Sheffield Hallam University

APRIL 2006

Preface

The Quality Assurance Agency for Higher Education (QAA) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE.

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales. For institutions that have large and complex provision offered through partnerships, QAA conducts collaborative provision audits in addition to institutional audits.

The purpose of collaborative provision audit

Collaborative provision audit shares the aims of institutional audit: to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard, and
- exercising their legal powers to award degrees in a proper manner.

Judgements

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

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the academic standards of its awards made through collaborative arrangements
- the confidence that can reasonably be placed in the present and likely future capacity of the awarding institution to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements; and
- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, (or authorises to be published) about the quality of its programmes offered through collaborative provision that lead to its awards and the standards of those awards.

These judgements are expressed as either **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

Nationally agreed standards

Collaborative provision audit uses a set of nationally agreed reference points, known as the 'Academic Infrastructure', to consider an institution's standards and quality. These are published by QAA and consist of:

- *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), which includes descriptions of different HE qualifications
- The *Code of practice for the assurance of academic quality and standards in higher education*
- subject benchmark statements, which describe the characteristics of degrees in different subjects

- guidelines for preparing programme specifications, which are descriptions of the what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

The audit process

Collaborative provision audits are carried out by teams of academics who review the way in which institutions oversee their academic quality and standards. Because they are evaluating their equals, the process is called 'peer review'.

The main elements of collaborative provision audit are:

- a preliminary visit by QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team six weeks before the audit visit
- visits to up to six partner institutions by members of the audit team
- the audit visit, which lasts five days
- the publication of a report on the audit team's judgements and findings 22 weeks after the audit visit.

The evidence for the audit

In order to obtain the evidence for its judgement, the audit team carries out a number of activities, including:

- reviewing the institution's own internal procedures and documents, such as regulations, policy statements, codes of practice, recruitment publications and minutes of relevant meetings, as well as the self-evaluation document itself
- reviewing the written submission from students
- asking questions of relevant staff from the institution and from partners
- talking to students from partner institutions about their experiences
- exploring how the institution uses the Academic Infrastructure.

The audit team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work through visits to partners. In addition, the audit team may focus on a particular theme that runs throughout the institution's management of its standards and quality. This is known as a 'thematic enquiry'.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews how institutions are working towards this requirement.

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Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Sheffield Hallam University (the University) from 24 to 28 April 2006 to carry out an audit of the collaborative provision offered by the University. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements.

To arrive at its conclusions the audit team spoke to members of staff of the University, and read a wide range of documents relating to the way the University manages the academic aspects of its collaborative provision. As part of the audit process, the team met with four of the University's collaborative partners, where it spoke to students on the University's collaborative programmes and to members of staff of the partner institution.

The words 'academic standards' are used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK.

Academic quality is a way of describing how well the learning opportunities available to students help them to achieve their award. It is about making sure that appropriate teaching, support, assessment and learning opportunities are provided for them.

The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' *(Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, 2004, paragraph 13, published by QAA).

In an audit of collaborative provision both academic standards and academic quality are reviewed.

Outcome of the collaborative provision audit

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

- broad confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its awards made through collaborative arrangements

- broad confidence can reasonably be placed in the present and likely future capacity of the University to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements.

Features of good practice

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

- the contribution that collaborative provision makes to the University's strategy particularly in respect of widening participation and continuing professional development

- the way in which the University is moving its AQR processes to support the enhancement of collaborative provision.

- the support provided for staff in partner organisations through formal and informal communication channels and processes including the collaborative conference

- the use of its virtual learning environment both in its delivery of programmes and as a way of effective communication with students and partners

Recommendations for action

The audit team also recommends that the University should consider further action in a number of areas to ensure that the academic quality of programmes and standards of the awards it offers through collaborative arrangements are maintained. The team considers it advisable that the University:

- makes better use of its statistical information to monitor and compare the performance of particular groups of students

- ensures the process of revalidation for collaborative provision is as rigorous as the on-site periodic review and includes involvement of students

- implements an effective process for providing timely feedback to students on assessed work

- develops a process for ensuring the checking of transcripts produced by collaborative partners

and considers it desirable that the University:

- defines the criteria by which 'Chair's action' is appropriate in respect of institutional approval and programme approval and modification

- continues to monitor the efficacy of the changes to the structure and operation of the assessment process.

National reference points

To provide further evidence to support its findings, the audit team also investigated the use made by the University of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The audit found that the University was making effective use of the Academic Infrastructure in the context of its collaborative provision.

In due course, the audit process will include a check on the reliability of the Teaching Quality Information (TQI) published by institutions in the format recommended in the Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance.* The audit team was satisfied that the information the University and its partners is publishing currently about the quality of its collaborative programmes and the standards of its awards is reliable, and that the University is making adequate progress to providing TQI data for its collaborative provision.

Main report

Main report

1   An audit of the collaborative provision (CP) offered by Sheffield Hallam University (the University or SHU) was undertaken during the period 24 to 28 April 2006. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements.

2   CP audit supplements the institutional audit of the University's own provision. The process of CP audit has been developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with higher education institutions (HEIs) in England. It provides a means for scrutinising the CP of an HEI with degree awarding powers (awarding institution) where the CP was too large or complex to have been included in the institutional audit of the awarding institution. The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit towards an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' (*Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*), *Section 2: Collaborative provision and flexible and distributed learning* (*including e-learning*) 2004).

3   The CP audit checked the effectiveness of the University's procedures for establishing and maintaining the standards of academic awards through collaborative arrangements; for reviewing and enhancing the quality of the programmes of study offered through collaborative arrangements that lead to those awards; for publishing reliable information about its CP; and for the discharge of its responsibility as an awarding body. As part of the collaborative audit process, the audit team visited four of the University's collaborative partners.

Section 1: Introduction: the institution and its mission as it relates to collaborative provision

4   The recent history of the University can be traced to the merger of three colleges: Technology, Commerce, and Art and Design, into Sheffield Polytechnic in 1969. A change of name to Sheffield City Polytechnic came with further mergers with three teacher training colleges during the 1970s. Sheffield City Polytechnic was incorporated in 1989 and went on to become Sheffield Hallam University with the authority to award its own degrees in 1992.

5   The University has a well-established portfolio of CP. It currently has partnerships with 86 organisations of which 14 are overseas. At the time of audit the University had over 28,000 students of which more than 3,000 are studying on collaborative programmes. Approximately 2,000 of these fall within the scope of this audit.

6   The University has recently completed the process of a major academic restructuring from 10 schools to four faculties: Arts, Computing, Engineering and Sciences; Development and Society; Health and Wellbeing; and Organisation and Management. The move to faculties provided an opportunity to introduce some greater standardisation in the operation of CP. Faculties instigate collaborative partnerships and provision which best suit their needs. The University has not sought to impose particular models for collaboration or draw boundaries as to the type of organisation considered suitable.

7   The faculties' development of CP grows directly from the University's institutional mission as expressed in its Vision and Values Statement. Thus the University seeks to: promote access for a diversity of students, offer flexible course delivery; enable students to meet the challenges and opportunities of a rapidly changing world; and increase students' employability by encouraging innovation, creativity and enterprise. The realisation of these objectives is being met partly through the development of CP with a range of partners.

8   The implementation of the University's Corporate Plan 2003-2008, Positioning for Growth, has provided an opportunity to better align CP to the aims of the University. The corporate plan specified a number of areas of growth: multiprofessional development; public sector education and training; international provision; and continuing professional development (CPD). The collaborative portfolio is integral to these developments, and it also enables the University to maintain its long-standing commitment to widening participation especially through the further development of Foundation Degrees (FDs). A good example of CP which is at once multiprofessional, based in the public sector, and incorporating widening participation and CPD is the FD in Health Care Informatics. The audit team recognised as good practice the manner in which CP contributes to broader University strategies particularly widening participation and professional development.

Background information

9   The published information available for the audit included the following recent reports:

- Institutional Audit Report (April 2005)

- the outcomes of developmental engagement reports for Architecture, Architectural Technology and Landscape Architecture (April 2003), Accountancy (May 2003), Law (December 2003) and Geography (October 2004)

- FD review reports for Food Manufacturing Management (May 2002), Applied Computing - Defence Geographic Information (July 2005), Applied Computing (October 2005) and Business Information Technology (October 2005)

- subject review report of English, Sociology and Anthropology, Social Policy and Administration and Social Work (July 2002)

- major review report of healthcare programmes (December 2003).

10   The University also provided QAA with a series of documents and information including:

- an institutional CP self-evaluation document (CPSED)

- undergraduate and postgraduate prospectuses

- access to the University intranet

- documentation relating to the partner institutions visited by the audit team.

11   During the briefing and audit visits, the audit team was given ready access to a range of the University's internal documents in hardcopy and through intranet access. The team identified a number of partnership arrangements that illustrated further aspects of the University's provision, and additional documentation was provided for the team during the audit visit. The team was grateful for the prompt and helpful responses to its requests for information.

The collaborative provision audit process

12   A preliminary meeting was held at the University in July 2005 between a QAA officer and representatives of the University and students. QAA confirmed in September 2005 that four partner visits would be included in the audit. The University provided its CPSED in December 2005 and briefing documentation for the selected partner institutions in February 2006. Students' Union (SU) officers were invited to reflect views of students studying for SHU awards through collaborative partners and a short written statement was provided in February 2006. The audit team is grateful to the SU officers at the University for their assistance during the audit.

13   The audit team visited the University from 27 February to 1 March 2006 to discuss with senior members of staff of the University, senior representatives from partner institutions, and student representatives from the University and partner institutions, matters relating to the management of quality and academic standards in CP raised by the University's CPSED and other

documentation. At the close of the briefing visit, a programme of meetings for the audit visit was agreed with the University. Additionally, it was also agreed that selected document audit trails would be followed to gain a clear understanding of the range of collaborative arrangements and procedures.

14   Visits to partners, which included the use of video-links, took place between the briefing and audit visits and members of the audit team met senior staff, teaching staff and student representatives. The team is grateful to the staff of the partner institutions for their help in advancing its understanding of the University's arrangements for managing its collaborative arrangements.

15   The audit visit took place from 24 to 28 April 2006, and included further meetings with staff of the University. The audit team is grateful to staff who participated in meetings. The auditors were Dr P Campbell, Dr T Joscelyne, Professor P Periton, and Professor N Whiteley with Ms M Sheehan as audit secretary. The audit was coordinated for QAA by Professor H Colley, Assistant Director, Reviews Group.

Developments since the institutional audit of the awarding institution

16   The findings of the institutional audit report (April 2005) highlighted a number of points which were relevant to the audit of the University's CP. In the CPSED the University provided the audit team with a summary of its response to the audit report.

17   In the audit report the University was advised to reassess how the staff appraisal and peer-supported review of learning, teaching and assessment might be more effectively used for the assurance of teaching quality in addition to the enhancement of teaching standards. In response the University stated that Link Tutor training along with CP conferences were addressing the development needs of its staff. The University was also actively considering how it could be more proactive in its approach to the development of partner staff.

18   The audit report indicated it would be desirable for the University to review the internal processes for responding to the reports of the external examiners to avoid potential duplication and ensure timely responses. A revised procedure is now in place under which faculties respond to issues raised by external examiners at module and course level, ensuring that both the partner and the external examiner are advised of actions taken. The new procedure requires Registry to track the faculty responses and also produce an overview response to institutional issues raised which is shared with external examiners and partner organisations.

19   As a consequence of the institutional audit, although not in direct response to a recommendation, the University stated in the CPSED that it continues to work on its student support framework with the intention of clarifying a threshold standard of student support available to students including those at partner organisations. The University has made a virtual learning environment (VLE) an integral part of the enhancing of the student learning experience. Full access to the VLE has until recently been available only to enrolled and not registered CP students. Technical and contractural barriers for access to the VLE for registered students have now been overcome and it can be made available to all students. The audit team found that CP partners and registered students feel that access to electronic databases would benefit the student learning experience. The University's Executive Group has supported a proposal for a set of technical developments that will make targeted access, specific to particular programmes for registered students, on the basis of prior agreement on required resources. Licensing and financial issues will be resolved as part of the prior agreement.

20   The Associated College Network has played an important part in the development of CP at the University. Recently its role has changed to focus more on facilitating recruitment to the University and to reflect this change it has been re-titled the Associate College Partnership. A paper submitted to the University Executive Group in January 2006

recognised that major partners of the University would benefit from an institutional strategic link to coordinate planning of collaborative activities. Consequent upon this, discussions are under way at a senior level to explore the possibilities of setting up institutional-level links and streamlined link-tutor arrangements with partners with whom the University has a number of programmes.

21   The University is currently engaged through the Assessment Working Group in considering how best to implement the recommendation of the institutional audit report to provide clear guidelines for the timely feedback on assessed work to students. In addition this audit team would stress the desirability of the University continuing to monitor the efficacy of changes to the assessment process arising from the work of the Assessment Working Group.

22   FDs have formed a significant part of UK-based CP. The University explained that this provision provides an invaluable way of supporting the University's widening participation agenda and a awards are to be validated in 2006. Work is now progressing on updating University FD curriculum design principles in response to the latest *Foundation Degree Qualification Benchmark,* published by QAA and to lessons learnt from recent reviews of FDs.

23   The audit team considered that the University had engaged with the recommendations made in the institutional audit report and had a well-planned mechanism for effecting operational change. The intended impact of the measures taken was appropriate but it was too early to judge on eventual effectiveness.

Section 2: The collaborative provision audit investigations: the awarding institution's processes for quality management in collaborative provision

The awarding institution's strategic approach to collaborative provision

24   In its Collaborative Provision Policy, published in 2005, the University described how, over the years, the University has developed a range of types of CP and partnerships. The document went on to explain that it has not sought to impose particular models for collaboration, or draw boundaries as to the types of organisation considered suitable. The range of CP arrangements is expressed in the University's 'collaborative typology'. The typology indicates the types of relationship: agent, articulation, enrolled courses (shared delivery single award or joint award), registered courses (licence or validated/credit-rated) and the responsibilities of the parties. In 2001-02 the total number of collaborative partners was reduced in response to the precepts of the *Code of practice, Section 2* and to an assessment of the risks of the portfolio. Since then, revised procedures have operated that have controlled the type and number of collaborative courses and, in particular, overseas provision.

25   The University's approach and commitment to CP, expressed in its CP policy statement, is directed by its strategic objectives as reflected in the Vision and Values Statement. Thus, it:

- seeks to promote access to advanced level skills and knowledge for a diversity of students within a culture of lifelong learning

- puts students at the heart of teaching and learning by offering flexible course delivery with time, pace and, increasingly, place chosen by students

- enables students to meet the challenges and opportunities of a rapidly changing world through educational excellence and enterprise

- is committed to increasing students' employability by encouraging innovation, creativity and enterprise.

26 It is University policy to integrate CP into on-site provision as far as possible, whether by means of progression from FDs to on-site honours degrees, or the development of partnerships encompassing in the same institution both CP and the placement of students taking on-site courses. The University stated in its CPSED that it aims for 'rich partnerships' with 'substantial, mature and experienced organisations' in order to facilitate sustainable relationships. All CP course proposals are validated by the University's Collaborative Standing Panel (CSP) which consists of a core team of highly experienced staff well equipped to gauge the risks and requirements of differing collaborative arrangements.

27 In its International Strategy 2005-2010 the University describes how it seeks to become 'an important contributor to international developments in the UK higher education sector'. International developments are seen as mainstream rather than an additional part of University business. The approach involves the selection of a small number of partners of comparable mission and status and the minimisation of risk. There is a University International Group (IUG) chaired by the Pro Vice Chancellor (PVC) - Academic Development (PVCAD), which meets regularly to prioritise opportunities, coordinate developments and share best practice.

28 The Corporate Plan specified a number of areas of growth: multiprofessional development; public sector education and training; international provision; CPD; and research and business development. The growth is focused into the following academic theme areas: creative industries, computing and communication technologies; health and wellbeing; management; and social development. Corporate Plan implementation provided an opportunity to undertake an analysis of the University's CP register, to reflect on experience

of the management of CP, and to share best practice. This took the form of an extensive review of CP through faculty mini-audits (FMAs). The review resulted in reports shared with faculties and in action plans for enhancement of the provision.

29 Each faculty implements CP, in the context of the University policy statement, as an element in the portfolio of activities through which its strategic objectives and those of the University are achieved. From faculty minutes, and meetings with staff, the audit team was satisfied that faculties were paying due regard to wider University strategies when developing collaborative, including international, provision.

The awarding institution's framework for managing the quality of the students' experience and academic standards in collaborative provision

30 The Quality and Standards Management and Enhancement (QSME) framework is the main vehicle through which the University monitors and assures the establishment and maintenance of academic standards and the management and enhancement of quality. The QSME framework was established in 2001 and embraces the University's CP to ensure that the quality and standards of CP are managed as rigorously as for on-site provision. The University seeks to ensure that the academic standards of CP satisfy the national expectations embedded in the Academic Infrastructure, and that the very diverse population of students studying by means of CP is enabled to achieve the standards through a learning experience which is fit for purpose.

31 The Academic Frameworks, Policies and Regulations (AFPR) inform and regulate all QSME activities and take account of appropriate external reference points. The elements of the AFPR which are particularly relevant to CP include the academic awards framework; standard assessment regulations; admissions policy and minimum entry requirements; and criteria for the appointment of external examiners and assessors for

University awards. Staff at partner institutions have access to the AFPR through the provision of the collaborative partners' web pages. The audit team's meetings with staff confirmed the importance, easy accessibility and comprehensibility of the AFPR information.

32   The Academic Board (AB) is the senior academic body in the University. It endorses the recommendations of validation panels which consider new collaborative course proposals, and approves the Annual Quality Review (AQR) of CP. One of the AB's two subcommittees, the Academic Development Committee (ADC), is responsible for recommending to the AB 'policy frameworks for collaborative partnerships involving academic provision' and for monitoring the implementation of relevant strategies through approved frameworks. The ADC is therefore the key body within the University's deliberative structure providing central oversight of the management of the quality and standards of CP. The ADC is assisted in its monitoring role by the Monitoring Sub-Committee (MSC) which monitors the effectiveness of the management of quality and standards of CP, principally through scrutiny of the reports which contribute to the AQR of CP provision.

33   The responsibilities of the AB are mirrored at faculty level by the Faculty Academic Board (FAB), which is the senior academic body with a focus on academic policy and the effectiveness of academic delivery. The FAB is assisted in this role by a faculty QSME Committee which reports to the FAB. Within each faculty, the Assistant Dean - Academic Development (ADAD) has senior management responsibility, under the Executive Dean, for the strategic development of the CP to meet the faculty's strategic and business plans and stakeholder needs. The ADAD is assisted in this role by the faculty Head of Quality and Enhancement, who has oversight of the academic health of the faculty's CP.

34   A Negotiator from the faculty works with partners in the very early stages of the development of CP proposals. For 'enrolled student' courses (students with a direct enrolment contract with the University for the provision of their education), the negotiation will normally be undertaken by a University course leader. For courses involving 'registered students' (students registered with SHU for an award but having an enrolment contract with the partner) the Negotiator often becomes the link tutor who is appointed to liaise, monitor and verify the effectiveness of the partner's engagement with the University's QSME requirements.

35   The University stated that it seeks a balance of tight corporate control of academic standards, freedom for faculties to grow and innovate, and the need for differential treatment of partners in a way which is appropriate to their needs and proportionate to the risks involved. Faculties have some flexibility in their local management arrangements and structures although there is no relaxation of key requirements. The Overall University Statement regarding the implementation of the faculty QSME systems in 2004-05 clearly outlines standards, procedures and the allowable variations and the framework, therefore, has a vital role in ensuring consistency and rigour in processes and standards. The audit team found the framework to be comprehensive in scope and robust for use and implementation.

The awarding institution's intentions for enhancing the management of its collaborative provision

36   As outlined in the International Strategy 2005-2010 the University is seeking to take a more strategic approach to the development of its CP in general and to its international provision in particular. The PVCAD and senior colleagues in the faculties are meeting on a regular basis to identify cross-faculty opportunities and ways to enrich partnerships which promote the growth of trans-national education. The audit team was told that the University's Executive Group is also developing a coherent framework for the proposal, planning, delivery and management of University partnerships.

37   The establishment of four large faculties, each of which has its own strategic approach to CP, albeit within the context of University policy, has the potential, in the opinion of the audit team, to meet the key objectives of the University set out in its International Strategy and the CP policy. A potential risk is a set of disparate faculty approaches insufficiently focused on the wider University initiatives. The audit team considered that the University had in place sound management structures and approaches to deal with such tensions. For example, there has been an extensive review of CP through FMAs. However, the team also considered that the overarching University policy for CP, while recognising the contributions which can be made by the faculties, will need to retain a strong central steer to keep it on course for successful delivery of objectives.

38   The University is developing its student information systems and processes to provide a single data source for module information. It is envisaged that this will cover CP and will form part of the wider student information and management system. A key aim is the production of transcripts by the University, and the holding of full assessment and progression data, for all CP students. Currently such data is available for enrolled students. A significant amount of system development, including initial training for partner staff and an ongoing commitment to staff development, has been noted by the University for the successful introduction of the extended system. The audit team noted the advisability of the University developing a process for ensuring the checking of transcripts produced by all CP partners (see also paragraph 72).

39   The AQRs Reports currently incorporate data on the progression and achievement of students on CP programmes but data is relatively perfunctory. Any analysis of registered students for ethnicity, gender or disability would occur at the collaborative partner institution and therefore would not be reported in the University AQR Reports. Similarly, although evidence for enrolled students was available for analysis this was not consistently undertaken in AQR Reports. Consequently, because the University is not systematically monitoring the progression of particular groups of CP students, it is not in a position to consider the comparative performance of such students. The student information systems and processes project might usefully provide the necessary information to overcome this lack of monitoring. However, currently the audit team noted that monitoring was incomplete and advised the University to make better use of its statistical information to monitor and compare the performance of particular groups of students (see also paragraph 90).

40   The VC Executive Group has recommended that the approach to quality and standards should become more enhancement-led. This is to be discussed by the University's Standing Panels Chairs Forum and will be reflected in the agendas of future CP conferences and in changes to the Assessment Board structure to include considerations of quality assurance and enhancement.

41   The University has established procedures for undertaking risk assessment and negotiating with new partners. Central to this is the role of the Faculty Negotiators. Detailed guidelines for the role of Negotiator are available and the Registry has convened a Negotiator workshop. In its CPSED the University recognised the need to improve the sharing of good practice and expertise and is planning to provide forums within which this can take place. Similarly the IUG has noted the need for explicit limits on the authority of staff negotiating international collaborations. The changes agreed by IUG will be incorporated into the guidelines for Negotiators.

42   The audit team concluded that the University's intentions for enhancing the management of its CP are timely and appropriate within the context of its evolving strategy. The team also supported the University's intention for quality and standards procedures to become 'more enhancement-led and student-focussed'.

The awarding institution's internal approval, monitoring and review arrangements for collaborative provision leading to its awards

43   Procedures for the approval and monitoring of CP programmes were comprehensively reviewed and updated during 2004-05, partly to ensure that the University's approach is consistent with the expectations of the revised *Code of practice*, and to re-present the procedures to staff in new roles in the faculties. The procedures now provide for approval and monitoring arrangements appropriate to the six broad types of arrangement identified in the University's typology of CP (see also paragraph 24), and to the different levels of inherent risk.

Planning approval

44   The University requires that all new CP course proposals are approved through each faculty's Business Planning and Operational Review process. Central departments such as Registry and the Learning Information Technology Services (LITS) are able to provide advice and support. Each faculty has an Academic Portfolio Development Group or equivalent, chaired by the relevant assistant dean, which is responsible for advising the faculty on the strategic development of the educational portfolio. For each new CP course proposal, an Outline Proposal (CPA1) form is required by Registry to ensure that the proposal is consistent with the AFPR and to agree an appropriate process and timescale for validation.

45   Where the new CP course proposal involves collaboration with a new partner organisation, the University guidance is for the relevant faculty to supplement the CPA1 form with an Application for Approval of a New Collaborating Organisation (CPA2) form, prior to validation of the course, to consider whether the organisation is an appropriate partner for the University and, where necessary is suitable for developing HE programmes. For international proposals, the risk assessment must include an assessment of any risks posed by the particular overseas location. All CPA2 forms are submitted to the PVCAD for approval in principle, subject to validation. Where it is proposed that a new international collaborating organisation will be delivering or assessing substantial components of a University award, a University-level institutional approval visit is required as part of the approval process. In other cases which are judged to be of lower risk (as in UK proposals) the institutional approval is informed by faculty visits. For all new CP proposals, a financial risk assessment is needed as part of the process of seeking approval in principle to proceed to validation (CPA3). All international proposals, and any UK proposals outside the financial limits for faculty sign-off, are also referred to the Director of Finance.

46   The audit team noted that the planning process has comprehensive documentation and is robust. The team heard that modifications to the process are continuing in order to make the process more effective and efficient, but the team regards the current system as fit for purpose.

Validation

47   The primary aim of the University's validation process is to test that proposals incorporate academic standards which are in accordance with the AFPR and that programmes are of appropriate quality and are fit for purpose to deliver a high quality student experience. CP proposals, which are scrutinised by the University's CSP, are subject to the same validation process requirements as for on-site provision, adapted as appropriate to accommodate the involvement of a collaborating organisation, and, if appropriate, representatives of its industrial or commercial partners. The sequence involves a preliminary meeting, normally involving a representative of the partner organisation, to identify the issues that will be explored at validation and to agree the form of the validation event. Validation will then involve the completion of required documentation, a validation event involving external expertise and a representative of the partner, production of a validation report making approval recommendations to the University's AB which also sets out any

conditions of approval required by the validation panel, the submission of a definitive course document, and the signing of a formal agreement by the University and the partner.

48   Not all validations include an institutional visit and the interpretation of the guidance by staff of the necessity or not of a visit relates to the degree of risk associated with the validation. However, in the view of the audit team it is not impossible that what may be perceived to be a low risk partner may have inadequate learning resources which would not be identified if a visit were not to be completed. The team concluded that the University might address the issue of clarifying the need for a visit.

49   The CSP considers validation of CP course proposals. It is not clear, however, where the boundary is between a 'light touch' but still committee-based approach (including use of external advisers), and the use of 'Chair's action' form of approval (that does not make use of external advisers). Although Chair's action was used on only three CP validations in 2004-05, the audit team underlines the importance of a validation process that, however light in its touch, is robust and systematic. Part of the robustness is the use of external advisers, and the team would advise the University to consider the desirability of defining clear and unambiguous criteria for the use of Chair's action.

50   Validation activity for each academic year is reported in a Validation Review (VR), produced by Registry, which includes a section devoted to CP. The audit team agreed with the assertion in the CPSED that reviews from recent years confirmed the continuing effectiveness of the CSP in securing appropriate quality and standards in CP proposals. The team acknowledges the importance of the VRs in effectively raising and dealing with matters of general CP relevance.

51   A review of the validation process was undertaken during 2004-05 to ensure that the process remains fit for purpose in the new context of the responsibilities devolved to faculties. A revised methodology for validation was agreed in January 2005. One of the outcomes of the review was to develop the

guidance which is available for faculties and partners on CP documentation to be submitted for validation. This guidance is intended to raise the quality of documentation in submissions and to secure in advance of validation more information about how the QSME and administrative aspects of CP are expected to operate. This accords with the University's intention, which is supported by the audit team, that the approach to quality and standards should become 'more enhancement-led'.

Periodic review

52   Six years is the maximum approval period permitted for validated programmes, whether on-site or CP, before a review exercise must be undertaken to ensure that the quality and standards of provision remain sound. The University's annual validation schedule, which identifies CP separately, includes existing programmes subject to review or revalidation, and any new ones to be approved.

53   A new and comprehensive periodic review is currently being piloted with a view to replacing a number of former approaches: progress review (programme level), internal academic review (subject group level) and revalidation. In order to maintain control of quality and standards in the case of CP, revalidation will continue to be operative and will not be replaced with the introduction of periodic review. The key components of the new process are: critical review; use of existing documentation; external input; student and Students' Union involvement; and programme, subject and enhancement focal points. In the previous processes, there was sometimes an inconsistency in the engagement with the student learning experience. For example, the internal academic review included a student panel member and a meeting with students from relevant programmes, whereas, revalidation did not always address directly the student learning experience because it could be a paper-based exercise. The audit team recognised the advisability of the University seeking to ensure the process of periodic review is rigorous and consistent across all aspects of provision and recognised that the piloting of

the new periodic review process offered the opportunity to address the problem of inconsistent engagement with the student learning experience.

Annual Quality Review

54   All University CP is subject to AQR. Along with external examiner reports, the AQR is an important source of ongoing quality and standards information for the University and therefore the completion of AQR is a significant requirement of agreements with partners. This process operates on the same principles as those which underpin the AQR of on-site provision with annual monitoring operating at a variety of levels from module up to faculty, drawing on a wide evidence base and making use of action planning to ensure that strengths are consolidated and areas for improvement are addressed. The guidelines for AQR of CP have been reviewed and, in certain places, strengthened in light of the revised *Code of practice, Section 2*. They are more prescriptive than those for on-site provision, reflecting the challenges and risks of CP, and provide for the completion of a prescribed course report template designed to address key quality and standards issues, together with submission of a more discursive report on the operation of the CP and an action plan. For 'registered student' courses there is also a Link Tutor report, which complements the course report and evaluates the effectiveness of the annual monitoring process. Consideration of course and Link Tutor reports informs the drafting of a faculty AQR of CP with a faculty action plan to follow up local level actions.

55   The AQR and Link Tutor reports are, in turn, considered by the Registry and the MSC in order to identify generic themes, assess the effectiveness of the course-level monitoring, and to inform the drafting of the University Overview Report of the AQR of CP. The Overview Report is also informed by Registry review of all reports from external examiners appointed to CP and is a summary of the outcome of the AQR process. It is discussed by the ADC and AB and is intended to assist AB in its responsibility for approving academic standards and the validation and review of courses. The MSC considers the University AQR Overview Report and the faculty AQRs to agree key points relating to CP to be included in the annual refreshing of the University's Quality and Standards Profile. The Profile offers an up-to-date evaluation of the academic health of the University in terms of academic standards and its systems and processes for QSME. It contains a section devoted to CP and is considered by faculties, ADC, AB, and the Board of Governors. It was commended as good practice in the University's Institutional Audit Report of 2005. The audit team confirmed this judgement and noted also as good practice the way in which the University is moving its AQR processes to support the enhancement of its CP. The team also noted a limitation of the AQR Reports in that the statistics they provide are relatively perfunctory. A more sophisticated range of statistics could contribute further to enhancement of the AQR process through the better use of its statistical information to monitor and compare the performance of particular groups of students (see also paragraph 90).

56   The University seeks to ensure that partners involved in delivery, assessment or student support in CP, have a shared understanding of responsibilities in respect of QSME. It does this in a number of ways but one of the most important is through formal and informal contact with the Link Tutor, a role that the audit team found to be valued highly by partners. Also valued highly by partner staff was attendance at University-organised staff development events, including the annual CP Conference, which provide the potential to share knowledge, understanding and good practice on internal approval, monitoring and review.

Institutional monitoring and review

57   At present the University does not have in place an institutional monitoring mechanism. Currently the University has only one multiprogramme relationship with a major overseas partner and this is underpinned by institutional QSME arrangements which reflect the size and significance of this relationship.

Detailed audits of this partner's participation in the QSME systems were carried out in 2002 and 2004-05, the latter in the light of the revised *Code of practice*. The University's expectations regarding quality and standards management were updated and made more robust in light of the audits. Some issues are ongoing, including diversity of practice between the various partner schools, both in delivery of courses and the monitoring of academic quality; and delays within the partner in making consistent use of SHU's external examiner report form. The audit team was informed that these issues are being worked on within the University and will be discussed further with partner staff.

58   The University is 'committed to piloting a new institutional monitoring mechanism'. It is intended that this will draw upon existing processes, principally the AQR, and in discussion with partners identify common themes and use a risk-based approach to areas for improvement. University staff acknowledge the need for an institutional monitoring mechanism and the audit team welcomes this development and believes it will contribute to the shift toward enhancement.

External participation in internal review processes for collaborative provision

59   CP validation proposals are subject to the same requirements as on-site provision, adapted as appropriate to accommodate the involvement of a collaborating organisation, and, if appropriate, representatives of its industrial or commercial partners. However, in the case of new programmes, revalidations and major modifications to existing programmes, the format of the validation process may vary depending on the degree of scrutiny deemed appropriate for a given proposal, and this may affect the level of external scrutiny required for a particular proposal.

60   The University declares that, as part of the validation of new programmes, 'External peer review is…vital in ensuring University provision is of at least a comparable standard to that

offered elsewhere'. The CSP will normally include at least one external panel member (either an academic and/or practitioner) with relevant subject expertise. More than one can be co-opted onto a panel if it is necessary to reflect both practitioner and academic aspects. The audit team found that the University was upholding this principle, although not all panels include an external member with UK HE experience.

61   A preliminary phase in the validation process is designed, inter alia, to agree the nature and extent of the involvement of external members and receive faculty nominations. Nominations are approved by the Chair of the CSP, through the Registry. The Chair of the Validation Panel considers whether external input should come from an academic or practising professional or both, where appropriate. This may be determined by whether the provision is to be accredited by a professional, statutory and regulatory body (PSRB). Employer representatives may also be nominated to join the CSP. Input from all external members during validation processes is sought either by the submission of initial comments followed by attendance at the validation meeting, or by correspondence alone. The external member is also asked specifically to comment on the curriculum's content and consistency with relevant national subject benchmark statements. The revalidation process for CP has, to date, also included an external panel member, and this will continue.

62   During 2004-05, 43 external panel members contributed to the 53 validation outcomes (some External Panel Members served more than once), 17 of which involved CP. In addition, five approvals (all validations) were made by Chair's action, with three relating to CP. Chair's Action is a process that does not normally make use of externality, and the audit team consider it desirable that the circumstances in which Chair's Action is appropriate be made fully explicit, so as not to compromise the function of externality in internal review processes.

External examiners and their reports in collaborative provision

63   The CPSED set out procedures on appointment, induction, briefing and communication regarding external examiners, and the practice regarding response to, and evaluation of, external examiner reports. It claimed that its external examining procedures for CP are the same as those for on-site provision and that they adhere to the *Code of practice*, Sections 4 and 2 on external examining and CP respectively. The audit team was able to examine a wide range of material relating to the external examining and in particular the University's External Examiners' Handbook. In addition, the team examined evidence about the working of the external examining system and the processing of their reports at four partners. The team was able to confirm that the appointment of external examiners follows clear and appropriate criteria for proposal and approval, with formal consideration given at faculty level. The Academic Registry gives close scrutiny to and signs off the appointment on behalf of Academic Board. Registry maintains an information base on all examiners, including those involved with CP, and holds a pivotal communication role between external examiners and the University.

64   In the case of CP the University seeks to appoint external examiners with some experience in the role, although the University AQR of CP 2006 reported to Academic Board that this was becoming increasingly difficult. The link tutor liaises between the partner nominating an examiner and the relevant faculty QSME Committee and has the obligation to 'assist and advise' on CP appointments. In cases where a local overseas CP examiner is required arrangements for appointment are monitored by the link tutor. An experienced nominee in the subject area is identified by the overseas partner but is appointed by SHU and taken through the normal external examiner induction procedures. Additional briefing is provided by an experienced SHU external examiner along

with mentoring through the examination process. In those instances where it is not possible to appoint an external examiner with experience in the role to a UK-based or overseas CP course, a well qualified candidate with full expertise in the discipline is appointed and mentored by an experienced UK-based external examiner; about 7 per cent, of external examiners fall into this category. In the examples investigated by the audit team the mentoring and induction arrangements for local overseas and inexperienced external examiners were found to be in place. At the moment all courses taught in a language other than English are examined in English and the audit team confirmed this was the case with one overseas partner. Arrangements are in place for instances where a course is taught or assessed in a language other than English, and in such cases the relevant external examiner will require fluency in both languages. The team was able to confirm that appointment was robust and conformed to the precepts of the *Code of practice* and the team was of the opinion that effective measures were being taken by the University to bridge the different academic cultures relating to external scrutiny for CP.

65   The University states that all external examiners receive a briefing pack from Registry and have access to the appropriate pages of the website with information on University policy, procedures and regulations. Training of examiners, which was introduced in 2004-05, is now mandatory and now provides a more structured briefing for all new examiners. The audit team was assured during meetings with staff that, before engaging in external examining, examiners are offered training session places. If no regular slot is suitable for a particular individual, a one-to-one session is arranged. The team concluded that training of external examiners was now mandatory and robust.

66   Reports from external examiners go both to the relevant faculty for response to module-specific issues, and to Registry where the reports are scrutinised in order to identify overarching issues. External examiners receive

written responses from both faculty and university levels. The institutional audit team had found that duplication and delay in response was almost unavoidable in this system, and considered a review of the internal processes to be desirable. The CP audit team had the opportunity to examine a range of reports and concluded that the University now does have in place, through the AQR process, a reliable system of receiving, noting and acting on external examiner reports. A template is provided for all reports, and although some reports are very short and some are very repetitive, the system of using a single template does ensure that information is collected and acted upon.

67   The audit team noted that the AQR is the vehicle for registering and transmitting the views of the external examiners to faculty and ultimately to Academic Board. Link tutors monitor the implementation of any changes necessary to CP through attendance at course committees and in other ways. Link tutors reports include references to the implementation of changes. Full discussion of the views of external examiners is conducted annually at faculty level. An external examiners annual overview report, based on Registry reading of the external examiner reports, is produced together with an action plan and this is considered by the Monitoring Sub-Committee. The team found that the process of reviewing external examiner reports and deciding on appropriate action on issues raised appears to be carefully implemented and monitored.

68   Overall, the audit team considered that the external examiners' reports made a consistent and positive contribution to the maintenance of standards and that the reports were carefully considered at all levels within the University. Appropriate action was taken in response to the reports. The team did have some concern where in the same module one external examiner may deal with the CP students and another external examiner with home-based students. The team accepts the University's justification for this on grounds of practicality but considered that the University

needs to do more to ensure that there is an opportunity for comparison and calibration of marks for both sets of students.

The use made of external reference points in collaborative provision

69   The CPSED claimed that external reference points had been embedded in the University's QSME Framework. It stated that the University systematically identified the elements of the Academic Infrastructure, and the associated monitoring and review mechanisms that are in place at University level to ensure their full integration. These mechanisms are also used for quality enhancement purposes. The audit team was provided with access to a wide range of documentation relating to alignment of its provision with external reference points. The AQR of CP for 2004-05 identified areas where work was continuing to align provision with the *Code of practice* relating to flexible and distributed learning and the Academic Infrastructure.

70   Validation processes of CP take account of the Academic Infrastructure. For example, generic learning outcomes and University credit requirements now explicitly refer to qualification descriptors in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), subject benchmarks and the *Code of practice*. This approach assists partners in focusing and aligning module outcomes and assessment criteria. Programme specifications are drafted by the course planning team, advised by the Negotiator where appropriate. At validation, the external member of the validation panel will scrutinise the appropriateness of programme specifications. It was claimed that following validation all CP programme specifications are available on the Higher Education and Research Opportunities (HERO) or the University web pages, although the team found that availability was affected by problems associated with the HERO website (see also paragraph 117).

71   It was made clear to the audit team, at partner visits, that staff in partner institutions

depended heavily on University staff, in particular faculty negotiators and link tutors, to handle the issues of alignment with external reference points such as the FHEQ, subject benchmarks, programme specifications and the *Code of practice*. Overseas partners were aware of the use of standards in the UK but were not often clear what they were.

72   The audit team found that the University's approach to the Academic Infrastructure including the *Code of practice* is, largely, thorough and appropriate but that alignment with regard to CP is continuing and noted two instances where the University would wish to progress action. Firstly, in the case of registered students at two overseas partner institutions transcripts are produced by the partners and the University does not appear to have appointed a person to check the security and accuracy of these transcripts. This view was confirmed in meetings with staff and at partner visits. The team considered that the University should set in place mechanisms to check the security and accuracy of transcripts produced by its CP partners. Secondly, the team reiterated the view, first stated at institutional audit, that the University may find it desirable to review its practices with regard to the *Code of practice, Section 6: Assessment of students* and consider the firm implementation of University guidelines for the timely feedback on assessed work to students (see also paragraph 105).

Review and accreditation by external agencies of programmes leading to the awarding institution's awards offered through collaborative provision

73   The CPSED noted that the University's approach to receiving and considering programme level reviews by PSRBs was an area of good practice identified in the institutional audit report. Where the involvement of a PSRB is proposed in a CP programme this is noted at validation and in the programme specification. With these programmes informal meetings and industrial liaison panels enable regular interchange of views between University staff and professional colleagues. Through meetings with staff and reading of minutes of committees, the audit team was provided with confirmatory evidence that external agencies are closely involved at all stages of many CP programme validations and development.

74   At the time of the audit, the University was responsible for 27 CP awards which were accredited by 23 PSRBs. As far as is possible, monitoring and quality assurance are in line with the institution's normal practice. Faculty QSME committees identify issues for action, and form action plans in response to PSRB reports and the MSC is then responsible for the oversight of both report and action plan. PSRB reports are included as a regular item on the agenda of the MSC and it produces an annual report on PSRB provision and this forms part of the University's Quality and Standards Profile. Generic areas for improvement are taken forward by the MSC and examples of good practice are noted.

75   Through the study of documentation provided for partners running programmes with PSRB recognition the audit team was able to confirm that University procedures and approaches to PSRB related provision were carefully and conscientiously implemented.

Student representation in collaborative provision

76   The CPSED stated that through their partnership agreement with the University collaborative partners are required to operate student representation and feedback mechanisms, either by course committees or by other means. The audit team was informed that the form of representation to be operated was determined through validation and established by the agreement document. It was confirmed by the team's reading of documentation relating to the partner visits that agreements normally specified the model of student representation to be adopted. The team found, however, that while partners were generally operating some form of staff-student consultation, not all CP programmes had established course committees and that there

was variety, and in some cases informality, in the mechanisms adopted. Student representatives were selected by a variety of methods and in some cases students were not aware of the representative system. The team was thus not able fully to confirm the CPSED statement that 'where provision is delivered to students who come together regularly in cohorts the standard University model of Course Committees with student representation is followed', although it did recognise that where the CP was partly delivered at the University this was normally the case. The team also recognised that in some overseas contexts the operation of formal student representation was alien to local practice. On the other hand, the team found evidence overseas and in relation to distance learning courses of good use being made of electronic media to assist student representation.

77   Where formal course committees did not exist the audit team found it more difficult to determine how the link tutor was in a position to confirm that student representative processes were feeding effectively into AQRs and action plans. According to the CPSED 'University guidance for preparing AQRs requires Course Committees to draw upon a wide range of evidence' which includes 'the views of the Course Committee, including student representatives'. The tick-box dimension of the AQR pro forma, which limits presentation of evidence, can further impede the transparency of this process, although the University is conscious of the need to keep under review the balance between the tick-box and discursive elements of the AQR format.

78   During the Briefing Visit, the audit team met with a Manager and an Officer of the SU and with students, including student representatives from partner colleges and received a written submission from the SU. The meeting established that enrolled students in CP, but not registered students, have access to the SU of the University, including its representative functions on behalf of students. It was evident that the SU was willing to extend its services to CP students within the constraints imposed by resourcing and the way that the

University had formally determined its relations with the two categories of CP students. The audit team would encourage the SU and University managers to continue to consider ways of increasing support to all CP students.

Feedback from students, graduates and employers

79   The CPSED stated that feedback at module level is obtained for all CP and that this is conducted by a questionnaire or the equivalent and informs the AQR process. From its discussions with staff and with students the audit team ascertained that individual student module feedback by questionnaire was not necessarily the norm and that module feedback was often gathered collectively and by staff. Nonetheless the team considered that feedback at module level was satisfactory.

80   The University's Student Experience Survey (SES) has not been extended to students in CP with the exception of one group of students who attend the University for a summer semester. The National Student Survey (NSS) included the enrolled students within CP but it is not possible to disaggregate these for the purposes of analysis. Given the constraints imposed by the structure of the NSS, the audit team would encourage the University to extend its SES to a larger cohort of CP students.

81   Students and graduates are not regularly and systematically engaged in the review and revalidation of programmes, indeed this appears only rarely to happen. There was no evidence available to the audit team of any graduate feedback on CP. The team would encourage the University to reflect on how it might achieve more systematic engagement with CP students in review and revalidation.

82   As indicated in the CPSED, a considerable proportion of the University's CP, such as FD and CPD programmes, involves employers in the design, development and delivery of programmes. Employers may also be directly involved in the assessment of some elements of programmes, notably work-based learning. Professionals and employers frequently act as

external assessors for the validation and revalidation of such programmes. Discussion with staff by the audit team in the audit and partner visits provided ample evidence of effective interaction with employers and practising professionals, including PSRB professionals.

Student admission, progression, completion and assessment information for collaborative provision

83 All CP course entry requirements must comply with the University's Admissions Policy and minimum entry requirements. Course entry requirements for CP are discussed with the partner, defined in the course agreement and approved at validation. Any exceptions made are monitored by the link tutor, who is involved in all applications for accreditation of prior learning (certificated or experiential) (APL or APEL) and particularly with respect to registered students.

84 The audit team found that APL and APEL issues arose in a fair percentage of cases in CP and that the MSC had noted 'a high number of approval conditions attached to collaborative approvals related to admissions criteria'. The MSC recommended that this issue be raised with link tutors and University staff with responsibility for the negotiation of CP, and for guiding partner organisations through the planning and validation process. The team noted that faculties had taken responsibility in this area with, for instance, the Faculty of Arts Computing, Engineering and Science reporting two successful applications for APEL and a ratification procedure of approval through the appropriate assessment board, chaired by a member of University staff with the link tutor in attendance.

85 It was clear to the audit team that CP was likely to involve more cases of applicants with non-standard qualifications than for on-site University courses, especially in the case of FDs and 'top-up' awards for mature students. The team saw the need for continuing careful and overarching scrutiny by the University to ensure parity across its CP provision and maintenance of admission standards.

86 Data for enrolled students has been maintained using the University's student management system, which tracks each student from application to qualification and produces data for assessment boards. Work is underway to upgrade the reporting tool to ensure that it can provide continued effective support to assessment boards, particularly with the introduction of the revised two-tier board structure. The CPSED reported that only abridged student records are maintained by the Registry and the partner maintains fuller records for registered students. Work is underway to obtain fuller details of these students in order to track their progression and achievement and to explore how the functionality of the University's student management system might be extended to hold fuller data on all categories of CP provision. Data on registered students is provided also to faculties at assessment and AQR events. Generally this has operated smoothly although there have been some local instances of delays in provision of data to boards in one faculty. The AQR of CP for 2004-05 reported to Academic Board that systems for recording programme and student data, and transferring data between partner and University are generally secure and underpin the quality and standards of CP.

87 The audit team noted that partners as well as faculties and the Registry considered statistical data relating to student achievement and progression through the AQR process. The overview of this data is presented annually to Academic Board by ADC, where trends on student performance and attainment and issues raised by external examiners are noted. The team found limited analysis of the data although some use of data had been made, for example, for one CP course resulting in limiting the number of times it had run owing to small enrolments of students. In another instance, low standards of achievement in a postgraduate certificate programme led to an increased level of monitoring of admission standards. However, overall there appeared to be very little comparison of admission, progression, retention or completion data across the different CP courses.

88   The audit team was informed that all boards now operate within a newly implemented two-tier structure, at subject level and at award level unless formally exempted. There is normally one Postgraduate Awards Assessment Board per faculty and one Undergraduate Award Assessment Board (AAB) per division within a faculty for each assessment period; these boards have full delegated authority from Academic Board and have both ratification and quality enhancement functions. Subject Assessment Boards (SAB) report to AABs and the membership reflects the CP arrangement by including the Faculty Collaborative Coordinator or nominee (not the link tutor) as the Chair, one internal examiner for each module, subject leaders, the subject external examiners, a secretary represents the Academic Registrar, ex-officio members and the Faculty Head of Quality and Enhancement. The role of the SAB is to verify students' marks and moderate marks sets; and receive Academic Conduct and Extenuation Circumstances decisions. It has the responsibility for confirming overall module results and these cannot be changed by an AAB. It also undertakes a quality assurance and enhancement role at module level, with reports and action plans for each module being considered. The AABs in ratification mode are designated as Ratifying Assessment Boards (RAB) and these boards meet after SABs. The Chair of the RAB then forwards the data to the annual quality meeting of the AAB.

89   The AABs are the decision-making bodies against whose decision student appeals can be made. They have an explicit role in quality enhancement of the overall course provision and ratify progression and awards. For CP the Chair could be the Chair of the SAB provided the person meets the criteria to conduct the AAB function. Membership includes award external examiners and University level staff. An annual AAB meeting is conducted where course statistics (for example, good honours and progression details), and cross-University issues are considered but given the recent introduction of the two-tier system the audit team was not able to assess the effectiveness

of AAB consideration of cross-University issues. It was clear to the team that at the present time the new process is not fully understood by all University staff, partner staff or external examiners.

90   On the whole, the audit team considered that the University was making good progress with its management of student data on admissions, progression, completion and level of achievement. It considered, however, that the University would find it extremely useful to gather fuller data on the admission, retention and progression of all its CP student body (for example by gender, race, age, class) and to put in place a mechanism for comparing these elements. This would provide the University with an invaluable tool in managing the development of CP at SHU. The team would also recommend the advisability of the University adopting a more thorough interrogation of the available statistical data on students. Such an approach as outlined above would, for example, provide a better analysis of how CP programmes are contributing to the University's widening participation objectives.

Assurance of the quality of teaching staff in collaborative provision; appointment, appraisal, support and development

91   The capacity of teaching staff in partner organisations to deliver programmes leading to awards of the University to the appropriate standards and quality undergoes initial scrutiny through the validation process and is conducted by the CSP on the basis of cirriculum vitaes. Responsibility for the notification of subsequent changes of staffing lies with the partner organisation and is monitored through the dialogue between the link tutor and the partner and in particular through the link tutor's report on the AQR pro forma. Through discussion with University and partner staff, the audit team perceived this to be approval through notification with any more formal approval only being by exception.

92   While staff in partner organisations are approved to deliver programmes of the University they remain subject to the staff management arrangements of the partner. Thus, staff in partner organisations are subject to the appointment and appraisal systems of the partner organisation. For example, in the case of local further education college (FEC) partners, college staff participate in the local appraisal and peer-observation systems. The University seeks to maintain a balance in its relationship with partner staff, between assurance of the standards of programmes and quality of delivery and support, and development for partner staff. The latter is designed to promote capacity building for the partner organisation. The audit team considered that a reasonable balance was achieved.

93   The CPSED recognised the diversity of partners within the University's CP portfolio and hence their diversity of needs. There is no policy in CP for providing a standard entitlement of staff development, but discussions with both partner and University staff provided ample evidence both of making some University staff development available to partner staff, and of providing customised staff development to partners, for example in assessment. While the prime mover for the identification and communication of such development was normally the link tutor or course leader, it was evident that a wide range of agencies or services within the University were involved including faculty and subject academic staff, Registry staff and LITS staff. A recent and positive innovation has been the establishment of a Collaborative Conference to bring together key players from partners and the University with a view to sharing issues and good practice. The Centre of Excellence for Embedding, Developing and Integrating Employability also indicated its intention to engage partner institutions centrally in the development of its initiatives. Overall, the support and development provided to partner institutions and partner staff by the University through both formal and informal mechanisms was found by the audit team to be a feature of good practice.

Assurance of quality of distributed and distance methods delivered through an arrangement with a partner

94   In its CPSED the University explained that it has a significant (circa 300) body of distance-learning (DL) students which falls under the definition of CP since the learning is facilitated or supported by local partner organisations acting as agents for the University. The most notable example of this is a network of nine FECs in the UK acting as agents for the delivery of the e-top-up (H-level) of the BSc Applied Computing.

95   In the case of DL proposals, validation documentation is required to include specification of the student support arrangements which subsequently must be expressed in information available to students. An addition to the standard validation procedures also considers the DL materials.

96   The use of an agent to support delivery of a DL programme is based upon a formal agreement setting out the respective obligations of the University and the agent. Such an agreement covers the arrangements for: communication and information exchange between the two parties; production and approval of publicity materials; management of assessment; provision of tutors; student fee collection; staff development; and maintenance of records. Agreement with an agent is posited upon an agent approval process which normally involves a visit and report conducted by a LITS professional. There are also procedures for the monitoring of agents which involve at least one annual visit by University staff, although in many programmes there are more frequent visits by staff, to attend study schools, when the efficacy and efficiency of the local provision can be checked. Students are provided with a named University contact, contactable by email in the event of a problem proving insoluble locally.

97   The CPSED used the terminology of agents to refer to local support provided overseas for DL. Discussion with senior Registry

staff indicated that agents are not considered 'partners' in the same way as other collaborative partners in that their academic engagement in the delivery of the University programme is minimal. In the development of its collaborative strategy through the fostering of rich or complex partnerships, the University does not perceive DL and agents as fulfilling a major role, although a partner might be the agent for delivery of a specific DL programme as one of its multiple roles and functions. The validation report for the multisite UK-based FD in Applied Computing refers to the colleges involved as study centres and states that approval should be sought through 'standard SHU partner approval procedures'. These colleges do provide support tutoring and mentoring.

98   Overall, the audit team found that the University was meeting the precepts of the *Code of practice, Section 2: Collaborative provision and felxible and distributed learning (including e-learning)*, even though there might be some further clarification of terminology and procedure. As it develops its practice in this area, the University may wish to consider providing further clarification as to its definitions of 'partner' and 'agent' to avoid any possible confusion or ambiguity about roles. The team also encountered one exemplary model of the operation of e-learning in an overseas college.

Learning support resources for students in collaborative provision

99   CP proposals are required to present evidence that there will be adequate and appropriate learning resources in place to meet the needs of students. Where the responsibility for the provision lies with the partner institution, evidence is required of the partner's capacity to provide and maintain such resources. Such evidence is normally confirmed by a visit from University staff, often a LITS professional, although this may not be the case if the risk analysis indicates low risk in this domain, for example, programme revalidation or validation with an established partner in a

subject where other programmes are already running. Where visits occur or where LITS staff form part of a panel undertaking institutional approval of a new partner, use is made of standard information service benchmarks.

100 The AQR reporting mechanism is the fundamental means of assuring the maintenance and, where necessary, development of learning resources. Partners are required to report on learning resources through the AQR pro-forma with confirmation provided by the link tutor's report. Reporting of CP AQR reports through faculties to Academic Board enables the University to identify any common or recurring issues in respect of learning resource provision for CP students.

101 Developments, both within the University and in an increasing number of CP programmes, of a VLE delivery system has raised one of the issues reported through the AQR process. Currently, enrolled CP students have full access to the VLE and thereby to all the electronic resources for learning within the University's Learning Centre, subject to licence constraints. Registered students, as students of the partner institution, have not benefited from such access and this distinction has also previously informed the operation of the student information management system. Contractual constraints related to the site licences for electronic materials have also hitherto impeded access for registered students posing problems reflected in the AQR reports of 2003-04.

102 Members of the audit team found very effective use of the VLE in some CP and the potential for its development in others. The team also encountered the differentiation of entitlement between enrolled and registered students within a single partner organisation. The team consequently welcomes the work being undertaken by the University, through LITS and the Registry, to extend to registered students targeted access in agreed electronic learning resources and the commitment of significant University funding to bring this to effect. The team recognises that this is on the basis of revised financial arrangements with the partners and that therefore further negotiation

is required. Nonetheless the team recognises as good practice the use of the VLE in the delivery of programmes and as a way of effective communication with students and partners.

Academic guidance and personal support for students in collaborative provision

103 Access to academic guidance and pastoral support for students in CP is determined by the distinction between enrolled and registered students. Enrolled students are treated the same as internal students of the University and have full access to the range of academic guidance and pastoral support provided by the University, although qualified by the constraints of physical accessibility.

104 For all CP proposals it is a University expectation, established through the institutional approval and programme validation processes, that provision will be made for academic guidance and personal support that would meet University norms. In the case of programmes for registered students, the responsibility for such provision will lie with the partner organisation. It was also indicated to the audit team that the AQR process could be used to communicate to partner institutions changes in the level of support required as a consequence of legislative change, for example in respect of the *Disability Discrimination Act*.

105 Students that the audit team met through the briefing and partner visits were generally very satisfied with the levels of academic guidance and personal support being provided on and around their courses. Needs appeared to vary significantly according to the nature and location of the programme and the composition of the student body. In virtually all cases the most immediate source of guidance and support was the staff and resources of the partner institution at the location for programme delivery. However, students were generally aware of the potential for recourse to the University, most frequently through the link tutor or a designated contact, or email contact in the case of DL programmes. The one issue that had given rise to some dissatisfaction

was the lack of an established policy or defined parameters for the timely return of feedback on student assessment, an issue which had also arisen in the institutional audit. It was ascertained in discussion with University staff that this issue was under consideration in the context of a broader review of the structure and operation of the assessment process. The team was assured that, when an institution-wide timeframe for feedback on assessed work had been established, this would also be implemented across CP. It appeared to the audit team that the University was close to establishing such a time norm and it would emphasise the advisability of early implementation an effective process for providing timely feedback to students on assessed work.

106 The University is in the process of moving on its notion of student entitlement from that as expressed in the Partnership in Learning statement and related documents to that of the Student Support Framework developed as part of the Corporate Plan implementation programme and being led by the newly appointed Director of Student Affairs. It is envisaged that the framework 'will provide a sharper context for the identification and resolution of student support issues in collaborative partnerships, encouraging attention to aspects of the student experience that are likely to be particular to specific CP programmes'. As established in discussion with senior staff, it is not yet clear how this will be realised and implemented.

Section 3: The collaborative provision audit investigations: published information

The experience of students in collaborative provision of the published information available to them

107 The University stated in its CPSED that it does not dictate how partners should convey information but it does provide guidance on the content required and arrangements for the provision of relevant information are checked at validation or through course agreements. Information published by the University and its partners comes in a plethora of forms which reflects the diverse nature of the CP. Key information may be contained in module as well as programme handbooks. Increasingly information is provided in electronic format for students by means of the student portal or at local Associate Colleges through student intranet sites. Similarly a wide range of publicity material may be used to promote CP to potential students. The audit team was able to view information across this range and its accuracy, reliability and helpfulness was discussed in meetings with students.

108 The University process for monitoring information produced by its collaborative partners begins at an early stage with discussions regarding the format and content of any publication taking place during the planning stage. Subsequently this is agreed through validation and documented as part of the programme agreement. Monitoring of the arrangements is undertaken by the link tutor who normally will also be the person authorising changes to any promotional materials bearing the University's name. Link tutors have a crucial role in ensuring the accuracy of the information provided by collaborative partners and they report on this as part of the AQR of CP. The University AQR of CP in 2006 considered that this worked satisfactorily but not all programme AQR Reports seen by the audit team demonstrated

that the checking of information provided for students had taken place. The University supports the link tutors with induction sessions and workshops which stress the importance of checking the provision of information made available to students. Link tutors met by the audit team indicated that they were aware of their responsibilities in respect of published materials used by collaborative partners and the students confirmed the usefulness of such materials.

109 Information regarding assessment regulations, and supporting regulations such as those governing complaints, appeals, plagiarism and extenuating circumstances are made available to students in a variety of ways. Of increasing importance is the University's student portal from which students can readily gain information.

110 Students met by the audit team spoke highly of the on-line regulatory information available to them and indicated that they were aware of how to source such information if the need arose. The University has also made key information on regulations and procedures available to collaborative partner staff on the collaborative partners' webpages.

111 The awarding of certificates for both enrolled and registered students is undertaken by the University. Transcripts for registered students are normally prepared and issued by the CP partner. The University has no formal mechanism in place to assure itself of the accuracy of such transcripts. The audit team formed the conclusion that the University needed to establish a procedure so as to be able to exercise the ultimate responsibility for the security and accuracy of such transcripts.

112 The University has revised its programme specifications to make them more readily understandable to students. Where appropriate, collaborative partners have been involved in the drafting. The University is in a transition period where new programme specifications approved through validation will eventually replace specifications on old templates. It is the intention that the new style programme

specifications will provide a sounder basis for informing students about their programmes. Students met by the audit team generally did not indicate that they had used programme specifications in this way but gathered information regarding their programmes from other sources such as handbooks.

113 Overall, the audit team concluded that, other than in the oversight of transcripts produced for registered students, the University had sound procedures for ensuring the accuracy and reliability of published material on its CP and students were satisfied with the usefulness and access they had to such information.

Reliability, accuracy and completeness of published information on collaborative provision leading to the awarding institution's awards

114 The CPSED gave an account of the University's progress in relation to the Teaching Quality Information (TQI) requirements. It had addressed the initial requirements relating to CP contained in HEFCE's document 02/15, *Information on quality and standards in higher education,* and developed in document 03/51, the *Final guidance.*

115 The audit team was able to confirm that the University meets the TQI requirements in respect of statistical information. The University provides information on all enrolled students to the Higher Education Statistics Agency which is used by HERO for Teaching Quality Information (TQI) purposes. All the University's summaries of external examiners' reports for 2004-05 for standard undergraduate and non-standard provision, including those relating to CP, were available on the TQI website.

116 At the time of the audit visit, the University confirmed that it had uploaded all of the periodic review reports to date. The University has used a process of revalidation to review the academic standards of its CP. The audit team was able to view summaries of two revalidation reports relating to CP programmes on the TQI website.

117 Programme specifications were introduced into the University in 2001 and have been used for all award-bearing CP since. A total of 17 CP proposals were considered for approval in 2004-05. This total consisted of both new provision and existing CP undergoing revalidation. As part of these processes, programme specifications were approved or reviewed. The audit team was able to view such programme specifications and confirm they were fit for purpose. The University has made available all of its post 2001 programme specifications, including those for CP, on its website. However at the time of the audit visit these were not linked to the TQI site due to the non-availability of the HERO portal for downloading programme specifications.

118 The audit team was able to conclude, on the basis of the available evidence, that the University's currently published information on its CP was both accurate and reliable. The audit team was satisfied that the University had in place processes to meet the requirements of HEFCE's document 03/51 and that the University was making good progress in providing TQI data for its CP.

Findings

Findings

119   An audit of the collaborative provision (CP) offered by Sheffield Hallam University (the University) was undertaken during the period 24 to 28 April 2006. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements. As part of the collaborative audit process, the audit team visited four of the University's collaborative partners. This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged during the audit, and making recommendations to the University for action to enhance current practice in its collaborative arrangements.

The effectiveness of the implementation of the awarding institution's approach to managing its collaborative provision

120 The University's approach and commitment to CP, expressed in its CP policy statement, seeks to promote access to advanced level skills and knowledge for a diversity of students by offering flexible course delivery with time, pace and, increasingly, place chosen by students. It is University policy to integrate CP into on-site provision as far as possible, and aim for 'rich partnerships'. For instance, this approach involves the selection of a small number of international partners of comparable mission and status and at a regional level the establishment of the Associate College Partnership (ACP) with shared goals (for example, for recruitment) for the University and partners. The University's CP, including international developments, is not, in itself, a strategy but a way of enabling achievement of other University strategies. An example of good practice recognised by the audit team is the use of CP, through further development of Foundation Degrees with the ACP, in enabling

the University to maintain its commitment to widening participation.

121 The Quality and Standards Management and Enhancement (QSME) framework, which embraces CP, is the main vehicle through which the University monitors and assures the establishment and maintenance of academic standards and the management and enhancement of quality. The Academic Frameworks, Policies and Regulations (AFPR) inform and regulate all QSME activities and take account of relevant external reference points so allowing the University to match the academic standards of CP against national expectations embedded in the Academic Infrastructure.

122 The Academic Board endorses the recommendations of validation panels which consider new collaborative course proposals, and approves the Annual Quality Review (AQR) of CP. One of the Academic Board's two subcommittees, the Academic Development Committee (ADC), is the key body within the University's deliberative structure providing central oversight of the management of the quality and standards of CP. The ADC is assisted in its monitoring role by the Monitoring Sub-Committee (MSC) which monitors the effectiveness of the management of quality and standards of CP. In addition, all CP proposals are validated by the University's Collaborative Standing Panel (CSP) which consists of a core team of highly experienced staff well equipped to gauge the risks and requirements of differing collaborative arrangements.

123 At faculty level CP quality and standards are monitored by Faculty Academic Board assisted in this role by a faculty QSME committee. The University has developed a range of types of CP and partnerships and does not seek to impose particular models for collaboration and seeks a balance of tight corporate control of academic standards and freedom for faculties to grow and innovate. Faculties have some flexibility in their local management arrangements and structures though there is no relaxation of key University requirements. The range of CP arrangements is expressed in the University's 'collaborative

typology'. The typology indicates the types of relationship: agent, articulation, enrolled courses (shared delivery single award or joint award), registered courses (licence or validated/credit-rated) and the responsibilities of the parties.

124 The QSME framework, which has a vital role in ensuring quality and standards through reference to the AFPR, was found by the audit team to be comprehensive in its scope and robust in its use and implementation. The team's meetings with staff confirmed the importance, easy accessibility and comprehensibility of the AFPR information. Each faculty implements CP, in the context of the University policy statement, and through faculty minutes and meetings with staff, the team was satisfied that faculties were paying due regard to wider University strategies when developing collaborative, including international, provision. The faculty mini-audits (FMAs) were particularly effective in producing action plans for enhancement of the provision.

The effectiveness of the awarding institution's procedures for assuring the quality of educational provision in its collaborative provision

125 All new CP course proposals are approved through each faculty's Business Planning and Operational Review process. Central departments such as Registry and the Learning and Information Technology Services are able to provide advice and support. For each new CP course proposal, an Outline Proposal (CPA1) form is required by Registry to ensure that the proposal is consistent with the AFPR and to agree an appropriate process and timescale for validation. A faculty negotiator works with partners in the very early stages of the development of CP proposals. Where it is proposed that a new international collaborating organisation will be delivering or assessing substantial components of a University award, an institutional approval visit is required as part of the approval process.

126 CP proposals, which are scrutinised by the CSP, are subject to the same validation process requirements as for on-site provision, adapted as appropriate to accommodate the involvement of a collaborating organisation, and, if required, representatives of its industrial or commercial partners. Validation involves the completion of obligatory documentation, a validation event involving external expertise and a representative of the partner, and production of a validation report making approval recommendations to the University's Academic Board. The University has also adopted a new fast-track, 'light-touch' validation process for proposals based largely upon existing provision and this, along with some other circumstances, may result in a 'Chair's action' form of approval. Validation activity for each academic year is reported in a Validation Review (VR), produced by Registry, which includes a section devoted to CP. A review of the validation process, undertaken during 2004-05, has contributed to the approach to quality and standards becoming more enhancement-led in line with University Executive Group recommendation that University approach to quality and standards should become 'more enhancement-led and student-focussed'.

127 Six years is the maximum approval period permitted for validated programmes, whether on-site or CP, before periodic review is required. Periodic Review is currently replacing Progress Review (programme level), Internal Academic Review (subject group level) and Revalidation (for CP programmes). In these processes there was variation with internal academic review including a student panel member and a meeting with students from relevant programmes whereas revalidation could be a paper-based exercise. In addition, all University CP is subject to AQR operating at a variety of levels from module up to faculty. The AQR reports currently incorporate data on the progression and achievement of students on CP programmes but data is relatively perfunctory. The guidelines for AQR of CP have been reviewed in light of the revised *Code of practice, Section 2* and are more prescriptive than those

for on-site provision with submission of a more discursive report on the operation of the CP and an action plan. For 'registered student' courses (delivery of course provided by the partner) there is also a link tutor report, which complements the course report and evaluates the effectiveness of the annual monitoring process. AQR reports are considered by the Registry and the MSC the drafting of the University Overview of the AQR of CP. The MSC considers the University AQR Overview Report and the faculty AQRs agree key points relating to CP to be included in the annual refreshing of the University's Quality and Standards Profile. The Profile offers an up-to-date evaluation of the academic health of the University in terms of academic standards and its systems and processes for QSME. It was commended as good practice in the University's institutional audit report of 2005. The audit team confirmed this judgement and noted also as good practice the way in which the University is moving its AQR processes to support the enhancement of its CP. Student feedback at module level may be obtained through individual questionnaires or the equivalent and is often gathered collectively by staff. Students and graduates are not regularly and systematically engaged in the review and revalidation of programmes.

128 The audit team found the planning process for new CP proposals to be fit for purpose. With regard to validations the team recognised as sound practice the use of VRs in addressing matters of relevance to CP and noted the general soundness of validation procedures. Some validations do not include a visit and the team considered that the University could provide clearer guidance on the need for visits to ensure that there can be confidence that where a visit does not take place all aspects of the validation will still be considered. Chair's Action is an option in the new fast-track validation process; the audit team maintains the importance of a validation process that, however light in its touch, is robust and systematic. Part of the robustness is the use of external advisers, and the team would advise the University to consider the

desirability of defining criteria for the use of Chair's action. Given previous variation in internal review the team welcomed the new periodic review process, and advised the University to seek ways of ensuring the new process is rigorous and consistent across all aspects of provision. The team also noted a limitation of the AQR reports in that the statistics they provide are relatively perfunctory. A more sophisticated range of statistics could contribute further to enhancement of the AQR process through the better use of its statistical information to monitor and compare the performance of particular groups of students. The audit team also welcomed the University Executive Group recommendation that the University approach to quality and standards should become 'more enhancement-led and student-focussed' and noted that FMAs were particularly concerned with producing action plans for enhancement of the provision.

129 Overall, the audit team notes that broad confidence can reasonably be placed in the present and likely future capacity of the University to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements.

The effectiveness of the awarding institution's procedures for safeguarding the standards of its awards gained through collaborative provision

130 Procedures on appointment, induction, briefing and communication regarding external examiners for CP, and University practice regarding the response to and evaluation of external examiner reports, are the same as those for on-site provision. In the case of CP the University seeks to appoint external examiners with some experience in the role. Where it is impossible to appoint an external examiner with experience in the role, a well qualified candidate with full expertise in the discipline is appointed and mentored by an experienced UK-based external examiner.

The link tutor liaises between the partner nominating an examiner and the relevant faculty QSME Committee and has the obligation to 'assist and advise' on CP appointments. Reports from external examiners go both to the relevant faculty for response to module specific issues, and to Registry where the reports are scrutinised in order to identify overarching issues. External examiners receive written responses from both local and University levels. An external examiner annual overview report and action plan is considered by the MSC.

131 Overall, the audit team considered that the external examiners' reports made a consistent and positive contribution to the maintenance of standards and that the reports were carefully considered at all levels within the University. Appropriate action was taken in response to the reports. The team did identify that, on occasion, one external examiner may deal with the CP students and another with home-based students for the same module. The team formed the view that the University needed to do more to ensure that there was opportunity for comparison and calibration of marks for both sets of students.

132 All CP course entry requirements must comply with the University's Admissions Policy and minimum entry requirements. Course entry requirements for CP are discussed with the partner, defined in the course agreement and approved at validation. Any exceptions made are monitored by the link tutor, who is involved in all applications for accreditation of prior learning. Data for enrolled students (with full entitlement to support from the Unversity) have been maintained using the University's student management system, which tracks each student from application to qualification and produces data for assessment boards. Abridged student records are maintained by the Registry for registered students (with entitlement to support provided by the partner) with the partner maintaining fuller records. Data on registered students is provided to faculties at assessment and AQR events. The AQR of CP for 2004-05 reported to Academic Board that systems for

recording programme and student data, and transferring data between partner and University are generally secure and underpin the quality and standards of CP.

133 Generally the audit team considered that the University was making good progress with its management of student data on admissions, progression, completion and level of achievement. It considered, however, that the University would find it very useful to gather fuller data on the admission, retention and progression of all its CP student body (by for example, gender, race, age, class) and to put in place a mechanism for comparing these elements. This would provide an invaluable tool in managing the development of CP at SHU. The team would also recommend the advisability of the University adopting a more thorough interrogation of the available statistical data on students.

134 Overall, the audit team notes that broad confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its awards made through collaborative arrangements.

The awarding institution's use of the Academic Infrastructure in the context of its collaborative provision

135 The University stated that external reference points have been embedded in the University's QSME framework. It systematically identified the elements of the Academic Infrastructure, and the associated monitoring and review mechanisms that are in place at University level to ensure their full integration. The AQR of CP for 2004-05 identified areas where work was continuing to align provision with the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* relating to flexible and distributed learning and the Academic Infrastructure. It was made clear to the audit team, at partner visits, that staff in partner institutions depended heavily on University staff, in particular faculty negotiators and link Tutors, to handle the issues of alignment with

external reference points such as *The framework for higher education qualifications in England, Wales and Northern Ireland*, subject benchmarks, programme specifications and the *Code of practice.*

136   The audit team found that University's approach to the Academic Infrastructure including the *Code of practice* is, largely, thorough and appropriate but that alignment with regard to CP is continuing and noted two instances where the University would wish to progress action. Firstly, in the case of registered students at two overseas partner institutions transcripts are produced by the partners and the University does not appear to have appointed a person to check the security and accuracy of these transcripts. The team considered that the University should set in place mechanisms to check the security and accuracy of transcripts produced by its CP partners. Secondly, the team reiterated the view stated at institutional audit that the University may find it desirable to review its practices with regard to *Code of practice, Section 6: Assessment of students* and consider the firm implementation of University guidelines for the timely feedback on assessed work to students. In addition, the team would stress the desirability of the University continuing to monitor the efficacy of changes to the assessment process arising from the recommendations of the Assessment Working Group.

The utility of the collaborative provision self-evaluation document as an illustration of the awarding institution's capacity to reflect upon its own strengths and limitations in collaborative provision, and to act on these to enhance quality and safeguard academic standards

137   The audit team found the CP self-evaluation document (CPSED) to be well structured although rather descriptive in providing detail on CP procedures. On occasion it did not reflect fully the allowable variability in procedures. It was particularly informative with regard to developments since the institutional audit conducted in 2004 and contained a number of useful and carefully constructed

appendices. In some areas, for example, on externality in review procedures, professional input into courses, and statistical data, the CPSED was more limited. As a general observation the team considered that the CPSED did not fully reflect the careful analysis and evaluation of quality and standards matters that became apparent during discussions with staff and students from the University and its partners. In particular during these meetings, and in reading other documentation, the team noted the strong commitment within the University and its partners to self-evaluation and quality enhancement.

Commentary on the institution's intentions for the enhancement of its management of quality and academic standards in its collaborative provision

138   The University Executive Group has recommended that the approach to quality and standards should become more enhancement-led and is developing a coherent framework for the proposal, planning, delivery and management of University partnerships. This is to be discussed by the University's Standing Panels Chairs Forum and will be reflected in the agendas of future CP conferences and in changes to the assessment boards structure to include considerations of quality assurance and enhancement. The Pro Vice-Chancellor Academic Development and senior colleagues in the faculties are meeting on a regular basis to identify cross-faculty opportunities and ways to enrich partnerships which promote the growth of trans-national education. Faculties are also developing CPD frameworks within which CP plays a significant part in meeting their ambitions.

139   The University continues to work on its student support framework with the intention of clarifying a threshold standard of student support available to students including those at partner organisations. The University has made a virtual learning environment (VLE) an integral part of the enhancing of the student learning experience and audit team found very effective

use of the VLE in some CP and the potential for its development in others. Full access to the VLE has only been available to enrolled and not registered CP students. CP partners and registered students feel that access to electronic databases would benefit the student learning experience. The University's Executive Group has supported a proposal to make such access available to all CP students subject to an agreement on the recovery of costs involved from CP partners.

140 The CPSED recognised the diversity of partners within the University's CP portfolio and hence their diversity of needs. There is no policy in CP for providing a standard entitlement of staff development, but discussions with both partner and University staff provided ample evidence both of making some University staff development available to partner staff and of providing customised staff development to partners, for example in assessment. A recent and positive innovation has been the establishment of a Collaborative Conference to bring together key players from partners and the University with a view to sharing issues and good practice. The Centre of Excellence for Embedding, Developing and Integrating Employability also indicated its intention to engage partner institutions centrally in the development of its initiatives.

141 The audit team considered that the University had well-planned mechanisms for effecting operational change and concluded that the University's intentions for enhancing the management of its CP are timely and appropriate within the context of its evolving strategy. The team recognised good practice in the use of the VLE for the delivery of programmes and as a way of effective communication with students and partners. In addition, the support provided to partner institutions and partner staff by the University through both formal and informal staff development mechanisms was found by the team to be another example of good practice.

Reliability of information provided by the awarding institution on its collaborative provision

142 The University does not dictate how partners should convey information but it does provide guidance on the content of the information which is checked through validation or course agreements. Key information may be contained in module as well as programme handbooks. Increasingly information is provided in electronic format for students through the student portal or at local Associate Colleges by student intranet sites. Students met by the audit team spoke highly of the on-line regulatory information available to them and indicated that they were aware of how to source such information if the need arose. Similarly a wide range of publicity materials may be used to promote CP to potential students. Link tutors have a crucial role in ensuring the accuracy of the information provided by collaborative partners and they report on this as part of the AQR of CP.

143 The CPSED gave an account of the University's progress in relation to the Teaching Quality Information (TQI) requirements. It had addressed the initial requirements relating to CP contained in the Higher Education Funding Council for England (HEFCE's) document 02/15, *Information on quality and standards in higher education*, and developed in 03/51, the *Final guidance*. At the time of the audit visit, the University confirmed that it had uploaded all external examiner summaries for 2004-05 and periodic review reports to the Higher Education and Research Opportunities (HERO) website. The University has made available all of its current programme specifications, including those for CP, on its website, however, at the time of the audit visit these were not linked to the TQI site due to the non-availability of the HERO portal for downloading programme specifications. Currently, the University is making good progress with the introduction of a new template for programme specifications.

144 The audit team was able to conclude, on the basis of the available evidence, that the University's currently published information on its

CP was both accurate and reliable. Students were satisfied with the usefulness and access they had to such information. The audit team was satisfied that the University had in place processes to meet the requirements of HEFCE's document 03/51 and that the University was making good progress in providing TQI data for its CP.

Features of good practice

145 The following features of good practice were identified during the audit:

i   the contribution that collaborative provision makes to the University's strategy particularly in respect of widening participation and continuing professional development (paragraph 8, 120)

ii   the way in which the University is moving its AQR processes to support the enhancement of its collaborative provision (paragraph 55, 127).

iii the support provided for staff in partner organisations through formal and informal communication channels and processes including the collaborative conference (paragraph 93, 141)

iv   the use of its virtual learning environment both in its delivery of programmes and as a way of effective communication with students and partners (paragraph 102, 141)

Recommendations for action

146 The audit team also recommends that the University should consider further action in a number of areas to ensure that the academic quality of programmes and standards of the awards it offers through collaborative arrangements are maintained. The team considers it advisable that the University:

i   develops a process for ensuring the checking of transcripts produced by collaborative provision partners. (paragraphs 38, 72, 111, 136)

ii   makes better use of its statistical information to monitor and compare the performance of particular groups of students. (paragraphs 39, 55, 90, 133)

iii ensures the process of revalidation for collaborative provision is as rigorous as the on-site periodic review and includes involvement of students (paragraphs 53, 128)

iv   implements an effective process for providing timely feedback to students on assessed work (paragraphs 72, 105, 136)

and considers it desirable that the University:

v   continues to monitor the efficacy of the changes to the structure and operation of the assessment process. (paragraphs 21, 136).

vi   defines the criteria by which 'Chair's Action' is appropriate in respect of institutional approval and programme approval and modification. (paragraphs 49, 62, 128)

Appendix

Sheffield Hallam University's response to the collaborative provision audit report

The University welcomes the audit team's judgement of broad confidence in the soundness of its awards and the effectiveness of its management of collaborative arrangements. The University is pleased to note the many strengths considered in the audit report, as well as those specifically identified as features of good practice.

As the report notes, the University has a well-established portfolio of collaborative provision, involving 86 organisations and giving a diverse population of more than 3,000 students access to advanced level skills and knowledge within a culture of lifelong learning. We have a particular commitment to widening participation regionally, nationally and internationally, and to continuing professional development. An important route to the achievement of these objectives is via collaborative provision with other organisations in the UK and overseas, and so it is particularly pleasing to note the audit team's identification of the support provided for staff in partner organisations as a feature of good practice.

We are also especially pleased to note that the audit report echoes the QAA's Institutional Audit report of the University in 2005, in commending the use of the virtual learning environment both in the delivery of programmes and as a way of effective communication with students and partners.

The University notes the advisable recommendations for change.

- We will make better use of statistical information to monitor and compare the performance of particular groups of students, including via revised arrangements for assessment boards which are being implemented in the 2006-07 academic year.

- As part of implementation of the University's recent review of its validation process, we will ensure that the process of revalidation for collaborative provision is as rigorous as onsite periodic review and always includes involvement of students.

- As part of the University's current Assessment for Learning initiative we will implement an effective process for providing timely feedback to students on assessed work, although we recognise that this is a particularly challenging task for all universities.

- We will build on the current close and excellent working relationships with our partners to develop a process for ensuring the checking of student transcripts produced by collaborative partners.

Actions addressing all the recommendations in the report will be monitored during 2006-07 through a University action plan.