

# London South Bank University

**March 2010**

## **Annex to the report**

### **Contents**

<b>Introduction</b>	<b>3</b>
Outcomes of the Institutional audit	3
Institutional approach to quality enhancement	3
Institutional arrangements for postgraduate students	3
Published information	3
Features of good practice	3
Recommendations for action	4
<b>Section 1: Introduction and background</b>	<b>4</b>
The institution and its mission	4
The information base for the audit	5
Developments since the last audit	5
Institutional framework for the management of academic standards and the quality of learning opportunities	6
<b>Section 2: Institutional management of academic standards</b>	<b>7</b>
Approval, monitoring and review of award standards	7
External examiners	9
Academic Infrastructure and other external reference points	10
Assessment policies and regulations	11
Management information - statistics	11
<b>Section 3: Institutional management of learning opportunities</b>	<b>12</b>
Academic Infrastructure and other external reference points	12
Approval, monitoring and review of programmes	12
Management information - feedback from students	13
Role of students in quality assurance	14
Links between research or scholarly activity and learning opportunities	15
Other modes of study	16
Resources for learning	16

Admissions policy	17
Student support	18
Staff support (including staff development)	19
<b>Section 4: Institutional approach to quality enhancement</b>	<b>21</b>
Management information - quality enhancement	21
<b>Section 5: Collaborative arrangements</b>	<b>22</b>
<b>Section 6: Institutional arrangements for postgraduate research students</b>	<b>24</b>
<b>Section 7: Published information</b>	<b>26</b>

## Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited London South Bank 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 the University offers.

### Outcomes of the Institutional audit

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

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

### Institutional approach to quality enhancement

The University is taking a systematic and strategic approach to enhancing the quality of the student experience across and at all levels in the institution. Quality enhancement is embedded within the University's quality assurance procedures, is supported by comprehensive management information, and is central to the new Academic Strategy.

### Institutional arrangements for postgraduate research students

Overall, the audit team concluded that the University had sound institutional arrangements for its postgraduate research students which meet the expectations of the section of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*. The team considered the accreditation of research training through the Postgraduate Certificate in Research Skills to be a feature of good practice.

### Published information

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

### Features of good practice

The audit team identified the following areas of good practice:

- the inclusion in the Unit Guide template of an opportunity to report back to students on the actions taken in response to student feedback from the previous year (paragraph 73)
- the accreditation of research training for postgraduate research students through the Postgraduate Certificate in Research Skills (paragraph 145)
- the use of trained and independent chairs for the viva voce examination of postgraduate research students, which provides for equity of treatment and robustness of outcome (paragraph 150).

## Recommendations for action

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

Recommendations for action that the team considers advisable:

- address the variation in practice across the faculties in implementing institutional policy and processes with regard to the quality of learning opportunities, in particular in relation to the timeliness of feedback on and the return of assessed work (paragraphs 75, 102, 104, 107)
- review its strategies for student representation to ensure that students are enabled to engage fully with University and faculty-level deliberative structures (paragraph 79)
- complete the process of ensuring that all existing collaborative arrangements are governed by signed Memoranda of Cooperation (paragraphs 131, 136).

Recommendations for action that the team considers desirable:

- further develop its Academic Collaborations database in order to provide enhanced data to inform the strategic management of collaborative provision at both University and faculty level (paragraphs 126, 136).

## Section 1: Introduction and background

### The institution and its mission

1 London South Bank University can trace its roots back to the Borough Polytechnic of 1892 and a number of specialist colleges and institutes. In 2003 the University changed its name from South Bank University in order to focus upon its London location and reinforce the identity of the University in the local sub-region.

2 At the time of the audit a new Vice Chancellor had been appointed in the previous academic year and had been instrumental in developing the University's new Corporate Plan 2009-2012. The Plan sets out the University's vision and mission as being: 'to be the most admired university in the UK for creating professional opportunity, and thus a source of pride for our students, our staff and the communities we serve', and 'creating professional opportunity for all who can benefit' respectively. The University stated throughout the audit that the focus of the Corporate Plan and its operationalisation was 'Students first'.

3 The University has a diverse student cohort and staff base. In the academic year 2008-09 there were approximately 24,000 students enrolled at the University, of which 17,000 were on undergraduate programmes and 5,700 were on postgraduate programmes. Thirty-eight per cent of students are studying part-time and there were some 1,300 students (6 per cent) on programmes below level 4 of the Qualifications and Credit Framework. Eighteen per cent of the student body were overseas students, of which 12 per cent were from non-EU countries.

4 The University is structured into four faculties across three campuses. The faculties of Arts and Human Sciences (AHS); Business (BUS); and Engineering, Science and the Built Environment (ESBE) are based on the Southwark campus. The faculty of Health and Social Care (HSC), which is the largest faculty, with some 6,741 students, is located at Southwark, at Whipps Cross Hospital in north-east London, and at Havering in Essex.

## The information base for the audit

5 The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the team. The index to the Briefing Paper was referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard copy of all documents referenced in the Briefing Paper; in addition, the team had access to the institution's intranet.

6 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. The audit team thanks the Union for its submission, to which members made repeated reference in the course of their enquiries.

7 In addition, the audit team had access to:

- the report of the previous Institutional audit (March 2005)
- the report of the Overseas audit for the partnership arrangement with Loyola College, Chennai (India) (June 2009)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- the report of the Major review of healthcare programmes (Allied Health Professions February 2006) (Nursing and Midwifery June 2006)
- the report of the Review of research degree programmes (July 2006)
- the report on the mid-cycle follow up to Institutional audit (September 2007)
- the institution's internal documents
- the notes of audit team meetings with staff and students.

## Developments since the last audit

8 The development of a new Corporate Plan (published in August 2009) was accompanied by a refocusing of the Pro Vice Chancellors' (PVC) portfolios to PVC (Academic), PVC (Corporate), and PVC (Research and External). At the time of the audit the latter PVC was still to be appointed and the University was looking to realign its support department structures to these revised portfolios. The University was also looking to bring a number of its support units together to form a central Academic Registry.

9 The last Institutional audit judged that broad confidence could be placed in the University's current and likely future management of the academic standards of its awards and the quality of its programmes. The report identified a number of features of good practice in relation to the University as a teaching-led institution that placed emphasis on the student experience, skills development, and the Student Affairs Committee. The report also made four advisable and two desirable recommendations in relation to cross-faculty practice, validation panels, support for hourly-paid lecturers, collaborative provision, and student representation. The University has responded well to these recommendations in the main; for example, it has put in place closer monitoring procedures such as the 'random audit' of annual monitoring reports (see paragraph 30) and adopted an 'outcomes-based' approach to ensure greater consistency across faculties; Academic Board now monitors and reviews the decisions of validation panels; the University ensures that all staff and postgraduate research students have access to its development activities and are eligible for enrolment on the Programme for Learning and Teaching in Higher Education (see paragraphs 113, 146); and it has also established closer scrutiny and oversight of collaborative provision under the auspices of the Collaborations

Committee (see paragraph 124). However, there was evidence that the management of the quality of learning opportunities was still subject to some variable practice (see paragraphs 75, 102) and there remained a need to establish more effective student engagement in the scrutiny and deliberation of academic standards and quality on institutional-level committees (see paragraph 79).

10 Since the last audit the University has also been involved with a number of QAA reviews: the Major review of its NHS-funded healthcare programmes in 2006, resulting in judgements of confidence; and the Overseas audit of the University's provision with a partner college in India, which considered the partnership link to be 'established within a sound framework of responsibilities understood by both sides' with its management operating 'through a set of processes of approval, management and review which demonstrably safeguard the academic standards and quality of the provision'. The report also identified a number of instances of good practice relating to the effective oversight of assessment and academic standards by the University; regular communication between the two institutions; the induction of students; and the cross-cultural student learning experience. The report also made a number of recommendations in the areas of the currency of written partnership agreements; learning and assessment; student appeals, complaints and discipline; student feedback; review and enhancement; approval of teaching staff; and certificates and transcripts. The audit team saw evidence that the University was generally addressing the recommendations through its broader developments in the management of collaborative provision (see paragraph 124).

11 The University has also worked with the four partner further education colleges to address the no-confidence judgements in academic standards and the quality of learning opportunities arising from a review of the Foundation Degree in Early Years in 2005. A follow-up review by QAA noted that significant progress had been made in addressing the recommendations. The audit team considers that developments in relation to collaborative provision outlined later in the report will also further strengthen the work already reported on.

12 At the time of the audit, the University had a collaborative partnership with the American InterContinental University (AIU), through which it validated undergraduate programmes at AIU. Following a judgement of no confidence in relation to AIU's management of academic standards and the quality of learning opportunities at its last Institutional audit and a change in validating partner to the University, the University has worked closely with AIU in supporting the development of its processes and procedures to secure the academic standards of the provision and the quality of its learning opportunities.

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

13 Ultimate responsibility for the maintenance of academic standards lies with Academic Board, chaired by the Vice Chancellor. The Board's subcommittees include, among others, the Quality and Standards Committee (QSC), Research Degrees Committee (RDC) and the Learning and Teaching Committee (LTC).

14 Operational scrutiny of standards is delegated to the QSC, which has a subcommittee framework that includes the Academic Regulations Committee, the Academic Planning Committee (APC), the Collaborations Committee (CC), the External Examiner Committee (EEC) and the Quality and Standards Implementation Committee (QSIC). QSC oversees programme approval and review, annual programme monitoring and the review of subject areas. The Learning and Teaching Committee oversees, amongst other things, the quality of learning, teaching, curriculum and assessment. Faculties maintain similar functions using varied structures, largely through the faculty academic standards committees (FASCs), which report to the QSC.

15 Executive responsibility for academic quality lies with the PVC (Academic) and the Head of the Quality Unit. The main instrument through which QSC assures that academic standards are

maintained is the external examiner process. At the time of the audit, there was a proposal to devolve responsibility for external examiner appointments to the faculties (see paragraph 38).

16 Oversight of collaborative provision is maintained by the Collaborations Committee (CC) and managed by the Director of Collaborations and Curriculum Development within the Quality Unit. The day-to-day responsibility for the maintenance of standards and quality in collaborative partnerships is exercised by academic link tutors within faculties (see paragraph 132).

17 RDC has responsibility for the management of the academic standards and quality of research degrees. It, in turn, delegates authority for the oversight of student progression and achievement to two subcommittees, the Research Degrees Sub-Committee for Engineering, Science and Technology and the Research Degrees Sub-Committee for Economics and Social Research. Operational responsibility for postgraduate research students and their programmes is divided between the Research and Business Development Office (RBDO) and the faculties (see paragraph 139).

18 The University regards its framework for the management of academic quality as intertwined with and embedded in its framework for the management of academic standards as described above. The processes and procedures by which quality is assured are described in the Handbook on Quality Management and Enhancement (the QME Handbook) which, along with the University's Academic Regulations for Taught and Research Degrees, are updated and approved annually by the QSC.

19 At the time of the audit, the University was in the process of replacing its Learning and Teaching Strategy with a more widely focused Academic Strategy which had not been finalised.

20 The audit team concluded that the University operated within an appropriate framework for the management of academic standards and the quality of learning opportunities.

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

21 The University manages its approach to academic standards through policies and procedures, based on the Academic Infrastructure. The Academic Regulations for Taught Programmes provide the mechanisms for maintaining academic standards. The processes of programme approval, external examiner reports, annual monitoring and periodic review enable assurance of quality and standards and contribute to the University's approach to integrated monitoring, reporting and planning

### **Approval, monitoring and review of award standards**

22 The University put in place revised procedures for validation, monitoring and review in the academic year 2007-08. In terms of validation there is a focus at programme level and on the programme specification. Approval of programmes is delegated by Academic Board to the Quality and Standards Committee (QSC) and the Quality Unit manages the necessary arrangements. The approval process is defined in the Quality Management and Enhancement (QME) Handbook, and has three phases: planning, design and validation. The University places emphasis on good preparation, particularly by the programme team.

23 The formal scrutiny of proposals begins in the faculty. A completed 'new programme proposal form' is considered at the faculty academic standards committee (FASC) or sub group. If the proposal is approved, a supporting statement from the Executive Dean or Pro/Deputy Dean is prepared and the proposal is signed off by the chair of FASC. It is sent to the Academic Planning Committee (APC) and also the Planning and Budgeting Committee (PBC). Final approval to proceed to validation is given by the University Executive. The audit team viewed a number of proposals discussed at FASCs and found evidence of a rigorous process, which included the return of unsatisfactory proposals if necessary.

24 The Quality Unit oversees the approval event. It assigns members to each panel on behalf of the Chair of QSC. The panel includes a chair who has been trained in the role and is a senior member of the University with quality assurance experience, two University members of staff, normally two external advisers nominated by the programme leader, and a member of the Quality Unit. The remit of the panel is specified in the QME Handbook. At the time of the audit, the University had recently identified a need to ensure that chairs of validation panels were appropriately trained, and had established an institutional 'shadowing' scheme for likely future chairs.

25 A range of approval documents were seen by the audit team that recorded the appropriateness of programme specifications and that panel members confirmed that the award was securely located in the FHEQ. The panel chair is responsible for signing off the approval once all conditions are met. The programme cannot enrol students until it is confirmed that all conditions have been met. Records of the events were comprehensive, and the follow-up to conditions and signing off in a timely manner were well documented.

26 The University has put in place a 'fast track' validation process if there is a clear business case. This allows APC to consider the proposal at a slightly later date (closer to the proposed start date) for the course, but the validation process remains the same. Examples of the fast-track process seen by the audit team established that the process was robust.

27 Small amendments to programmes such as additional, modified or deleted units can be agreed by FASC, and the audit team saw a number of appropriately considered examples. Certain triggers will prompt a revalidation, and the QME Handbook outlines this process.

28 The audit team concluded that the University's validation procedures were robust and contributed to its management of academic standards.

29 Annual monitoring of programmes provides a mechanism for the University to confirm that academic standards are maintained, quality assured and that opportunities to enhance the management of provision are identified. Academic Board delegates responsibility for annual monitoring to QSC and faculties manage the process. The procedures are clearly explained in the QME Handbook and a programme monitoring report (PMR) template is provided on the University's website. The audit team viewed a selection of PMRs and found a detailed scrutiny process based on the comprehensive information, including responses to external examiner reports, student feedback and progression and completion data, contained within them.

30 The University has a detailed level of scrutiny of the PMRs; members of FASCs look at a range of PMRs and report their findings to the Committee. Minutes of FASCs demonstrate careful scrutiny of the reports, for example returning them if unsatisfactory. Faculties annually present a summary report of the PMRs with action plans to QSC, where each is discussed in detail, and the Committee may require faculties or central departments to take further action. Since the academic year 2008-09 the University has instigated a further level of scrutiny in, what the University terms an annual 'random audit' undertaken by members of QSC that looks at PMRs and how the faculties manage the process of reviewing and responding to them. The process is detailed and systematic and the outcomes can signal deficiencies which must be addressed through action plans.

31 From the evidence the audit team saw, particularly the 'random audit' process, it concluded that the University's annual monitoring processes were rigorous and contributed to the maintenance of academic standards.

32 The University's timescale for periodic review has changed from a three-year to a six-year cycle with a mid-cycle light-touch 'health check'. Periodic review takes the form of a subject-level review that incorporates a number of cognate programmes identified by the faculty. The number of programmes reviewed varies between faculties and there has been some debate within the University about the size of the group of programmes reviewed. The audit team was satisfied that appropriate consultation had taken place to ensure the robustness of the process.



33 Periodic review panels are chaired by a Pro Vice Chancellor, Executive Dean or other appropriately experienced member of staff from another faculty. The panel includes external members who are asked to comment on those aspects that relate to academic standards. The event involves a meeting with students. The resulting report highlights good practice and might also make recommendations to the faculty; the report is presented to QSC.

34 The mid-cycle review is a paper-based exercise similar to an enhanced annual monitoring process and is arranged and managed by the faculty. The panel consists of a chair from another faculty, an external adviser and two internal members. They receive and consider documents rather than meet staff and students. The FASC considers the review report and endorses its recommendations. The report of the event is sent to QSC. Any identified actions feed into annual monitoring.

35 On the basis of the evidence provided, the audit team concluded that the University's approval, annual monitoring and review processes, and their operation, contributed effectively to the securing and effective management of the academic standards of its provision.

### External examiners

36 The roles and responsibilities of external examiners are set out in the Academic Regulations for Taught Programmes. They are appointed to Subject Area Boards (SABs) which focus on the standards achieved in units of assessment. A proportion of the SAB external examiners also sit on Progression and Award Examination Boards to ensure that academic regulations are consistently and fairly applied.

37 There is a systematic approach to the appointment of external examiners, who are nominated by faculties to the External Examiner Committee (EEC) and then recommended to QSC on behalf of Academic Board. Induction is provided at institutional and faculty level and feedback about the induction from external examiners has been positive. A range of information is provided for external examiners both in a published booklet and electronically in the Academic Regulations for Taught Programmes, the QME Handbook and a section in the Quality Unit website. The booklet has recently been updated as part of a wider review of external examining processes carried out by the External Examiner Working Group. It was evident from the minutes of EEC and QSC that this thorough review has led to a comprehensive and effective approach to informing external examiners on their role.

38 EEC has raised a number of issues with QSC, such as the late nomination of some examiners by faculties (highlighted by the Working Group) and a lack of faculty representation on EEC. This latter issue was formally raised at QSC, which approved a proposal in November 2009 that the 'onus of responsibility for appointment' of external examiners should be moved to faculty level, 'working in collaboration with the Quality Unit', and that the EEC should be disbanded. University and faculty committees noted the new arrangements, including the disbanding of EEC.

39 In the course of the audit, the audit team was provided with updated information with regard to the EEC, in that a consultation was underway to look at the examination process, including the future of the EEC. The proposal is that nominations for external examiners by faculties will be considered by Academic Board after due consultation with (and support from) the Quality Unit. The team noted that the EEC has a wider brief than nominations, including responsibility for considering the *Code of practice, Section 4: External examining* and reporting any necessary policy or procedural changes to QSC. In conducting the review, the University will wish to consider the appropriateness of faculty structures and the embedded involvement of the Quality Unit in the context of providing sufficient internal externality in the nomination of external examiners; and where the responsibility for oversight of external reference points such as the *Code of practice* on external examiners will lie.

40 There is evidence of appropriate consideration of external examiner reports through a number of mechanisms. Reports are received and read by the Head of Quality and the Pro Vice

Chancellor (PVC) (Academic) who raises any issues with the appropriate Executive Dean. QSC receives an annual synoptic External Examiner Report. The comments in the Report are addressed in the subsequent programme monitoring report that feeds into the FASC and the faculty report to QSC, and made available to students at course board meetings. There was evidence of appropriate and thorough discussion at all levels, leading to actions at both course and institutional level. Partner colleges receive copies of relevant external examiner reports. Programme leaders respond to external examiner reports in writing.

41 External examiner reports are also made available to staff and students through the Learning and Teaching Enhancement Unit (LTEU) and the Student Gateway. There is a plan to post the reports on the University's VLE once some technical problems have been resolved. Both Quality and Standards Implementation Committee (QSIC) and QISC minutes show a close monitoring of the situation and actions taken to rectify the problems.

42 The audit team concluded from the evidence provided that the University made effective use of external examiners in summative assessment and that the external examiner system was effective in relation to assuring the academic standards of programmes and awards.

### **Academic Infrastructure and other external reference points**

43 QSC ensures that appropriate University committees, support departments and faculties are informed of changes to the Academic Infrastructure. It regularly produces a document, 'Engagement with the Academic Infrastructure', that lists the areas of the University responsible for monitoring and addressing changes and points to those documents, such as the QME Handbook, that refer to the Academic Infrastructure, including cross-referencing to the European Standards and Guidelines for the Quality Assurance of Higher Education.

44 The audit team saw examples of other institutional-level committees such as the Learning and Teaching Committee (LTC) and the EEC considering the relevant sections of the *Code of practice* and then reporting back to QSC. FASCs receive the QSC 'Engagement with the Academic Infrastructure' template and record any actions to be taken.

45 The revised arrangements for validation, monitoring and review (2007-08) encourage continuous engagement with the relevant sections of the *Code of practice* and ensure that University awards are at the appropriate level within the FHEQ. The QME Handbook advises those designing a programme to take account of the Academic Infrastructure and the requirements of professional, statutory, regulatory bodies (PSRBs). The emphasis at approval is on the programme specification structure, highlighting both the FHEQ and engagement with subject benchmark statements and relevant sections of the *Code of practice*. Panel members are guided to look at these at approval. A reading of approval and accreditation reports confirmed that panels had considered the award in relation to the FHEQ and other relevant external reference points and also demonstrated engagement with PSRBs. External examiners are encouraged to comment on the award's relationship to the FHEQ and the audit team found evidence of this taking place.

46 Staff and students can access information about the location of the University's awards within the FHEQ in the Academic Regulations for Taught Programmes. Programme specifications are available on the LTEU website and are automatically updated. The University engages with the European Standards and Guidelines for the Quality Assurance of Higher Education through its European Union Focus Group.

47 The audit team found the University to be making effective use of the Academic Infrastructure and other external reference points in its management of the academic standards of its awards.

## Assessment policies and regulations

48 The University sets out its assessment policies and practices in the Academic Regulations for Taught Programmes. The Academic Regulations Committee approves modifications to regulations including those for assessment. The Committee reports to QSC on an annual basis with any recommendations for modifications, which are then discussed at Academic Board. The University's practice in relation to the *Code of practice, Section 6: Assessment of students* is monitored by the LTC and is a reference point in validations, external examining and annual monitoring.

49 There are two types of examination boards: Subject Area Boards to consider unit-level assessment and award and progression boards that examine the overall profile of individual students. Chairs of examination boards are appointed by the chair of Academic Board and are trained, along with the secretaries to the boards, by the Quality Unit.

50 The QME Handbook provides staff with guidance on elements of assessment such as assessment criteria, marking schemes and the moderation of student work. It suggests that moderation practice can depend on the nature of the programme and suggests that individual faculties may determine their procedures through assessment protocols. Despite this potential flexibility of approach, the team found no evidence of any issues relating to moderation raised in external examiner reports. At faculty level assessment guidelines are made available to staff through a variety of documents including web-based information. The LTEU offers a range of staff development to enable staff to enhance assessment practices. Their 'Assessment Good Practice Guide' is included in the QME Handbook. The University will wish to monitor faculty assessment protocols to ensure continued robustness in moderation practice.

51 The audit team found that students were given appropriate information about assessment in a variety of ways. The Student Gateway provides clear and comprehensive information including access to the Academic Regulations for Taught Programmes; students can also access hard copies in faculty offices. The University Student Handbook has a useful section on assessment. Course and unit guides give related specific information including information on plagiarism.

52 Matters arising from course assessments are discussed by the subject team at course board committees, and student representatives are invited and can participate in the discussions (see paragraph 76).

53 The audit team concluded that the University's assessment policies and regulations made an effective contribution to the management of academic standards.

## Management information - statistics

54 The University has recognised the need for a management information system that can produce detailed, comprehensive and appropriate statistics. At the time of the audit, it was currently rolling out a new system, the Progression Analysis Tool (PAT), that will provide information for programme monitoring reports. The audit team viewed the PAT and found that the detailed analysis it could provide (gender, ethnicity, disability, age on entry and entry qualifications) had the potential to benefit staff evaluating their units and programmes. PAT also provides a summary at departmental and faculty level that will enable senior staff to take an overview. At this early stage of embedding the tool, staff were positive about its potential. The team considered that this new development had the potential to be a very useful mechanism for gathering and presenting information to inform annual monitoring and the completion of programme monitoring reports.

55 Statistical information is also being used by the University to track and monitor student engagement and performance through the Student Transition and Retention (STAR) project. Progression and completion statistics will be used in conjunction with other information, particularly related to submission of assessments and enrolment.

56 The audit team found that the University's approach to and use of management information contributed effectively to the management of academic standards.

57 Overall, the audit team concluded that confidence could reasonably be placed in the soundness of the institution's current and likely future management of the academic standards of its awards.

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

58 The University's approach to the management of the quality of learning opportunities is closely aligned with the management of academic standards. It is embedded in the processes of approval, monitoring and review, external reference and advice, and student feedback. The University adopts methods of engagement with its student body that are appropriate for their often diverse and dispersed learning requirements. It sees the future approach to delivering quality learning opportunities as represented in the development of a 'more widely focused Academic Strategy'.

#### **Academic Infrastructure and other external reference points**

59 As noted earlier (see paragraph 43) the Quality and Standards Committee (QSC) document 'Engagement with the Academic Infrastructure' provides a useful matrix both of responsible bodies, such as committees and central departments, and documents in relation to the University's alignment with the expectations of the *Code of practice*. Faculties are included in the circulation of the document in order that they are aware of current changes to the *Code of practice* and their responsibility for implementing them.

60 The Quality Management and Enhancement (QME) Handbook sets out the responsibilities of validation and review panels to consider external reference points, including Professional, Statutory and Regulatory Bodies' (PSRBs) requirements in relation to the learning opportunities of students. Programme specifications give clear information to students on aims, learning outcomes and assessment.

61 From documents seen by the audit team, it was clear that due consideration had been given to the Academic Infrastructure and other external reference points, which were being used effectively in the management of learning opportunities for students.

#### **Approval, monitoring and review of programmes**

62 The QME Handbook clearly sets out the stages of the approval process, emphasising the importance of the planning and design period for the programme team, including taking account of PSRB requirements. There are specific guidelines for off-site and collaborative provision (see paragraph 127).

63 The initial new programme proposal form is prepared by the programme team and is scrutinised by the faculty academic standards committee (FASC) and when endorsed it is forwarded to the Academic Planning Committee (APC) for approval to proceed to validation (see paragraph 23). The examples seen by the audit team demonstrated that opportunities for learning were considered, and that resources were also considered. There was evidence that FASCs were diligent in their scrutiny of proposals.

64 A standard agenda for the approval event is available in the QME Handbook. However, at the pre-meeting the chair and the programme leader will agree a specific agenda. If the programme uses specialist resources, or involves a PSRB, a resources visit may be included. Documents provided at the approval include an evaluation that provides a rationale for the programme, programme specification, unit pro formas, a resource document and curricula vitae of the staff.

65 The process after the validation event requires programme teams to address any conditions or recommendations highlighted in the report. The chair is responsible for signing off the approval when the whole panel, including externals, are satisfied that requirements have been met.

66 The audit team read a number of validation reports and accompanying documents and concluded that there was evidence of thorough discussion and of the requisite external involvement and that documents fulfilled necessary requirements.

67 The new process of integrated monitoring, reporting and planning recognises that annual monitoring should 'have the capacity to influence activity at faculty, department and university levels' and provide opportunities to close the loop on identified actions. The audit team considered that this aspiration will benefit the delivery of learning opportunities to students and it is being delivered through the new process. The QME Handbook gives clear guidelines on the process and the content of the reports. The annual programme monitoring report (PMR) requires an analysis of statistics relating to student achievement, progression and completion rates, and an analysis of student feedback at unit level, the University Research Student Satisfaction Survey and the National Student Survey, and of issues raised by the student representatives at course boards. It also includes the responses by staff to external examiner reports and the operation of course boards. These reports are scrutinised by FASCs (see paragraph 23). The audit team viewed a range of reports and minutes of FASCs that demonstrated that learning opportunities were picked up: for example, the use of white boards, development of professional skills, literacy support and gathering feedback from graduates. Faculties also see the process as delivering its aims, including 'to tease out key objectives for the Faculty'. Faculties produce a summary report for QSC and examples seen by the team demonstrated a thorough analysis of individual reports and action plans and took seriously and responded to student concerns.

68 The audit team read a range of periodic review documentation including examples of self-evaluation documents (SEDs) which were reflective and evaluative in considering the quality of learning opportunities including student support and learning resources. The SED is distributed to the panel members and, while the external member will focus on academic standards, the other members are asked to also consider the quality of learning opportunities. The panel meets both staff and students and may view resources. There is a specific meeting with staff to discuss the quality of learning opportunities. From the documents seen by the team the matter of quality of learning opportunities is well considered and debated. A report is produced including recommendations and evidence of good practice. Faculties respond to the report and produce an action plan. QSC receives this response and disseminates the good practice across the University.

69 Overall, the audit team concluded that the University's approach to approval, monitoring and review provides an effective contribution to the management of student learning opportunities.

### **Management information - feedback from students**

70 The University issues explicit guidance to describe how student feedback should be collected and used to assure quality and guide future development. The University gathers information at programme level in course board meetings, unit evaluation questionnaires (UEQs) and, at institutional level, makes use of the National Student Survey (NSS) and its own Research Student Satisfaction Survey (RSSS). At the time of the audit, there was no information collected at institutional level about the experience of second-year undergraduate students or postgraduate taught students, but the University intends to launch these surveys soon.

71 Academic Board receives annual reports on the results of the NSS and discusses matters of institutional significance. The Board has made a commitment to increasing student participation in the NSS to improve action planning and to measure progress. QSC is responsible for reviewing the information and for delivering recommendations arising from the NSS data. QSC has stated that programme monitoring reports should address concerns and actions arising from the NSS in order to monitor institutional progress and the audit team found evidence of this in practice.

72 The RSSS is reported to the Research Degrees Committee (RDC) for comment and action. The University undertakes rigorous analysis of the survey and puts in place actions to improve the postgraduate research student experience, but returns are low and in meetings with the audit team students reported they were unaware of the survey and actions arising from it.

73 Student attention is drawn to the mechanisms for collecting their opinions in many ways such as the virtual learning environment and course guides. Students told the audit team that they were notified of the actions that came from their feedback through the recent inclusion of a 'student evaluation' section in Unit Guides, which details actions taken in response to feedback received the previous year. The team considered this to be an example of good practice.

74 The audit team considered that the University provided many ways for students to provide feedback, and was using the information collected appropriately in the management of learning opportunities.

### **Role of students in quality assurance**

75 Students are involved in quality assurance at the University in a number of ways. Arrangements for student input into validation and review are described in the QME Handbook and the audit team found evidence that the procedures operated in accordance with the stated requirements. Student input into programme monitoring is achieved through analysis of unit evaluation questionnaire data and discussion at some course boards, although this deliberative practice is not universal across the University and is an example of the variation in practice across faculties which led to the advisable recommendation on this matter.

76 The University has student representation at all levels of its deliberative structures, from course boards to Academic Board. Course boards meet at regular intervals and offer an opportunity for students to raise issues relating to the quality of their programmes with academic staff. The audit team read the minutes of a large number of course boards and saw evidence of committees with reasonably good attendance by student representatives. Issues raised by students were recorded in the minutes and some course boards showed good tracking of the student voice, from initial discussion to resolution or explanation. Actions are specified in course board minutes and summaries from course boards are reported to QSC by faculty academic standards committees for institutional reflection and action. The audit team concluded that course boards were an effective way for student representatives to discuss the quality of programmes and the student learning experience more broadly.

77 At faculty and institutional level student representation is more problematic and participation by student representatives, other than sabbaticals of the Students' Union, is variable, with some vacancies standing empty for a number of years. The student written submission acknowledged that the Students' Union had not been proactive in the matter previously and that as a result representation had suffered. Students are members of three of the four faculty academic standards committees. There are no student representatives on the University Learning and Teaching Committee (LTC) and on one faculty LTC. The audit team saw evidence that the University is aware that active participation in faculty committees is inconsistent across the University. The student written submission noted that the Union was working more closely with the University to improve the student voice and that this reflected the strengthening of the relationship between the two organisations.

78 The University has delegated training for course board representatives to the Students' Union and there has been some recent innovation and success in this area, recognised by both students and staff, such as the introduction of the post of Students' Union Representation and Democracy Coordinator and faculty-level student experience committees. Student representatives are also supported through informal induction to institutional-level committees by senior University staff, and through ongoing informal relationships with chairs or secretaries of committees who may provide additional guidance.

79 The audit team considered that the University had invested significant effort in ensuring that students had many accessible ways to provide feedback, but that a similar effort had not been applied to address the vacancies in membership and lack of participation in some committees. The University considers that its work with the Students' Union, for example funding the Representation and Democracy Coordinator role, will bring about improvement in student participation in committees. The University is advised therefore to review its strategies for recruitment and training of student representatives to ensure that students are enabled to engage fully with institutional and faculty-level deliberative structures.

80 The University may further wish to consider the variations that exist between its faculties in student membership of FASCs and LTCs and the existence of the different forms of 'staff-student consultative committees'. The University is considering extending all LTCs to include student membership.

### **Links between research or scholarly activity and learning opportunities**

81 There is an emphasis in the University on pedagogic scholarship and applied research feeding into the undergraduate curriculum and on preparing students for future employment. This ethos is enshrined within the second objective of the Academic Strategy, an aim of which is to ensure that 'research activity continues to be wholeheartedly engaged with academic delivery and enhancing the opportunities for all students to reflect upon a research culture which is grounded within both academic and professional contexts'. The Pro Vice Chancellor (External), Pro Vice Chancellor (Academic) and the executive deans have the responsibility for delivering this aim. Faculty research and scholarship reports inform programme validations.

82 The audit team saw examples through the audit trails of such links and the student written submission, and students whom the team met were positive about the teaching on their courses, confirming that lecturers provided applied information relevant to the world of work. For example, the faculty of Engineering Science and the Built Environment (ESBE) are committed to developing innovative projects and research-based learning and teaching methods, and were able to demonstrate how discipline research informs their teaching in a number of units. The faculty of Health and Social Care (HSC) also links its research and professional practice to teaching delivery with examples such as the conference 'Delivering health excellence through health and social care research, education and practice in London' and the use of joint posts with partner NHS Trusts to provide academic leadership at the clinical interface.

83 Centrally, the Learning and Teaching Enhancement Unit (LTEU) supports pedagogic research and scholarly activity through the E-learning and Teaching Journal, which is interdisciplinary and covers aspects of learning, teaching and assessment in higher education. There is evidence that this journal is discussed at faculty learning and teaching committees (LTCs). The Unit also organises the well-established Annual Learning and Teaching Conferences; attendance is monitored and there has been an ongoing increase in the number of staff participating. The conference topic in 2007 was 'forging the links: research and teaching'. The conference theme for 2010 is 'supporting student achievement through inclusivity' and is linked to the Higher Education Academy (HEA) Inclusive Curriculum Project. There is clear evidence that faculties also run learning and teaching conferences relevant to pedagogic scholarship.

84 The University has used its HEFCE Teaching Quality Enhancement Funds (TQEF) to support a range of fellowships and funded individual and team projects through the Learning and Teaching Innovation Scheme. Successful projects are reported in the E-learning and Teaching Journal. There is an excellence award for the best project submitted under the scheme. The University plans to devolve the function of the Learning and Teaching Innovation Scheme to the faculties through the Teaching Enhancement and Student Support (TESS) funding, which will form part of the faculty allocation. The projects run through TESS will be reported to LTC. The University has been awarded three National Teaching Fellowships by the HEA. The activities of

the fellows include 'enhancing the learning opportunities of students in a diverse and ethnically mixed university, organising faculty teaching and learning events on student experience in regard to assessment, feedback and employability'. One Fellow heads the Skills for Learning Team in the Centre for Learning Support and Development (CLSD) and is a member of LTC.

### **Other modes of study**

85 The University has only a small number of programmes that are delivered through distance and blended learning. Validation events ensure that there is additional scrutiny of such programmes of study (see paragraph 127). There is an academic contact tutor with specific responsibilities for each course, including written unit guides and examination arrangements. The Business faculty has a Faculty Blended Learning Committee to support the development of online resources.

86 The University provides support for students on work based and distance learning through email and the virtual learning environment. Workshops and residential weekends are offered on some master's provision. The audit team formed the view that the small number of programmes delivered by distance and blended learning at the University were given appropriate additional consideration to ensure that delivery and assessment is robust.

87 The audit team found evidence that the University was approaching e-learning in a sensitive manner, firstly by focusing on up-skilling staff through specific training and annual events run by the LTEU. The University has also participated in National e-Learning Benchmarking Programmes and succeeded in obtaining an HEA Pathfinder project. Outputs from the project included two briefing papers on e-assessment. The evaluation of the project highlighted insufficient systematic dissemination of existing good practice across faculties and concluded that there was a need to embed e-learning across the institution instead of it being largely confined to enthusiasts working alone. The LTEU and the IT Training Centre have taken up the challenge and staff are offered a range of hands-on sessions on the technical and pedagogic aspects of e-learning. At the time of the audit the University was involved in a Joint Information Systems Committee (JISC) - funded project with four other UK universities focusing on using technology to support curriculum development. A 'Curriculum Challenge' event is scheduled with these partners in 2010.

88 The University has a significant amount of work-based and placement learning and has developed a comprehensive range of support material including a placement and work experience service employers guide, which details different types of placements and work experience options, the benefits of taking a student, and sets out clearly the roles and responsibilities of the University, the student and the placement provider. At faculty level, students are provided with detailed placement guides, practice-based learning handbooks and unit details, and practice and competency-based assessment booklets with clear guidelines for mentors. Students evaluate the placement and any complaints are dealt with through the normal complaints procedures.

### **Resources for learning**

89 As noted earlier (see paragraphs 63, 64, 68), resourcing for new programmes is considered as a key part of validations and reviews; in addition, a member of library staff sits on APC. Resources are regularly discussed at course boards and end of unit reports have a section for the unit coordinator to comment on any resourcing issues. There is also a Customer Charter for the Library and Learning Resource Centre at the Southwark Campus.

90 The NSS data for the academic year 2008-09 indicated that, in general, library and ICT facilities are rated highly by most students. The library conducts local surveys and meets the Students' Union as required to discuss the service. Students whom the audit team met confirmed that the library had responded positively to their requests, for example extending opening hours and the creation of 'Social Learning Space' in the libraries. The student written submission noted that there had been substantial recent investment in library resources and students have acknowledged an improvement in the availability of books and journals. The library benchmarks



its provision nationally through its membership of the Society of National and University Libraries (SCONUL) and its participation in the Tribal Benchmarks Survey.

91 The University's Research Student Satisfaction Survey (RSSS) highlighted a shortfall in library support for postgraduate research students, but research students whom the audit team met confirmed that library facilities were adequate.

92 The University has made significant capital investment on each of the campuses in relation to ICT, including upgrades at Havering and Whipps Cross Hospital and an internet café in the Students' Union. The Learning Resource Centre provides support to students on various ICT packages including induction and training sessions. The University indicated that it was in the process of developing tutorials and other support for students to access via the virtual learning environment and other social media. In response to the student written submission the University is taking steps to ensure closer monitoring of equipment to ensure timely repairs.

93 The audit team considers that the University's approach to the provision of learning resources is effective in the management of learning opportunities.

### **Admissions policy**

94 The University has a clear and comprehensive admissions policy, emphasising its commitment to providing an education 'to all those who have the potential to succeed or benefit from it'. Admissions profiles, including any specific PSRB requirements, are available on the University website. The admission system is centralised, with faculties/departments providing standard offer portfolios and course directors/admission tutors only becoming involved in decisions in respect of non-standard entrants. The Department of Student Recruitment (which will in future be under the remit of the new Academic Registry) has a strategy to improve the applicants' experience and promote good practice. This department delivers and supports recruitment activity and engages with local colleges and employers.

95 Students are provided with a range of information including that related to fees, scholarships, bursaries and financial assistance. The international admissions criteria guide ensures consistency in expectations for international student recruitment, with guidance on English language requirements and entry qualifications. The Student Charter provides detailed information in regard to what students can expect before they arrive at the University. Students who the audit team met confirmed that they found this information to be accurate, but not all were aware of the Student Charter.

96 The University has a strong commitment to the widening participation agenda, which is being taken forward through a number of committees: central is the Student Recruitment Committee (SRC), supported by a Widening Participation Subcommittee which analyses the effectiveness of the recruitment processes including student enrolment and induction, and acts as a forum for faculty and departmental issues. From the evidence available to it, the audit team formed the view that SRC functions well, has appropriate representation from the faculties and support areas, and is bringing key issues to the attention of Academic Board, such as the lack of statistical information on recruitment and enrolments and the lack of locus of responsibility for this function. The Equality and Diversity Committee, QSC and the Marketing and Promotions Committee also consider admission-related matters.

97 A number of initiatives are making an effective contribution to the widening participation agenda, including the work of one of the National Teaching Fellows in enhancing the learning opportunities of students in a diverse and ethnically mixed university; the development of special progression accords with further education colleges and schools in London; the new Progression Analysis Tool (PAT); and the student employee scheme, where appropriately trained students are employed by the University.

98 The audit team found good review practices and information sharing in regard to admission processes, entry profiles and application data (annually reviewed) and the biannual auditing of faculty/departmental decisions to ensure consistency. The University's approach to admissions is sound and reflects the expectations of the relevant precepts of the *Code of practice*.

### **Student support**

99 Central student support is provided by the Centre for Learning Support and Development (CLSD) covering disability and dyslexia support, skills for learning, and careers guidance. Personal development planning advice is provided through a student diary planner. The Corporate Plan has identified the need to establish a 'one-stop shop' for student pastoral support in close association with the Students' Union. The student written submission and the students with whom the audit team met confirmed a current lack of coherence with regards to support and a need for a single point of contact. Students at the University are provided with comprehensive and useful information about available support through the student handbook, programme guide and unit guide and they are used throughout the institution.

100 The University has clear channels for communication about student support issues: staff within CLSD are in regular communication with faculty-based staff and the welfare and the advice workers in the Students' Union. At institutional and faculty level the Student Affairs Committee (SAC), the Equality and Diversity Committee, student experience/affairs committees (where in existence) and faculty LTCs discuss student support issues such as NSS results, the Student Transition and Retention (STAR) project, unit evaluation questionnaires, personal tutoring, and mentoring.

101 Students are surveyed about learning support provision and there is evidence that the University has responded to student comments. The audit team saw examples of how some faculties communicate such actions back to the student cohort. However, this practice was variable and not all the students at the audit were aware of the actions taken.

102 The audit team found a number of areas where variable practice was evident in relation to academic and pastoral support, although there was evidence that the University was starting to take action to remedy some of these. One area of concern that students raised in the student written submission and at the audit was the timeliness of feedback on assessed work. The examples given by the students varied across faculties and departments. The QME Handbook refers to feedback systems varying in order to take account of modes of delivery and numbers of students. However, the Student Charter includes a commitment to provide feedback, 'normally within 15 working days'. Furthermore, the Staff Code of Professional Conduct also refers to the 15 working day rule. There was evidence that this issue has been raised at institutional, faculty and course level, but had not been resolved at the time of the audit. The team considers it advisable that the University address the variation in practice across the faculties in implementing institutional policy and processes in relation to the timeliness of feedback on and the return of assessed work.

103 At the time of the audit there was no policy with regard to the use of personal tutors, with some programmes using them, while others used unit tutors and course directors to provide academic support. The use of unit tutors works, well in some areas of the University; however, the student written submission noted that students have experienced problems in contacting tutors on occasion. There is evidence that action, led by the PVC (Academic), is planned to tackle this issue. Faculty executive summary plans and some department plans are starting to set out in detail what each faculty/department will deliver for students in the academic years 2009-10 and 2010-11. Some of the plans seen by the audit team had clarity, met the key concerns of students as set out in the student written submission and outlined proposals that had measurable outcomes. Others, although commendable in themselves, had objectives which were rather vague.

104 In the light of the current lack of specification and of the variation in practice, the audit team considers it advisable that the University clarify the academic support that students can expect on each programme of study and in doing so address the variation in practice across the faculties.

105 The University has resolved the issue of inconsistencies arising from the way in which academic appeals were dealt with at faculty level by setting up a University Appeals Panel, and every appeal submitted in 2009 was processed through this system. There is evidence that the new appeals process is effective and has improved the consistency and quality of the decisions made. The role of Academic Misconduct Coordinator has been operational for two years and the report to QSC (March 2010) indicates that it is operating in an efficient manner. The audit team concluded that academic appeals and misconduct are dealt with in an appropriate manner.

106 The University envisages that the creation of an Academic Registry will strengthen student services and reduce further the inconsistency of practice in some areas. CLSD staff will be co-located with the Registry and this more centralised student support facility is scheduled to be operational by the latter half of the academic year 2009-10. The University regards the above development as a first stage and there are plans for the building of a 'University Centre' on the Southwark Campus incorporating the Students' Union to provide a comprehensive access to all student-facing areas. Students are being consulted on these proposals through the SAC.

107 Overall, the audit found that, while the University has systems in place to monitor faculty adherence to policies, nonetheless, the policies are at times ignored by some faculties or departments. The examples of variability in practice highlighted above contribute to the team's recommendation that the University should address the variation in practice across the faculties in implementing institutional policy and processes with regard to the quality of learning opportunities.

### **Staff support (including staff development)**

108 The Board for People and Organisational Development (BPOD) has the responsibility for discussing and coordinating the strategy for staff development. It was established in 2007 to direct the development of a coherent over-arching organisational development strategy, to ensure and monitor implementation of each element of the strategy and to review the outcomes. The Board functioned as a project group with designated 'task and finish' subgroups. In the academic year 2009-10, it was decided to disband BPOD as its work has been largely 'mainstreamed' towards the Executive, and the joint Health and Safety Committee and Human Resource Committee. The audit team regards the aims of the BPOD group and the membership, which was cross-representational, as valuable and would encourage the University to ensure that the key functions of this group are maintained.

109 The Staff Development Unit (SDU) within the Human Resources Department has responsibility for the operational implementation of the Staff Development Strategic Plan. The University's strategy for staff development is clearly set out in the 'Corporate Learning and Development Plan' and the 'People Development Strategy'. The University is prioritising management and leadership development for all individuals with line management responsibilities through a 'Leadership Development Strategy'. The University runs a New Managers Welcome Conference with a key aim of ensuring that functions such as managing people, strategy delivery and resource management are understood. Other priorities are improving the ICT capabilities of staff and the delivery of the 'Students first' theme of the Corporate Plan. The audit team concluded that the University's strategy for staff development was appropriate to achieving the aims and objectives of the Corporate Plan.

110 There is detailed induction available for new staff and three welcome conferences are run each year but there is no mechanism for ensuring attendance. New members of staff are provided with a mentor; in June 2009 the faculty of Business at its Learning and Teaching

Committee discussed the mentoring of new members of staff and reported the mixed experiences of staff across the University. Guidelines for the mentoring of new staff were presented to the LTC in February 2010; these were welcomed by the Committee and it was agreed that they should be piloted. The audit team welcomed this new development, which should help to ensure equality of experience for all new staff across the University.

111 Staff development support for teaching and learning is undertaken by LTEU and the SDU; the audit found a comprehensive range of activities and events on offer aimed at supporting staff to enhance the student learning experience. Faculties also run learning and teaching events such as Arts and Human Sciences (AHS) 'Spotlight on the student experience' (July 2009). LTEU also provides standard templates for unit guides, course guides and programme specifications to support staff and to promote consistency.

112 The University's Staff Code of Practice commits the University to supporting professional body membership and continuing professional development (CPD). The audit team saw extensive examples of such professional CPD being provided and the University Staff Survey indicated that staff rated such CPD as being good. The survey covers all categories of staff, with 537 academic staff and 522 administrative/support staff participating (69 per cent of all staff).

113 The University has a Programme for Learning and Teaching in Higher Education (PLTHE) run by the Department of Education. Within the programme there is a Certificate of Learning and Teaching in Higher Education (CLTHE) with 2 units of study and a Postgraduate Certificate in HE (PGCHE) comprising a further 2 units. The certificate is a requirement of employment and the probation period. Staff with no or little experience undertake the taught programme and there is a fast-track (independent) route for more experienced staff. Progression may be slow, especially on the independent study route, due to staff commitments; however, participants testify to strong tutorial support from the course team. At the time of the audit there were 32 staff studying on the PLTHE. Postgraduate students may enrol on the PLTHE and the vast majority of those with teaching duties have done so or are about to do so (see paragraph 146).

114 The University revised its Teaching Observation Scheme (TOS) in 2007. A report on the first year of operation of the scheme to LTC led to further changes and extension of the deadline for the completion of observation to a more realistic timeframe. The report also suggested prioritising the observation of new and part-time staff and using periodic rather than annual observation of more experienced staff; staff would also be given a choice of observer from within their own discipline or outside the subject area if the individual utilised similar delivery methodologies. An evaluation of the TOS and participation in the academic year 2008-09 for LTC led to a number of further actions being proposed, including asking LTEU to clarify the purpose of the scheme, to improve usability of the online system, to review scheme documentation and to promote the dissemination of good practice. The University acknowledges that the scheme is not yet fully embedded and has asked heads of department and pro deans to ensure that peer observation takes place, is correctly recorded, and that the feedback is used in informing staff development needs.

115 Annual staff appraisal is a requirement of the staff contract of employment. Staff are reminded of this through the Staff News pages and the majority of staff have either completed or were completing appraisals within the appropriate timeframe. Appraisals are being used in a constructive manner, for example to devise a staff development strategy for a faculty. In July 2009 the University launched a new Academic Appraisal Scheme, which was in the process of being rolled out at the time of the audit. It will be evaluated once the first appraisals have been carried out.

116 The audit confirmed that the University's approach to the support and development of staff made an effective contribution to the University's management of learning opportunities.

117 Overall, the audit team concludes that confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students.

## Section 4: Institutional approach to quality enhancement

### Management information - quality enhancement

118 The Briefing Paper stated that quality enhancement was embedded within the University's quality assurance processes 'if conducted properly' and that the University relied on a wide range of diverse groups to exchange ideas for improvement and to enhance the student experience. The audit team concurs with this view. The University does not claim to have delivered on all aspects of quality enhancement, but is actively focussing on sound information management, action on reports arising from quality assurance procedures, sharing good practice and processes to enhance the student experience. As discussed earlier (see paragraph 55) the recently introduced Student Transition and Retention (STAR) project and the new Progression Analysis Tool (PAT), under the auspices of the Learning and Teaching Enhancement Unit (LTEU), are central to the improved use of management information in the University to support progression and achievement. The PAT is regarded by staff as a valuable tool that has already made a positive impact in regard to data collection and analysis. The STAR project has three areas of activity which are in a trial phase: they include linking the submission of assessments to the student record system, various means of monitoring student attendance and an online enrolment system. The aim of the project is eventually to track the progression and achievement data against submission of assessment and attendance. These data will then be used to identify students that appear to be 'at risk' and trigger interventions. Although at the time of the audit it was too early to assess the impact of the project in practice, the audit team formed the view that it had the potential to enhance student progression significantly in the future.

119 The Quality Unit and LTEU have responsibility for the sharing of good practice, and taking forward quality enhancement in the University, through managed discussion and staff development events. From the examples given earlier in the report (see paragraphs 24, 39, 50, 83, 87, 111) the audit team concluded that the Quality Unit and LTEU have made a notable contribution to quality enhancement in the University.

120 Institutional and faculty-level committees and a newly formed Quality and Enhancement Group have key responsibility for quality enhancement within their remits: the Learning and Teaching Committee (LTC) in relation to learning and teaching, curriculum development, assessment, innovative practice, dissemination of good practice, strategic planning, and the preparation of students for employment; the Quality and Standards Committee (QSC) in the development of an enhancement frame-work through various liaison groups; the Quality and Standards Implementation Committee (QSIC) as the forum for the exchange of good practice in quality management and enhancement systems at the faculty level; and faculty academic standards committees (FASCs) in assuring and enhancement of quality of taught courses. Each faculty LTC has its own terms of reference; nevertheless, certain key areas are covered by all committees, including the dissemination of good practice in learning, teaching and assessment, and enhancement more generally. The audit team also saw evidence of one faculty having its own Learning and Teaching Enhancement Unit and academic development officers to lead enhancement, working closely with the QSIC.

121 The University has recently introduced an innovative 'student shadowing scheme', run by the Staff Development Unit in partnership with the Students' Union. The scheme enables senior managers to shadow student volunteers for a day a week in the University to get a better understanding of the student experience. To date, 38 senior staff members have been paired with students in the pilot phase of the scheme and, at the time of the audit, there were plans to extend the scheme and open it up to other members of staff in the following academic year. There are already very positive signs that this scheme is achieving its aims and students and the staff involved have found it to be a very positive experience. The audit team concluded that the student shadowing scheme was a positive development that had the potential to contribute significantly to the enhancement of the student experience, as well as to the implementation of the University's Strategic Plan to place the 'Students first'.

122 The audit team concluded that the University was taking a systematic and strategic approach to enhancing the quality of the student experience across the institution and that this was further supported by new Academic Strategy; in particular, objective 2, 'Supporting the enhancement of the quality of learning opportunities for all our students, where ever (and however) their programme of study is delivered', has quality enhancement as its primary aim.

## **Section 5: Collaborative arrangements**

123 The University operates a number of UK-based and international collaborative partnerships involving over 70 institutions and 140 programmes. A significant proportion of these arrangements have not recruited students and student numbers on those programmes that are in operation are relatively small. In total there are approximately 1,000 students, of whom approximately 750 are full-time and 100 are at overseas institutions. No collaborative programmes are delivered by flexible or distributed learning.

124 In 2007 the University identified a number of weaknesses in the management of collaborative provision due to the unstructured way in which collaborations had developed across the institution. A Collaborations Working Group was established to review and to modify policy and procedures. Since 2008 central oversight of the academic standards and the quality of learning opportunities of collaborative arrangements has been exercised by the Collaborations Committee, a subcommittee of Quality and Standards Committee. At faculty level each faculty academic standards committee has a collaborations subcommittee with responsibility for overseeing its collaborative arrangements. At a strategic level collaborative arrangements are overseen by the Director of Collaborations and Curriculum Development, while central operational responsibility lies with the Collaborations Manager. An institutional database is maintained to record and share information on all collaborative activity.

125 The University does not have a formal written collaborative strategy but, at the time of the audit, it was in the process of rationalising its collaborative provision. It has identified the need to take a more risk-based approach which encourages the development of progression agreements and part-franchises first before moving to fully franchised arrangements. The University has also prioritised the expansion and enhancement of its 'local footprint', encompassing collaborative partnerships in and around London consistent with its commitment to the local area and region.

126 The audit team found evidence that the establishment of the central Collaborations Committee and the faculty Collaborations subcommittees had enabled a sharper focus on the development and management of collaborative arrangements. There was evidence of a managed reduction in the number of collaborations, often associated with issues of financial viability and non-recruitment. However, while the University considered the institutional collaborations database to be accurate and up to date, the team found that student numbers on a small number of partnerships had not been entered and the capabilities of the database itself did not appear sufficient to provide the full range of data required to meaningfully inform the strategic management of collaborative provision. The team considers it desirable that the University further develop its Academic Collaborations database in order to provide improved data to inform the strategic management of collaborative provision at both University and faculty level.

127 The University's normal quality assurance and enhancement processes apply to collaborative arrangements with some additional procedures in place for each type of collaborative provision in which the University is engaged – progression accords, articulations, validation, full and partial franchises. The additional procedures relate to the development, approval, monitoring and review of collaborative provision and are intended to ensure the equivalence of academic standards and the quality of learning opportunities with those of programmes offered on campus. They have been designed to align with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* and are clearly stated in a dedicated section of the University's Handbook on Quality Management and

Enhancement. Their implementation is overseen by the central Collaborations Committee and faculty Collaborations subcommittees.

128 Collaborative activity can be initiated at any level within the University but must then follow a common process for the establishment of links at programme level. The specific programme approval process varies slightly to reflect the nature of each model of collaboration and the appropriate actions and responsibilities for approval are clearly identified for each model. All arrangements must be approved by the relevant faculty academic standards committee and then either by the Collaborations Committee, when the proposal involves an existing University programme, or by Academic Policy Committee, when the proposed collaboration involves a new programme. In line with normal University procedures collaborative arrangements must satisfy the requirements of the Academic Infrastructure. Additionally, risk assessment is undertaken for all proposed and continuing collaborations using a clear set of institutional criteria in relation to academic, legal, financial, geographical and philosophical risk considerations. These criteria must be met before the approval of a prospective partner institution and the approval of individual programmes can take place. Mechanisms are in place for due diligence enquiries.

129 A Memorandum of Understanding is used to signal the intention of both parties to explore potential areas of joint activity, while a Memorandum of Cooperation is a legally binding document which is signed by both parties after the partnership arrangements have been approved. At validation and in the Memorandum of Cooperation the partners agree that final authority on all matters pertaining to the academic standard of a University award lies with the University's Academic Board and that each party is separately responsible for satisfying the requirements of national authorities and professional bodies. Certificates and transcripts provided to students on collaborative programmes are those of the University and record the location of study.

130 An internal audit of collaborative arrangements in April-June 2009 found that some programmes within the sample considered were without the Memorandum of Cooperation on file. The internal audit also revealed that supporting documentation was sometimes kept at faculty rather than central level. The audit team was informed that all but four of the 71 Memoranda of Cooperation had now been signed and that repeated efforts were being made to sign off the outstanding memoranda. The team was also assured that all documentation relating to collaborative arrangements was now kept centrally.

131 The audit team saw evidence to confirm that the additional approval processes for collaborative arrangements were working effectively. The team considers it advisable that all existing Memoranda of Cooperation be signed off and that the University ensure that Memoranda of Cooperation for newly approved programmes be signed off before students are recruited on to a programme.

132 Once approved, collaborative programmes are allocated an individual academic link tutor within the 'home' faculty in the University to serve as a point of academic contact for partner staff and to oversee effective management of the collaboration. A customised management handbook, identifying processes and responsibilities for management of the programme, must be produced for staff at the University and the partner institution involved in the management of each individual collaborative arrangement. The role of academic link tutor includes responsibility for ensuring that assessment, external examining, student feedback and representation, student support, learning resources, staff development, publicity and marketing materials meet University requirements. The University's procedures for external examining apply to all collaborative arrangements so that samples of assessed work seen by external examiners are drawn from all work submitted on University units and programmes, including those delivered at collaborative partners. While some problems have been experienced with student enrolment processes delaying student access to the University's virtual learning environment and with the notification of changes in partner staff teaching on courses, these usually occurred only at the beginning of the academic year and are soon resolved by the academic link tutor.

133 The audit team formed the view that the introduction of the academic link tutor role, usually linked to counterpart staff in the partner institution, had provided a useful focal point for the more effective management of collaborative partnerships. The team viewed examples of management handbooks which followed the template provided in the Quality Management Enhancement (QME) Handbook, but found that in some collaborations less comprehensive documentation was in place.

134 Each faculty's annual monitoring report on programmes includes a specific section on collaborative arrangements. The internal audit of collaborative arrangements in April-June 2009 noted that there was variability in the faculty annual programme monitoring reports. The audit team was informed by the University that there were continuing efforts to ensure that the reporting of collaborative provision became more consistent and that this was an issue considered as part of the 'random audit' process for programme annual monitoring reports undertaken by Quality and Standards Committee (see paragraph 30 above). All collaboration arrangements are subject to normal faculty-based periodic subject review, which encompasses both the partner institution and the specific programmes offered. These follow a similar process to that for University programmes delivered on-campus but additionally incorporate visits to partner institutions.

135 The audit team concluded that the requirement for annual monitoring and periodic review to give specific attention to collaborative provision had helped to raise the profile of such provision and had improved the University's ability to identify and remedy issues as part of normal University monitoring and review processes.

136 Overall, the audit team formed the view that considerable progress has been made in the development and management of collaborative arrangements since the previous institutional audit. There was evidence of steps being taken to rationalise provision through the termination of unviable or strategically undesirable arrangements which had been allowed to proliferate in a previously unmanaged way. The team noted that the University now had a clearer vision for the development of its collaborative provision, favouring low-risk arrangements which could be developed further when proven to be successful, and prioritising local partnerships which also reflected its regional commitment. The University has also improved the processes for approving, managing and monitoring collaborative arrangements. However, the team identified the need to ensure that all legal documents be signed off before students are recruited on to collaborative programmes and for the collaborations database to be developed further in order that it can provide the requisite data for effective strategic management of collaborative provision.

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

137 The University places significant emphasis on the importance of continuing to develop a dynamic research culture and audit team meetings with staff and postgraduate research students confirmed that there was a willingness to fund student and staff participation in conferences, the pursuit of higher degrees and any necessary associated staff development.

138 At the time of the audit there were some 155 postgraduate research students and 53 undertaking professional doctorates. The University has created a number of Research Institutes in key areas including Computing, Primary Care and Public Health, Strategic Leadership and Practice Innovation, and Social Policy and Urban Regeneration.

139 The responsibility for the recruitment of postgraduate research students lies with faculties, although all applications must go through the Research and Business Development Office (RBDO), where the University Research Administrator will refer them to the potential supervisor and an interview will be arranged. Where appropriate the RBDO will verify that external requirements such as the Home Office's Academic Technology Approval Scheme have been met.



140 Interviews are normally conducted by at least two people, one of whom is the Director of Postgraduate Research for the faculty concerned and the other the potential Director of Studies. Where a decision is made to accept an applicant, the Research Degree Programmes Code of Practice states that the offer letter will be issued, normally within four weeks, by the relevant Director of Postgraduate Research and the acceptance letter from the student goes directly to the Research Administrator in the RBDO. The Guidelines for Supervision of MPhil/PhDs misleadingly suggest that offer letters are issued by the RBDO and the University might wish to consider amending the Guidelines accordingly.

141 Induction is a dispersed process, conducted by the RBDO, the faculty/research group and the supervisory team. The RBDO's induction covers research degree programmes, skills training, research ethics and intellectual property.

142 The University favours a team approach to supervision and central training is available from the Staff Development Unit for both new and more experienced members of supervisory teams. The provisional supervisory team is approved by the faculty Director of Postgraduate Research in the process of generating the offer letter which goes out to applicants. The team is confirmed or, if altered, approved by the Research Degrees Committee (RDC) in the process of registration, which occurs between six and nine months after enrolment. In the case of students intending to submit for PhD by published work, RDC approves the supervisor equivalent directly.

143 A supervisory team normally consists of a Director of Studies and a second supervisor, though there may be a third supervisor and up to two additional advisers, usually from industry or commerce, where appropriate. At least one member of the team should have had supervisory experience of at least one successful completion. The University issues Guidelines for Supervision of MPhil/PhDs which contain a relatively clear and concise account of the various stages and procedures together with a short but comprehensive statement of the expectations for and responsibilities of both supervisor(s) and student respectively.

144 There is a well-documented and clear series of stages through which the student progresses from admission and enrolment through registration and, for those on the MPhil/PhD programme, transfer of registration, each of which is recorded and scrutinised and approved by RDC. In addition, students submit a First Progress Report and then, in subsequent years, an Annual Monitoring Report (see paragraph 147). These reports are reviewed by two assessors, usually from within the same faculty as the student, and, if satisfactory, then they are signed off by the Director of Research in each faculty.

145 Research training and the development of other skills is undertaken by both faculties and the RBDO, but is coordinated by the latter. All postgraduate research students are required to take the university-wide Postgraduate Certificate in Research Skills, which incorporates, facilitates and formalises personal development planning, the First Progress Report and any additional research skills training identified by the student and supervisory team. Postgraduate research students may also attend any relevant taught master's-level specialist modules. The Certificate is coterminous with the student's research programme, and the research award will only be made if the Certificate has been passed. The audit team considered the training available to postgraduate research students to be well designed and delivered and the accreditation of this training through the Certificate to be a feature of good practice.

146 The Briefing Paper stated that all research students with teaching-related duties were permitted to enrol on the University's in-house Programme for Learning and Teaching in Higher Education (PLTHE). The audit team noted that, while this training was not compulsory, it had been delivered to nearly all relevant students and the one or two exceptions who had not yet been trained were being followed up. The University may wish to consider whether formalising the expectation that research students who teach undertake the PLTHE might facilitate closer alignment with Section 1 of the *Code of practice*.

147 Postgraduate research students are represented on RDC and attend for the open business items. They may also bring issues to the notice of the RBDO who will pass them on to the RDC. The First Progress Report and subsequent annual reports provide an opportunity for students to discuss their progress and any factors that might have impacted on it.

148 The University does not take part in the HEA Postgraduate Research Experience Survey (PRES) but conducts its own Research Student Satisfaction Survey (RSSS), the results of which are considered by the RDC and emailed to all postgraduate research students. Students were aware of the results of the RSSS, though they had limited knowledge of any actions taken in response to the issues raised.

149 The Regulations for Research Degree Programmes lay down the assessment criteria for all research degrees and are available to both students and supervisors online and in hard copy. The audit team met postgraduate research students, who stated that they were clear about assessment arrangements and what was expected of them and that feedback was both timely and appropriate. They also stated that they were impressed by the processes relating to annual progress monitoring and reporting.

150 At its meeting in June 2008 RDC decided that from September 2009 there would be independent chairs for all research degree viva voce examinations. A panel of experienced chairs has been drawn up and training is available. The audit team considered this to be good practice since it has the potential to ensure equity and fairness of the viva process for students.

151 Complaints and appeals procedures are clearly laid out in the Regulations for Research Degree Programmes, though every effort is made to resolve issues and complaints informally. Students whom the audit team met were clear that there was a member of staff to whom they could take issues and problems, but they were not aware of any particular issues being raised. Issues not resolved by discussion with the supervisory team can be discussed with the faculty Director of Postgraduate Students and then the Executive Dean and finally RDC. The Regulations for Research Degree Programmes contain guidelines for appeal against examination decisions.

152 Overall, the audit team concluded that the University had sound institutional arrangements for its postgraduate research students and that its arrangements met the expectations of the *Code of practice, Section 1: Postgraduate research programmes* and were operating as intended.

## **Section 7: Published information**

153 The audit team reviewed a range of published information, such as the University's website, including the staff and student intranets, handbooks, prospectuses, policy and procedure guides and committee minutes, and found that the University made a wide range of information accessible to students.

154 Staff responsible for the production of information such as prospectuses have their text scrutinised by senior faculty staff before the central Marketing Department produces a final document, which is then checked before being published. The University intends to move towards a stronger online resource of information and that a named staff member, normally from the faculty quality staff, will be responsible for updating the website and checking the consistency of content. The audit team was able to confirm that this process was accurately described.

155 Audit team meetings with students confirmed that they found published information in prospectuses, unit guides and programme handbooks useful to their studies and accurate reflections of their experience.

156 The student written submission identified discrepancies between the published Student Charter and the student experience, and highlighted the example of the return of assessed work (see paragraph 102). In meetings with the audit team senior staff of the University stated that the Student Charter was not considered to be a current document. Nevertheless, the team noted

that the Charter was currently being made publicly available and that students recognised the expectations contained within it. The University might wish to review the status of the Student Charter and the status of the 'entitlement' information it makes available to students.

157 The audit involved consideration of the University's response to the requirements of *HEFCE 06/45* for public information about academic standards and the quality of higher education and confirmed that the University was fulfilling its responsibilities in this respect.

158 The audit team considered that, notwithstanding the status of the Student Charter and information about the return of course work, 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.

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