

Procedure 2.6 Self-Assessment and Annual Programme Monitoring					
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- ❖ This procedure is shared with our staff and/or can be obtained:
 - on our website <https://docklandsacademy.co.uk/policies-and-procedures>,
 - on the desktops of all computers in the library on the top floor,
 - by emailing us at info@docklandsacademy.co.uk in the case of remote learning.
- ❖ The procedure is reviewed and monitored on a regular basis for currency and fitness as part of our Annual 1.9 Policy and Procedures Review.

1. Introduction

This section describes the annual self-assessment reporting mechanisms of each department Docklands Academy London. As such it includes:

- a definition of self-assessment;
- the aims of self-assessment;
- responsibilities in self-assessment;
- use of evidence to support self-assessment;
- stages in the self-assessment process;
- reporting arrangements.

2. Definitions

The self-assessment is an annual process completed at the end of the summer term by which Docklands Academy London (DAL) staff who are responsible for the overall operations of a department reflect and evaluate the performance of their departments across one academic year. Each Head of Department (HoD) is responsible for the completion of their respective reports, which are based on the use of qualitative and quantitative evidence collated from various points across the year. The reports are submitted to the Head of Quality and Administration, whom has the responsibility to use the information provided to compile a Quality Improvement Plan (QIP) to be addressed in the subsequent Academic Year. This QIP is then submitted for the CEO / Principal's review and, where appropriate, provide comments, then is submitted onto an external member for their feedback and comments and, thereafter, to the Board of Governance for approval and sign-off.

3. Aims of Self-Assessment

The broad aims of self-assessment are to:

- identify problems in the operations or functions of a department and to take timely action to remedy those problems;
- create a self-critical culture: an ethos in which it is possible for staff to be open about weaknesses without feeling vulnerable to criticism or punitive measures
- ensure that issues, essential actions or recommendations raised by external examiners are promptly acted
- ensure judgements that are based on objective evidence, including students' experiences and the views of other stakeholders
- sustain clear action plans with measurable and achievable targets and the rigorous monitoring of progress in reaching these targets
- identify and disseminate innovation and good practice and capture opportunities for enhancement
- contribute to strategic, academic and resource planning and allow the Academy to fulfil its responsibilities for maintaining the standards of its awards
- utilise the Designated Quality Body (DQB) core practices as a basis to ensure the department operates effectively under recognised standards.

4. Responsibilities in Monitoring

The CEO/Principal has overall responsibility for quality and standards. CEO/Principal delegates to Head of Quality and Administration the responsibility for the development, maintenance and implementation of the monitoring and self-assessment procedures and any policies related to those procedures. A self-assessment team (bodied by the heads of departments) is constituted in the charge of the Head of Quality and Administration. The self-assessment team are responsible for the internal implementation of those procedures. As part of this responsibility, the self-assessment team will ensure that their departments operate effectively by productive oversight of the functions of the department. Thus:

- The HoD's are expected to produce an annual report to the Head of Quality and Administration summarizing the overall strengths, weaknesses, opportunities and threats for the preceding year;
- A summary of the practices occurred in the departments should be outlined by HoD's, focusing on any measures / changes that may have affected the department functions both positively and / or negatively;
- HoD's should outline any actions that seem appropriate departmentally to be addressed in the upcoming year;
- The Head of Quality and Administration is to review, comment on and compile a QIP to the CEO / Principal with all the key information and findings from the departmental reports;
- CEO/Principal reviews the QIP and allocates an external member to also review the QIP, prior to the submission to the Board.
- Once all parties are happy with the QIP, the Board of Governance will have the opportunity to review all comments and sign-off on agreed actions and timeframes for the upcoming academic year.

5. Use of Evidence to Support Self-assessment

5.1 Self-assessment depends on the collection of evidence that confirms the effectiveness of a department. Evidence is collected from a variety of sources that may include (but is not limited to):

- Data on gathered during the student application, admissions and enrolment;
- Feedback from students (in staff-student consultations, from evaluation questionnaires and through the National Student Survey, the Student Induction Survey, the Student End of Term Survey and equivalent surveys);
- Student performance (in modules, in any one year and throughout a programme);
- External examiners reports;
- Reports from awarding or accreditation bodies;
- Feedback from placements and employers; (If applicable)
- KPIs compiled across the year
- Google analytics or other automated data through online channels and platforms
- Income and expenditure reports

5.2 The professional, educational and research activities of staff (including staff development, formal and informal CPD's) can contribute to the development and improvements of departmental functions and operations therefore, where this is the case, these activities can be reported as part of the self-assessment process.

6. Stages in the Self-Assessment Process

The following are the key stages in the self-assessment process presented chronologically:

- allocation of responsibilities for self-assessment by the Head of Quality and Administration (from 01 September by which the Board of Governance will have approved the previous years' report and actions);
- ongoing collection of evidence, record of issues, KPIs, and actions taken through the use of logs (all year activity);
- circulation of report forms, guidance notes for completion by the Head of Quality and Administration; (Summer term)
- submission of final annual self-assessment reports by the HoD's to the Head of Quality and Administration by the end of Summer Term;
- submission of summary report / QIP by the Head of Quality and Administration to CEO/Principal (by the end of August);
- CEO/Principal review of the QIP finalised to be passed onto the External Member;
- Board of Governance review and approval of actions to be taken the next academic year (before the new academic year).

7. Guidance on the Self-Assessment Reports by the Heads of Department to the Head of Quality and Administration

7.1 There are three versions of the self-assessment report: (1) HED Self-Assessment Report, (2) ELD Self-Assessment Report and (3) Non-teaching Self-Assessment Report. The non-teaching report is to be completed individually by the Finance, Admissions, Marketing and IT department leads.

7.2 Each report includes:

- Introduction and overview
- Progress with previous academic years' improvement points
- Overall effectiveness
- Key strengths and areas of improvement
- 5 key practices (varying in three versions)
- Appendices

7.3 The 5 key practices vary depending on the version of the self-assessment report.

The HED SAR's key practices derive from the DQB / OfS core practices and are as follows:

- B1: Academic Experience
- B2: Resources, Support and Student Engagement
- B3: Student Outcomes
- B4: Assessment and Awards
- B5: Sector-Recognised Standards

The ELD SAR's key practices derive from the British Council self-evaluation key headings and are as follows:

- ELD 1: Management of ELD
- ELD 2: Premises and Resources
- ELD 3: Teaching and Learning
- ELD 4: Welfare and Student Services
- ELD 5: Safeguarding

For the non-teaching SAR, the Head of Quality and Administration, CEO/Principal and an external member agreed upon 5 key practices that showcase DAL's expectations of quality assurance. These are as follows:

- DAL 1: Implementation and Follow-Up of Departmental Routines
- DAL 2: Strategic Planning
- DAL 3: Records Maintenance and Data Collection
- DAL 4: Policy and Procedure Updates
- DAL 5: Key Performance Indicators

Within each of these 5 sections, HoD's are expected to outline key strengths, key areas for improvement, a short summary of findings and supporting evidence against each strength and improvement listed. The supporting evidence listed should be traceable back to tangible evidence and / or added to the appendices at the end.

7.4 Once a HoD has completed their SAR, the *Overall Effectiveness* page will outline the overall key strengths and areas for improvement across all key practices, with a judgement of Met / Not Met and standard of judgement made against each key practice (1 - Outstanding, 2 - Good, 3 - Requires Improvement and 4 - Unsatisfactory). There is no specific guidance on what indicates a standard of judgement but is at the discretion of the department head to decide based on the strength of the evidence they've collated.

8. Guidance on the Quality Improvement Plan by the Head of Quality and Administration to the CEO / Principal

8.1 Upon review of the SAR's, the Head of Quality and Administration will review any trends, common themes and improvement areas and will compile key areas in the Quality Improvement Plan. The QIP will include:

- Risk-register
- Improvement themes
- Success criteria against each theme
- Actions to deliver the improvement
- Rationales
- Deadlines
- Owner[s]
- Progress / impact (live)

8.2 The QIP, once approved by the CEO / Principal, will be shared with the external member and the Board of Governance for approval for the upcoming academic year. Once approved by all parties, the QIP will be referred to as a 'live document' where each HoD will be responsible for monitoring and updating as appropriate. Quality improvement checks will be carried out by both Head of Quality and Administration and CEO / Principal during quarterly Quality Committee meetings to monitor the progress and impact made against each improvement theme.

9. Procedure to be Followed if an Annual Programme Monitoring Report is not Submitted

9.1 CEO/Principal is informed by the Head of Quality and Administration that a departmental self-assessment report has not been submitted. CEO/Principal will then identify a senior member of staff to carry out a brief preliminary to establish the reasons why the report was not submitted.

9.2 The member of staff carrying out the preliminary enquiry would be asked to make a recommendation about follow up action to CEO/Principal. A report should be received within 5 working days of any request to carry out a preliminary enquiry. Recommendations might be:

- a.** No action if there is evidence that steps are already in place to ensure future reports are submitted on schedule;
- b.** The development of an action plan with clear timelines that addresses the reasons why the report was not submitted;
- c.** Other actions as appropriate.
 - Actions at each stage of the procedure should be taken to ensure that issues are resolved quickly. To ensure against delays, CEO/Principal will have the authority to take necessary actions at any stage.
 - The operation of the procedure is the responsibility of CEO/Principal.

10. Compliance with QAA's UK Quality Code

10.1 Compliance with the Expectations and Core practices of the UK Quality Code for Higher Education (Quality Code) will be monitored by the Academic Head from time to time.

10.2 Monitoring and evaluation of higher education is an essential process within providers, forming a fundamental part of the academic cycle. It can, and should, look at all aspects of the higher education experience. All higher education providers are involved in course monitoring and review processes as these enable providers to consider how learning opportunities for students may be improved. (QAA Advice and Guidance for "Monitoring and Evaluation")

11. Related Documents

11.1 Policies

- 1 Governance
- 2 Academic Management
- 7 Information

11.2 Procedures

- 1.3 Boards and Committees ToR
- 1.9 Review and Revision of Policies and Procedures
- 3.6 Internal Verification
- 3.7 External Examiners
- 5.7 Reviewing Learning Resources
- 6.13 Staff Code of Conduct



11.3 External Reference Points

- Office for Students (OfS) Requirements and Guidance at [Advice and guidance - Office for Students](#)
- British Accreditation Council (BAC) Accreditation Handbook at <http://www.the-bac.org/wp-content/uploads/2022/10/Accreditation-Handbook-2022-web-compressed.pdf>
- UK Quality Code for Higher Education at <https://www.qaa.ac.uk/quality-code>
- Higher Education Code of Governance (Committee of University Chairs, December 2014) at <https://www.universitychairs.ac.uk/wp-content/uploads/2020/09/CUC-HE-Code-of-Governance-publication-final.pdf>
- Association of Employment and Learning Providers (AELP) principles of Good Governance for Independent Training Providers at <https://www.aelp.org.uk/media/2595/code-of-governance-final-sept-2018.pdf>
- OIA The Good Practice Framework: Handling Students Complaints and Academic Appeals at <https://www.oiahe.org.uk/media/1859/oia-good-practice-framework.pdf>
- OIA Disciplinary Procedures at <https://www.oiahe.org.uk/media/2045/good-practice-framework-disciplinary-procedures-section.pdf>
- UKCISA Code of Ethics at <https://www.ukcisa.org.uk/Membership/Codes-of-practice/Code-of-ethics>
- Equality Act – 2010 at <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Competition and Markets Authority Guidance for HE Providers at <https://www.gov.uk/government/publications/higher-education-consumer-law-advice-for-providers>
- Securing student success: Regulatory framework for higher education in England at https://www.officeforstudents.org.uk/media/1231efe3-e050-47b2-8e63-c6d99d95144f/regulatory_framework_2022.pdf