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Introduction

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

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

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

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

Outcomes of the Institutional audit

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

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

Institutional approach to quality enhancement

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

Institutional arrangements for postgraduate research students

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

Published information

The audit team found that reliance 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 rigorous, strategic and detailed resource planning in support of curriculum development (paragraph 33)
- the effectiveness of the rapporteur system in providing an independent critique of the annual monitoring process (paragraphs 37 and 138)
- the progressive approach to enable disabled students to participate effectively in their education (paragraph 107)
- the key role played by the Link Tutor/International Programme Adviser in supporting and guiding partner organisations, their students and staff (paragraph 130)
- the way in which the University actively supports innovative and flexible delivery (paragraph 146)
- the University's proactive and enthusiastic support for collaborative partner students in allowing wide access to its learning and support resources (paragraph 148).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- the University should ensure that the executive-led review of institutional and faculty committee structures has clearly documented intended outcomes and timescales (paragraphs 28 and 29)
- the University should accelerate its processes for responding to the expectations of the Academic Infrastructure (paragraphs 52, 57, 58 and 137)
- the University should develop further its assessment policy to specify the requirements and expectations for timely and structured feedback to students on assessed work (paragraphs 103 and 150)
- the University should ensure that the deliberative oversight and operational management of collaborative provision at faculty and institutional levels is consistent and coherent (paragraph 151).

Recommendations for action that the team considers desirable:

- the University should work towards making external examiners' reports available to student representatives in accordance with *HEFCE 2006/45* (paragraphs 48 and 142)
- the University should develop a stronger role for students in the management of the quality of their learning opportunities at faculty level (paragraph 81)
- the University should ensure that collaborative agreements are signed before programme delivery commences (paragraph 137).

Section 1: Introduction and background

The institution and its mission

1 Staffordshire University (the University) was established out of the Staffordshire Polytechnic in September 1992 following the passage of the *Further and Higher Education Act (1992)*. The Polytechnic itself had been formed from the merger in 1970 of three colleges: the Staffordshire College of Technology in Stafford, the Stoke-on-Trent College of Art and the North Staffordshire College of Technology in Stoke-on-Trent. The original name at merger, the North Staffordshire Polytechnic, was changed to Staffordshire Polytechnic in 1988.

2 The University has two major campuses located at Stoke-on-Trent and Stafford and two satellite campuses at Shrewsbury and Telford. There are also University centres at Lichfield and Burton upon Trent with another due to open in Newcastle-under-Lyme in 2010.

3 Student numbers at the University have fallen slightly from 11,299 full-time equivalent (FTE) students in 2003-04 to 10,829 FTE students (16,402 enrolled students) in 2007-08. Approximately 60 per cent of the students are undergraduate and 40 per cent postgraduate. In 2008, approximately 38 per cent of students were attending part-time. The University had 168 research students in 2008, of which 58 were full-time, and 4,010 students enrolled on taught postgraduate programmes. Approximately 40 per cent of the students are under 21, and the balance between genders is now slightly in favour of female students.

4 However, a notable feature of the University is the significant number of students studying in the various partnership arrangements. At the time of the audit visit, approximately 13,000 students were studying at partner organisations, representing over 40 per cent of the total student body.

5 Since the last Institutional audit, the University's academic structure has changed from four faculties to four faculties and two schools. The four faculties are: Arts, Media and Design; Health; Computing, Engineering and Technology; and Sciences. The two schools are the Business School and the Law School.

6 The University is currently in the process of restructuring its committees and subcommittees through an Executive-led review. The process is only partially agreed and implemented, with many components of the review yet to be finalised. While the audit team has considered all evidence since the last Institutional audit, it has reported predominantly on the structures that prevailed for the majority of the intervening period, given the relatively small and incomplete evidence of the recent developments.

7 The audit team saw no obvious evidence of a mission statement, but the University does have a clear set of four principles to lead their strategic direction and development. They are: values; customer focus; flexibility; and business growth and diversification.

8 A major new development is currently taking place with the development of the University Quarter. This is a £282 million project involving the University with key education partners: Stoke-on-Trent College and The City of Stoke-on-Trent Sixth Form College, and is intended to provide integrated education where college students will use University facilities and be encouraged into further and higher education.

The information base for the audit

9 The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the audit 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 hard copies of all documents referenced in the Briefing Paper. In addition, the team had access to electronic resources provided by the institution.

10 The Students' Union produced a student written submission 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.

11 In addition, the audit team had access to:

- the report of the previous Institutional audit (April 2005)
- the Foundation Degree for Teaching Assistants audit (2005)
- the Collaborative provision audit report (December 2006)
- the Overseas provision audit report on the partnership with the University of Madras, India (June 2009)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies (for example, professional, statutory or regulatory bodies)
- the report on the mid-cycle follow up to the previous Institutional audit
- the institution's internal documents
- the notes of audit team meetings with staff and students.

Developments since the last audit

12 The 2005 Institutional audit resulted in two broad confidence judgements, identified eight areas of good practice and made four recommendations for action by the University. The latter were responded to and subsequently considered as part of the University's mid-cycle follow up.

13 In response to the recommendation that it would be advisable for the University to 'continue to rationalise its rules for award classification and the use of discretion by awards boards', a review was undertaken of the Undergraduate Modular Framework (UMF). The Quality Development Committee (QDC) received reports regarding the operation of discretionary elevation of classifications and the number of students being given discretionary third attempts at modules, which resulted in additional guidance being provided. The regulations continue to be monitored and updated on an annual basis by Academic Board.

14 The 2005 Institutional audit also advised that the University should 'make explicit the status in the periodic review process of the quality assurance procedures and of provision for postgraduate research students'. QDC concluded that reviews of the research student experience should be held on a faculty basis every five years rather than as part of the existing schedule of reviews. This was monitored by the Research Degrees Subcommittee (RDSC) in October 2009 through consideration of reports produced by the chairs of the Faculty Research Degree Committees (RDCs). A composite report was considered by the RDSC in December 2009 with relevant matters being brought to the attention of QDC and the Research and Enterprise Committee (REC).

15 The 2005 Institutional audit report also considered it desirable for the University to monitor the progress of postgraduate research students to ensure that it had an annual overview of the progression of all research students. A subsequent QAA Review of research degree programmes in 2006 noted that faculty/school RDC reports to RDSC contain a summary of progress judgements and concluded that the institutional arrangements for the review of progress were appropriate and satisfactory.

16 The final recommendation reported that it would be desirable for the University to 'review the institutional-level processing and analysis of external examiners' reports to enable QDC and Academic Board to gain a full understanding of the types of issue raised'. The University took immediate action to amend the external examiner's report template to specifically require them to list features of good practice, serious concerns and recommendations.

17 In the interim period, there has been an audit of the Foundation Degree for Teaching Assistants (2005), a Major Review of healthcare programmes (2005), a Review of research degree programmes (2006), a Collaborative provision audit (2006), and an audit of the MA Sustainable Development provision in India (2008-09), all of which had positive outcomes. The University provided evidence on its response to each of these reports.

18 The University has identified a number of core issues arising from its audits and other external engagements: the protracted process for annual monitoring; duplication between programme specifications and student handbooks; and the roles and compositions of committees. As a result, it is currently undertaking a comprehensive review of its quality processes. Stage one is focused on on-campus provision with a review of quality processes in partnership provision to follow.

19 The University is also undertaking an executive-led review of its academic committee structure, prompted by its review of quality processes, the perceived need for Executive-level leadership of quality and learning and teaching agendas, and the retirement of the chairs of two key committees. An overarching structure was agreed by Academic Board in September 2009, which is being implemented at institutional level from January 2010. Appropriate structures at faculty/school level are now in the process of being considered (see paragraph 28).

20 The audit team concluded that the University had taken appropriate and timely action to address the issues identified in its 2005 Institutional audit report and, with the exceptions discussed in paragraphs 132 and 140, for its other QAA engagements.

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

21 The University manages its academic standards and quality of learning opportunities through two strands of committees/boards: Academic Board and its associated committees, and the Executive Board and its associated groups. Academic Board is responsible for policy in relation to standards and quality and the University's academic award regulations. Operational issues had been delegated to three committees: QDC, the Learning and Teaching Enhancement Committee (LTEC) and REC, but these were replaced in January 2010. Central guidance and support regarding quality assurance and enhancement is provided by the Quality Improvement Service (QIS).

22 QDC developed and monitored the operation of the University's academic quality assurance policy on behalf of Academic Board. In so doing it was responsible for oversight of the processes of programme approval, monitoring and review. A quality assurance (QA) handbook details these and other policies and procedures for on-campus provision. A series of subcommittees of QDC undertook different aspects of its work. The oversight of collaborative provision has been divided between the International Collaboration Subcommittee (ICSC), the HE in FE subcommittee and the Staffordshire University Regional Federation (SURF) Quality Committee (SQC). The SQC was formally a subcommittee of the SURF Management Board, but its minutes were also received by QDC in order to respond to the issues identified. Non-SURF UK collaborative provision comes under the remit of the HE in FE subcommittee which only meets once per year and which appears to focus mainly on SURF activity. Separate QA handbooks set out the policies and procedures for overseas, SURF and UK non-SURF collaborative provision. The other subcommittees of QDC comprise the Flexible Learning Approvals Panel (FLAP), the External Examiner Approval Panel (EEAP) and the Academic Ethics Subcommittee (AESC).

23 LTEC contributed to the development of, and monitored, the University's Learning, Teaching and Assessment Strategy, while the REC had oversight of research, enterprise and scholarship.

24 The executive-led review of the University's committee structure has so far resulted in the creation of a Learning, Quality and Performance Committee (LQPC) which reports to Academic Board and replaces QDC and LTEC. This in turn has three new subcommittees: the Learning, Teaching and Assessment subcommittee (LTAS), the Quality subcommittee (QSC) and the Student Experience subcommittee (SESC), the terms of reference for which were approved by Academic Board in December 2009. The audit team saw evidence that Academic Board was effective in discussing and substantially revising initial proposals in order to ensure that the new committee structure will provide enhanced efficiency and the opportunity for a greater focus on the student experience.

25 However, it was less clear to the team how the subcommittees are ensuring that they are comprehensively meeting their briefs in accordance with their terms of reference and the areas of responsibility identified for them by Academic Board. For example, the terms of reference for QSC do not explicitly refer to its responsibility for collaborative provision. The first meeting of QSC confirmed that EEAP and FLAP would continue as its subcommittees and that ICSC would be re-named the International Collaborations Panel (ICP). However, no reference was made to the continuing role of the HE in FE subcommittee or the SQC. Similarly, the first meeting of LTAS did not consider the ongoing role of the Student Employability Sub-Group despite receiving minutes from that group that had recorded their expectation that their role would be reviewed.

26 The Executive Board, the senior management committee of the University, works in parallel with Academic Board and its associated committees. The Executive Board reviews academic matters from a business management perspective and focuses on areas such as business planning and performance. Its subgroup, the Business Delivery Group (BDG), and its associated Academic Delivery Group (ADG), deal with the operational matters related to the delivery of the University Plan. In particular, the BDG monitors faculty and academic plans and takes strategic decisions regarding potential new partnerships. The ADG is considered to be the senior group within the university responsible for academic leadership and, as such, it plays a key role in the development of the University's academic strategy and in resource allocation.

27 Each faculty/school has a management team which is responsible for its strategic and operational management. Until January 2010, faculty/school boards, which were not decision-making bodies, provided a forum for the canvassing of student and staff views on issues such as learning and teaching, quality and research. Each faculty/school board had a range of subcommittees with responsibility for learning and teaching and quality which reported to QDC. These were configured according to the requirements of individual faculties and schools in accordance with baseline terms of reference and composition. A Non-Faculty Quality Committee (NFQC) served the same function as these committees for courses which are based outside of faculties/schools, such as English language courses in the International Student Centre.

28 The executive-led review of the committee structure has resulted in the removal of faculty/school boards and faculties/schools have been tasked with confirming, for the approval of Academic Board, what has been put in place for the provision of 'staff fora and student engagement arrangements'. Faculties/schools are currently reviewing their committee structures following implementation of the new structures at institutional level. The audit team was told that this executive-led review was of a different format to the other projects, which had clear project plans in place. Although the team was told that, through discussions at Academic Board, there was an expectation that faculty committees would generally mirror those at institutional level, these expectations and the timescale for implementation had not been documented. Apart from representation of faculty/school representatives on the main University subcommittees and the requirement for QSC to receive Faculty Quality Committee Annual Reports, it had presently not been specified how the institutional and faculty level committees would interact.

Staff whom the team met were unable to fully and consistently explain how this would operate. No reference in the documentation or by staff was made to the ongoing role, if any, of the NFQC, which lies outside of the faculty/school structures.

29 The audit team concluded that the institution's framework for managing academic standards and the quality of learning opportunities which had been in place since the last audit, was fit for purpose and effective. The team also supported the rationale for the current review of quality processes and academic committee structures. However, it noted that it was too early to assess the effectiveness of the outcomes of these reviews, which were still in process. Given the scale and importance of these changes, the team considered it advisable that the University ensures that the executive-led review of institutional and faculty/school committee structures has clearly documented intended outcomes and timescales.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

30 Extensive quality assurance arrangements for a range of types of provision are documented in four quality assurance handbooks and a set of guidelines, published on the Quality Improvement Service (QIS) website. The University's procedures for the design, approval, monitoring and review of programmes are subject to change to enhance fitness for purpose while reducing complexity and duplication, and thereby cost. Revised quality assurance (QA) processes are being introduced following an executive-led quality process review that reported to Academic Board in June 2009.

31 The new QA handbook published in January 2010 describes revised arrangements for adding new awards to the portfolio, validation of modules or awards at faculty/school or at university level, academic review and revalidation of modules or awards, and annual monitoring. Flow charts promote the understanding of the revised procedures. Arrangements for off-campus provision will be reviewed in future.

32 The QA processes are owned by, and conducted on behalf of, the Academic Board through its subcommittees. QIS administers the arrangements, provides support and guidance, and reports to the Dean of Students/Academic Registrar. Each faculty/school currently, under the long standing arrangements, has a quality committee to oversee its operation of QA arrangements, which is managed by a Director of Learning and Teaching.

33 Arrangements for programme approval start with a thorough planning process whereby an initial idea for a new award is specified on a planning form to test its feasibility among the faculty/school Senior Management Team (SMT) and Academic Delivery Group (ADG). The design and rationale for the new award, plus evidence of market demand and potential for student employability, is presented on a second planning form, considered by the faculty SMT and the Business Delivery Group (BDG) to secure approval and resolve any issues with other faculties. A third planning form signed off by the Dean, listing all approved proposals, becomes the schedule of validation activity from a faculty/school at the start of each academic year. It is distributed to notify the Academic Development Manager, QIS and the Quality subcommittee (QSC) and triggers entry of a planned award on the student records system, TheSIS. The audit team noted the transparency and thoroughness of the academic planning process and the way that it enables institution-wide consultation in relation to new programme proposals and can enable provision of suitable resources. The team considered this approach to be a feature of good practice.

34 The validation process enables thorough testing of a proposed module or award in relation to academic standards and the quality of student learning opportunities. Risk assessment determines whether a University or faculty/school-level validation is used and is agreed with QIS, who secure any required professional body approval. A University validation applies to new awards consisting of new modules and collaborative provision. University validation is preceded by faculty approval of any new modules.

35 Validation consists of a peer review process conducted by a panel that has an independent chair and external members selected by the QIS, plus members of University staff drawn from outside the home faculty/school. Documentation includes a programme specification, a student handbook, module descriptors with sample module handbooks, a disability course profile, and a validation support document that details the rationale for the programme and the learning resource requirements. A QIS officer manages the validation process and the report is confirmed by panel members. Key recommendations from each validation are submitted to QSC for approval on behalf of Academic Board. The chair of a validation panel is responsible for confirming whether any conditions have been met, using finalised documentation that is submitted to QIS within a designated period of time.

36 Monitoring of programmes is conducted annually, the responsibility of each faculty/school, and managed by the Directors of Learning and Teaching. Annual monitoring reports are produced by staff with leadership responsibilities at module and award levels. Module monitoring forms the basis of annual monitoring reports (AMRs) that are then assembled for each award, programme area, or course by programme area managers, award leaders or course leaders. Module reports evaluate student performance and feedback and provide action plans. The AMRs present an overview of the module reports, an evaluation of the reports of external examiners, student progression and achievement statistics from TheSIS, student feedback, and any requirements following review or validation by external agencies, such as professional, statutory and regulatory bodies (PSRBs). It reviews the operation of the award, comments on attainment of the action plan of the previous year and provides an action plan relating to matters emerging from the evaluation. AMRs can be written to reflect the requirements of PSRBs by agreement with QIS.

37 Each faculty/school undertakes a constructive and critical evaluation of all AMRs with up to three independent rapporteurs appointed by the chair of QSC. Their role is to critique the annual monitoring process for a designated group of awards, reporting on completeness of the process, completion of action from the previous year, and whether external examiners' reports had been received and received a response. They also highlight good practice, any common issues of concern and items for the faculty/school action plan. Completed reports are approved by the Dean or Director for Learning and Teaching. The audit team considered the rapporteur system to be a feature of good practice, noting it was particularly effective in providing an independent critique of the annual monitoring process.

38 QSC considers all faculty/school action plans, referring items for University attention to the BDG, and reviewing progress as a standing item at each meeting. Some faculty action plans specified large numbers of action points. Despite monitoring by QSC, Directors of Learning and Teaching and faculty staff, the audit team noted that slow progress in the resolution of action had been discussed at Academic Board and some items appeared in action plans over successive years. Senior staff confirmed that action plans operate on a rolling programme without a specified end date and that actions referred to the BDG may not be resolved immediately, especially when they contain resource implications. The team considered that there was scope for improvement in the approach to action planning during annual monitoring.

39 Award or subject review is used on a five yearly cycle for critical review of taught provision and evaluation of its quality management by a faculty/school. At the start of each academic year a schedule of such reviews is approved by QSC. Individual reviews are coordinated by QIS officers in consultation with faculty staff. The method is peer review by a panel with an independent chair, one or more external members selected by QIS, plus members of University staff from outside the home faculty/school. Panels consider self-evaluation documents, written according to a standard template, plus reports from external examiners, a series of AMRs and student handbooks. They meet academic staff, representative students, support staff and, where applicable, employers and placement providers. Reports are signed off for factual accuracy by faculty coordinators and approved at QSC. A response from the faculty/school is required for approval by QSC within six or exceptionally 12 months.

40 The University uses briefing papers to advise participants about their role and the context for a validation or academic review. Support and guidance provided by QIS officers is welcomed by staff. However, given the extent of change that is occurring, the audit team concluded that provision of training sessions for participants might promote clarity and understanding.

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

External examiners

42 The roles and responsibilities of external examiners are specified in both the QA handbook and the Academic Award Regulations, which are available on the University website. The extent of an external examiner's authority in respect of assessment boards and award boards is also specified alongside the arrangements to be followed by teams of external examiners.

43 External examiners are assigned to a set of modules and to designated awards. The University involves its external examiners in prior approval of examination papers and assignments for significant pieces of course work; in the moderation of marks; in ensuring comparability of standards and parity of treatment for students at assessment boards; and in ensuring consistent and objective application of the University regulations to all candidates at award boards. The University uses a two-tier system of assessment and award boards and in some, but not all, subjects there are chief external examiners, whose role is to provide oversight across an award and to represent the views of a team of external examiners at the award board.

44 Clear and comprehensive procedures for nomination and appointment of external examiners are published in the QA handbook. Nominations endorsed by a faculty/school quality committee are considered by the University External Examiner Approvals Panel. Appointments are ratified by QSC and reported to Academic Board. Arrangements for extensions and terminations of examiners' contracts follow a similar process. Appointment criteria are used to determine whether individual nominees possess the required competence and to avoid conflicts of interest.

45 The faculties/schools are responsible for the detailed briefing of new external examiners about University regulations and expectations, and responsibilities for on and off campus provision. Consistency across faculties is enabled through use of a standard programme of activities whose content is specified in the QA handbook.

46 The University provides information indicating the required form and coverage of external examiners' reports. All external examiners are asked to formally endorse the outcomes of assessment boards. Examiners are asked to provide an annual report using a template supplied by the University, recording any specific comments. The report template contains generic headings and guidelines that invite external examiners to comment on matters, including standards and the quality of learning opportunities. Completed reports seen by the audit team did not always conform to the guidelines. In particular, external examiners did not necessarily comment on the setting, attainment and comparability of academic standards, as required by the *Code of practice, Section 4: External examining*, precept 1. The team considers that the existing template does not fully secure the information required and that incorporation of direct questions on standards into the report template would strengthen the process.

47 External examiners are asked to send reports to the Dean of Students and Academic Registrar. Reports are read by QIS staff and forwarded to subject staff with an accompanying coversheet indicating any required action. AMRs are used to provide an analysis of the comments from external examiners and identify required action. Extracts, rather than the complete report, are included in the AMR and shared with student representatives at meetings. A database of the external examiners' comments and the action taken in a given cycle is maintained by QIS and used to provide an annual digest to QSC. This digest provides an overview and summary of issues and may be seen by student representatives at QSC and Academic Board.

48 The University has a policy to share external examiner reports through the annual monitoring process. However, the audit team observed, and University students and staff confirmed, that full external examiner reports are not always shared as a matter of course with student representatives, as required by HEFCE information requirements. Senior staff confirmed awareness of the requirement and were able to identify the policy which stipulated the method by which the reports should be shared. The team found evidence that the policy had not been fully implemented and concluded it would be desirable for the University to make anonymised external examiner reports available to students in accordance with *HEFCE 2006/45*.

49 The University responds to its external examiners in two ways. All reports are acknowledged by a letter and this may be followed at a later date by a copy of the AMR containing responses to matters raised by the external examiner. A second letter is only sent to external examiners when a report calls for urgent action.

50 The University claims that its practice in relation to external examining is effective and consistent with the expectations of the *Code of practice*. The audit team concluded that this was not the case and that overall effectiveness is limited as the report pro forma does not readily secure information about standards as specified within the *Code of practice, Section 4*.

51 The audit team concluded that the University makes strong and scrupulous use of independent external examiners.

Academic Infrastructure and other external reference points

52 The University award regulations, the QA handbook and the template for programme specifications all reference *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ) (2001)*. The University had not yet considered the updated version of the FHEQ (2008) at QDC/QSC or Academic Board. As a consequence, the level descriptors in the regulations, QA handbook and all programme specifications were all using old nomenclature. Senior staff indicated that the University was aware of the FHEQ (2008) and had chosen to defer integrating it into its regulations, quality assurance processes and programme specifications pending availability of capacity in IT systems development.

53 Subject benchmark statements and qualification benchmark statements are among the criteria used for validation and review and copies of relevant statements are issued to members of approval panels.

54 The University has programme specifications for all awards as a product of the validation and review processes, but does not publish programme specifications. Teaching staff confirmed that, following revision for 2009, the template for programme specifications was more succinct, clearer and user-friendly. Programme specifications are not routinely issued to students, but may be in student handbooks or provided as a handout. The students that the audit team met were unaware of them, while senior staff advised of a future intention to publish a further revised version of programme specifications on the website, as an adjunct to course information marketing leaflets. The programme specifications seen by the team were lengthy and contained substantial detailed information about the design and organisation of the curricula and the relationship with assessment and the academic timetable. This constitutes useful information for students in preparation for the sharing of programme specifications with the student body.

55 The University takes account of the requirements of professional, statutory and regulatory bodies (PSRBs) by adapting its own quality assurance procedures. Reports from PSRBs are considered by faculty/school quality committees and reported to QSC and Academic Board. The audit team concluded that arrangements for working with PSRBs were effective.

56 The University has used the European Standards and Guidelines to benchmark an innovative two-year fast-track programme in the Law School in order to promote mobility of graduates within Europe.

57 The *Code of practice* is used as a reference point for the development of University policies and procedures relating to academic standards. This is managed by the Dean of Students and Academic Registrar. The ways in which the *Code of practice* is used to inform University policies were not well understood among the academic and support staff who met the audit team. Senior staff confirmed that the University had been slow in its consideration of revised sections of the *Code of practice*.

58 The audit team concluded that the University did not always make effective, timely and full use of the Academic Infrastructure. The team advises the University to accelerate its processes for responding to the expectations of the Academic Infrastructure.

Assessment policies and regulations

59 A University Assessment Policy based on the *Code of practice, Section 6: Assessment of students* describes the purpose and principles of assessment, regulatory requirements, a policy for second-marking and moderation, and a set of generic principles for good assessment and feedback. The policy makes clear the University expectations for the volume of modular assessment according to credit rating; anonymous marking of examinations and summative written coursework; the notification of assessment tasks; and provision of timely formative feedback against published performance criteria. Despite the existence of this policy the student body remained concerned about assessment scheduling and feedback.

60 All modules are attached to a subject area. Summative assessments are considered and module results are confirmed by a subject area assessment board chaired by a programme area leader. A second stage award board considers student profiles and is chaired by the dean of faculty/school or nominee. Guidance for chairs of boards is published annually. A member of the Student Office may attend meetings or be accessible by telephone to provide expert advice where required.

61 Oversight of the assessment and award boards is the executive responsibility of the Dean of Students and Academic Registrar, reporting to Academic Board. Academic Board maintains oversight of the regulations, which are reviewed and updated annually. The award regulations are published via the website and guidance material provided for students and external examiners contains the relevant hyperlinks. Students whom the audit team met were aware of some regulations for their programmes, but the system used for degree classification is not well understood by members of the student body.

62 The regulations relating to student progression and qualification for an award make provision for consistent treatment of students across disciplinary boundaries. The University is responsive to the requirements of PSRBs by flexibly adapting its quality assurance arrangements to enable assurance according to PSRB frameworks and ensuring through annual monitoring that any recommended action has received a timely response.

Management information - statistics

63 The University holds student statistics in a management records system called TheSIS, which can be interrogated by skilled users using a reporting tool. Standard reports are generated for use at assessment and award boards and in annual monitoring. However, the audit team heard that the system is not user-friendly and this inhibits usage by academic staff. The team received contradictory information about whether the choice of datasets for inclusion in AMRs was at local discretion or necessitated centrally produced standard reports.

64 A number of performance indicators identified within the strategic plan of the University invite use of statistical reporting to inform the management of academic standards. The audit team heard that a variety of reports on recruitment, enrolment and retention are generated for use at Executive monthly meetings, but was not shown evidence of the full range of such reports. Student withdrawal rates are subject to monthly monitoring to inform strategies for retention of students. The evidence of periodic, robust benchmarking of data against other institutions was not apparent.

65 The audit team concluded that the University makes limited use of statistical management information and that further development will be necessary before statistical reporting can fully inform the management of academic standards.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

66 As each part of the *Code of Practice*, published by QAA, has been released or revised, the Quality Improvement Service (QIS) has mapped the University's procedures against the precepts of the *Code of practice*. The mapping is forwarded to Quality Development Committee (QDC) for consideration and approval. Although in some cases the mapping makes statements which are a little terse or general, such as 'faculties and schools have procedures in place', it serves a useful function in ensuring that the precepts of the *Code of practice* are embedded in the policy and procedures of the University and are able to contribute to the quality of the learning opportunities.

67 The Careers Service is accredited by MATRIX, the quality standard for information, advice and guidance services, and the University also has Investors in People status.

68 Notwithstanding concerns over the speed at which changes to the Academic Infrastructure is being fully adopted by the University (paragraphs 52, 57 and 58), the audit team concluded that it was making effective use of external reference points to improve the quality of the students' learning experience.

Approval, monitoring and review of programmes

69 The University's procedures for programme approval, monitoring and review are described in Section 2 of this annex. Of particular relevance to the quality of student learning opportunities is the thorough consideration in the planning process of the resources required for new awards. There are also specific requirements for the validation of e-learning and distance/distributed learning programmes to ensure that there is the capacity to deliver suitable quality materials in a realistic timescale.

70 The input of subject and practitioner external experts on validation, re-validation and review panels is important in assuring the quality of the learning experience. In particular, they are asked to consider the design and content of the curriculum, the appropriateness of the approach to learning, teaching and assessment and the arrangements for student support and guidance. These are also areas which receive close attention as part of the annual monitoring process. In addition, external examiners are also expected to make any recommendations for improvements in teaching and assessment processes as part of their duties.

71 The audit team concluded, from viewing a range of validation, annual monitoring and periodic review documentation, that these processes were effective tools in helping to assure the quality of the learning opportunities.

Management information - feedback from students

72 Within its quality assurance (QA) handbook the University provides the faculties/schools with guidelines and examples of good practice in the evaluation of student opinion. This includes the use of module questionnaires, student-staff liaison committees (SSLCs) and focus groups. Feedback gathered from students at the end of each of their modules is collated and acted upon by the module leader. The audit team saw examples where these were then considered as an important source of information within annual monitoring reports, although the University acknowledged that this process was more advanced in some faculties/schools than others. It was also apparent that students did not have a strong awareness of the actions arising from this activity.

73 Student representatives from each course/award level are members of the school/faculty's SSLC or equivalent, with some variation between faculties/schools on how these operate. For example, in the Faculty of Computing, Engineering and Technology the function of the SSLC has been incorporated in the Award Scheme Management Meeting. The Students' Union has played a central role in training and supporting student academic representatives (StARs) with a member of staff recently funded by the University for this purpose. Although students in collaborative partnerships are also represented, there was more variability in how this occurred, with examples of their inclusion in programme and course committees and, in one case, a Student Council attended by the Head of Institution. Evidence from the student written submission (SWS) and students met by the audit team suggested that, although there were approximately 400 StARS across the University, there was variability in student awareness of who their representatives were.

74 With the support of the SU the University encourages students to participate in the National Student Survey (NSS) and its own Student Viewfinder Survey (SVS). The Student Retention Strategy Group (SRSG) monitors this process on a regular basis. The results of the NSS are previewed by the Academic Development Team (ADT) and reported annually to the Executive Board and the Board of Governors, where the results are benchmarked against those of comparable institutions. In its briefing paper, the University noted that the results of student surveys could be used more systematically throughout the University. The directors of learning and teaching produce annual action plans for their faculties/schools in response to the NSS data. These vary considerably in format and an opportunity exists for the identification of best practice before the next cycle of reports are produced. A summary of good practice identified through NSS was also produced by the Dean of Students and Academic Registrar and circulated to faculties/schools for their consideration. The NSS had not been promoted to students at the non-SURF (Staffordshire University Regional Federation) UK partner colleges visited by the audit team.

75 The University's own SVS has been run successfully for eight years prior to the 2009 academic year, with the most recent action plans produced by the faculties/schools being published on the University's website. The University central services, for example the Careers and Employability Service and the Counselling Service, also respond to issues identified in the SVS, through their annual action plans. In the 2008-09 academic year this survey was outsourced, but this resulted in a poor completion rate and a limited response to the outcomes at faculty/school and university level. The University has therefore decided to revert to the in-house SVS for 2010.

76 The audit team noted some variability across the University in the processes by which the University gathers and responds to student feedback and the extent to which students are aware of the actions taken on their behalf. However, the team was satisfied that the University was taking its responsibilities in this area seriously and that the processes for gathering and responding to feedback were generally effective. They also noted a number of initiatives which had been launched to address the issues that the University has identified, not least the establishment of the Student Experience subcommittee, which is intended to take a lead in relation to the systematic use of student surveys.

Role of students in quality assurance

77 The University regards student representation on its key committees to be an important aspect of its quality management, with Academic Board receiving a written report from students as a significant and early part of the agenda.

78 With the recent introduction of a new committee structure the audit team found that arrangements have been made for student representation on Academic Board and all of the new central committees, and panels or working groups reporting to the new committees where relevant.

79 The Student Experience subcommittee (SESC) has been introduced to address concerns that the student voice was not being heard effectively. This new committee will consider retention, student feedback, admissions and disability. A mature student support network has also recently been established.

80 Student representatives have previously been members of school or faculty boards. Under the current review of committee structures, faculty or school boards will no longer exist with business being absorbed into the school or faculty Senior Management Teams which does not have student representation. At the time of the audit, students were represented on some school or faculty quality committees.

81 The University seemed unclear about the role students would play in quality assurance at a faculty/school level, although in some faculties/schools it is proposed that students might sit on a SESC. Academic Board is required to approve how faculties will engage with students, although there is no specific requirement to involve them in the management of the quality of their learning opportunities at faculty/school level. The audit team recommends as desirable that the University should prioritise its current attempts to establish a stronger role of students.

82 Student academic representatives represent student opinion at award management boards, course committees or SSLC meetings. The audit team could find little evidence that representation at programme or course level is consistent across the University. The students met by the team commented on the significant variability in the structures and effectiveness of the representation and the team noted a number of committees with different names, membership and remit at the course level.

83 The University has begun to invite students to take part in academic reviews and the audit team noted that student representatives were participating and contributing to all areas as appropriate.

Links between research or scholarly activity and learning opportunities

84 The University has a strategic plan to link the development of teaching to the research interests of staff. In its Strategic Plan 2007-12, the University encourages all academic staff to produce one piece of advanced scholarship by 2010. This strategy recognised that research in the context of the University embraces traditional research yet avoids a narrow dependence on conventional categories. Students whom the audit team met confirmed that staff professional practice, and in some areas research, had informed their course and gave it currency.

85 The University seeks to discharge its commitment to research-informed teaching through a number of activities. At programme validation the University expects to see evidence of how research and staff development will contribute to the teaching and learning opportunities. The audit team did not see evidence of the contribution of research-informed teaching during the annual monitoring process, although the team met with teaching staff who made it clear that advanced scholarship was an essential part of the appraisal process and that appropriate time existed in their contract to deliver this agenda. The University has a commitment to embedding applied research as a core feature of its approach to research, enterprise and scholarship.

Other modes of study

86 The University runs a significant number of courses through Online Distance Learning (ODL) via the virtual learning environment (VLE) and a number of courses offer some distance learning, in particular, work-based learning (WBL) is delivered using a blended learning approach. In addition, there is an aspiration within the faculties that all modules have a presence on the VLE and that the courses which currently embrace the VLE extend its use to include communication, assessment and support.

87 In 2007, aligned with its mission, the University approved the Technology Supported Learning (TSL) strategy. This strategy supports the executive business plan and the faculty plans and addresses the risks of not achieving the specified goals. The University's staff development programme offers modules on the design and use of e-learning. The modules are offered on a stand-alone basis or as part of the Postgraduate Certificate in Higher and Professional Education (PGCHPE). The PGCHPE is compulsory for all new teaching staff with less than three years' experience. Students met by the audit team confirmed the provision of VLE material was useful in their learning.

88 The University recognises the unique nature of ODL and has developed guidance for the validation and design of courses which are delivered through ODL. Programmes or modules involving ODL must have a representative of Learning Development and Innovation (LDI) at the validation event to confirm there is sufficient resource to ensure that students are well supported in the delivery of ODL provision. The audit team confirm that the University's guidance on the use of ODL is being implemented. The team also saw evidence that good support is offered to SURF partners who offer ODL through the VLE.

89 Students on WBL told the audit team that they felt that their placements supported their learning and that they were well supported by regular communication with their on-campus tutors throughout the placements.

Resources for learning

90 The University seeks to become a 24 hours a day, seven days a week (24/7) institution with students having access to resources 24/7. The University provides resources for learning through the central Information Services department. Libraries, along with reprographic facilities, are available at the Stoke-on-Trent and Stafford campuses 24/7, with two subject-specific libraries available at Stoke-on-Trent (Law) and Shrewsbury (Nursing), which provide opening hours designed to meet student needs.

91 Open access IT facilities are available on all campuses and are available 24/7 on the Stafford and Stoke-on-Trent campuses. The Associate Director for Learning, Technology and Information Services is a member of both the Learning and Teaching Enhancement Committee (LTEC) and QDC. Overall information strategic priorities are discussed by the Knowledge Management Board which reports to the Information Strategy Group (ISG).

92 Student resource needs are identified through a number of mechanisms the institutional committee structures; school boards have representative subject librarians; consultation with the Students' Union; focus groups; and blogs and social networking inputs. Service standards are checked through occasional 'mystery shopper' visits in conjunction with the City Library Service. The University Information Service has created two flexible learning spaces for group or individual study, equipped with a range of technology to support learning needs at the Stafford and Stoke-on-Trent campuses.

93 The audit team met with students on specific courses, such as film, who were all positive about additional resources needed for specific courses. In addition, the team noted the enthusiastic appreciation that this provision was continued during the summer months when the two-year degree in Law is taught.

94 The University is improving the quality of its physical estate through the development of a new University Quarter, offering new, purpose-built facilities for learning in the future.

Admissions policy

95 The University's admissions policy reflects its aim to provide access to higher education to students who have the ability to benefit. To discharge this commitment the University has developed an admissions framework to support this aim.

96 Students apply to the University Central Admissions Service (UCAS), with final decisions on offers being the responsibility of the individual admissions tutors within faculties. Admission is on an individual basis and the University accepts both academic and vocational qualifications as laid out in the admissions policy, although the admissions policy does recognise that in some circumstances it may admit people who do not possess formal qualifications or who do not meet the minimum criteria. In these cases there is a 'special admissions' process which must be followed to take into account 'a holistic assessment of the applicant's skills, aptitude and abilities'.

97 The University has developed nine collaborations with local colleges through its SURF partnership, which enable students to undertake a number of progression routes into the University.

98 The University states that it 'embraces widening participation by providing opportunities (locally, nationally and internationally) to those that would not normally consider higher education'. When meeting the students from the local SURF partners, the audit team heard that the transition from SURF colleges to the University is well managed.

Student support

99 The University provides student support in a number of ways. The central University provides a Student Office which takes the lead in providing central support services which are located in a number of locations across campuses. The University has a personal tutoring policy which provides minimum standards for all students. Students in their first undergraduate year are provided with an individual or group session within the induction period and then all students are entitled to one group or individual session each semester thereafter.

100 The University has established a personal tutoring site on the intranet which provides useful information and has a procedure requiring all newly appointed staff to be briefed on the personal tutoring policy during their induction. In addition, the University has developed a student section of the personal tutoring site which provides clear guidance on what students can expect from their personal tutor and what to do if the relationship goes wrong.

101 The audit team found evidence in student handbooks that information on personal tutors was provided and students met by the team were very complimentary about the pastoral support they received.

102 The University has a requirement for personal development planning (PDP) to be incorporated into the curriculum in the first year and opportunities for PDP should exist in each year of a student's programme. Personal tutors are encouraged to assist students throughout their programme, and students who met the audit team confirmed that this was the case, although they felt that more could be done to support their PDP throughout their programmes.

103 The audit team met with a number of students and saw evidence that the SVS and NSS had raised student dissatisfaction with the timeliness of feedback on assessed work. When the team met with students they were vociferous in noting that feedback did not aid their ongoing development as it was often returned too late to inform their next piece of work. The team noted that the University has an ongoing programme of workshops to develop a consistent assessment feedback policy. The team encourages the University to accelerate its ongoing work on an institution-wide consistent approach to assessment feedback. The quality, usefulness and timeliness of feedback was described by students as variable, sometimes inadequate and a cause for concern. Teaching staff who met the audit team stated that there was no formal university-wide system for ensuring a standard approach to the volume of modular assessments or for scheduling of assignments. Senior staff also confirmed their awareness of the concerns, which had been raised at an earlier audit but had not yet been resolved. The team concluded that there was no clear system at university level for management of assessment practice, including feedback to students, and noted a lack of urgency to address the concerns expressed by students. The team advises that the University addresses these concerns and develops further its assessment policy to specify the requirements and expectations for timely and structured feedback to students on assessed work.

104 Pastoral support is provided through the Student Office which is led by the Dean of Students and Academic Registrar. The Student Office provides careers advice, a multi-faith chaplaincy, nursery facilities, a service for disabled students, the counselling service, student information centres, a student guidance service, and student health services.

105 The University has recently developed a One Stop Shop (OSS) in collaboration with the SU at the Stafford campus, which co-locates all student services. At the Stoke-on-Trent campus there are plans to introduce an OSS as part of the new University Quarter. The audit team heard that individual services offered support at satellite campuses on specific days or by special arrangement with individual students. Locating the support services at the Stoke-on-Trent and Stafford campuses did not appear to put students at other satellite sites at a disadvantage.

106 The Student Office website provides comprehensive information on each of the individual services, including modern support tools such as relaxation audio files and signposting to external sources of support. Students who met with the audit team had not used the support services extensively, although they knew how and where to access them if they were needed.

107 The University is committed to the social model of disability and is active in engaging disabled students and staff in the business of the institution. As part of the Higher Education Academy (HEA) project 'Furthering the Involvement of Disabled Students in Higher Education' the University has engaged with a wide range of disabled students across the faculties and disability spectrum, taking systematic steps to engage disabled students in University, faculty and school planning. The audit team saw robust engagement with disabled students and noted the progressive approach to enabling and supporting disabled students and considered this to be a feature of good practice.

108 In 2009, the University commissioned DisabledGo, a nationally recognised disabled persons' organisation, to audit their campuses, allowing disabled people to determine for themselves whether the campuses were accessible. The comprehensive and detailed audit report allows students and staff to make their own decisions about whether a campus or building is accessible before they arrive.

109 The University works with faculties and the SU through the Welcome to University Group to provide Welcome Week activities for new students in the September, January and March intake. Welcome Week is the University's induction to student services offered by the Student Office, the social and cultural services offered by the SU, and to the faculty provision.

110 In addition to the Welcome Week activities, the University runs a programme called Step Ahead for students who fulfilled any of the defined widening participation criteria. The aim of the programme is to assist those with either no or limited family experience of higher education to integrate into university life quickly. Student evaluations of the programme rated it as good or very good and comments from students seen by the audit team demonstrate that the programme was effective in helping students feel supported in the transition to higher education.

111 The SWS stated that there was concern about some international students' standard of English and that a significant number of academic advice consultations were focused on English language. The University has a minimum International English Language Testing System (IELTS) score of 6 for admission to the University. Individual faculties/schools are able to stipulate higher IELTS requirement in conjunction with the central admissions team. In addition, the University provides English language courses for international students who have had difficulties with understanding oral and written English. International students are given information about English language support during the induction process. It was clear to the audit team that the University was aware of the issue and in addition to the examination of English language before admission the University, provided English language courses for international students who were identified during their studies as having difficulties with understanding oral and written English. International students are given information about English language support during the induction

process. The team met with international students who recognised that some students have struggled with the English language and was reassured that the University provides sufficient support to those students.

Staff support (including staff development)

112 Personnel Services have primary responsibility for staff development, and comprises four teams. The Personnel Management Team is responsible for providing specialist personnel and human resource management advisory services. The Centre for Professional Development promotes and supports individual and organisational learning to achieve the University's strategic aims. The other two teams offer administrative and technical support to these functions.

113 The University has also developed a Professional Development Policy supported by the Leadership and Management Development Strategy 2009-10 and the Professional Development Plan 2009-10. Staff who had attended courses run as part of these strategies told the audit team that they supported their professional development.

Section 4: Institutional approach to quality enhancement

Management information - quality enhancement

114 The University has made a deliberate decision not to develop a separate enhancement strategy. Enhancement is embedded through refinement, to ensure fitness for purpose, through the Learning, Teaching and Assessment (LTA) Strategy and other routes to improve student learning opportunities. The Learning and Teaching Enhancement Committee (LTEC) states that it specifically prefers to identify and collate examples of embedded enhancement initiatives across the University. The University also highlighted in its briefing paper that a key feature of its approach to enhancement is based on priorities being determined at faculty and departmental levels. In addition, the University has undertaken a wide range of initiatives to enhance quality, which the audit team considered to be a satisfactory approach, producing effective outcomes.

115 In the new committee structure, four new committees will be charged with the enhancement role, but sufficient evidence is not yet available for the audit team to form a view on the effectiveness of this new structure.

116 The evidence of the embedment of enhancement is found in the University's agenda to provide a learning and teaching experience continuously enhanced and research and practice informed. This is demonstrated through the LTA Strategy, Professional Development Plan, staff development accredited modules and workshops, Postgraduate Certificate in Higher and Professional Education (PGCHPE), Learning and Teaching Fellowship and Professorial Appointments. In addition to this is the University Plan 2010-12, Investing in Staff Programme, the revised Learning and Teaching Enhancement Plan by 2012, Information Literacy-Community Programme, the University's Advanced Scholarship requirement, the Learning and Teaching Enhancement Disability Subgroup, the University's annual enhancement themes, and Embedding Advanced Scholarship.

117 The University's annual enhancement theme programme has included such study areas as internationalisation and enterprise/entrepreneurship, and LTEC requires enhancement themes to have clearly articulated aims and objectives. However, several academic areas found difficulties in implementation, including the Business School who, in making reference to the enhancement themes, reported that staff found it was confusing and that further guidelines from the University would have been useful.

118 The previous LTA Strategy for the period 2006-09 covered a wide range of enhancement projects, some of which need further resolution and remain ongoing, but they do substantively contribute to the embedded enhancement of learning, teaching and assessment in the University. The six projects included Curriculum, Innovation and Development and this was evidenced in the

University's active support for innovative and flexible delivery. Evidence on how student learning is supported is found in the student/module handbooks. In the third project area, Enhancing and Developing Teaching, the University offers a series of workshops or bespoke sessions to faculties/schools to assist in the enhancement of teaching. Research-informed teaching (RiT) is active and evidenced. The Partnership Working and Civic Engagement directive is found in the Staffordshire University Regional Federation (SURF) provision and its approaches to the delivery of higher education in the region. The Learning Infrastructure project is to maintain and enhance the University's physical environment and infrastructure. These LTA activities are reviewed through formal papers or projects and monitored by the Business Delivery Group (BDG).

Good practice

119 Good practice is routinely discussed at University and faculty/school-level committees. This arises from external examiners' reports and comments, periodic reviews, programme papers on good practice and student feedback. The University regularly hosts meetings of the British Educational Studies Association and the Forum for Access and Continuing Education. It also makes use of such social networking sites as the Staffordshire University Information Literacy Community, the site for Staffordshire University staff to share innovations in education, and unConferences, which is a forum for staff to raise issues, disseminate good practice and explore creativity in learning and teaching.

120 The University's approach to RiT was evidenced in the Higher Education Statistics Agency return, which indicated that two-thirds of academic staff are classified as teaching and research active, which is a directive for the engagement of academic staff in advanced scholarship. A number of RiT initiatives included half-day conferences, a journal benchmarking project and web page, and a number of events are planned for the 2010 period.

121 Recent activities undertaken with the Higher Education Academy (HEA) demonstrate a close working relationship at both the discipline and institutional level. The Open Education Resources programme 'Open Staffs' received HEA's commendation and the work undertaken by the University in contributing to HEA's special interest group and advisory boards was noted.

Staff development and reward

122 The University's 'Development Matters - Your Guide to Professional Development' for 2009-10 covers four themes: Teaching and Learning Development, Management Development, Business Development and Leadership Development, and is available to staff for their personal development. The course components found under Teaching and Learning Development include the latest facilitation/methods, assessment techniques and alternative approaches to student feedback, all of which develop the University's embedded enhancement process.

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

Section 5: Collaborative arrangements

124 The University Plan 2007-12 and its supporting strategy for partnerships include the objective to grow and sustain alliances, networks and partnerships. This is monitored by the Business Development Group (BDG), which is responsible for approving new partners and having oversight of collaborative provision. Collaborative partnerships have evolved into three types, categorised as international (predominantly focused on Asia); the Staffordshire University Regional Federation of further education (FE)/Sixth form colleges (SURF); and UK non-SURF (other FE colleges, public and private organisations with a wider national geographical distribution). The nature of each arrangement depends upon the relationship with the partner, classified into franchise, outreach, joint and dual awards, commercial contracts, and articulation.

125 In addition, there is a further classification of 'quality assurance' arrangements, which do not cover provision leading to a University award or credit. Partners deliver taught programmes leading to the University's awards from level 3 to level 8 (professional doctorate) of the *Higher education credit framework for England*, the majority being validated Foundation Degrees and honours degrees offered through franchised arrangements. At the time of the audit visit, approximately 13,000 students were studying at partner organisations, representing over 40 per cent of the total student body. All collaborative arrangements are linked to a sponsoring faculty, with the exception of foundation-level programmes, which are managed by the Partnerships Team. Every faculty/school engages in some collaborative activity, but the great majority is concentrated in the Faculty of Computing, Engineering and Technology and the Business School.

126 The University acknowledges its responsibility for the academic standard of awards granted in its name, which are delivered and managed in accordance with its regulations, policies and procedures, known as 'validated provision'. Central support for collaborative provision is primarily the responsibility of the Quality Improvement Service (QIS) and the Partnerships team within Sales and Student Recruitment, which work closely together. QIS supplements the main quality assurance (QA) handbook with three additional publications covering SURF, International Collaboration, and UK non-SURF arrangements. The audit team found that the handbooks provide clear and comprehensive guidance for both University and partner staff. Operationally there is little distinction between the roles of partners or extent of delegation of quality management between the three categories, although the details of management and deliberative oversight, procedures and terminology vary considerably.

127 From October 2009, the central operations associated with all partnership categories have been brought together under a single Director of Partnerships 'to enhance consistency of practice and quality management across all provision'. In response to a recommendation in the 2006 collaborative audit report, annual strategic review meetings are being introduced between the University and each collaborative partner organisation at senior staff level, chaired by the Director of Partnerships.

128 The key role supporting and monitoring each arrangement is the Link Tutor for each UK partnership, and the International Programme Adviser (IPA) for each overseas partnership. There is normally a separate Link Tutor/IPA for each faculty with which a partner has an arrangement. The role is usually undertaken by experienced faculty academic staff appointed to act as a critical friend to ensure compliance with regulations and procedures, direct communication, provide information and advice, and offer specialist academic expertise in the relevant subject area.

129 Given their critical role and similar responsibilities, the audit team found significant differences between the two posts. A dedicated handbook defines the duties and responsibilities of the Link Tutor, and states that it is a faculty appointment. It does not specify requirements for the term of appointment, frequency of partner visits, or submission of a visit report using a standard template, although these are common practice. There is no corresponding guide for the IPA, but the handbook for international collaborations specifies that it is a fixed term appointment approved by the International Collaborations subcommittee. The IPA must visit the partner at least once per year and submit a report/action plan after each visit. Reports are produced in a consistent and comprehensive format and are considered at both faculty/school and institutional levels, allowing systematic oversight. There is no comparable process for submission of link tutor reports to allow equivalent institutional oversight, and the team saw an example of a partnership regularly visited by its Link Tutor, but with no annual report. While the value of the work of link tutors/IPAs in supporting individual partnerships is without doubt, the team was unclear how the University achieves comparable institutional oversight of UK and international provision in these circumstances, or what formal or informal networking opportunities there were for Link Tutors across the University.

130 Partner staff and students who met the audit team all spoke extremely highly of the help, guidance and advice they received from the Link Tutor/IPA through their routine visits and regular communications, and this was verified by extensive documentary evidence. The team identified the key role played by both link tutors and IPAs in supporting and guiding individual partner organisations, their students and staff, as a feature of good practice.

131 An account manager for each overseas partner or partnership manager for each UK partner acts as the initial and regular point of contact for non-academic issues. The University is currently considering rationalisation by appointing partnership managers for all provision.

132 Two groups with responsibility for oversight of collaborative provision report to the Quality subcommittee. The audit team noted considerable differences in the operation of these two groups, despite the similarity of their responsibilities. The International Collaborations subcommittee (for overseas partners) meets regularly, approves the appointment of IPAs, receives validation and IPA reports, and approves overseas partner staff through the receipt of curricula vitae (CVs). In contrast, the HE in FE subcommittee (for SURF and UK non-SURF provision) meets only once per year, does not approve Link Tutor nominations, does not receive validation or Link Tutor reports, or the CVs of UK partner staff. Its business also appears heavily weighted towards SURF issues, and the team was unclear how the University had addressed the recommendation in the 2006 audit report to provide parity of treatment of SURF and UK non-SURF provision, particularly given the significant increase in UK non-SURF partnerships since 2007. The team could not determine an explicit rationale for the current separation of central deliberative structures and procedures for the oversight of overseas and UK provision, particularly in view of the action taken to integrate its central management, and encourages the University to address this as a priority.

133 The SURF consortium operates as an indirectly funded partnership delivering Staffordshire University validated awards. Management arrangements are well established under the leadership of the University, and include a management board (chaired by the Vice Chancellor), management committee and its own quality committee, which meet regularly. Consortium partner colleges deliver, and help develop, the majority of the University's Foundation Degrees, all of which offer progression onto honours programmes. There are no plans to expand the number of partners, although the University intends to develop a University centre at each college.

134 Faculties may adopt varying approaches to the management of UK collaborative awards within the requirements specified in the relevant QA handbooks. In practice, this means that there are different deliberative and operational structures at faculty/school level, partly depending on the extent of collaborative activity. So, for example, the Business School operates separate international and UK partnership subcommittees, reporting to the School Quality Committee, while the Faculty of Computing Engineering and Technology operates a Faculty Academic Collaboration Team dealing with all partner activities, reporting to the Faculty Quality Development Team. The audit team noted some inconsistency in the effectiveness of such groups. Faculty/school management of collaborative activities also varies considerably, with the Business School and the Faculty of Arts, Media and Design having posts of Director of Partnerships reporting to the Dean, while other faculties have no dedicated senior post. Programme management is specified in the formal agreement. Following the University's award management model, this normally includes a programme leader or equivalent, responsible for day-to-day management, a programme committee comprising partner staff and student members and representatives from the University, although the terminology used to describe these arrangements varies considerably. The team was able to confirm that the University's procedures to ensure alignment with the Academic Infrastructure applied equally to its in-house and collaborative provision, and included broad engagement with the *Code of practice, Section 2*.

135 The University's standard approval, monitoring and review processes apply to its collaborative provision. There are separate procedures for the approval of new partners and for programme validation. Informal contact usually commences with discussions between the

proposed partner, relevant faculty/school(s) and the University's Partnership and QIS teams. Responsibility for approving a new partner lies with BDG. Following due diligence checks, BDG takes the decision to approve, to require an institutional visit and report back (waived where there has been significant previous contact), or to reject.

136 Award validation is routed through the relevant faculty. International proposals will normally only be considered if delivery and assessment is in English. The event is held at the partner organisation (in the case of international proposals, following an initial panel meeting at the University), resulting in a report which makes an approval recommendation based on establishing that students will receive a comparable experience to that available at the University. Approved variations to the process are articulated in the appropriate quality handbooks and must be approved. The audit team examined several examples of the full validation procedure for franchise partner delivery and discussed its effectiveness with partner staff, who confirmed that they had played a full and appropriate part.

137 Each international and SURF partnership is defined and regulated by a memorandum of cooperation and its associated schedules, a UK non-SURF partnership by a collaboration agreement. Although they differ in format, both include standard clauses that fully engage with the *Code of practice*. QIS is responsible for ensuring that a formal contractual agreement, which may cover single or multiple programmes, is drafted and signed after a validation or academic review event. The audit team learnt that occasional delays could result in an agreement not being signed prior to the enrolment of students, and noted examples where this had happened. The team recommends as desirable that the University should ensure that collaborative agreements are signed before programme delivery commences. The team was told that the University does not include an up-to-date and authoritative record of its collaborative partners as part of its publicly available information, as recommended by the *Code of practice Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, precept A4.

138 Annual monitoring is conducted on a faculty/school basis. Documentation is compiled by the partner programme leader with the support of the Link Tutor/IPA. Both the HE in FE and International Collaborations subcommittees appoint a dedicated rapporteur who attends and reports on faculty/school meetings. Each subcommittee submits a report to the Quality subcommittee, which includes any key issues in the University action plan. Understanding of the process is high and the audit team verified its commendable thoroughness in addressing partner issues at each stage, although it noted that faculty/school and university-level action plans are not routinely shared with partners. In particular, as with on-campus provision, the team identified the effectiveness of the rapporteur system in providing an independent critique of the annual monitoring of collaborative provision as a feature of good practice.

139 Where possible, the review and revalidation of programmes delivered by partner organisations is combined with a holistic review of all University provision in that area. Specific attention is paid to the management of the collaborative arrangement, liaison between partners, the quality of learning resources, and on the delivery and support provided at each location in the case of multiple partnerships. The University also has in place a procedure to address unsatisfactory provision and manage its termination. The audit team viewed the documentation pertaining to a termination process and found it thorough and comprehensive, overseen by Academic Board, with appropriate consideration for the continued support of those students yet to complete their studies.

140 The audit team considered the University's approval, monitoring and review procedures for collaborative provision robust and fit for purpose, however, the 2006 Audit of collaborative provision recommended that the University formalise and undertake on a periodic basis the review of all partnerships, as distinct from the periodic review of programmes, in order to provide for further assurance of quality and academic standards. The University indicated that it considered its regular and frequent meetings between senior staff through annual strategic

review meetings, sufficient to address both points. The team recognised the potential for strengthened strategic direction provided by those meetings, although it questioned whether this fully addressed the intention of the recommendation for periodic review of partnerships. Indeed, it draws the University's attention to its own published response to the Audit of overseas provision at the University of Madras in 2009, which explicitly stated that points for consideration 'are currently being dealt with as part of [the University's] quinquennial Partnership Review process'. The team saw merit in supplementing the present strategic review with a periodic meeting of a wider grouping, possibly including external panel members.

141 Validated in-house and collaborative provision is delivered and managed according to the same award, assessment and external examiner regulations, policies and procedures. The audit team was satisfied that the setting of assessment tasks, marking and moderation practice complies with University requirements.

142 The University appoints all external examiners to its modules and awards, wherever they are delivered. It attempts to employ the same external examiner for on campus and partnership provision to ensure comparability. Examiners are expected to report separately on collaborative programmes although annual monitoring occasionally identifies cases where this is not clearly identified. Reports are included in the University's annual summary and shared with partner staff, although are not routinely seen by students.

143 The 2006 Audit of collaborative provision advised that the role of university examiner, internal staff appointed to assure comparability of standards across in-house and collaborative cohorts, be reviewed to ensure that its responsibilities are clearly defined and distinct from those of external examiner. In response, the University terminated all such appointments with effect from September 2009, apart from quality assured provision (which does not lead to an award of the University). In their place it appointed additional external examiners and established a new post of Quality Standards Adviser (QSA), with a clearer advisory role, to work with an international partner to maintain comparability of standards and support the external examiner, assessment and award board. The decision whether a QSA is necessary is at a faculty/school's discretion, and fixed period appointments are approved by the International Collaborations subcommittee. The audit team heard that it was intended that QSAs should submit a written report, although this had yet to be specified in the QA handbook. It is too early for the team to assess the impact of the revised arrangements as they have yet to be fully implemented.

144 Assessment and award board membership and terms of reference are specified in the formal agreement. They are chaired by a senior member of the faculty/school, include partner staff, and have the University Link Tutor/IPA and an administrator in attendance. Depending on the type of arrangement, they either consider both in-house and collaborative provision or the partner's provision alone. The University produces certificates and transcripts for all awards, and each transcript records the name of the partner organisation and the location of study. Appeals from students enrolled at partner organisations are included in the University's annual overview report, under the relevant home faculty.

145 TheSIS does not hold student data for overseas partners. This is received from the partner and entered on separate faculty/school record systems, which are used to populate standard grid templates to allow assessment and award board information to be presented in a consistent way. The audit team heard that these procedures were robust and secure, however, scrutiny of partner information and discussion with staff left some doubt about how clearly they were understood or monitored at institutional level. The team considered that the lack of an authoritative central record of the performance of a significant proportion of its collaborative students raised potential issues of consistency and comparability, which the University implicitly recognises by its stated intention to include such data on TheSIS in the future. The team supports this aim and encourages the University to assign it a high priority.

146 The audit team learnt that the University has approved arrangements to develop extremely flexible delivery in one partnership through 'roll-on/roll-off' enrolment, based on the monitoring of individual student life cycles with no standard cohort structure, which was proving particularly challenging to the University's record and management systems. Progress has been made in devising ways in which this kind of flexible distance learning model can operate creatively within the constraints of the fixed census and submission dates that underpin traditional delivery, while allowing the University to maintain its necessary oversight of quality and standards. The team considers the University's encouragement of such an initiative to demonstrate active support for innovative and flexible delivery and as a feature of good practice.

147 The University expects its collaborative partners to follow its student feedback and representation policies and the audit team was able to confirm that effective internal systems are in place, although it was informed by senior staff in two UK partner organisations that the University had not provided information about the National Student Survey for students on the final level of Foundation and honours degree programmes. The University acknowledged that the extent of student participation varies, and the team found a range of different practices in operation, including imaginative solutions to the challenge posed by distance learning. Students who met the team were either aware of a formal student representative scheme or an alternative means by which their voice could be formally heard, and were satisfied that issues raised would be responded to. All had met the Link Tutor/IPA and knew that this was a means of raising issues with the University.

148 All students studying on franchised awards have electronic and physical access to the University's libraries and information services, including its email and virtual learning environment. The audit team considered that the University was extremely open and receptive in supporting partner organisations and their students above and beyond the requirements of the formal arrangement, and heard examples of central services providing advice and support on how to address the needs of disabled students, and on-campus module tutors offering academic guidance. The team verified the effectiveness of the University's procedures. The team identified the University's proactive and enthusiastic support for collaborative partner students in allowing wide access to its learning and support services as a feature of good practice.

149 The selection, appointment, appraisal, and development of staff sufficiently qualified to deliver the University's programmes is the partner's responsibility, but the University formally approves all staff delivering its awards, who then have access to the University's electronic resources, although the audit team heard that this was currently not the case for overseas part-time tutors. The University is strongly committed to the development of its partner staff, supporting initiatives and offering staff development opportunities, which the team verified. In general, the team found that the University offers a commendably high level of support to partner organisation staff, despite occasional lack of clarity relating to access of resources.

150 The larger partner organisations have dedicated staff providing student support services, and partner students who met the audit team all spoke highly of the support and guidance they received from partner and University staff. The team noted examples of good practice, for example the inclusion of data on collaborative provision in reports to the retention strategy group. The team heard that academic support was generally very good, although the quality and timeliness of feedback on assessed work varied considerably. Students are clear about, and appreciate, their relationship with the University, and consider the information they received both before and during their studies to be accurate. Partner student handbooks are comprehensive, although in one instance the right of complaint or appeal to the University had been omitted. Marketing and publicity material must be prior approved through a formal procedure, which has recently been strengthened by the inclusion of timescales for submission. Ultimate responsibility for approval rests with the Dean of Students/Academic Registrar.

151 The audit team concluded that, in general, the University has well established processes and rigorous procedures for the management of the academic standards of its awards and the quality of learning opportunities of its programmes delivered through collaborative provision, although it considered them to be unduly complex and varied. The team noted indications that the University recognised the need 'to approach this complex and important market in a consistent way', for example by aggregating the central management of all partnerships under a single director. The University has signalled its intention to review the quality processes applying to its collaborative provision with an aspiration of possibly aligning processes, although no timescale has yet been set. Its response to the recommendations of the 2006 Audit of collaborative provision has also been slow and timescales have slipped. The team considered that the University should capitalise on its decision to unify central management by reducing differences and addressing inconsistencies in the administration of its collaborative activities, particularly relating to, operational structures; deliberative oversight; procedures; roles and responsibilities of key staff; data management; and terminology for programme management. The team advises the University to ensure that the deliberative oversight and operational management of collaborative provision at faculty/school and institutional levels is consistent and coherent.

Section 6: Institutional arrangements for postgraduate research students

152 The University participated in the QAA Review of research degree programmes in 2006 and the report confirmed that its ability to secure and enhance the quality and standards of provision was appropriate and satisfactory. Research degree provision is covered by a University Code of Practice as well as regulations covering the award of research degrees. This provision is overseen by the Research Degrees Committee (RDSC), which reports to the Research, Enterprise and Advanced Scholarship Committee (REASC). This Institutional audit has considered both traditional research degrees (MPhil, PhD) and a series of professional doctorate (EdD, DCLinPsych, and so on) programmes.

153 Research students and their supervisors are normally associated with one of the University's Applied Research Centres (ARCs). These are minimum-size groupings of academic and research staff who, together with research students, pursue common applied research activity to clearly defined and agreed objectives. Activities of the ARCs are overseen by the REASC. Where the proposed research does not fall into the remit of an ARC, the University may authorise the admission of a research student, provided that there is sufficient supervision experience and that the research being carried out in that subject area is of at least national standard.

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

155 Entry requirements for research students are specified in the University's Code of Practice. It is possible with a taught master's degree that includes a research project to apply for direct entry to the PhD degree, rather than for an MPhil with transfer routes to PhD. Examination of RDSC minutes show that a high proportion of these applicants are rejected as direct PhD entrants. The University may wish to consider the specification of a research degree (MRes, MPhil) as the minimum qualification for direct entry to PhD. Selection procedures are given in the University's Code of Practice and require two selectors to assess the capability of the student, as well as the proposed research programme and supervisory arrangements. The procedures for entry to professional doctorates follow similar lines.

156 Research students participate in an induction programme at both University and research-centre level. These were reviewed by the audit team and found to be achieving their purpose.

157 Supervisory arrangements are based on there being a principal supervisor and a second supervisor. The principal supervisor must be active in research or consultancy. Supervisors are expected to have either previously successfully supervised a postgraduate research student to at least the level that they intend to supervise, or have successfully completed the University's Research Degrees Supervision Module. Frequently, they will have acted as second supervisors before taking on the responsibility of being a principal supervisor. The audit team saw examples of the RDSC rigorously examining the qualifications and experience of proposed supervisory teams and relating these to both regulations and Code of Practice.

158 There is an issue that second supervisors may sometimes be simultaneously registered for University research degrees. Examination of current supervisor teams would indicate that this is not a common occurrence. In all cases, second supervisors have to satisfy the RDSC that there is no conflict of interest between their own research and the proposed research of the student for whom they are second supervisor. It was not possible to see explicit evidence that this examination of potential conflicts of interest had taken place at RDSC. Rules for supervisors of students on professional doctorates are similar to those for research degrees, with the additional requirements of current clinical practice for the supervisors of clinical attachments on the professional doctorate in Clinical Psychology.

159 The facilities that are expected to be provided for research students are laid down in the University's Code of Practice. From examination of student comment forms, confirmed at meetings, these were mostly provided, although there were difficulties, more marked with part-time students, in providing some specialist library resources.

160 The monitoring of the progress of research students is the responsibility of the RDSC and the audit team saw that the key stages were thoroughly reviewed for each student by RDSC. A feature of the process was the use of a rapporteur, external to the supervisory team but drawn from the student's faculty, to approve the research proposal as well as to carry out the oral examination prior to transfer from MPhil to PhD. For the oral examination, there will also be an independent chair drawn from the members of the RDSC. Annual reviews of progress are made for each student with reports being made independently by both student and supervisor. These are considered by faculty research degree committees.

161 RDSC oversees the collective progress of faculties on an annual basis. The audit team saw examples of reports based on templates covering registration numbers, submission of progress reports, student comments, staff observations and completion rates. These reports were thorough and served to identify strengths and weaknesses of the provision within faculties/schools.

162 For the professional doctorates, clear routes through the programme with key stages that were reviewed by the course team were identified. Because of the different approaches to doctoral study of the programmes, these were necessarily different from those for research degrees and from each other. In all cases statements were made that the final dissertations and reports should be capable of publication in the academic literature, thus fulfilling some of the requirements of the level 8 descriptor in *The framework for higher education qualification in England, Wales and Northern Ireland* (FHEQ) (2008).

163 The development of research skills is taken seriously, with all students participating in a Postgraduate Certificate (PGCert) in Research Methods. This 60 credit course covers elective studies, particular to the needs of the student and his/her project, but features two modules, one on research skills and the other on comparative research methodologies, which are meant to encourage the development of a research culture common to all research students and a recognition that some research methodologies could vary in different fields of study. It is not clear whether the course should be completed early in the research programme or whether more benefit in some cases would be gained by taking some of the elements of the course at a later stage. For students who undertake teaching during their studies there is a formal training course, described by participants as effective and useful.

164 In the prescribed responsibilities for supervisors it is made clear that constructive and critical feedback on written work should be given timeously and regularly. Student comments seen by the audit team show that this is taking place. Feedback from students is part of the annual reporting and monitoring process, although currently the University does not take part in the national Postgraduate Research Experience Survey (PRES).

165 The appointment of external examiners for research students is overseen by RDSC who ensure that examiners are both independent and experienced, by being independent of the University and any collaborating partner, not being a supervisor or adviser, not being an examiner for taught courses in the candidate's faculty, and not having published with any of the candidate's supervisors. This is in addition to a three-year ban on all former staff members. Experience is fixed by a requirement of at least three previous examinations at this level by the team as a whole. Examiners are asked to prepare independent reports on a thesis prior to the final oral examination. These reports, less the preliminary recommendation, are shared with the student and supervisor. In all cases, final oral examinations will have an independent chair who will be a member of RDSC. Internal examiners will not have been part of the supervisory team, but could have been involved in the student's progress as a rapporteur. If this occurs there is no risk to standards, but it could increase the risk of either disagreement with the external examiner or an appeal by the student in the cases where the external examiner recommends either a 'fail', 'lower award' or 'revise and re-present'. RDSC takes the final decision after consideration of the preliminary reports and the joint report of the examiners written after the oral examination.

166 The arrangement for examination of the professional doctorates follows the University's pattern for taught courses in that there are module boards for the modules and award boards for the final award. This means that an external examiner may be asked to examine several dissertations, rather than each dissertation being examined by an individual external examiner. The audit team saw examples where reference was made to the RDSC as part of the oversight of the assessment process, although there was no evidence of the progress of individual EdD students in the minutes of the RDSC. This suggests that the role of external examiners for these professional doctorates should be clarified when the general framework for professional doctorates is developed.

167 Students are represented on the REASC but are not on the RDSC, a committee that deals with individual cases and examination results. Complaints by research and doctoral students are handled by the same procedures as complaints by other students. They are dealt with informally within the research group initially but then formally, beginning with consideration at faculty level. In this process, the same classifications as used by the Office of the Independent Adjudicator (OIA), 'upheld', 'partially upheld' and 'not upheld' are used. If the decision of the faculty fails to satisfy the student, then it is referred first for informal discussion at university level and, in the case that the student was still not satisfied with the University response, to a formal complaints review panel. At this point, having exhausted the University processes, the student can approach the OIA. Very few (approximately three per cent) of complaints reach the formal complaints review panel stage. In the last two years, five complaints have gone through to the OIA, of which three were not upheld, one upheld in part and the fifth is awaiting a verdict. Two complaints concerning supervision of MSc and PhD in one faculty in 2007-08 were upheld by the University and the faculty responded by making changes in the procedure of appointment of PhD supervisors, showing the capability of the University's complaints procedure to achieve improvement of the student experience.

168 There are clear processes published in both the degree regulations and Code of Practice detailing how a student may make an appeal (called in the regulations 'review of decisions made by examiners') in the case where they are dissatisfied with the result of the examiners. The review panel for such appeals is convened by the Vice-Chancellor, as chair of Academic Board, and is chaired by a Pro Vice-Chancellor with membership from both within and outside the faculty. The processes for appeal against a decision of the RDSC to terminate registration because of a lack

of academic progress are less obvious and involve an appeal to the RDSC. This means that there may be members of the RDSC who will hear both the original decision to terminate registration and the appeal against the termination of registration. It may be helpful, in order to conform to natural justice, for RDSC to ensure that any panel hearing an appeal against termination should not include anyone who was involved in the original decision to terminate registration.

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

Section 7: Published information

170 The University produces a wide range of published information about its facilities and programmes. The audit team examined both the online and hard copy information pertaining to the University, Staffordshire University Regional Federation (SURF) and its collaborative partners.

171 The University has no mission statement, but has a clear set of four principles to lead their strategic direction and development. They are values; customer focus; flexibility; and business growth and diversification. The University Plan 2007-12 clearly outlines its objectives and outcomes over that time period. The programme specifications, application procedures and other relevant information are readily accessible to prospective students online and in hard copy formats. Other published components include awards, reports from QAA, two-year fast-track degree programmes, distance learning, accommodation, bursaries, and information for disabled and international students. The Teaching Quality Information published information on destination of leavers, entries, continuation and achievements was judged to be accurate and satisfactory.

172 The University delegates responsibility for data accuracy for awards to award leaders. SURF publicity is signed off by the SURF administration and international and non-SURF material is the responsibility of the Quality Improvement Service.

173 Collaborative partner and SURF published material was reviewed and found to be generally accurate and clear, except for some relatively minor irregularities found in the promotional web material with one partner's web page making reference to accommodation, which contains an illustration of housing titled 'Part of your life in London' which appears to illustrate housing that is unlikely to be found in London. Another partner website currently makes reference to the fact that '90 per cent of our graduates are employed or engage in further study within six months', but there is no clear date when that figure was achieved, which could be misinterpreted by students as being the current position.

174 In the 2005 Institutional audit report, the section on published information makes reference to the University implementing a Content Management System (CMS) to support the creation of internal documents repositories, appropriate control of content at a local level, access of documents through the University intranet and an overall means of managing and redesigning the website. This software is being exploited in creating a 'dynamic prospectus', which can be constantly updated with authorised information on the undergraduate awards available at the University. It appears that there are some lapses in this process or it may have been superseded by another system, but these minor, repeated irregularities need to be constantly monitored to ensure all published material meets student expectations and is clear, current and correct.

175 It was noted by the audit team that the University and independent consultants are undertaking primary research into the information needs of users in higher education.

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

177 The audit team concluded that, while overall reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards, the opportunity to address the issues identified by the students should be taken in a timely manner.

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The Quality Assurance Agency for Higher Education
Southgate House
Southgate Street
Gloucester
GL1 1UB

Tel 01425 557000

Fax 01452 557070

Email comms@qaa.ac.uk

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