Sheffield Hallam University

Institutional audit

December 2010

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Sheffield Hallam University (the University) from 6 to 10 December 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 the 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.

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 videoconference, equivalent meetings with staff and students from one further overseas partner.

Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of Sheffield Hallam 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 that 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 audit team found that the University had demonstrated a systematic and strategic approach to enhancing the quality of the student experience, which will be further supported through the staged introduction of a new enhancement-led Academic Quality Framework.

Institutional arrangements for postgraduate research students

The audit team concluded that the University has sound and appropriate institutional arrangements for the support, supervision and assessment of its postgraduate research degree students, and that these arrangements align with the guidance provided in the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes.*

Published information

The audit team found that reliance could 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 of good practice:

- the University's strategic use of employability as a driver for enhancement (paragraph 81)
- the use of the Institutional Research Team to inform institutional practice at strategic and operational levels (paragraph 82).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- seek ways to secure the same oversight of collaborative provision involving registered students as it has for that involving enrolled students (paragraphs 45, 46 and 96)
- review the roles associated with the oversight of the University's collaborative arrangements to manage the risk of over dependence on link tutors (paragraphs 45, 96, 105 and 136).

Recommendations for action that the team considers desirable:

- strengthen and make transparent the systematic referral of business through the University's committee structures (paragraph 20)
- keep under review the effectiveness and security of the new arrangements for the ratification of awards (paragraph 34).

Section 1: Introduction and background

The institution and its mission

1   Sheffield Hallam University was established in 1992 when the Sheffield City Polytechnic acquired degree awarding powers and university title under the Further and Higher Education Reform Act. The University's roots can be traced back to 1843, with the foundation of the Sheffield School of Design, which had a distinguished history as one of Britain's top schools of art and design for more than a century. In 1969, the Sheffield School of Art and Design and the city's College of Technology merged to become Sheffield Polytechnic. In 1976, the Polytechnic was renamed Sheffield City Polytechnic when it absorbed the city's three teacher training colleges. The University is now based around its modern City Campus and the suburban Collegiate Crescent Campus a short distance from the city centre.

2   In 2010-11, the University reported a student population of 25,557 undergraduates: 8,237 postgraduates, including 400 research students, and over 3,700 international students (excluding EU countries). Almost 23,000 students study full-time, with 9,760 studying part-time and 1,088 students involved in distance learning provision. The University also provides sandwich courses for over 6,300 students. More than 4,000 students engage in collaborative programmes across 54 partnership institutions, of which 40 are based in the United Kingdom and 14 overseas.

3   The University's vision is to 'be recognised nationally and internationally for the excellence of our learning and teaching, for the outstanding quality of the student experience, and the valuable contribution which our research and innovation makes to the development

of businesses, professions and communities'. This vision will be accomplished through the pursuit of four corporate themes:

- Developing our Education Portfolio
- Improving the Student Experience
- Excelling in Innovation
- Raising our Profile.

4   Delivery of these key themes is underpinned by the University's strategic intention to develop its people, improve operational effectiveness, enhance its estate, and maintain financial sustainability. There is a strong emphasis within the University's corporate planning on the enhancement of student employability through an academic portfolio characterised by the application of knowledge to the world of work and professional practice (see paragraph 81).

The information base for the audit

5   The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the team. The index to the briefing paper was referenced to sources of evidence to illustrate the University's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had access to an electronic repository created by the University. The Students' Union produced a student written submission (SWS) setting out the students' views on the accuracy of the information provided to them, the experience of students as learners and their role in quality management.

6   In addition, the audit team had access to:

- the report of the previous Institutional audit (April 2005)
- the report of the Collaborative provision audit (April 2006)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- the report of the QAA Review of postgraduate research programmes (2006)
- an audit of overseas provision provided in collaboration with KBU International College in Malaysia (March 2010)
- reports produced by other relevant bodies (for example, Ofsted and professional, statutory or regulatory bodies)
- the University's internal documents
- the notes of the audit team's meetings with staff and students.

Developments since the last audit

7   The previous QAA Institutional audit took place in April 2005, followed by a Collaborative provision audit in April 2006, and a Review of research degree programmes in June 2006 (see paragraphs 113 and 131 for discussion of the latter). Both audits expressed confidence in the University's management of academic standards and the quality of learning opportunities. The 2010 audit team was generally satisfied the University had responded positively, if not always speedily, to the recommendations of the previous audits.

8   The 2005 audit, which identified five features of good practice, advised the University to reassess how the staff appraisal and peer-supported review of Learning, Teaching and Assessment systems might be more effectively used for the assurance of teaching quality in addition to the enhancement of teaching standards. The 2010 team confirmed that the University had implemented a more integrated and enhancement-focused

framework of staff appraisal, professional development for teaching and learning, and peer-supported review.

9   The 2005 audit report also recommended that the University: review the relationship between ad hoc working groups and the established governance structure; review the internal processes for responding to the reports of external examiners to avoid potential duplication and ensure timely responses; consider the implementation of clear University guidelines for the timely feedback on assessed work to students; keep under review University policy and practice in the consideration of extenuating circumstances and the granting of extensions to assessment deadlines to ensure consistent implementation at the local level.

10   Following the previous audit, the University engaged in a review of its organisational and leadership structures. Subsequent refinements have included the development of corporate leadership roles, the creation of 19 new academic departments within four faculties, and the creation of a new directorate of Student and Learning Services (SLS) that oversees the administrative and regulatory responsibilities associated with the University's Quality and Standards Management and Enhancement (QSME) Framework. This framework seeks to enable more efficient and effective devolution of quality and management systems across subject, department, and faculty levels. Oversight of the current QSME policies and procedures rests within the Academic Standards and Quality Enhancement (ASQE) section of SLS.

11   The audit team confirmed an improvement since the 2005 audit in both the timeliness and consistency of responses to external examiners (see paragraph 36) and in the application of the University's regulatory framework for the consideration of extenuating circumstances and the granting of assessment extensions (see paragraph 44). There remained some inconsistency in the application and monitoring of the University's revised Assessment and Feedback Policy (2008) across faculties, particularly in relation to the timeliness and quality of feedback to students (see paragraph 43).

12   Four features of good practice were identified by the 2006 Collaborative provision audit, which advised the University to: make better use of its statistical information to monitor and compare the performance of particular groups of students; ensure the process of revalidation for collaborative provision is as rigorous as the on-site periodic review and includes involvement of students; implements an effective process for providing timely feedback to students on assessed work; develop a process for ensuring the checking of transcripts produced by collaborative partners.

13   The current audit found that there remained room for improvement in the consistent generation of comparative data across collaborative partners. In particular, the audit team identified that further development work might be helpful in the collation of information on registered as well as on enrolled students at partner institutions (see paragraphs 45 and 96). The team was able to confirm that the University regulations governed all provision, including collaborative.

14   Subsequent developments have included the appointment of a new Vice-Chancellor in August 2007, which heralded considerable refinement to corporate leadership and planning, leading to a revised Corporate Plan (2008-13) that underpins the University's vision and commitment to the four corporate themes. More recently, the designation of executive deans as pro-vice-chancellors to strengthen University-faculty links was followed by the appointments of a Deputy Vice-Chancellor and Pro-Vice Chancellor for Learning, Teaching and the Student Experience in 2010 (re-designated as Pro-Vice Chancellor for Student Experience, Learning and Teaching after the audit).

Institutional framework for the management of academic standards and the quality of learning opportunities

15   The QSME Framework provides corporate control and oversight of academic standards and the quality of student learning opportunities through delegation of quality management to the four faculties. A range of corporate mechanisms supports this faculty-based control and responsibility, including an integrated formal committee structure, an Admissions Policy, a Learning, Teaching and Assessment (LTA) Strategy, an Assessment and Feedback Policy, and an Academic Awards Framework.

16   Academic Board is the senior academic committee of the University, which is responsible on behalf of the University Board of Governors for all academic activities in the University, including the quality and standards of academic provision. The Academic Board is chaired by the Vice-Chancellor and consists of the Deputy Vice-Chancellor, pro-vice-chancellors, student members, senior academic and administrative staff, and elected staff representatives. It is supported by several sub-committees and boards, including an Academic Development Committee (ADC) that advises and reports to the Academic Board on policies and strategies associated with academic standards, regulations, quality management and enhancement, and the Research and Knowledge Transfer Committee (RKTC), which plays a complementary role for research, knowledge transfer and consultancy. The Monitoring Sub-Committee (MSC) advises ADC on quality and standards, the effectiveness of processes and good practice arising from internal and external reports.

17   Each faculty has devolved responsibility for academic quality and standards, within which assistant deans play a key role alongside the respective Head of Quality and Enhancement (QE) and Head of Learning, Teaching and Assessment. The Assistant Dean for Academic Development (or equivalent) and Head of QE in each faculty have overall responsibility for adherence to the *Code of practice*, published by QAA, and the requirements of professional, statutory and regulatory bodies (PSRBs). A Faculty Academic Board (FAB) oversees the development and implementation of academic policy within each faculty. Faculty-level QSME (or academic development) committees report to a FAB and, through assistant deans, to the Faculty Leadership and Executive Group. The heads of QE for each faculty meet regularly with the Head of ASQE to ensure the overall integrity and effectiveness of the faculty QSME arrangements. In this devolved academic structure, heads of department have a substantive responsibility for the quality of teaching and the student experience.

18   The University Quality web pages set out faculty QSME structures, roles, responsibilities and processes. These web pages, which are the main vehicle for storing and disseminating QSME information, are accessible to all staff and provide links to a comprehensive range of University documentation. The primary vehicle for conveying information to students is the University's online environment, 'shuspace', which contains all University rules and regulations, and information about services. shuspace also provides access to the University's virtual learning environment (VLE).

19   The Enhance Project is exploring how quality management and enhancement can further underpin the student experience. An important outcome from this project is the introduction of the new Academic Quality Framework that will replace the QSME Framework from September 2011. The audit team supports the planned implementation of the simplified and more consolidated framework that is designed to deliver resource savings, streamline quality management and enhancement processes, and improve management information from September 2011.

20   From its scrutiny of documentation and minutes, the audit team was unable to identify systematic business referral between committees and groups, which often relies on cross-membership. It was not clear how the University could ensure that appropriate

information, ideas and innovations are communicated effectively between department, faculty, and university level formal committees and a range of informal groups. The team noted that the University's recent review of academic governance for committees recommended the utilisation of a standing agenda item encouraging issues to be raised with other key deliberative committees. However, the team found that this had yet to have any discernible impact on the business referral process, despite a similar concern about the effectiveness of this process being expressed in the 2005 Institutional audit report. Consequently, the team recommends that the University strengthen and make transparent the systematic referral of business through the University's committee structures.

21   The audit team concluded that the University's framework for managing academic standards and the quality of learning opportunities generally operates well.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

22   The University has a variety of approaches to approval, modification and review of provision, which are described in detail on the Quality web pages, giving useful guidance for participants in the processes. Proposals for new programmes are subject to validation, and re-validation is applied to existing courses that require major modification. Validation can result in approval for an indefinite or fixed period. A minor modification process is used to approve small adjustments to modules or programmes. Progress reviews are conducted every six years for existing programmes with indefinite approval that are not undergoing major modification. A process of Internal Academic Review is used to evaluate development and enhancement within subjects on a six-yearly basis. In addition, Internal Academic Audit is available for use in exceptional circumstances that require remedial action.

23   Outline planning proposals, which use a standard pro forma and process, are considered by business development groups within each faculty. Provisional approval leads to the formation of a programme planning team, the chair of which leads development of the proposal and ensures that requirements are met. An annual validation schedule is produced by Academic Standards and Quality Enhancement (ASQE) in conjunction with the faculty heads of quality and enhancement (QE). The audit team heard that careful attention is given to the planning of realistic validation timetables to enable effective programme development, marketing and recruitment. An innovative feature of the process is the compliance check of the proposal documentation prior to an approval event by an independent reading group of experienced programme leaders.

24   The guidance on validation addresses, among other things: fit with institutional policies and procedures; alignment with the Academic Infrastructure; the documentation requirements; and the roles and responsibilities of key participants, including the external panel members. A comprehensive set of criteria is used to evaluate academic standards and quality of the learning experience plus the opportunities for enhancement. The documentation required for validation panels is comprehensive, and includes: a full programme specification, module descriptors, consideration of how subject benchmark statements have been taken into account, staff curriculum vitae, and confirmation of learning resources, including staffing. Additional requirements for collaborative provision (see paragraphs 92-94) and for flexible, distributed and distance learning (see paragraph 60) are used to evaluate sustainability and the quality of learning media and materials respectively.

25   The choice of institutional or faculty-level approval process is determined by ASQE on behalf of Academic Board, depending on the degree of risk presented by a proposal. At institutional level, provision requiring initial approval and major modification is considered by the relevant university standing panel (USP), convened for undergraduate, postgraduate

or collaborative provision, respectively. USP members and the chair are drawn from a pool of academic staff, and external members are approved by the panel chair. Training is provided annually for chairs of USPs. External members of USPs include subject experts, practitioners and representatives of PSRBs, where appropriate. Although it is institutional policy to use students' views in validation processes, the team found that this did not always occur. The team, therefore, encourages the University to ensure that students' views are always taken into account.

26   The audit team confirmed that approval events are fully minuted and, once checked for accuracy, that the resulting report is considered by the programme team, and a response to any conditions or recommendations is determined and set to be completed by a designated date. The chair of a validation panel is responsible for approving the response and actions on behalf of the panel and reporting on the outcome to Academic Board. The Head of ASQE routinely reports the outcomes of validation and revalidation events via a Course Matters Report to Academic Board. Academic Board is advised which programmes have been validated and re-validated during the academic year in an annual Quality Matters report by the Head of ASQE.

27   As noted in paragraph 25, major modifications to existing courses are approved using a re-validation process that operates at institutional level. Minor modifications are considered either at faculty level by the appropriate committee, or at institutional level by the Head of ASQE, according to the level of risk. The level of risk is determined using University guidelines that specify four categories of permitted minor modification and the required mechanism for approval for each category. Progress reviews of programmes are used to consider whether quality and standards have been well maintained through routine quality and enhancement processes. They are based on consideration of a critical review of the operation of the programme plus routine quality monitoring documentation at faculty level through the QSME Committee and at institutional level through the relevant USP.

28   Annual monitoring is affected through Annual Quality Review (AQR). AQR uses a standard template, which covers the usual standards indicators such as external examiners' reports, student performance data, and comparison to subject benchmarks, together with indicators of the quality of student learning opportunities such as the results of student surveys, as well as reflections on the curriculum, course management, resources and good practice. Completed action plans from the previous year and plans for the next year are also included. From the samples seen by the audit team, the process is comprehensive and reports are thorough and show an appropriate degree of reflection. Reports are considered thoroughly by programme boards of study and faculty QSME (or academic development) committees. A detailed and often lengthy faculty AQR and action plan is generated, and completion of actions is monitored by the faculty committee. At institutional level, a University Quality and Standards Profile and Action Plan is normally produced and monitored by MSC for ADC and Academic Board. For the 2009-10 academic session, a decision was taken to channel resources into the production of the briefing paper for the audit instead. Academic Board normally receives the University Quality and Standards Profile and a subsequent report on completion of required action. The audit team heard that consideration of a University Quality and Standards Profile will be reinstated during 2010-11.

29   Internal Academic Review (IAR) is used to support enhancement and development within subjects and the method adopted relies on local responsibility for the process, which academic staff described to the audit team as supportive. In the examples seen by the team, the generation of reports by subject staff operates in a manner that can be used to promote ownership of quality and standards at the subject level. The process outcomes are reported as up to five features of good practice and up to five areas for improvement. An action plan by the subject team is monitored by the faculty committee and by MSC on behalf of ADC.

30   Internal academic audits are designed to address areas of concern that may arise from time to time. Over the five years prior to the 2010 audit, the University had undertaken

one internal audit involving provision in primary initial teacher training that had received an adverse Ofsted report. Internal academic audits are governed by University guidelines, but the approach adopted depends on the nature of the issue. The outcomes are monitored by MSC and reported to ADC and Academic Board.

31   The University has a clearly articulated process for course closures and the audit team was able to review the process followed for the closure of a programme. Closure is undertaken in a systematic way with due regard to protecting the interests of students.

32   The audit team was able to conclude that the University's processes for programme approval, annual monitoring and review are carried out in line with the stated procedures and in accordance with the precepts of the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

External examiners

33   At the time of the audit, arrangements for the use of external examiners and assessment boards to verify award standards were subject to change, following a decision by ADC, confirmed by Academic Board. Until August 2010, the arrangements consisted of two-tier assessment boards operating at module and award level called subject assessment boards (SABs) and award assessment boards (AABs) attended by subject external examiners (SEEs) and award external examiners (AEEs), respectively. From the start of September 2010, the University will continue to use SABs and SEEs for confirming module marks, but will no longer use the AAB nor the role of AEE at the award stage for ratification of awards. Award profiles are calculated using a formula that yields clear decisions about candidates on a classification borderline. Hence, there was considered to be no scope to exercise discretion in respect of awards at the AAB, which led AEEs to regard their role as being extremely limited, if not redundant.

34   The new ratification process consists of production by the SAB secretary of award profiles based on the marks recorded at the SAB, which are then checked for accuracy by the programme leader. Formal ratification of awards occurs when the head of QE, or equivalent, signs and authorises paperwork containing award profiles. A similar process operates for confirmation of the progression status of continuing students. With effect from 2010-11, former AEEs have been invited to change role and become external reviewers, to attend a departmental quality review board (QRB) and to comment on trends and opportunities for enhancement of practice. The QRB will take place annually, following the assessment cycle, and will review award profiles from the preceding year. The audit team concluded that, while the revised arrangements for ratification of awards are pragmatic, they place responsibility on a very small team of internal staff. Also, there is a potential risk as external verification is no longer part of the ratification of awards. Consequently, the team recommends that the University keep under review the effectiveness and security of the new arrangements for the ratification of awards.

35   Both an External Examiners Handbook and the Quality web pages contain detailed information regarding the roles and responsibilities of subject external examiners, the criteria and procedures for appointment, the arrangements for reporting and consideration of reports. In addition to multiple annual induction events, briefing materials are provided through dedicated web pages to guide external examiners in relation to institutional policies and expectations. Wherever possible, SEEs appointed to on-site provision have a remit that includes any cognate collaborative provision or that associated with PSRBs. Nominations for appointment of SEEs to groups of modules are made by subject teams, with the support of the appropriate faculty committee, and are approved by the Head of ASQE on behalf of Academic Board. SEEs are associated with modules at levels 5, 6 and 7 of the FHEQ. SEEs are expected to attend a comprehensive briefing day, which is augmented by additional information for SEEs associated with collaborative provision. Local briefing is

provided by the faculty head of QE for any SEE who is unable to attend the institutional event. To ensure consistency of approach in reporting, an SEE report template is used, which includes questions about the setting and attainment of academic standards in line with national expectations, the quality of learning, and effectiveness of the assessment regime and processes.

36   The arrangements for considering and responding to the reports of SEEs have been amended since the 2005 audit. All reports are received in ASQE and forwarded to faculty heads of QE for onward transmission to programme leaders, including those in collaborative partner institutions and link tutors. Faculty heads of QE oversee the consideration and response by programme teams to SEEs within six weeks of receipt of a report. The responses to SEEs are required to indicate the action taken in relation to matters raised by a SEE for consideration. Such action plans are included in the AQRs for the programme and faculty. A summary of SEE comments of institutional relevance is assembled by ASQE, placed on the dedicated web pages, incorporated into the University Quality And Standards Profile and, in conjunction with the Students' Union, lodged on a dedicated site on the VLE for consideration by student representatives. None of the students met by the audit team had read either a full report or a summary of comments from external examiners, nor were they aware of their right to access such reports. The team would encourage the University to make students aware of the availability of these reports.

37   The audit team found that the University makes strong and scrupulous use of external examiners' reports. External examiners play an active role in ensuring that the standards of the University's awards are set and maintained at an appropriate level and the University closely adheres to the *Code of practice, Section 4: External examining*.

Academic Infrastructure and other external reference points

38   The University makes good use of the FHEQ in setting academic standards within curricula and has updated its Academic Awards Framework since the publication of the revised FHEQ in 2008. Policies and procedures governing quality and standards are clearly referenced to relevant sections of the *Code of practice*, and the standard template for papers at institutional committees requires reference to the implications of external reference points. There is strong use of subject and qualification benchmark statements in curriculum design and validation, and programme specifications are published using a standard pro forma that specifies the standards set and measured within a programme of study and relevant aspects of the quality of learning. The use of templates for key quality assurance documentation ensures that essential requirements of PSRBs are articulated and managed. A standard template for programme specifications ensures that the arrangements for assessment of learning outcomes are articulated in a realistic and systematic manner, which is benchmarked to relevant reference points. The audit team found that the University makes effective use of the Academic Infrastructure and other external reference points in its management of academic standards.

39   Any revisions to elements of the Academic Infrastructure and implications of European frameworks are considered by ADC and any changes to policies and procedures are notified to Academic Board. This information is then disseminated to faculty and departmental committees and published on the relevant web pages via the staff intranet. Diploma Supplements have been issued to students since 2007-08.

40   As well as using external examiners, as indicated in paragraphs 23, 25 and 34, the University makes good use of external advisors on approval panels, uses independent academic staff in reading proposals, and is introducing a new role of external reviewer to inform its evaluation of assessment arrangements. Helpful guidance for all these roles is provided through dedicated web pages.

41   The University works with a range of PSRBs, and relationships are monitored through AQR and may be integrated into the approval and review of provision, depending on the nature and closeness of the relationship. Institutional oversight is maintained through MSC, which considers the reports of all PSRB activity on behalf of Academic Board. A database was being developed at the time of the audit to enable inclusion of the nature of recognition/accreditation by PSRBs on student transcripts.

Assessment policies and regulations

42   The strategic direction for assessment is derived from the Learning, Teaching and Assessment Strategy (2006-10), which emphasises the importance of an integrated approach to assessment, feedback and learning. The institutional regulations, which apply to all taught on-site and collaborative provision, are set out in the detailed Academic Awards Framework, assessment regulations and a set of associated procedures that are published through the Quality web pages. They are updated periodically in the light of strategic developments and changes to the Academic Infrastructure and external reference points. A variant of the standard regulations can be applied in the context of provision associated with PSRBs and/or strong subject discipline requirements. A major assessment programme between 2006 and 2010 had focused on improving the transparency, utility and cost effectiveness of assessment regulations and arrangements. It sought to improve student and staff engagement with assessment as a learning tool.

43   A revised Assessment and Feedback Policy (2008) was intended to address student concerns about timeliness and usefulness of feedback on assessed work. However, the opinions expressed by the student body in the student written submission (SWS), in the National Student Survey (NSS) and during meetings with the audit team, pointed to continuing variable practice in the quality and quantity, timeliness, legibility and usefulness of feedback to students on assessed work. Recent improvements have included a requirement, introduced within the 12 months preceding the audit, to publish a 3-4 week return deadline for feedback to students and increased use of the VLE to provide feedback (see paragraph 139). Some faculties use electronic monitoring systems to regulate the timely return of feedback on coursework, the most efficient of which issues automated reminders to academic staff. Electronic monitoring of staff provision of feedback has been developed and implemented on a faculty basis. Although the team heard that monitoring is strong in some faculties, it found that institutional oversight was limited and that practice was inconsistent.

44   The assessment schedule and arrangements for granting extensions to submission deadlines are managed by faculty portfolio management teams. This ensures a consistent approach to the granting of extension requests and handling of late submission, which represents an improvement since the 2005 audit. The team found that students did not always comprehend the procedures for obtaining extensions or submitting extenuating circumstances. Students did, however, confirm that assessment guidelines were transparent and that coursework briefs and guidance were helpful. Regulatory information concerning cheating and plagiarism was published in student handbooks, by email, via the VLE and discussed during induction. A policy of anonymous marking is adopted for examination scripts and applies equally in collaborative provision.

45   The audit team noted differential practice in the arrangements for the production of formal reports of results for use at assessment boards in collaborative partner organisations, owing to differing ways of considering the results of students classed as 'registered' and those classed as 'enrolled' (see paragraphs 46 and 89). The results of assessment for enrolled students are processed through the University's administrative systems and the University issues the transcripts of student results, whereas those for registered students can be produced locally by a partner institution. This gave rise to a concern for the team about the accuracy and security of marks recorded on transcripts for registered students. The solution offered by the University is for link tutors to check the accuracy of the transcripts

issued to registered students. However, the arrangements for ensuring the effectiveness of this process were ad hoc and are considered by the team to place an undue burden on the link tutor (see paragraphs 96 and 101).

Management information - statistics

46   The University captures statistical information describing students who are enrolled on programmes on-site and in collaborative provision. However, it does not capture the full data set for 37 per cent (approximately 1,600) of the students on collaborative programmes whose education is either directly funded by UK government or privately funded, and whose status is categorised by the University as 'registered'. This, therefore, means that the University is not in possession of a full data set to describe its collaborative provision as specified by the HEFCE information requirements 2002 and 2006. While partner institutions report to the University, mainly through the AQR process, the responsibility for management of progression and award information associated with registered students is located with the partner institution rather than held by the University. This includes the production of transcripts of results, as noted immediately above. Consequently, the audit team advises that the University should seek ways to secure the same oversight of collaborative provision involving registered students as it has for that involving enrolled students (see paragraph 103).

47   The corporate student management information system has been subject to development and enhancement, so that the management information it generates can inform strategic planning. It contains student profile information captured during the admissions process. It is also used to record and report student attainment, progression and award data. However, data on student retention, progression and achievement for the AQR process is generated locally within faculties rather than derived from the central system. While the University cites improvements to reporting in 2007-08, a recent external examiner's report noted the limited functionality of the system.

48   The team heard that the Executive Group uses management information generated by the Strategic Planning and Intelligence team. It has specified a set of key performance indicators to enable evaluation of academic programmes and portfolio review within the annual planning process. Each faculty is now provided with a range of data, organised by department, illustrating: student number trends; income profile; current market strengths; academic delivery; student value based on NSS and DLHE data; financial; and, yet to be developed, the research context. Faculties then review their academic portfolio accordingly before participating in discussions with key senior staff, who are members of a Core Planning Group that considers management information in relation to risk and financial matters. For collaborative provision, the statistics used in the AQR process have been reviewed and re-specified to enable effective portfolio review. However, in the absence of a full data set for the registered collaborative students, it is not yet the case that the University is able to compare the performance of collaborative students and onsite students, as recommended in the last Collaborative provision audit report.

49   Overall, the audit team found that the University's management of academic standards is operating as intended. The application of the University's regulations and policies is largely consistent and the associated guidance reflects consideration of the elements of the Academic Infrastructure. The University's approval and review processes align with the *Code of practice*. Management information is used in the establishment and maintenance of the academic standards of awards, and the University is making progress in the systematic use of data. There is also strong and scrupulous use of external examiners in the summative assessment of provision. The University should monitor the new system for the ratification of awards as recommended above. All of these features support a judgement of confidence in the soundness of the University's present and likely future management of the academic standards of its awards.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

50   As noted in paragraphs 38-40, the audit team found clear evidence of widespread engagement with the Academic Infrastructure and other relevant external reference points, which inform the University's management of the quality of learning opportunities. In particular, the University's approval and review processes use the Academic Infrastructure as a key reference point. It was also apparent to the team that the *Code of practice* published by QAA and any changes made to it inform discussion and policy within the University at all levels. The University engages with a wide range of professional, statutory and regulatory bodies (PSRBs), which provide important external benchmarks for a number of discipline areas. The audit team concluded that the University was making careful and consistent use of those elements of the Academic Infrastructure and other external reference points relevant to its stewardship of the quality of the learning opportunities available to students.

Approval, monitoring and review of programmes

51   The programme approval process (also see paragraphs 22-34) involves the consideration of market demand and the resource needs of the programme, including the formal consideration of learning resource requirements. The formal approval event reflects further on curriculum design and resourcing, and provides a mechanism for evaluating learning opportunities by using a range of information sources, including PSRB requirements, the inclusion and progression of personal development planning (PDP), information on how subject benchmark statements have been taken into account, and feedback from the programme team.

52   The evaluation of learning opportunities is a key part of the Annual Quality Review (AQR), Internal Academic Review (IAR) and Progress Review processes. These processes require consideration of the student experience, including National Student Survey (NSS) results, and teaching, learning assessment and curriculum developments, as well as student retention and performance. Through the AQR reports, the issues and examples of good practice are brought together across programmes for consideration at faculty and university level. Revalidation is a further process that enables reflection on the learning opportunities and their management at course, school and institutional level. The audit team was able to confirm that the University makes effective use of the processes of programme approval, monitoring and review to assure the provision of learning opportunities in existing and proposed programmes.

Management information - feedback from students

53   The University clearly communicates its expectations for the collection of student feedback to staff. Responsibility for staff/student committees is devolved to faculties, each of which has its own procedure, which is documented via the Quality section of the website. The University is working with the Students' Union to improve communication with staff, following a review of the student representation system by the Students' Union in 2009.

54   A flexible approach to using module feedback is permitted. The University recognises inconsistencies in this so, as the briefing paper stated, 'faculties are taking steps ... to implement common module evaluation questionnaires where appropriate'. The team saw evidence that this was happening. Student feedback is also incorporated into the AQR process, although the means by which this is done is flexible and includes a wide range of

methods such as the Sheffield Hallam Student Engagement Survey (SHSES), module feedback and the NSS. The requirements are specified in the AQR guidelines.

55   Faculties use staff student liaison committees (SSLCs) to inform the routine monitoring of standards. The audit team saw examples of minutes that confirmed that SSLCs were taking place and being attended by students and staff, and that a range of issues was being discussed and resolved. The Students' Union is responsible for training student representatives on SSLCs, although some training is additionally provided by University staff following agreement with the Students' Union. According to the student written submission (SWS), 60 per cent of the representatives are trained by the Students' Union and the remaining 40 per cent are trained by faculty staff or have access to online training materials. Staff explained that information on SSLCs and surveys are communicated to the wider student body via the University's virtual learning environment (VLE) and programme handbooks.

56   There is a wide range of mechanisms for capturing feedback from different categories of student. The views of students on full-time and part-time taught programmes are captured via the SHSES, Sheffield Hallam Student Services Survey, International Student Barometer, DLHE and student complaint data. The views of postgraduate research students are captured via faculty surveys, which are reviewed by the Research Degrees Sub-Committee (RDSC). The University maintains oversight of the operation of its internal arrangements for student feedback through AQR and validation (see paragraph 25).

57   The University makes use of the NSS through a dedicated website coordinated by ASQE, while faculties have implemented local arrangements for detailed consideration. The AQR for one faculty showed evidence of the NSS being used to promote change. The January 2010 portfolio review from Sheffield Business School provided evidence of the systematic use of NSS data to inform faculty and institutional responses to students' views. The audit team concluded that the University has a wide range of methods for eliciting feedback from students.

Role of students in quality assurance

58   The audit team learned that the arrangements for student representation on committees at different levels of the organisation are brought to the attention of students via the VLE and programme handbooks. According to the SWS, students are involved in many of the quality assurance processes at module, course and university level such as IAR. The Students' Union has a dedicated member of staff for student engagement who has direct responsibility for student representation and a dedicated website section that includes an online copy of the basic training slides. The University also includes a student representative on its IAR panels. Such representatives are also trained by the Students' Union. Student comments are intended to inform part of the validation process (see paragraph 32). In addition to the more formal mechanisms, the Vice-Chancellor operates an open door policy for the Student's Union President and responds promptly to any issues raised. The audit team found that there is a wide range of opportunities for students to engage with the quality of their learning opportunities.

Links between research or scholarly activity and learning opportunities

59   The University articulates the links between staff research and scholarship in programme design through the strategic plan and in the Learning, Teaching and Assessment (LTA) Strategy. These are elaborated in the specific Research Strategy Statements in the fifteen units of assessment submitted to the Research Assessment Exercise (RAE) in 2008. 23 per cent of academic staff are active researchers. The audit team found several examples of how the University supports the link between research and scholarship and students'

learning opportunities. For example, the Learning and Teaching Institute has engaged seven university students to research graduate attributes as part of the student experience, and to explore issues about assessment and feedback (see paragraph 82). The team found that the institutional arrangements for maintaining links between research or scholarly activity, and students' learning opportunities are effective.

Other modes of study

60   The University is continuing to develop e-learning as a key enabler of the LTA strategy. At the time of the audit, there were 1,088 distance learning students. Staff confirmed that flexible and distance learning (FDL) courses are subject to the same procedures and processes, such as validation and the AQR, as applied to traditional taught provision. Additionally, however, learning materials are checked prior to validation, which includes checking materials for the first module in full. This process is outlined in the standard submission document template. The team found evidence that this scrutiny was taking place.

61   The SWS stated that there are issues with the consistency of placement experiences and work-based learning in the University. The Improving Student Experience Group (ISEG, see paragraph 76) has developed an action plan that proposes a range of measures to improve this situation. The audit team encourages the University to implement and monitor this action plan, which should help to address any inconsistencies.

62   The Learning and Teaching Institute has responsibility for promoting e-learning, which it states is an integral feature of the development of learning, teaching and assessment at the University. The use of the institution-wide VLE, introduced in July 2001, is now considered mainstream. In 2009-10, over 28,000 students were enrolled on one or more courses via the VLE. The University ensures that the arrangements for learner support, including security of and feedback on assessment, are appropriate through an additional component of the validation process, which applies specifically to FDL courses. The audit team saw how the University ensures that all staff are competent to perform their responsibilities through the validation process and concluded that the processes for the validation of and staff support for flexible and distributed learning are strong.

Resources for learning

63   The University decides priorities for the provision and allocation of learning resources through the SHSES, the Student Services Survey, and Learning and Information Services staff participation in SSLCs. For collaborative provision, this is monitored by the link tutor as well as being checked as part of the programme approval risk assessment (see paragraph 105). The team was not able to verify the effectiveness of this process.

64   The University's library was praised by students met by the audit team, a view that is supported by the 2009 NSS results. Over eighty per cent of students in 34 of the 45 subject areas agreed with the statement 'The library resources are good enough for my needs'. Five subject areas received one hundred per cent agreement with this statement. None of the published subject areas received less than 60 per cent agreement with this statement. The team saw examples of how the AQR process uses the NSS to check the performance of learning resources. The SWS stated that it can be difficult for students to access IT resources at peak times but, according to the NSS, 83 per cent of students agreed with the statement that they had been able to access IT resources when needed.

65   The audit team found that the University has sound processes in place for monitoring and reviewing its resources for learning. The University clearly has strong library provision and it should continue to work to ensure student demands for IT resources are met at peak times.

Admissions policy

66   The University has a corporate admissions policy and, as stated in its briefing paper, a 'widely promoted set of minimum entry requirements'. The University's strategic Executive Recruitment Group and the operational Recruitment Tutor Team maintain corporate oversight of the undergraduate admissions process, and admissions activity is subject to annual monitoring via the Pre-Enrolment Service AQR. According to the minutes from a faculty academic board: 'there are many examples of innovative practice but there appears to be no evidence of a consistent approach to a student's induction'. In addition, the minutes state that 'the Student Experience Group have identified that January starters receive a very different experience to those who commence in September'.

67   The University ensures that all staff involved in admissions are competent to undertake their roles and responsibilities. The SLS provides training and the competency of all staff is checked through the line management system. Support and training for staff involved in admissions activity is available via the Pre-Enrolment Service. The audit team concluded that the University's processes for admissions are sound.

Student support

68   The University does not have a single approach to personal tutoring. Academic and pastoral support is provided by the module tutors, level tutors, course leader and professional services staff. According to the NSS, 76 per cent of students agreed they had been able to contact staff when they needed to and that personal tutors are valued. However, the SWS noted that students who did not have access to staff felt disadvantaged. All of the students met by the team felt that staff are approachable.

69   SLS offers a wide range of support services to students, the quality of which has been recognised through external accreditation. Some examples of the services offered by SLS include specialist teams for international and disabled student support. Support needs are identified through the induction processes by SLS. According to the SWS, it is evident that the student experience of support is varied but generally positive. The SWS states that learning contracts are not always implemented in a timely fashion. Although the majority of student support is managed by SLS, additional support can be provided within faculties, such as the graduate skills programme of the Sheffield Business School. The audit team saw examples of how the University reviews its student support systems through the AQR process. Undergraduate students expressed the view that the support available at the University was excellent.

70   The responsibility for clearly communicating the University's expectations concerning the nature and extent of academic support and guidance for students is devolved to faculties. For validation, planning teams are expected to provide a clear description of their approach to, support for, and monitoring of personal development planning. The audit team found that the University's arrangements for student support are largely sound and that students are positive about them. While there are areas that can be improved, the University already has processes in place to affect improvements.

Staff support (including staff development)

71   The human resources section of the staff website communicates all human resource processes to staff. In meetings, staff confirmed to the audit team that they use the site, that they find it accessible and that they are able to find all the information they need. The University is making progress on improving its processes for appraising staff. ISEG has completed a strand of work to do this and random checks are planned to check progress.

The University Executive Group receives reports on appraisals, and the 2011 staff survey will include a question on this.

72   Staff development needs are identified through appraisals, agreed with the appropriate line manager and met from a number of sources either locally within the particular department or faculty or centrally via the Human Resources Department. The University monitors the performance of human resources through a triennial Employee Opinion Survey. In addition to the annual staff survey, there are monthly human resource reporting systems available through the staff intranet. The audit team found that support processes for staff are sound. The University is taking an enhancement-led approach to improving the appraisal process, an approach affirmed by the team.

73   The audit team found that the University's systems for the management of learning opportunities were fit for purpose and largely operating as intended. The University engages well with the Academic Infrastructure and other external reference points. There is an extensive framework for student participation in quality assurance and students are involved in policy development. The team found that students are well provided with resources for learning and that the University's arrangements for student support are effective. The arrangements for staff development and support are also effective. These features support a judgement of confidence in the soundness of the University's current and likely future management of learning opportunities.

Section 4: Institutional approach to quality enhancement

74   Sheffield Hallam University defines enhancement as 'taking deliberate steps to bring about improvement in the effectiveness of the learning experiences of students'. The University's Corporate Plan describes how the structural reorganisation of the University (see paragraph 10) provided a focus for academic leadership and development, enhancing the quality and delivery of provision, strengthening the management of and accountability for resources, and enhancing the external identity and reputation of the subject areas. University staff confirmed that this reorganisation into departments from schools had facilitated easier cross-faculty dialogue and facilitated the sharing of good practice.

75   The University has also reflected on its approach to quality and concluded that while the Quality and Standards Management and Enhancement (QSME) Framework had provided an efficient structure for meeting external scrutiny of quality assurance, it required a refocusing of its approach towards quality enhancement in order to meet its strategic goal to provide an outstanding student experience. The theme of enhancement was further clarified within the Learning, Teaching and Assessment (LTA) Strategy, which 'provides a framework for any significant large-scale enhancement projects'. Progress in realising the key themes and goals outlined within the Corporate Plan is monitored via the Corporate Plan Implementation Project (CPIP), which reports to Executive Group. Although key performance indicators have been identified within the CPIP, the audit team considered that further evidence, such as the detailed information within Sheffield Business School's Portfolio review paper, was needed to ensure that the University could track continued progress in enhancing the student experience at both the institutional and faculty levels.

76   Strategic drivers that aimed to progress the Corporate Plan's goal to embed enhancement were identified within the briefing paper. The Improving Student Experience Group (ISEG) has four task teams, each chaired by a PVC dean, addressing: student retention and progression; graduate employment; professional standards in teaching and learning; and student experience. The ISEG teams provide the framework for refreshing the LTA strategy and progress is regularly reviewed by Academic Development Committee.

77   The Enhance Project was initiated in December 2008 to change the culture of academic quality management by shifting quality to an enhancement-led approach. A key

focus was the introduction of an enhancement-led Academic Quality Framework, to replace the QSME Framework. The Academic Board approved the policy framework for academic quality management and enhancement and endorsed the phased implementation plan for the Academic Quality Framework, which is projected to be fully operational by September 2012.

78   The University's Changing to Improve Professional Services programme aims to enhance the student experience by further improving its professional services, making these services easier to use and more customer focused. The programme commenced in 2009 and full implementation is scheduled for September 2011.

79   The audit team considered that these themes provided a comprehensive framework to facilitate achieving the University's goal in embedding enhancement. The team encourages the University to continue monitoring the implementation and outcomes of these key strategic drivers.

80   The Employability Framework defines employability as 'enabling students to acquire the knowledge, personal and professional skills and encouraging the attitudes that will support their future development'. The University was successful in securing funding from HEFCE to establish the Centre for Enhancing, Embedding and Integrating Employability (e3i). The e3i centre influenced practice at the institutional level by working with staff to update and refresh the employability framework. It is used as an 'organising framework' whereby academic staff are encouraged to position themselves within the framework, which provides a strategic steer, allowing flexibility in terms of approach and emphasis. e3i was instrumental in establishing and supporting special interest groups around the themes of personal development planning (PDP), career management skills, work-based learning and enterprise skills. These groups facilitated the emergence of communities of practice across the University, developing, for example, the Venture Matrix, which has supported the development of students' enterprise skills.

81   Employability is embedded within the course design and validation processes, resulting in an overall increase in the number of courses incorporating employability. For example, the Sheffield Business School revalidated all of its undergraduate programmes and created an 'Employability pathway' within its undergraduate provision, which focused on employability skills development. Students in the Faculties of Arts, Computing, Engineering and Sciences following sandwich courses were offered career development programmes. Staff confirmed that employability was a core institutional priority and that e3i had played a crucial role in both promoting and capturing innovative practice through a number of pilot projects. Employability teaching fellows embedded within two of the faculties provide pedagogic support for staff wishing to undertake employability projects. The students met by the audit team were well informed about how their programmes were delivering employability skills. For some, the reputation of the University in relation to employability and its links with employers had been a key factor in their choosing to study at Sheffield Hallam. The team found that through the work of e3i, employability was recognised as a key priority within the University, and that innovative practice in promoting and embedding employability had been disseminated both internally and externally. The team considered the University's strategic use of employability as a driver for enhancement to be a feature of good practice. The team encourages the University to reflect on how the future promotion, monitoring and dissemination of innovative practice around the theme of employability will be maintained and managed.

82   The LTI provides wide-ranging support to the University, faculties and departments to shape the development of quality enhancement for learning, teaching and assessment. The Institutional Research Team (IRT) was established in 2009-10 and operates in both proactive and reactive modes to provide longitudinal and strategically focused evidence to assist the University in improving the transition of students into the institution, their experience of HE and their employability. The IRT's outputs include formal internal briefings,

reports and papers, all of which inform discussions at a number of levels within the University. IRT has addressed a wide range of issues, including reviews of surveys such as the National Student Survey (NSS), DLHE and the Sheffield Hallam Student Experience. The team saw examples of research that the IRT had undertaken within faculties that had subsequently been disseminated more widely, and senior staff confirmed that IRT outputs had helped to inform strategic decisions. The SWS highlighted work that the IRT had undertaken in partnership with the Students' Union on feedback. The Students' Union believed that the campaign (entitled Technology, Feedback, Action!), which explored the potential of technology-enabled feedback, had been successful in promoting dialogue between staff and students at all levels in the University about feedback. The team considered the use of the Institutional Research Team to inform institutional practice at strategic and operational levels to be a feature of good practice.

83   The audit team concluded that the University had demonstrated a systematic and strategic approach to enhancing the quality of the student experience, which will be further supported through the staged introduction of the new enhancement-led Academic Quality Framework.

Section 5: Collaborative arrangements

84   The University has a significant and diverse set of collaborative arrangements. It sees collaborative provision as an integral part of its activities, key to its mission and with important synergies across the University. The main strategic aim of its collaborative provision is as a vehicle that enables a wide range of students regionally, nationally and internationally to access higher education. Before the audit, there had been a recent review of the strategic fit, quality and sustainability of each faculty's provision in the context of the new Corporate Plan, which has resulted in refreshed collaborative provision strategies in each faculty and a draft institutional Collaborative Provision Statement. The University has had a sustained record of successful partnerships for the last 20 years. Its current policy is to develop deeper and broader relationships with existing partners, although a small number of new partnerships is envisaged.

85   Current executive responsibility for collaborative provision rests with the Deputy Vice-Chancellor, supported by the Director of Student and Learning Services. Within the faculties, responsibility is vested in the PVC deans. Each faculty has set up an infrastructure to deal with the management of collaborative provision, involving key roles for the Head of Quality Enhancement (QE) and the Collaborative Provision Co-ordinator. All collaborative courses have a link tutor and are subject to annual quality review.

86   Within the University's deliberative structure, Academic Board is responsible for academic policies and procedures governing collaborative provision, which are set within the institutional Quality and Standards Management and Enhancement (QSME) Framework. The monitoring of the effectiveness of collaborative provision is undertaken by the Monitoring Sub-Committee of Academic Development Committee (ADC) on behalf of Academic Board.

87   At the time of the audit, the University had 54 collaborative partners, of whom 40 were based in the UK. The partners were involved in delivering 117 programmes. The University maintains two registers of collaborative provision, one for the detailed contractual arrangements by the Partnership Support Unit (PSU) and the other maintained by Academic Standards and Quality Enhancement (ASQE), detailing the programmes and their mode, type and status.

88   In 2009-10, 4,261 students were registered or enrolled on collaborative programmes, of whom just over half were studying full-time. This represents 12.5 per cent of the University's student numbers. The students are distributed fairly evenly across the University's faculties, 32 per cent in Arts, Computing, Engineering and Sciences, 23 per cent

in Development and Society, 20 per cent in Health and Wellbeing, and 25 per cent in Sheffield Business School. The students on collaborative courses are studying at all levels. 23 per cent are on Foundation Degrees, which means that students have access to locally provided programmes and the opportunity of progression to higher levels of study in the University. 16 per cent are on undergraduate degrees, mainly in overseas providers, 29 per cent are on top-up degrees and 21 per cent of the provision is at graduate or postgraduate level.

89   Collaborative provision is provided by partnerships with the NHS and other public sector employers, local education authorities, charities, professional organisations, and further and higher education colleges in the UK. Overseas, it includes shared delivery, contracted out and articulation agreements with regional private organisations and educational providers in Europe, Egypt, the Indian sub-continent and the Far East.

90   Students are categorised as either enrolled or registered on collaborative programmes (see paragraph 46). Enrolled students, who constitute the majority, have the same entitlements as any student studying at the University. Registered students have a more limited entitlement, the expectation being that the partner provides the full range of service to enable them to have an equivalent learning experience and complete their programme successfully. The University has acknowledged that there is some potential for confusion between these two types of student, particularly where there are both types within one partner. As a result, it has reviewed and clarified the student entitlement and is re-affirming its approach through institutional approval and validation. Save for the problems discussed in paragraphs 45 and 46, the team found the University's response to be appropriate.

91   The University approaches the quality management of its collaborative provision by recognising two imperatives, namely that it needs to demonstrate that the standards of collaborative provision are secure and in line with national expectations, and secondly that the additional risks associated with collaborative provision need to be recognised and managed.

92   The University uses the same regulations, processes of approval, programme and module modification, programme monitoring and periodic review for all its programmes, whether on campus or delivered through collaborative arrangements. However, it does have some additional safeguards where the provision is collaborative. The principles and procedures are contained within the QSME Framework, which details the set of integrated committee arrangements, staff responsibilities, faculty responsibilities and the key processes and information resources. This provides detailed guidance on their application to collaborative provision. The University's approach to managing the quality of its collaborative provision has been designed to allow sufficient flexibility that is appropriate to the variety of provision, while ensuring consistency with the Academic Infrastructure. The University has produced a detailed typology of partnerships and programmes that clearly outlines the differing roles and responsibilities of faculties and partners in all the quality assurance processes. The audit team was able to confirm that the University has effective oversight of its collaborative provision, and that it saw collaborative provision as integral to the wider dimensions of the Corporate Plan, concerned with the University's regional, national and international identity.

93   Opportunities for new collaborative partnerships are initially discussed by departmental staff within each faculty. The business case for new partnerships is submitted to the faculty business development group or its equivalent for consideration. During this process there is close liaison with the University Partnership Support Unit (PSU) within Student and Learning Services (SLS). The faculty then has to complete a risk assessment of the proposed partnership, which is considered first by the PSU and then by the Deputy Vice-Chancellor. When the partnership has been approved, a proposal for validation of a programme may be submitted to the University Collaborative Standing Panel. Advice will be

given by PSU in developing an underpinning contract. Having seen evidence of their application, the audit team concluded that these processes were rigorous.

94   To benchmark its procedures, external reference points are used by the University in the same way for its collaborative programmes as for the rest of its provision. Owing to the nature of some of the collaborative programmes, particular refinements have been introduced to allow for the type of programme. This includes the requirement to produce an operations handbook that provides detailed information regarding the delivery and support arrangements for the collaboration. Where appropriate, established accreditation procedures are used for professionally-oriented programmes. There is a particularly strong relationship in the partnership provision in the Faculty of Health and Wellbeing, which is designed to meet the requirements of professional bodies and is subject to review by them and their agencies.

95   The University has fully aligned the approval, monitoring and review of quality across all its provision, but has added additional safeguards for collaborative provision. For instance, in the Annual Quality Review (AQR) process, the University has developed a range of standard templates, covering different types of partnership. These include the addition of the link tutor commentary, approval of changes to partner staff, feedback on student assessed work and the approval of published information including transcripts.

96   This means that in all faculties, collaborative programmes are treated in the same way as all other programmes but with additional elements. The audit team saw ample evidence that this was the case. An important role to make sure that these processes are carried out is that of the link tutor, who is appointed by the faculty to liaise with the partner and to oversee academic standards and the quality of learning opportunities in the partnership on behalf of the University. Link tutors also help to ensure that the University's QSME policies and procedures are being met. Examples of productive relationships between the partner and the link tutor were found that had resulted in the strengthening of the partnership. While it was clear to the team that a significant factor in the success of the arrangements made with partners was related to the role undertaken by the link tutor, the team had some reservations about the potential for over reliance on the link tutor and the extent of their role in supporting collaborative arrangements. Consequently, the team advises that the University review the roles associated with the oversight of the University's collaborative arrangements to manage the risk of over dependence on link tutors. (Also see paragraphs 45 and 105.)

97   As well as engaging with institutional processes, many of the partner colleges have undergone external reviews such as Integrated quality and enhancement review (IQER). The University supports its partners by assisting in the production of self-evaluation documents, by offering appropriate staff development opportunities and supporting partner college staff in their meetings with IQER teams. The Monitoring Sub-Committee (MSC) considers IQER reports of the University's partners. A number of issues emerging from this process has informed the ongoing development of relations with partner colleges, including matters related to the revised assessment regulations, the accuracy of public information and the need to be consistently clear about student entitlement.

98   The University's collaborative provision at one of its partner colleges was included in the 2010 QAA Audit of overseas provision in Malaysia. The conclusion of the report identified a number of points for the University to consider in developing its partnership arrangements. The audit team was able to see the action plan considered by ADC which showed that the University had acted upon all the recommendations.

99   Partners have to apply the University's standard assessment regulations and procedures, unless any variations have been agreed by the University, such as with courses where there are specific professional, statutory and regulatory body (PSRB) requirements, or where the collaborative provision is articulated. The University's expectation is that all

teaching and assessment will be in the English language, and it was confirmed in the case of assessment that this was always the case. The University has permitted some teaching in a language other than English, but this is on an extremely small scale and was handled appropriately.

100   External examiners are appointed to collaborative programmes in the same way as those for on-site programmes. A number of additional arrangements are in place for external examiners on collaborative programmes. These arrangements include: the use of the same external for cognate programmes whenever possible; the holding of a specific induction programme for collaborative externals, and regular visits by the external examiner to the partner for assessment boards.

101   For enrolled students, transcripts are produced by the University directly. For registered students, they are produced by the partner and are subject to testing for effectiveness through the AQR process. The link tutor is expected to comment on the process, and sample transcripts are meant to be attached to the AQR. AQRs of such provision that the audit team saw did not have samples attached. The team formed the view that the University should make sure that its policy is more rigorously applied and monitored, as noted in paragraphs 45 and 46.

102   Partners are required to have equivalent forms of student representation as those used in the University itself. The University does not prescribe the method for collecting feedback as partner organisations have well embedded and effective mechanisms, as established through the validation and review processes. Students that the audit team met confirmed that there were mechanisms in place to ensure their voice was heard and that note was taken of their views and appropriate action was taken whenever possible. The Students' Union has acknowledged that it has not been active in promoting strong relationships with partner institutions.

103   The University has comprehensive data on admission, progression and completion for its enrolled students, which is extensively used in annual quality review. Performance statistics are also considered at assessment boards. Data relating to registered students is maintained by the partner, and it has not yet proven possible to produce all the information in a standard format. Particular regard has been given to retention in programmes and in cases where retention has been poor, improvement action has been identified (see paragraph 46).

104   Staff support within partners is one of the functions allocated to the link tutor. In the case of the partners the audit team visited, this seemed to work well, with inputs from colleagues and services within the University. For some partners, it has been acknowledged that the partner will develop relevant staff development for themselves and keep the University informed, while for others the University has made activities and programmes available. It was unclear to the team how thoroughly this is monitored. The University holds an annual collaborative provision conference, where issues relating to the University's collaborative provision are discussed. This was seen by the team as a valuable forum for both partners and the University, although of the University's 40 UK partners only 10 were represented at the most recent conference.

105   The curriculum vitae of staff teaching in partner institutions are approved through the initial validation process, after which it becomes the responsibility of the link tutor to monitor and approve any changes in staff involved. It was unclear to the audit team whether this was rigorously applied. Learning resources in partners are approved through the validation process. The set of requirements laid down by the University is assessed through that process. Once again, link tutors are required to monitor the appropriateness of learning resources in approved programmes and to comment on them through the AQR. The type and form of student support is also approved through the validation process and monitored by the link tutor through the AQR.

106   In view of its large number of collaborative partners, the University has developed mechanisms for ensuring that publicity about its courses is approved for publication. The University also monitors the use that is made of both published and electronic material. The system, which includes the submission and approval of publicity, works well and once again illustrates the effectiveness of the University's management of collaborative provision.

107   The University has acknowledged that well established arrangements exist for the review of programmes but not for periodically reviewing partnerships. As a consequence, it has recently introduced a Collaborative Partnerships Review procedure, which will be operational in the academic year 2011-12.

108   The audit team concluded that, overall, the University's policies and regulations for the management of its collaborative provision make an effective contribution to the maintenance of academic standards and the management of the quality of learning opportunities.

Section 6: Institutional arrangements for postgraduate research students

109   The University has a research student population of approximately 400 students studying for MPhil, PhD, split PhD (where students are based abroad), practice-based PhD, PhD by publication and a range of professional doctorate programmes. Postgraduate research students are located in all four faculties. The University states that recent developments in research degree activity include: the development, with international partners, of two new collaborative professional doctorates; the approval of an MProf award as an enhancement to the Sheffield Hallam awards framework in 2009-10 as a new staged exit award within the professional doctorate programmes; and the introduction of a new article-based PhD targeted at early career researchers that will be available from the 2010-11 session onwards.

110   The Research Degrees Sub-Committee (RDSC) advises Academic Development Committee (ADC) and Academic Board on policy relating to research degree students and approves the key stages in the progress of individual research students. Formerly a sub-committee of ADC, RDSC became a sub-committee of Research and Knowledge Transfer Committee (RKTC) from 2010-11, following a review of academic governance. RDSC has a particular focus on research degree completion rate targets and strategies for achieving them, research degree regulations, and policy on supervision and research student training. The Sub-Committee has responsibility for approving programmes of study, supervisory arrangements and examination arrangements for the degrees of MPhil, PhD and professional doctorates. Each faculty academic board has sub-committees concerned with ethics, and research degrees. University committees include appropriate representation from the faculties, and their agendas routinely include oversight of the operation of faculty committees.

111   The University operates a model for research degree programme management that differentiates between institutional-level responsibilities, which lie within the remit of RDSC, and faculty-level responsibilities. The University's expectations in regard to the management of the quality and standards of research degree programmes are set out in the Quality and Standards Management and Enhancement (QSME) Framework. Research degrees are one of 13 criteria within the framework for which faculties are expected to demonstrate appropriate arrangements. These arrangements include: a faculty research degrees committee (FRDC); a head of programme area (research degrees); a faculty research degrees quality and standards assurance statement (FRDQSAS), and a staff-student committee for research students. The audit team found that the FRDQSAS is a

comprehensive articulation of faculty policies and procedures, evidently informed and influenced by the precepts and explanations of the *Code of practice, Section 1: Postgraduate research programmes*. These statements are reviewed periodically within faculties and by RDSC to maintain alignment with the precepts of the *Code of practice*. The team found ample evidence that the University operates appropriate arrangements for the management of quality and standards of its research degree programmes.

112   The key features of the arrangements for the support and supervision of research students are detailed within a variety of documents, notably the University Code of Practice for Research Students and Supervisors, the FRDQSAS, and specific regulations and policies. The audit team found these documents to be accessible, and students told the team that they felt well informed as to their obligations and entitlements during their study.

113   The 2006 QAA Review of research degree programmes found 'appropriate and satisfactory' institutional arrangements for quality and standards, but suggested two areas for enhancement: that the University ensure that processes enable the viva voce to meet agreed criteria for fairness and consistency across all faculties, and having student representation on RDSC. In response, the University undertook several actions. The student conferment questionnaire was enhanced in 2009 to invite feedback on whether students would have found an independent chair useful in the examination. As at February 2010, no students had replied affirmatively to this question. Two well-attended examiners' workshops have been run to strengthen the role of the internal examiner by updating knowledge and good practice. In addition, guidance notes for students have been created to provide more detailed practical guidance on the viva process and these are sent to students when the thesis has been submitted, usually six weeks before the viva takes place. Senior research staff explained to the audit team that the use of independent chairs for vivas had been rejected after careful consideration. (See paragraph 131 for student representation on RDSC.)

114   The University states that the role of the Graduate Studies Team of Student and Learning Services (SLS) is to support the development and enhancement of a range of high quality research degree provision at the University through providing support and information for both research students and staff. The audit team established that the Graduate Studies Team was fulfilling its remit in providing support to staff and postgraduate students.

115   Each faculty has a head of programme area (research degrees), who is supported by at least one postgraduate research tutor. These members of academic staff provide local academic and administrative support for research students and their supervisors. They have a major role in the formulation, development and implementation of University and faculty policies affecting research students and their supervisors, including, in particular, research training and supervision. They also coordinate the University's Annual Quality Review (AQR) process and any supplementary research student progress monitoring agreed within the faculty. Additionally, they are responsible for assisting supervisors and students with the interpretation of, the University's regulations and procedures for research degrees, particularly for research programme approval and confirmation of PhD registration. The audit team established that the head of programme area (research degrees) and postgraduate research tutor roles are established effectively in faculties, and that students were aware of the role of postgraduate research tutors and could access them if needed.

116   The research degree regulations for MPhil and PhD outline the criteria for selection and admission of research students. The University states that the regulation regarding English language competence for non-native English speakers was reviewed in 2008-09 to ensure that candidates had a minimum level of competency on entry to the research programme instead of at the end (for viva) as stipulated previously. An overall IELTS score of 6.0 or above is now required, with a higher threshold for more linguistically demanding research areas. The University undertook a benchmarking exercise regarding language competence at other higher education institutions in the region to ensure parity in admissions requirements. For split PhDs, the marketing document and the regulations have been

updated to impose a maximum study period in the UK and also for a formal contract to be signed by the student, supervisor and, if applicable, the host institution overseas. This has been done to formalise arrangements so that the student, supervisor and sponsor are clear about their responsibilities and the importance of timely completion.

117   Admission of research degree students is undertaken by the faculties. The head of programme area (research degrees) and/or postgraduate research tutor (in the relevant subject area) in liaison with a member of academic staff (who could act as the Director of Studies) consider applications on an individual basis. They also coordinate the faculty admissions process within the overall University postgraduate admissions framework, ensure that accurate up to date records are maintained within the faculty for each enrolled research student, and arrange for the Graduate Studies Team to be kept informed of the enrolment of new students and of later changes to their registration status, which are approved locally and endorsed by RDSC. The audit team found these admission requirements and procedures to be well documented and appropriate and that staff and students were aware of them.

118   All new research students have a local induction in their research centre and are invited to a university-wide induction day. Faculty heads of programme area (research degrees) and postgraduate research tutors are responsible for ensuring that appropriate induction arrangements for research students operate within the faculty. To assist induction, there is a virtual induction pack on the virtual learning environment (VLE). Students met by the audit team confirmed their satisfaction with induction arrangements.

119   The University's supervisory policy, which was reviewed in 2009, now stipulates that supervisors should not be responsible for more than six full-time equivalent students at any one time. Student recruitment is restricted where supervisory capacity is limited or not available. The University states that to maximize the results of the Research Excellence Framework (REF) in 2013 and to ensure quality of supervision for students, the University is creating a Supervisor Register which stipulates criteria for supervisory teams. These require at least one member of staff who is likely to be submitted to REF, two supervisory completions (completion of the University's Research Supervisor Development Programme counts as one virtual completion), and the agreement that staff will attend appropriate refresher training and development activities.

120   The University Research Supervisor Development Programme now runs in two cohorts per academic year, training up to 50 academic staff from across all faculties each year. Supervisor update sessions are offered, the most recent being a Supervisor Conference in July 2010. In addition, if the research project is undertaken in the NHS then one member of staff must have attended a training session on NHS research guidance processes. Staff have found the Research Supervisor Development Programme to be extremely valuable.

121   The University's Code of Practice for Research Students and Supervisors stipulates a minimum time allocation of 30 hours supervision per year for a full-time research student and 15 hours per year for a part-time student. Staff and students informed the audit team that they were aware of the regulations pertaining to supervision and their obligations and entitlements, and that intensity of supervision varied through their programmes of study by necessity. The team established that the responsibilities of students and supervisors are well documented in the University's Code of Practice. The team also established, from students they met and documentation examined, that students were satisfied with the quality and intensity of supervision and support provided within faculties.

122   Student progress is closely and formally monitored in the first three months for full-time students and six months for part-time students. The Approval of Research Programme form is independently assessed by two rapporteurs on behalf of RDSC. The rapporteur pro forma was reviewed twice in the last two years and the University

believes it is now a valuable student feedback tool. The approval form includes a check on the research ethics approval status of the research. Faculty research ethics sub-committees are notified of projects requiring ethical approval and follow up accordingly. Progress is also monitored via the confirmation of PhD registration stage, where a rigorous assessment of the candidate's ability to succeed at doctoral level is undertaken. Rapporteurs are also involved at this stage to provide independent assessment of the candidate and the project on behalf of RDSC. The University's HEFCE Research Degree Qualifier Rates (RDQR) are monitored by RDSC, which is working to improve them. RDSC has agreed a completion rates strategy, which will be implemented in 2011. The audit team found evidence of consideration of completion statistics at institutional level with the presentation of appropriate action plans to facilitate improved completion rates. The team established that staff and students are aware of the system of monitoring student progress and that they deem it appropriate.

123   The Annual Monitoring Exercise was reviewed and enhanced in the 2006-7 session and renamed the Annual Feedback and Monitoring Exercise. A sharper focus was placed on student feedback, and gathering information on esteem indicator data, together with the formal monitoring process of each enrolled student via the Director of Studies. The results of the Annual Feedback and Monitoring Exercise are considered by RDSC in an overview report, and also inform the Faculty Annual Quality Review and subsequently the University Quality and Standards Profile.

124   All new students must complete a Development Needs Analysis (DNA) as part of the induction process during the initial few weeks of joining the University to identify skills training needs. This forms part of the information required for the second key stage in the student lifecycle of Approval of Research Programme. For those students registering for MPhil or PhD subject to confirmation, verification that the training has been completed will be sought at the confirmation of PhD stage after 12 months for full-time students, or 24 months for part-time students. Returning students will be expected to complete a DNA annually after re-enrolment as part of the monitoring process. Monitoring and review against the DNA will take place formally via the annual feedback exercise and informally via regular supervisory progress meetings. Student and Learning Services has developed a tailored personal development planning (PDP) resource for research students, details of which are made available to students via the VLE.

125   Skills development is then monitored through the formal lifecycle stages and through the annual feedback exercise. Training provision is summarised and signposted in the Guide to Research Training and Development Programmes. In 2009, the University purchased a proprietary online skills training package, which is being used to enhance provision, particularly for part-time students and those studying at a distance who find it difficult to attend face-to-face training. In addition, faculties offer skills training programmes for research students, including generic skills, research methods, and research ethics training. A national organisation that champions the personal, professional and career development of doctoral researchers and research staff has also launched a tailored programme of training for part-time researchers, which University students have been invited to attend.

126   The University allows research degree students to support teaching, working with experienced academic staff by acting as demonstrators in laboratories or teaching small groups, provided that this does not exceed the research council guidelines of a maximum of six hours teaching per week. Training is provided via an associate lecturer workshop programme, and by appropriate guidance and support provided by mentoring, at faculty level, by experienced teachers. The audit team established, from documentation and discussions with staff, that RDSC had recently reviewed this policy, and that henceforth students would be asked in their first year of study if they wished to be involved in teaching and, if so, would be provided with training and mentoring to prepare them to undertake this in their second year. The team found that students and staff were aware of and engaged with the associate lecturer workshop programme and that staff provided mentoring to students

undertaking teaching. The team was informed by students it met that academic support provided to postgraduate research students was excellent.

127   Students provide feedback in staff/student research committees, through student attendance at RDSC, or representation on committees. They also have the opportunity to provide feedback through the Annual Feedback and Monitoring Exercise. This feedback is then presented in the faculty head of programme area (research degrees) Annual Monitoring Feedback Exercise report, which feeds into the faculty AQR process.

128   The suite of regulations was updated in 2005-06 to allow all students to proceed to viva after first thesis submission. The previous regulation prevented students from being examined if the thesis was considered to be sub-standard, but this was thought to disadvantage students by not giving them the opportunity to defend their work at that time and could affect their subsequent motivation to complete. Following this regulatory change, the examiner report forms on the thesis have been scrutinised by the secretary of RDSC prior to vivas being held, and although some reports have noted concerns, the viva outcomes have been very positive.

129   The research degree regulations provide for each research degree candidate to be examined by an appropriate examining team, which must include at least one external examiner approved by RDSC. In cases where the candidate is also a member of University staff, a second external is appointed. An external examiner must be independent both of the University and of any collaborating organisation, and must not have acted previously as the candidate's supervisor or adviser. RDSC also ensures that an external examiner is not approved so frequently that his/her familiarity with the faculty might prejudice objective judgement. Examiners can give feedback via the joint examiners' report form or can write confidentially to the chair of RDSC should they wish to raise concerns or issues. All examiners' reports are scrutinised by the Graduate Studies Team, and any issues are discussed with the Chair of RDSC and any necessary follow-up action reported back to the examiner.

130   The audit team established that the assessment of postgraduate research students is assured by rigorous external examining procedures, and that RDSC monitors the reports of examiners and all aspects of examinations and related policy. The team found the assessment arrangements to be appropriate and well understood by students.

131   The faculty staff student research committees allow for students to represent their peers, to discuss faculty issues and to be involved in faculty initiatives. Students informed the audit team that they engaged in these committees and found them effective. Via these committees, students are made aware that they are welcome to attend the University RDSC meetings, during the discussion of policy items, to discuss university-wide issues which they feel are important to all students. RDSC invited students to attend its meeting in June 2010. Although no students had attended at the time of the audit, the invitation will stand. Also it has been agreed that as a standard RDSC agenda item, the head of programme area (research degrees) will be asked to give feedback from the staff-student committees in order to facilitate a two-way communication. In view of the 2006 QAA Review's recommendation to consider having student representation on RDSC, the University considers that there is a good range of mechanisms to ensure that the student voice is heard, and has invited students to attend the committee meetings during discussion of policy issues but not for discussion of confidential student assessment related matters.

132   All research students have access to the University's general student complaints procedure and to the bespoke appeals procedure for research degree students on shuspace and the research student VLE. Information on these topics is also made available in the University's Code of Practice. Following the QAA Review and three appeal cases in 2003, the University undertook to strengthen the definition of what a practice-based research

degree should be and how it should be assessed. This was achieved in the 2006-07 academic session whereby the regulations, examiner report forms and examiners' briefing pack were updated accordingly. Since the 2006 QAA Review, there have been three complaints and no appeals submitted. Students informed the audit team that they were aware of the complaints and appeals process and had been provided with information on it.

133   The audit team concluded that the University has sound and appropriate institutional arrangements for the support, supervision and assessment of its postgraduate research degree students and that these arrangements align with the guidance provided in the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes.*

Section 7: Published information

134   In 2006, the University reviewed the information that was publicly available and found that very little information about quality and standards was accessible to the general public. Although information was available to specific groups of stakeholders via a number of communication mechanisms, these were resource intensive to maintain and often duplicated information. The University consolidated this information into a single website managed by Academic Standards and Quality Enhancement (ASQE). The new Quality web pages went live in November 2009 and were publicly available from January 2010, replacing the Collaborative Partner pages and intranet pages containing quality information. The web pages provide a single point for stakeholders and the public to access. The website includes links to the information detailed in Annex F of HEFCE 06/45. The audit team found that the externally available information appeared to be accurate and complete.

135   All students are issued with a student handbook and study guide. The handbooks and guides from the audit trails which the audit team reviewed were found to provide consistent information and guidance to students. Students confirmed that they also used shuspace to find out about the University's policies and procedures. Students also confirmed that they understood the rules relating to submission, although there was some confusion about the rules on seeking an extension. However, the team found that the information presented in the student handbooks and on the Quality web pages was clear and consistent.

136   The University prospectus is available online and in hard copy. The information published in the prospectus is drawn from a single database that is managed by the Marketing Department. Prospectus information is updated throughout the year and is sent out once a year for checking and updating. Link tutors are responsible for ensuring that collaborative provision is accurately represented and does not mislead students. This involves approving, on behalf of the University, any promotional materials bearing the University's name, prior to publication, referring material as necessary to Marketing. The content of the prospectus is signed off by the Deputy Vice-Chancellor.

137   The audit team found that a wide range of information was available to students, and the meetings with students confirmed that they found that the published information available to them at pre-enrolment was accurate and informative. Students use the University web pages and shuspace to find out about policies and regulations, such as extensions to submission deadlines, cheating and appeals. However, the students did express to the team their concern about the volume of information available via shuspace and other sources. The University may wish to consider whether the information provided to students via the web pages and shuspace could be more clearly organised and signposted.

138   Although the student written submission (SWS) did not explicitly address the accuracy and completeness of the information provided to students, comments suggested that information was not always clearly understood by students. The SWS recommended that the University adopt a 3-4 week deadline for feedback on assessed work and this should

be fully implemented throughout the University. However, the audit team found that the student handbooks provided via the audit trails did include consistent information confirming a 3-4 week turnaround for feedback and staff were also aware of the specified turnaround time (see paragraph 43). The team would encourage the University to continue its efforts to disseminate information about turnaround times and to monitor the implementation of and compliance with its Assessment and Feedback Policy.

139   The audit team found that 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.