CONTINUOUS MONITORING AND IMPROVEMENT 2013/14

Section last updated:	August 2013

The proformas and schedule relevant to Continuous Monitoring and Improvement in 2013/14 are listed below. These are available via the following web address:

http://www.mmu.ac.uk/academic/casqe/experience/monitoring-improvement.php

Continuous Improvement Plan

Unit Report Proforma

Programme Log Checklist

Short Course, Non Credit-Bearing and Conference Provision

Continuous Monitoring and Improvement Schedule

CONTINUOUS MONITORING AND IMPROVEMENT

1   <u>INTRODUCTION</u>

1.1   As a University committed to maximising the satisfaction and success of all its students, MMU undertakes continuous monitoring and improvement at unit, course and institutional level. The monitoring process focuses on objective, core data gathered primarily from student records used to inform senior managers and academic teams of the health of units and courses across the University. At programme level, unit and course data is used for purposes of analysis to develop action plans to make improvements in student satisfaction and success. At institutional level this data provides an overview of course health. Senior managers will identify those courses where student satisfaction and / or student success is particularly high or particularly low. This allows managers to use examples of good practice to share with others and take specific actions where there is concern regarding the health of courses.

1.2   Continuous Monitoring and Improvement is conducted on the basis of courses, as identified through the existence of Programme Specifications. This normally conforms to the provision covered by the most recent approval or review event. In certain cases a Faculty Student Experience Committee may deem that monitoring is more appropriately conducted on the basis of subjects or of programme groupings, in which case it must seek approval from the Student Experience Committee. References in this section to 'programme' should be interpreted to include such an approach.

2   <u>AIM</u>

2.1   The aim of Continuous Monitoring and Improvement is to support the maintenance of standards, to assure the consistency of learning opportunities and to enhance the quality of the learning experience for students by continually reviewing provision, identifying areas for improvement and acting on these. This process applies to all taught courses of study offered by MMU whether they are delivered on-site or through collaborative partner organisations, unless a partner has Academic Board's approval to use its own formal monitoring processes and documentation. Collaborative partners will use their own systems for gathering and using data to evidence the process. Please see paragraph 5.4 for full details of Continuous Monitoring and Improvement and collaborative provision.

2.2   Continuous Monitoring and Improvement is achieved through the:

- systematic, effective and transparent use of available data and evidence to inform improvement actions;
- early identification of areas for improvement to ensure the maintenance of academic standards and/or to enhance the quality of student learning opportunities;
- prompt implementation of improvement actions, backed by serious consequences (including possible course closure) if such actions are not evident or effective;
- prompt referral of any issues requiring institutional action to the appropriate service area;
- early identification, recording and dissemination of good practice in a timely manner;

- tracking of all issues and improvement actions, from identification, through reporting on actions so that students, staff, external examiners and relevant others are aware of such actions.

  In all cases a clear locus of responsibility for the ownership of improvement actions at unit, course, faculty and institutional levels is identified.

2.3 By definition, Continuous Monitoring and Improvement is a 'live' process, with issues raised at unit, course and programme level. The Programme Leader is responsible for identifying who can resolve these issues, where necessary referring them on to relevant faculty or institutional level colleagues and reporting back to stakeholders on progress throughout the academic year. Heads of Departments have managerial responsibility for regularly reviewing issues raised and progress achieved in the Continuous Improvement Plans and Deans of Faculty have managerial responsibility for the health of courses offered within their faculty (see Appendix A for lines of responsibility).

3   PROCEDURES FOR MANAGING CONTINUOUS MONITORING AND IMPROVEMENT

3.1 The quality management of programmes and courses of the University is the responsibility of Programme Leaders, Heads of Department (or equivalent) and Deans of Faculty. A single Continuous Improvement Plan will be used to monitor the health of each course recorded within a Programme Specification. The plan will be reviewed by the relevant Head of Department, and where necessary referred to within the Departmental Strategic Plan. Reports on the health of courses within each faculty will be considered by the Dean of Faculty through the Faculty Executive Group (FEG) and, where there are concerns about the health of particular courses, action plans will inform the Faculty Strategic Plan.

Programme Level Monitoring and Improvement

3.2 At programme level monitoring and analysis of the data will focus on unit and course health.

3.3 Unit reports, a required element of the Continuous Monitoring and Improvement process, are the responsibility of the Unit Coordinator. As a minimum, evidence for monitoring the health of units will include student feedback and student success/achievement data available via the Continuous Monitoring and Improvement Data Dashboard on Uniview. This data forms the basis of evidence to support unit coordinators in producing a report (available from http://www.mmu.ac.uk/academic/casqe/experience/monitoring/docs/unit_report.doc) commenting on the health of their units. Each unit report will be submitted to the relevant External Examiner and unit data will be submitted to the first tier Board of Examiners for scrutiny by board members. Where necessary, issues requiring action and good practice will be included within the Continuous Improvement Plan.

3.4 Responsibility for course level monitoring rests with the Programme Leader. As a minimum, evidence for monitoring will include Programme Performance Indicators (PPIs), external examiner reports, programme committee minutes and student satisfaction as identified from surveys, including the Internal Student Survey and the National Student Survey if the results are available at programme-level. Issues requiring action and good practice will be included within the Continuous Improvement Plan.

3.5   The Continuous Improvement Plan (at
        http://www.mmu.ac.uk/academic/casqe/experience/monitoring-improvement.php) is
        the focal point for the academic team to monitor the health of each course identified
        through the Programme Specification, to review the quality of those courses and to
        address issues in order to ensure enhancement of the student learning experience.
        The Continuous Improvement Plan is the complete record of issues raised and good
        practice noted, and records clearly whether issues are resolved or outstanding. The
        format of the Plan is prescribed in order to provide a constant, which can be
        understood, analysed, compared and contrasted by those (internally or externally)
        with an interest in the evaluation of the standards and quality of courses that exist
        within a Programme.

3.6   Each academic team will meet before the beginning of the academic year to review
        performance on each course, taking into consideration unit reports, student and
        external examiner feedback, reflect on the health of each course, and identify key
        issues for enhancement that will be reported within the Continuous Improvement
        Plan. NOTE: Whilst in many cases courses commence in September there will be
        exceptions to this and in these cases the review will take place prior to the
        commencement of students onto the course.

3.7   As a 'live' document, the Continuous Improvement Plan is updated throughout the year.
        It is the definitive source of all issues raised and responsibility for recording issues as
        they arise and agreeing actions to address them rests with the Programme Leader.
        The Programme Leader is also responsible for the prompt referral to the appropriate
        department of service related issues (e.g. resources and facilities) and following up on
        action taken to resolve such issues (see 3.14).

3.8   The Programme Leader will be responsible for ensuring that the Continuous
        Improvement Plan is accessible to a wide range of stakeholders so that they can see
        what progress has been made on issues raised. The Programme Leader will be
        responsible for ensuring that students, staff and external examiners are kept informed of
        actions taken. More information on the University's requirements for 'closing the
        feedback loop' can be found in 'Evaluation of Student Opinion' at
        http://www.mmu.ac.uk/academic/casqe/experience/voice/docs/evaluation_of_opinion.pd
        f and in the Threshold Standards for the Student Learning Experience at
        http://www.celt.mmu.ac.uk/threshold/index.php.

3.9   The Programme Leader will submit the Continuous Improvement Plan to every
        Programme Committee. This will be scrutinised by Committee Members and revisions
        will be agreed before the Continuous Improvement Plan is approved by that Committee.
        The scheduling of Programme Committees should be carefully considered by the
        Programme Leader in order to facilitate the effective scrutiny of Continuous
        Improvement Plans.

        Departmental level monitoring and analysis of the health of courses

3.10   Each Head of Department has managerial responsibility for the health of courses within
        his/her department (or equivalent). At the beginning of each academic year the Head of
        Department meets with Programme Leaders to review the data relating to each course
        and approve the Continuous Improvement Plan. Confirmation of the Head of
        Department's scrutiny and agreement of the actions proposed within the Continuous
        Improvement Plan is signified by the Head's signature on each Continuous
        Improvement Plan. This confirmation signifies that the Head has considered and
        discussed with each Programme Leader of MMU programmes, delivered within MMU

or by a collaborative partner organisation, the appropriateness of the Plan. In light of discussions between the Head of Department and the Programme Leader, amendments to the proposed actions may be deemed appropriate.

3.11   On a termly basis the Head of Department (or equivalent) receives from each Programme Leader the up-to-date Continuous Improvement Plan (or, once developed, an electronic version) that identifies the progress made on the achievement of agreed actions. The evidence within the Continuous Improvement Plan will feed into the Departmental Strategic Plan and will be used by the Head of Department to report to Faculty Executive Group (FEG).

Faculty Analysis of the Health of Programmes

3.12   The Dean of Faculty has overall responsibility for the health of courses within each faculty. Through FEG or the SAS Senior Leadership Group (for cross institutional courses), Deans and Heads of Department (or equivalent) consider the health of all courses for their area on a termly basis. They use course health data from the Uniview Continuous Monitoring and Improvement Data Dashboard to identify courses at risk and make decisions on actions to be taken. From departmental termly reports Deans identify specific learning and teaching needs and refer these for action through the Chair of Faculty Student Experience Committee (FSEC). The evidence relating to course health feeds into the actions of the Faculty Strategic Plan.

3.13   FSEC considers issues referred for action by the Dean of Faculty, identifying ways of resolving such issues and prioritising actions to enhance learning and teaching. Good practice is also disseminated through FSEC in the same way.

Monitoring and Analysis of Central Service Issues and Good Practice

3.14   As detailed in 3.7 the Programme Leader is responsible for the prompt referral to the appropriate department of central service related issues (e.g. administration, resources and facilities) and for following up on action taken to resolve such issues. Such issues are likely to be reported in the first instance to those responsible in the local area, such as Head of Faculty Campus SAS, Catering Manager or Head of Library Services. Student and Academic Services and the Services Group are responsible for the oversight of such issues relating to their areas of work and on an annual basis provide a report to CASQE of institutional issues that have arisen throughout the previous year, and of actions taken to optimise the impact on the student experience and enhancement activity. This information is included within the Annual Overview Report of Quality and Standards, which is considered by the Academic Quality and Standards Committee (AQSC). This Annual Overview Report, including student experience and student success-related recommendations, is then submitted for approval to Academic Board.

Institutional Oversight

3.15   The Executive and the Student Experience Committee (SEC) have institutional oversight of courses offered by MMU. Overall institutional responsibility for courses rests with the Executive whilst the SEC is responsible for oversight of the student experience and student success. The Academic Quality and Standards Committee considers the academic standards issues which arise in the Continuous Monitoring and Improvement process, as reported in the Annual Overview Report of Quality and Standards.

3.16   On an annual basis SEC receives the Annual Overview Report of Quality and Standards. This provides an overview of course health across the University. Data from Uniview, student feedback through NSS and other surveys, MMUnion Student Voice reports and the reports from SAS and Services Group are used to identify key issues that form the focus of an institutional action plan for improvement. SEC considers student experience and student success-related recommendations for enhancement in the Annual Overview Report. The Chair of SEC submits the student experience and student success-related recommendations for enhancement to Academic Board.

3.17   The Executive considers those courses deemed to be 'at risk'. Using PPIs from Uniview and focusing initially on a small number of key performance indicators (see below) the Deputy Vice Chancellors identify courses across the University that are deemed to be at risk. A 'RAG' based system, flagging courses as red (at risk), amber (in need of improvement) and green (in good health but with the opportunity for enhancement) is used when considering the health of courses. In the short term the following PPIs will be used:

- Unit performance;
- Year 1 enrolment;
- Year 1 retention;
- Good honours (for undergraduate programmes only).

As systems become more refined additional PPIs will be introduced.

3.18   At an appropriate point, and at least once per year, the DVCs consider PPIs for each course, and where necessary require academic teams of courses deemed to be at risk to attend a Quality Improvement Meeting chaired by the Dean of Faculty. The panel includes the relevant Head of Department, an external nominee appointed by the DVC from a pool of external advisors retained by CASQE, a student representative who is independent to the course being reviewed and at least 1 member of SEC who is independent to the course being reviewed. The outcomes of the meeting are recorded and conditions are set by the panel. For example the relevant Dean of Faculty may be required to identify course leaders or others who can mentor a subject area with 'at risk' courses. The Dean would also be held responsible for monitoring the health of the course and reporting progress. The report is signed off by the relevant DVC before being referred to the Executive.

3.19   Where a course continues to be at risk the DVC will either undertake a full sustainability evaluation with the possible outcome of course closure or will invoke any other necessary action to deal with the issue in a timely manner. An evaluation may be invoked when a course has been required to undertake improvement actions but continues to be flagged as being at risk. Such an evaluation is chaired by a DVC or nominee. The panel includes the relevant Dean of Faculty, an external nominee appointed by the DVC from a pool of external advisors retained by CASQE and at least 1 member of SEC who is independent to the course being evaluated. A précis of the issues is presented, issues of mitigation are considered and a proposal about the future of the course is made. In these situations and following sign off by the DVC the report is considered by the Executive and a decision is made regarding the future of the course.

3.20   Efforts will be made to facilitate effective improvement before invoking a full sustainability evaluation. An additional means to this is available through Targeted Programme Improvement. This process is distinct from normal Continuous Monitoring and Improvement and may be initiated independently due to emergent risks of a strategic nature, or if significant risks become apparent from continuous

monitoring or other sources including feedback from PSRBs. In such cases a senior intervention team from outside the faculty might be appointed to secure improvements by actively advising the course team. Successful support through Targeted Programme Intervention would mitigate such risks and enhance sustainability, allowing the supported programme to resume the normal quality cycle of review and Continuous Monitoring and Improvement. Unsuccessful intervention would necessitate full sustainability evaluation, as per 3.19. To identify the interrelationship between the Continuous Monitoring and Improvement and the Targeted Programme Improvement processes see Appendix C.

4   EVIDENCE BASE FOR CONTINUOUS MONITORING AND IMPROVEMENT AT PROGRAMME LEVEL

4.1   The key requirement of Continuous Monitoring and Improvement is the academic team's timely engagement with an appropriate evidence base to review course health and focus on enhancement. Academic teams are required to make effective use of a range of sources of evidence when developing the Continuous Improvement Plan. In particular, the following key indicators will inform academic teams in their analysis:

- the reports of external examiners;
- Programme Performance Indicators (PPIs) from the Uniview Continuous Monitoring and Improvement Data Dashboard(see sections 4.4-4.6 below);
- student comments including evidence drawn from the polling, analysis and response to the opinion of current students (the student voice), including key issues raised in unit evaluations and external surveys, in particular the Internal Student Survey, National Student Survey; International Student Barometer and Postgraduate Taught Experience Survey;
- DLHE data including students employed (graduate track) or in study;
- feedback from former students, staff, employers and professional bodies (PSRBs) as appropriate and other reports;
- discussion points raised at Programme Committees and student-staff consultative committees
- recommendations made by programme approval, review and modification (PARM) panels.
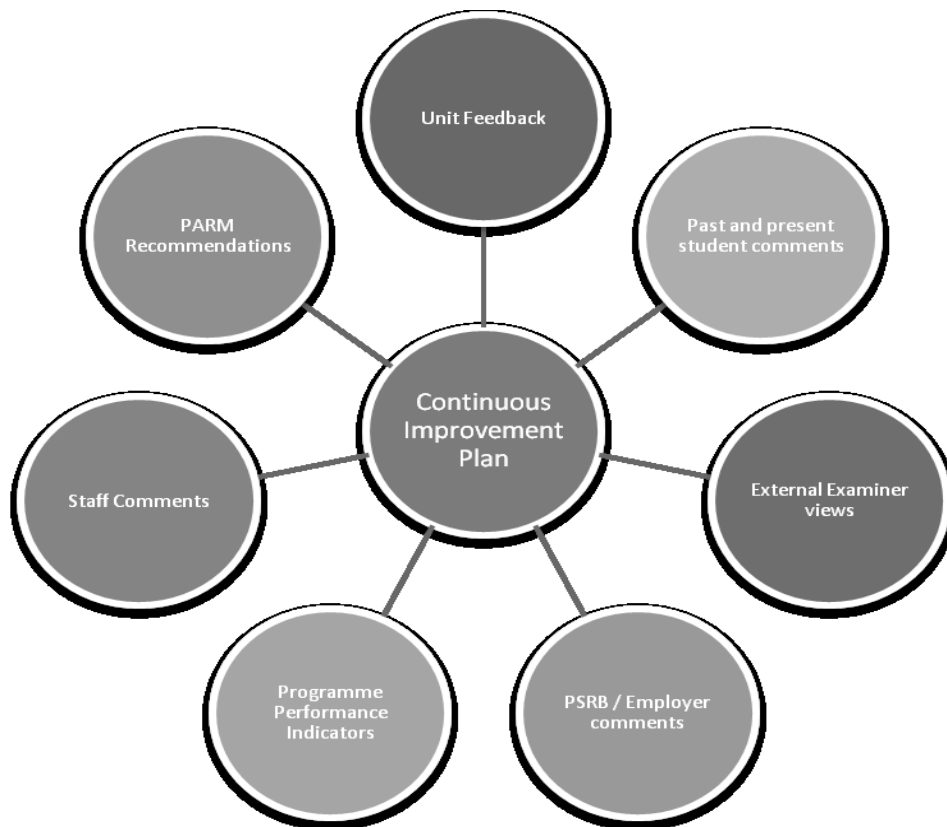
4.2   The reports of external examiners provide external verification of the standards and quality of each course within a programme. Each academic team must consider the specific issues identified within individual Subject external examiner reports and the Programme Leader must make a formal written response to each Subject examiner addressing all the issues they have raised in Section M of the external examiner report template. The Programme Leader's written response will be provided in Section N of the external examiner report, and the completed report should be returned to the Subject external examiner within the period stipulated in the external examiner report template. The Programme Leader will retain a copy of this response with the Continuous Improvement Plan. Programme leaders should ensure that external examiner reports, including the programme team response to examiner comments, are made available to student course representatives with a request that they consult with their student peers regarding the report and response. Any actions identified following that consultation should be discussed with the programme leader and fed into the Continuous Improvement Plan as appropriate.

In cases where the external examiner comments are of great concern the Head of CASQE will request that the Programme Leader makes an immediate response to the external examiner. Confirmation that the academic team has responded to all key issues in the report(s) is an essential part of the evidence base and forms part of the Continuous Improvement Plan. External Examiners should also receive copies of the reports of the other external examiners (for very large, multidisciplinary programmes reports from examiners in cognate areas would be sufficient). The response, and subsequent related correspondence, should be submitted when the Continuous Improvement Plan is considered at Programme Committees or any other formal review of the Continuous Improvement Plan.

External examiners should be provided with an updated copy of Continuous Improvement Plans on at least one occasion per year.

4.3 The University makes the NSS results available to staff each year. In accordance with HEFCE/Ipsos guidelines concerning the use of results data which is unpublished and therefore not available to the general public, programme teams may use the data to help identify and inform their enhancement actions in the Continuous Improvement Plan, but must not quote any unpublished data in the Continuous Improvement Plan, in order that this is not viewed by the general public.

Programme Performance Indicators (PPIs)

4.4 A minimum set of statistical data in the form of PPIs is drawn from the University's management information reporting tool (Uniview) and is used by senior managers of the University to confirm the health of courses and programmes. In particular, the Uniview 'data dashboard' provides a single reference point for most of the Uniview data which is relevant to Continuous Monitoring and Improvement. Data and its analysis covers the student lifecycle and analysis takes place at the earliest possible point in the year, so for example the recruitment and admission data should be analysed in the first term following admission. There is a particular focus on recruitment (tariff point average), enrolment (to target, in year 1 and all enrolled), retention (year 1), progression and percentage of good honours. Careers information using first destination data should also be used. For post-graduate, part-time and specialist provision, the PPI dataset will be modified as appropriate. The attached time-line (Appendix B) may be appropriate for full time undergraduate courses commencing in September. Programme Leaders responsible for courses other than full-time undergraduate, or for those undergraduate courses with other start dates, should develop and agree with the Head of Department a time-line for their own course and publish this to all stakeholders.

4.5 Uniview, including the data dashboard, filters data as appropriate (e.g. to include additional academic years, courses, or study levels) and academic teams need to drill down to more detail (e.g. funding source or socio demographic data) where there are concerns about the health of a particular course. As Uniview is near live (via overnight updates), the data is a snapshot at the point of retrieval and should not be used as baseline. It is vital that course or programme teams date any reference to Uniview data and use updated records throughout the year.

4.6 In the case of collaborative provision, it is the partner who is responsible for collecting relevant statistical data, which should closely match the PPI data specified in the above paragraphs and for using this to support an analysis of the health of courses. The MMU Link Tutor should support the partner to compare such data with that of relevant MMU courses.
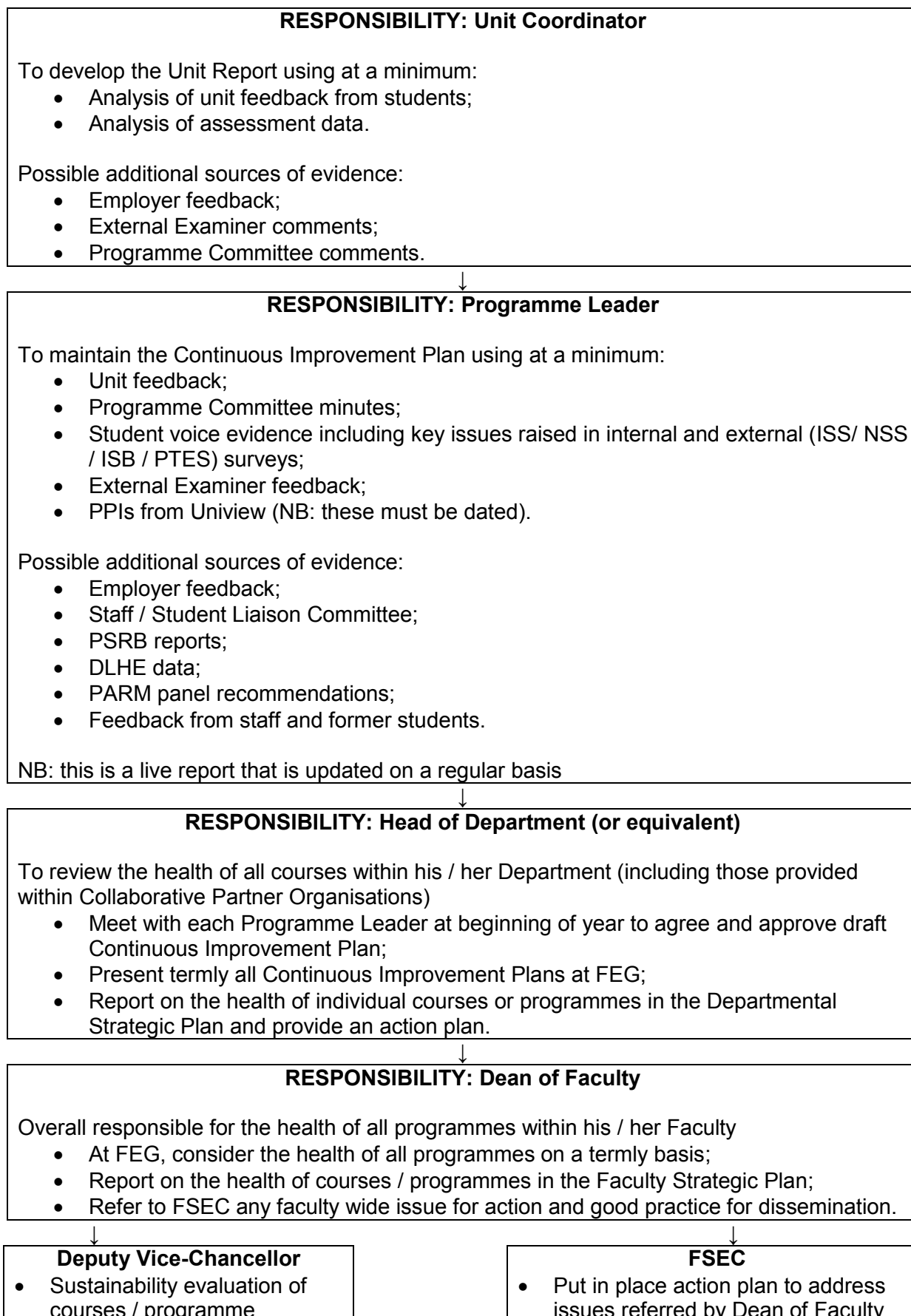
5   ARRANGEMENTS FOR COLLABORATIVE PROVISION

5.1   It is essential that issues and good practice specific to collaborative arrangements with partner organisations are clearly distinguished in the Continuous Monitoring and Improvement process, so that the University can achieve a clear institutional overview of the quality of the student experience in all settings. In order to achieve this, monitoring is conducted using a similar approach to that used for University's internal mainstream provision with additional consideration given to the particular circumstances and/or nature of the provision in accordance with the University's Institutional Code of Practice for Collaborative Provision.

5.2   Where collaborative provision is linked to a MMU home programme (normally through a franchise arrangement), a separate Continuous Improvement Plan must be maintained by each partner organisation / institution. Where delivery at the partner is limited to single units of study, unit reports should be completed. Partner Continuous Improvement Plans must be considered alongside the home programme Continuous Improvement Plan, comparisons should be noted and good practice shared as part of the departmental and faculty management of the Continuous Monitoring and Improvement process.

5.3   The Continuous Improvement Plans for externally validated programmes should be completed by the partner Programme Leader and submitted to and discussed with the Head or equivalent of the relevant MMU department for inclusion in the Departmental Planning Process.

5.4   Subject to approval through Academic Board, partners delivering externally validated provision may use their own formal monitoring processes and documentation requirements to evidence the Continuous Monitoring and Improvement process. Such variations to the monitoring process are considered on an individual basis. Any requests should, in the first instance, be submitted to the Head of Academic Standards and Quality Enhancement.

6   NON–CREDIT BEARING PROVISION

6.1   The University's portfolio of non-credit bearing provision is continuously updated and developed through extensive liaison with industry, commerce and the professions. The diversity of the University's provision and its variable "shelf life" does not lend itself to a uniform approach but all non-credit bearing provision is expected to be subject to evaluation and quality management.

6.2   A template is provided for the monitoring of non-credit bearing provision, including conference activity (at http://www.mmu.ac.uk/academic/casqe/experience/monitoring/docs/short_course.doc). This provision will be quality monitored by the relevant Head of Department and commented upon in the Departmental Strategic Plan.

APPENDIX A

Continuous Monitoring and Improvement: Lines of Responsibility

---

RESPONSIBILITY: Unit Coordinator

To develop the Unit Report using at a minimum:
- Analysis of unit feedback from students;
- Analysis of assessment data.

Possible additional sources of evidence:
- Employer feedback;
- External Examiner comments;
- Programme Committee comments.

↓

RESPONSIBILITY: Programme Leader

To maintain the Continuous Improvement Plan using at a minimum:
- Unit feedback;
- Programme Committee minutes;
- Student voice evidence including key issues raised in internal and external (ISS/ NSS / ISB / PTES) surveys;
- External Examiner feedback;
- PPIs from Uniview (NB: these must be dated).

Possible additional sources of evidence:
- Employer feedback;
- Staff / Student Liaison Committee;
- PSRB reports;
- DLHE data;
- PARM panel recommendations;
- Feedback from staff and former students.

NB: this is a live report that is updated on a regular basis

↓

RESPONSIBILITY: Head of Department (or equivalent)

To review the health of all courses within his / her Department (including those provided within Collaborative Partner Organisations)
- Meet with each Programme Leader at beginning of year to agree and approve draft Continuous Improvement Plan;
- Present termly all Continuous Improvement Plans at FEG;
- Report on the health of individual courses or programmes in the Departmental Strategic Plan and provide an action plan.

↓

RESPONSIBILITY: Dean of Faculty

Overall responsible for the health of all programmes within his / her Faculty
- At FEG, consider the health of all programmes on a termly basis;
- Report on the health of courses / programmes in the Faculty Strategic Plan;
- Refer to FSEC any faculty wide issue for action and good practice for dissemination.

↓   ↓

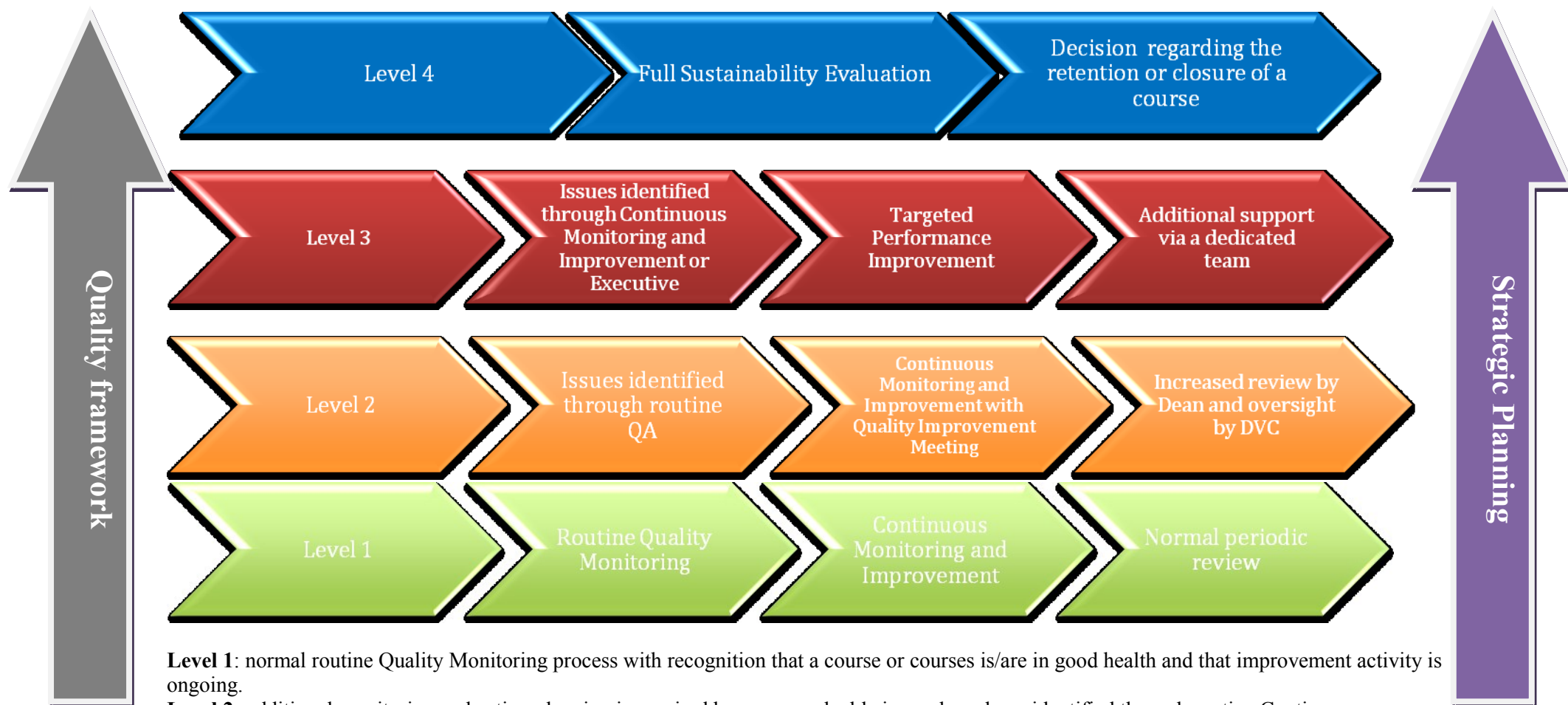| **Deputy Vice-Chancellor**	**FSEC**
• Sustainability evaluation of courses / programme	• Put in place action plan to address issues referred by Dean of Faculty

APPENDIX B

Approximate time-line for updating Continuous Improvement Plan for traditional full-time Undergraduate Course

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Addressing issues from External Examiner Report							■					
Feedback to External Examiner								■				
ISS Student feedback (Unit)	■				■							
ISS Student feedback (Course)	■				■							
NSS								Raw data		Detailed analysis		
PTES							■					
DLHE							■					
Feedback from Programme Committee			■								■	
ISB							■					
PSRB reports												
Recommendations from Approval / Review panels												
Recruitment data										■		
Enrolment data											■	
Retention data	■		■		■						■	
Progression data						■			■			
Good honours						■						

APPENDIX C

Quality framework

Strategic Planning

| Level 4 | Full Sustainability Evaluation | Decision regarding the retention or closure of a course |

| Level 3 | Issues identified through Continuous Monitoring and Improvement or Executive | Targeted Performance Improvement | Additional support via a dedicated team |

| Level 2 | Issues identified through routine QA | Continuous Monitoring and Improvement with Quality Improvement Meeting | Increased review by Dean and oversight by DVC |

| Level 1 | Routine Quality Monitoring | Continuous Monitoring and Improvement | Normal periodic review |

Level 1: normal routine Quality Monitoring process with recognition that a course or courses is/are in good health and that improvement activity is ongoing.

Level 2: additional monitoring and action planning is required because resolvable issues have been identified through routine Continuous Monitoring and Improvement and remedial action is required.

Level 3: instigated either via Continuous Monitoring and Improvement or via Executive based on the holistic view of strategic risk

Level 4: full sustainability evaluation by DVC and reporting to Executive with decision on whether a course should be retained or closed.