoring. Student data for overseas collaborative provision is not held in TheSIS, hence the capability to make a comparison between the overseas and home provision is compromised.

31 The audit team heard that a variety of reports on recruitment, enrolment and retention are generated for use at Executive monthly meetings. Student withdrawal rates are subject to monthly monitoring to inform student retention strategies. The evidence of robust benchmarking of data during annual monitoring against other institutions was not fully evident. The team concluded that the University could make more use of statistical management information and that further development may be necessary before statistical reporting can fully inform the management of academic standards.

32 The audit team concluded that confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of its awards.

### **Section 3: Institutional management of learning opportunities**

33 The University obtains feedback from students through the use of module questionnaires, representation on student-staff liaison committees and by encouraging them to participate in surveys, including the National Student Survey and the University's own Student Viewfinder Survey.

34 Information from module questionnaires is typically collated and, where possible, responded to by the module leader before being considered as part of the annual monitoring report. The audit team saw some examples where this process was well established and effective but noted it was not as well developed in some faculties/schools. The team also heard from students that they were not always aware of the actions that had arisen from the questionnaires.

35 All faculties/schools operate student-staff liaison committees, or their equivalent, and the Students' Union plays a significant role in the training and support of student academic representatives. However, some variation was again apparent in the way in which the student-staff liaison committees operated, in particular in the context of collaborative provision. In addition, students' awareness of who their representatives are was generally poor.

36 The Students' Union and University have been active in promoting the National Student Survey and Student Viewfinder Survey. In the case of the Student Viewfinder Survey, it has established procedures for conducting the survey and responding to it at both faculty/school and central service level over a number of years. In 2008-09 the University experimented with outsourcing the survey, but this was unsuccessful and it will be managed in-house again in the future. The results of the National Student Survey are considered at the highest level within the University (Board of Governors and Executive Board) and the University requires faculties/schools to provide action plans based upon it. These action plans varied considerably in their format.

37 Despite the variability in a number of aspects of the University's procedures for gathering and responding to student feedback, the audit team concluded that they were generally effective and that the University was committed to developing and improving them. The University was already involved in a number of initiatives to address the issues which they had identified. In particular, the establishment of the Student Experience subcommittee is expected to provide a central focus for the consideration of the way in which student surveys are conducted and used and should address concerns that the student voice was not being heard effectively. This committee will consider retention, student feedback, admissions and disability. A new mature students' support network has recently been established.

38 It was clear to the audit team from the student written submission that the Students' Union enjoys a productive relationship with the University and that it has the opportunity to offer constructive advice and criticism in what it considers to be the role of a 'critical friend'. A variety of regular meetings take place between Students' Union officers and senior staff including a monthly meeting of the Students' Union Education and Welfare Officer with the Dean of Students and Academic Registrar and a meeting of the sabbatical officers at the end of the autumn and summer terms with the Vice-Chancellor and Executive Team. In this context the University is considered, with a few exceptions, to be active in seeking student input and responsive in improving the quality of the student experience on a regular basis.

39 The University holds the role of students in quality assurance at University, faculty and award level to be an important part of its management of quality assurance. To enhance this aspect of the University's work, the new committee structure has been developed, in part to ensure adequate focus on the student voice. Arrangements have been made for student representation on Academic Board and all of the new committees and the panels or working groups reporting to the new committees, where relevant.

40 While students had previously been represented on faculty/school boards, the audit team noted that these boards were being removed and the University was unable to provide a clear picture to the team on the role students would play in quality assurance at a faculty level. The team recommends that it would be desirable for the University to prioritise its current attempts to establish a stronger role for students.

41 At programme or award level, student academic representatives, trained by the Students' Union under the student academic representatives' policy, input student opinion. However, students who met the audit team commented on the significant variability in the structures and effectiveness of the representation at award level. While the training is consistent across the University, the use of student academic representatives was found to vary across the faculties/schools. The team encourages the University to continue to address this variability through the ongoing review of faculty committee structures.

42 The University has ambitious plans to embed advanced scholarship into the curriculum. Through its Strategic Plan 2007-12, the University encourages all academic staff to produce one piece of advanced scholarship by 2010. This strategy recognises that research in the context of the University embraces traditional research yet avoids a narrow dependence on conventional categories. Students at the University were enthusiastic about how the advanced scholarship that staff undertook benefited them and their course. The primary means of ensuring that taught awards have sufficient links to research is through the validation process. However, this was not measured through annual monitoring, although the staff appraisal system ensures that staff undertake sufficient levels of advanced scholarship. The University has a commitment to embedding applied research as a core feature of its approach to research, enterprise and scholarship.

43 In line with the University's commitment to increasing access to higher education, the University runs a significant number of courses through online distance learning via the virtual learning environment. In addition, a number of courses have an element of distance learning, in particular work-based learning is used as part of a blended learning approach.

44 The University has taken sufficient steps to ensure the quality of this provision, developing guidance for the validation and design of courses which are delivered through open distance learning. The audit team saw evidence that this guidance was being followed. Students on work-based learning told the team that they felt well supported with regular communication with their on-campus tutors throughout the placements.

45 The University has an ambition to offer learning resources 24 hours a day, seven days a week (24/7), providing resources for learning through the Information Services Department. Libraries, along with reprographic facilities, are available at the Stoke-on-Trent and Stafford campuses 24/7, with two subject-specific libraries available at Stoke-on-Trent (law) and Shrewsbury (nursing) providing opening hours designed to meet student needs. Open access IT facilities are available on all campuses and are available 24/7 on the Stafford and Stoke-on-Trent campuses. Information Services have created two flexible learning spaces for group or individual study, equipped with a range of technology to support learning needs at the Stafford and Stoke-on-Trent campuses.

46 The students whom the audit team met advised that the resources were, on the whole, adequate for their learning needs. Students on resource intensive courses, such as film, were all positive about additional resources needed for specific courses. In addition, the team noted the enthusiastic appreciation that this provision was continued during the summer months when the two-year degree in law is taught.

47 The University takes a proactive approach to widening participation both locally, nationally and internationally in higher education. Its admissions policy reflects the aim to provide access to higher education to students who have the ability to benefit. To discharge this commitment it has developed a supporting admissions framework. There are 11 collaborations with local colleges through its Staffordshire University Regional Federation (SURF) partnership, which enable students to undertake a number of progression routes into the University.

48 Student support is coordinated through the Student Office, which offers a number of services to students across the campuses operated by the University. Students who met the audit team were positive about their engagement with personal tutors. The University has a personal tutoring policy which states the minimum standards for all students. Students in their first undergraduate year are provided with an individual or group session within the induction period and then all students are entitled to one group or individual session each semester thereafter. A significant amount of support for personal tutors is available on the University website.

49 Students are offered the opportunity to undertake personal development planning during their first year of study. Personal tutors are encouraged to assist students throughout their programme, and students who met the audit team confirmed that this was the case, although they felt that more could be done to support this activity throughout their programmes.

50 The University has taken deliberate steps to ensure that disabled students are consulted on future estate and learning resource developments, and the audit team considered that the way the University seeks to ensure that disabled students are engaged in a robust manner about all aspects of their learning environment is a feature of good practice. In 2009, the University commissioned DisabledGo, a nationally recognised disabled persons' organisation, to audit their campuses, allowing disabled people to determine for themselves whether the campuses were accessible.

51 Welcome week activities are developed and delivered, with the Students' Union and the University taking extra care to ensure that students without a background of higher education in their family are given the time and space to feel comfortable with their new environment. Student evaluations of the programme broadly rated it as good or very good.

52 Personnel Services is the primary department with responsibility for staff development. The recruitment process identifies relevant training needs for new staff and the Centre for Professional Development within Personnel Services contacts each new starter to plan that training. The University provides guidance to local managers to ensure that induction for new staff is timely and beneficial. It also operates a central diversity induction and welcome session with the Vice Chancellor for all new members of staff

53 Through the appraisal process, the University ensures that staff are given the time to reflect on their own performance and development over the last six month period. It is also an opportunity to identify any training and development needs required to support ongoing development.

54 The audit team concluded that confidence can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

#### **Section 4: Institutional approach to quality enhancement**

55 The University took the decision not to develop a separate enhancement strategy but to embed enhancement within an overarching ethos and give priority to the process being determined at faculty and department levels. The University has also undertaken a wide range of initiatives to enhance quality, which the audit panel deemed to be a satisfactory approach to enhancement and has the potential to produce effective outcomes.

56 There is evidence of embedded enhancement across the University found in the Learning and Teaching Strategy, professional development planning, staff development accredited modules and workshops, Investing in Staff programme, Learning and Teaching Fellowship, Learning and Teaching Enhancement Plan (2012 target), advanced scholarship requirement for staff, the Learning and Teaching Enhancement Disability Sub Group, and the University's annual enhancement themes.

57 There is evidence of embedded enhancement in the collaborative provisions, which include annual staff workshops, link tutor activities and management, introduction of written feedback to students, e-learning technology courses, allocated research time and staff attendance at design shows, and course committee meetings to discuss issues and areas for improvement.

58 The 2006-09 Learning and Teaching Strategy covers a wide range of enhancement projects, which substantively contribute to the embedded enhancement of learning, teaching and assessment in the University. These projects are reviewed through formal papers or projects and monitored by the Business Delivery Group. The Learning Teaching and Assessment Strategy theme titles for implementation in September 2010 need to be explored and implemented in a timely manner by the University.

59 Good practice identified from a range of sources is routinely discussed at University and faculty/school-level committees. The University regularly hosts conferences which showcase internal good practice or highlight external innovations and initiatives, for example the British Educational Studies Association and the Forum for Access and Continuing Education. The University also makes use of many social networking sites and it has instigated a series of informal staff meetings to raise issues and disseminate good practice across the institution.

60 Research-informed teaching was evidenced in the validation process where evidence must be provided to demonstrate recent developments in learning and teaching. The University undertakes a number of benchmarking and external referencing activities, including work through the Higher Education Academy, which awarded the institution a commendation for its Open Education Resources programme, and benchmarking activities with another university.

61 The audit team concluded that reliance could reasonably be placed in the institution's approach to quality enhancement.

## Section 5: Collaborative arrangements

62 The University Plan 2007-12 and its supporting strategy for partnerships include the objective to grow and sustain alliances, networks and partnerships. This is monitored by the Business Delivery Group, which is responsible for approving new partners and providing the oversight of collaborative provision. Partners deliver taught programmes leading to the University's awards from level 3 to level 8 (professional doctorate) of the *Higher education credit framework for England*, the majority being validated Foundation Degrees and honours degrees offered through franchised arrangements. Every faculty/school engages in some collaborative activity, but the great majority is concentrated in the Faculty of Computing, Engineering and Technology and the Business School. The Staffordshire University Regional Federation (SURF) consortium operates as an indirectly-funded partnership delivering Staffordshire University validated awards. Management arrangements are well established under the leadership of the University. There are no plans to expand the number of SURF partners, although the University intends to develop a university centre at each college.

63 The University acknowledges its responsibility for the academic standard of awards granted in its name, which are delivered and managed in accordance with its regulations, policies and procedures ('validated provision'). Central support for collaborative provision is primarily the responsibility of the Quality Improvement Service and the partnerships team within Sales and Student Recruitment, which work closely together. The Quality Improvement Service supplements the main quality assurance handbook with three additional publications covering SURF, international collaboration, and UK non-SURF arrangements.

64 The central operational management is under the Director of Partnerships. Annual strategic review meetings are being introduced between the University and each collaborative partner organisation at senior staff level, chaired by the Director of Partnerships, to review the operation of collaborations and to consider any plans for future activities.

65 An account manager for each overseas partner, or partnership manager for each UK partner, acts as the initial and regular point of contact for non-academic issues. The key role supporting and monitoring each arrangement is the Link Tutor for each UK partnership, and the International Programme Adviser for each overseas partnership, usually undertaken by experienced faculty academic staff appointed to act as a critical friend to ensure compliance with regulations and procedures, direct communication, provide information and advice, and offer specialist academic expertise in the relevant subject area. While the value of the work of the link tutors/international programme advisers is without doubt, significant operational differences between the two roles meant that the audit team was unclear how the University achieves comparable institutional oversight of UK and international provision. Partner staff and students who met the team all spoke extremely highly of the help, guidance and advice they received

from the Link Tutor/International Programme Adviser. The team identified the key role played by both link tutors and international programme advisers in supporting and guiding individual partner organisations, their students and staff, as a feature of good practice.

66 Two groups, one with responsibility for oversight of overseas provision and one for UK collaborative provision, report to the Quality subcommittee. The audit team noted significant differences in their operation, despite the similarity of their responsibilities. The team could not determine an explicit rationale for the separation of central deliberative structures and procedures for the oversight of overseas and UK provision, particularly in view of the action taken to integrate its central management, and encourage the University to address this as a priority.

67 Faculties may adopt varying approaches to the management of UK collaborative awards. In practice, this means that there are different deliberative and operational structures at faculty/school level, partly depending on the extent of collaborative activity. Programme management is specified in the formal agreement and, following the University's award management model, normally includes a programme leader or equivalent, a programme committee comprising partner staff, and student members and representatives from the University, although the terminology used to describe these arrangements varies considerably. The audit team was able to confirm that the University's procedures to ensure alignment with the Academic Infrastructure applied equally to its in-house and collaborative provision, and included broad engagement with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

68 There are separate procedures for the approval of new partners and for programme validation. Responsibility for approving a new partner lies with the Business Delivery Group, based on the compatibility of mission statements, reasons for seeking the partnership, the legal and financial status of the proposed partner organisation, its organisational structure, experience of partnership work and quality assurance system.

69 Award validation is routed through the relevant faculty/school. Each partnership is defined and regulated by a memorandum of cooperation or a collaboration agreement. The audit team learnt that on occasion delays could result in an agreement not being signed prior to the enrolment of students. The team recommends that it would be desirable for the University to ensure that collaborative agreements are signed before programme delivery commences.

70 The Quality Improvement Service maintains a central database of all collaborative provision, although the audit team found that commercial contracts were not consistently included. The team was told that the University does not include an up-to-date and authoritative record of its collaborative partners as part of its publicly available information, as recommended by the *Code of practice, Section 2*. The University should accelerate its processes for responding to the expectations of the Academic Infrastructure by fully engaging with the *Code of practice Section 2: precept A4* (see paragraph 23).

71 Annual monitoring is conducted on a faculty/school basis. Both the Higher Education in Further Education and International Collaborations subcommittees appoint a dedicated rapporteur who attends and reports on faculty/school meetings. The audit team examined a sample of annual monitoring documentation for several partnerships, tracking through the process from award/partner to faculty and institutional levels, and discussed their involvement with a selection of partner staff. The team identified the effectiveness of the rapporteur system in providing an independent critique of the annual monitoring of collaborative provision as a feature of good practice.

72 Where possible, the review and revalidation of programmes delivered by partner organisations is combined with a holistic review of all University provision in that area. However, the University acknowledges that in some instances it may be more appropriate to undertake a separate review. Specific attention is paid to the management of the collaborative arrangement, liaison between partners, the quality of learning resources, and on the delivery and support



provided at each location in the case of multiple partnerships. The University also has in place a procedure to address unsatisfactory provision and manage its termination. The audit team considered that the University's approval, monitoring and review procedures for collaborative provision was robust and fit for purpose, although it was not clear to the team that the intention of the recommendation by the 2006 audit of collaborative provision for periodic review of partnerships had been fully addressed. The team saw merit in supplementing the present strategic review with a periodic meeting based on a wider grouping, including external panel members.

73 Validated in-house and collaborative provision is delivered and managed according to the same award, assessment and external examiner regulations, policies and procedures. The University normally employs the same external examiner for on-campus and partnership provision to ensure comparability. Examiners are expected to report separately on collaborative programmes although annual monitoring occasionally identifies cases where this is not clearly identified. Reports are included in the University's annual summary and shared with partner staff, although are not routinely seen by students. Quality standards advisers work with an overseas partner to maintain comparability of standards and support the external examiner, assessment and award board.

74 The University produces certificates and transcripts for all awards and the transcript records the name of the partner organisation and the location of study. Appeals from students enrolled at partner organisations are included in the University's annual overview report, under the relevant home faculty. The audit team was satisfied that the setting of assessment tasks, marking and moderation practice complies with University requirements. The SIS does not hold student data for overseas partners, although the University aims to include it in the future. The team supports this aim and encourages the University to assign it a higher priority.

75 The audit team saw an example of how the University supports partner initiatives to develop extremely flexible delivery. It considers the University's encouragement of such an initiative to demonstrate active support for innovative and flexible delivery and to be a feature of good practice.

76 All students studying on franchised awards have electronic and physical access to the University's libraries and information services. The audit team considered that the University was extremely open and receptive in supporting partner organisations and their students above and beyond the requirements of the formal arrangement, and identified the University's proactive and enthusiastic support for collaborative partner students in allowing wide access to its learning and support services as a feature of good practice. The selection, appointment, appraisal and development of staff sufficiently qualified to deliver the University's programmes is the partner's responsibility, but the University formally approves all staff delivering its awards, who then have access to the University's electronic resources. In general, the team found that the University offers a commendably high level of staff development support to partner organisation staff, despite an occasional lack of clarity relating to access to resources.

77 The larger partner organisations have dedicated staff providing student support services. The audit team heard that academic support was generally very good, although the quality and timeliness of feedback on assessed work varied considerably. Students are clear from whom they could seek advice and assistance in case of problems, difficulties or formal complaint (which in the first instance is normally dealt with by the partner's own procedure). Partner student handbooks are comprehensive, although in one instance the right of complaint or appeal to the University had been omitted. Marketing and publicity material must be prior approved through a formal procedure, which has recently been strengthened by the inclusion of timescales for submission. Ultimate responsibility for approval rests with the Dean of Students/Academic Registrar.

78 The audit team concluded that, in general, the University has well established processes and rigorous procedures for the management of the academic standards of its awards and the quality of learning opportunities of its programmes delivered through collaborative provision, although it considered them to be unduly complex and varied. The team considered that the

University should capitalise on its decision to unify central management by reducing differences and addressing inconsistencies in the administration of its collaborative activities, particularly relating to operational structures; deliberative oversight; procedures; roles and responsibilities of key staff; data management; and terminology for programme management. The team advises the University to ensure that the deliberative oversight and operational management of collaborative provision at faculty/school and institutional levels is consistent and coherent.

## **Section 6: Institutional arrangements for postgraduate research students**

79 Doctoral education at the University covers both traditional research degrees and a series of professional doctorate (EdD, DClInPsych, and so on) programmes. The 2006 QAA Review of research degree programmes confirmed that its ability to secure and enhance the quality and standards of provision was appropriate and satisfactory.

80 To reduce potential isolation, research students and their supervisors are normally associated with one of the University's Applied Research Centres, reflecting groups of staff and students pursuing common objectives. When such an association is not possible, students will only be admitted if the supervision proposed is appropriate and associated with research of at least national standing.

81 Each of the individual professional doctorates has degree regulations, but there is not yet a generic framework for professional doctorates corresponding to the frameworks for undergraduate or taught master's degrees.

82 Selection and admission procedures are controlled by a code of practice. Some students with master's degrees are admitted directly to PhD studies, but in the light of experience, the University may wish to consider allowing this only for holders of research master's degrees.

83 Supervision is based on having a principal and second supervisor with all supervisory teams being approved at university level. This works well with the minor problem, noted in the 2006 audit, of the possibility of second supervisors being simultaneously registered research students of the University. Safeguards regarding conflicts of interest between the research of the second supervisor and the student are present.

84 Facilities available to research students are outlined in the University's Code of Practice and appeared to be satisfactory, apart from slight problems with access to specialised library resources.

85 Progress and review arrangements were clear and followed. Annual reports are produced by student and supervisors and are considered at faculty level. The university-level committee oversaw faculty performance at a collective level, as well as approving the key stages (proposal acceptance, transfer to PhD, approval of examiners, award of degree) for individuals. The audit team considered that this worked well.

86 For the professional doctorates, clear routes through the programme exist. These identify the key stages at which individual student progress should be reviewed by the course team. These were necessarily different from those for research degrees and were different for each of the professional doctorates. In all cases, course aims stated that final dissertations and reports should be capable of publication in the academic literature, thus fulfilling some of the requirements of the level 8 descriptor in *The Framework for higher education qualifications in England, Wales and Northern Ireland*.

87 There was an extensive programme of skills development, centred on the formally assessed Postgraduate Certificate in Research Methods. This was aimed at stressing the common needs of research students as students, as well as the specific needs of individuals as they pursue their research. The audit team considered this to be a valuable part of the research student programme, especially if there were to be some scope for flexibility in when the certificate should be completed by.

88 Feedback from supervisors to students and from students to supervisors was taken seriously and, from the audit team's examination of annual reporting documents, shown to be taking place.

89 The assessment of research students is carried out by a procedure that ensures the independence and experience of the examining team, and which the audit team found to be working well. One or two guarantees of examiner independence, such as restrictions on previous co-authorship with any of the supervisory team, extend beyond sector norms. One potential problem arises when the rapporteur, who was responsible for initial approval of the research proposal and the transfer to PhD, acts as internal examiner. This has the potential to increase the frequency of either examiner disagreement or student appeals.

90 The arrangement for examination of the professional doctorates follows the University's pattern for taught courses in that there are module boards for the modules and award boards for the final award. This means that an external examiner may be asked to examine several dissertations, rather than each dissertation being examined by an individual external examiner. The audit team saw evidence that the involvement of external examiners in the final assessment in these programmes varied. This suggests that the role of external examiners for these professional doctorates should be clarified when the general framework for professional doctorates is developed.

91 Complaints by research students are dealt with by the same processes as other students. These are dealt with informally within the research group and then formally within the faculty. If this does not resolve the problem then the complaint is dealt with informally and then formally at university level. The audit team saw that the number of formal complaints by research students was very low. In the last two years, five complaints have gone through to the Office of the Independent Adjudicator, of which three were not upheld, one upheld in part and the fifth is awaiting a verdict.

92 There are clear published processes for the student to appeal in the case where s/he is dissatisfied with the result of the examiners. The review panel for such appeals is convened by the Vice-Chancellor, as chair of Academic Board, and is chaired by a Pro Vice-Chancellor with membership from both within and outside the faculty. The processes for appeal against a decision of the Research Degree subcommittee to terminate registration because of a lack of academic progress are less clear and involve an appeal to the subcommittee itself. It may be helpful for the subcommittee to ensure that any panel hearing an appeal against termination of registration should not include anyone who was involved in the original decision to terminate registration.

93 The audit team found that the University had put into place effective procedures for the management of its research degree programmes and these substantially meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

## **Section 7: Published information**

94 The University publishes a wide range of information about its programmes and facilities and it is available in hard copy and online. This information covers the University, Staffordshire University Regional Federation (SURF) and its collaborative partners. The University delegates responsibility for data accuracy for awards to award leaders, SURF information is signed off by the SURF administration, and international and non-SURF material is the responsibility of the Quality Improvement Service. Collaborative partner published material was reviewed by the audit team and found to be generally accurate, with some relatively minor irregularities.

95 The 2005 Institutional audit comments that a Content Management System was to be implemented, to check content and to manage and redesign the website to create a 'dynamic prospectus'. There may have been some lapses in this process, or it may have been superseded,

but published material must meet student expectations and be clear, current and correct. At the time of the audit visit there were some minor irregularities with reference to collaborative partner descriptions of University.

96 The published Teaching Quality Information data were deemed to be accurate and satisfactory. However, some concerns were expressed about the University's published information by the students in the student written submission and at the meetings with the audit team. The issues raised include concerns on how degree classifications are calculated, since information is not easily discoverable on the web; the institution's bursary information being out of date; the accuracy of some information detailed in the prospectus; the University's communication strategy; and the website's search engine being inadequate.

97 The audit team concluded that overall, reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards, but further work needs to be undertaken with respect to the issues identified in paragraph 96.

## **Section 8: Features of good practice and recommendations**

### **Features of good practice**

98 The audit team identified the following areas as being good practice:

- the rigorous, strategic and detailed resource planning in support of curriculum development (paragraph 13)
- the progressive approach to enable disabled students to participate effectively in their education (paragraph 50)
- the key role played by the Link Tutor/International Programme Adviser in supporting and guiding partner organisations, their students and staff (paragraph 65)
- the effectiveness of the rapporteur system in providing an independent critique of the annual monitoring process (paragraph 71)
- the way in which the University actively supports innovative and flexible delivery (paragraph 75)
- the University's proactive and enthusiastic support for collaborative partner students in allowing wide access to its learning and support resources (paragraph 76).

### **Recommendations for action**

99 Recommendations for action that is advisable:

- the University should ensure that the executive-led review of institutional and faculty committee structures has clearly documented intended outcomes and timescales (paragraph 10)
- the University should accelerate its processes for responding to the expectations of the Academic Infrastructure (paragraph 23)
- the University should develop further its assessment policy to specify the requirements and expectations for timely and structured feedback to students on assessed work (paragraph 29)
- the University should ensure that the deliberative oversight and operational management of collaborative provision at faculty and institutional levels is consistent and coherent (paragraph 78).

100 Recommendations for action that is desirable:

- the University should work towards making external examiners' reports available to student representatives in accordance with *HEFCE 2006/45* (paragraph 22)
- the University should develop a stronger role for students in the management of the quality of their learning opportunities at faculty level (paragraph 40)
- the University should ensure that collaborative agreements are signed before programme delivery commences (paragraph 69).

## Appendix

### **Staffordshire University's response to the Institutional audit report**

Staffordshire University welcomes the report of the Institutional audit and the judgement of confidence that was placed in our management of the academic standards of our awards and the quality of learning opportunities made available to our students both on-campus and at our partner organisations.

We were particularly pleased to see the acknowledgement of our progressive approach to enabling disabled students to participate effectively in their education and the recognition of our innovative and flexible methods of delivering higher education. We are happy to see the positive view the audit team took of our relationships with our partners and the support we provide for their students and staff.

The University will pay close attention to the recommendations made within the report. We have established a Working Group and made progress in addressing matters associated with the Academic Infrastructure. We will ensure that the effectiveness of the new committee structure is closely monitored and the means by which we manage our collaborative provision will be reviewed during the forthcoming academic year. We are very keen to work as closely as possible with the Students' Union and our student body in enhancing their current involvement in managing the quality of their learning experience. We already invite representatives of the Students' Union to participate in academic reviews of our educational provision. We are developing further our assessment policy and addressing the requirements and expectations for timely and structured feedback to students on assessed work with a view to reducing the timescale within which students can expect to receive this feedback wherever appropriate.

We would like to thank the audit team for its open and constructive engagement with members of the University during the audit and acknowledge the valuable contribution made by our students and staff to the positive outcome of the audit.

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