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## Performance review process report

Staffordshire University, 2018-21

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### Executive summary

This is a report on the performance review process undertaken to review HCPC-approved provision at Staffordshire University. This assessment was undertaken as part of our new quality assurance model in the 2021-22 academic year.

In our review, we considered that this institution is performing well, and visitors have recommended that the education provider should next be reviewed in five years' time, the 2026-27 academic year.

There are no referrals and issues to highlight. This report will now be considered by our Education and Training Panel on 31 January 2023 who will make the final decision on the review period.

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**Previous consideration** Not applicable. This performance review process was not referred to from another process interaction.

**Decision** The Education and Training Committee (Panel) is asked to decide:

- when the education provider's next engagement with the performance review process should be
- whether issues identified for referral through this review should be reviewed, and if so how

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**Next steps** Subject to the Panel's decision, the provider's next performance review will be in the 2026-26 academic year

We will undertake work between HCPC and the education provider regarding the potential apprenticeship pathway for professional pathway learners accessing the BSc (Hons) Paramedic Practice programme.

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## Section 1: About this assessment

### About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the performance review process undertaken by the HCPC to ensure that the institution and practice areas(s) detailed in this report continue to meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the institution and programme(s) ongoing approval.

### Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The performance review process

Once a programme institution is approved, we will take assurance it continues to meet standards through:

- regular assessment of key data points, supplied by the education provider and external organisations; and

- assessment of a self-reflective portfolio and evidence, supplied on a cyclical basis

Through monitoring, we take assurance in a bespoke and flexible way, meaning that we will assess how an education provider is performing based on what we see, rather than by a one size fits all approach. We take this assurance at the provider level wherever possible, and will delve into programme / profession level detail where we need to.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **Thematic areas reviewed**

We normally focus on the following areas:

- Institution self-reflection, including resourcing, partnerships, quality, the input of others, and equality and diversity
- Thematic reflection, focusing on timely developments within the education sector
- Provider reflection on the assessment of other sector bodies, including professional bodies and systems regulators
- Provider reflection on developments linked to specific professions
- Stakeholder feedback and actions

### **How we make our decisions**

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support a review of this education provider:

Gemma Howlett	Lead visitor, paramedic
Carol Ainley	Lead visitor, biomedical science
Ann Johnson	Service user expert advisor
John Archibald	Education Quality Officer

## Section 2: About the education provider

### The education provider context

The education provider currently delivers 13 HCPC-approved programmes across five professions. It is a higher education institution and has been running HCPC approved programmes since 2002.

During the reporting period, programmes leading to HCPC registration were situated in two schools within the education provider. These were the School of Life Sciences and Education, and the School of Health and Social Care. From September 2021, these schools have been merged into one School of Health, Science and Wellbeing.

In the West Midlands:

- five education providers run biomedical science programmes;
- two education providers run operating department practice programmes;
- four education providers run paramedic programmes;
- four education providers run prescribing programmes; and
- three other education providers run practitioner psychology programmes.

### Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Biomedical scientist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2012
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2002
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing		2014	

### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

Data point	Benchmark	Value	Date	Executive commentary
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Total intended learner numbers compared to total enrolment numbers	587	804	2021/22	The enrolled numbers of learners across all HCPC approved provision is higher than the approved intended numbers we have on our record. After assessment of the initial documentation, we did not have any issues to explore further about whether the education provider has the appropriate resources in place.
Aggregation of percentage not continuing	3%	4%	2021	The percentage of learners not continuing is slightly higher than the benchmark at the education provider which implies learners are generally satisfied with their studies. With this small difference in mind, we were not concerned with this data point.
Aggregation of percentage in employment / further study	93%	91%	2021	The percentage in employment or further study appears slightly lower than the benchmark at the education provider which implies learners who successfully complete their learning at this institution make progress after their studies. With this small difference in mind, we were not concerned with this data point.
TEF award	N/A	Gold	2021	A gold award would indicate that the institution is doing well.
NSS overall satisfaction score (Q27)	74.08	76.31	2021	This score shows that the percentage of learners who are satisfied with their learning is higher than the benchmark.

### Section 3: Performance analysis and quality themes

#### Portfolio submission

The education provider was asked to provide a self-reflective portfolio submission covering the broad topics referenced in the [thematic areas reviewed](#) section of this report.

The education provider's self-reflection was focused on challenges, developments, and successes related to each thematic area. They also supplied data, supporting evidence and information.

#### Performance data

We also considered intelligence from others, as follows:

- Health Education England (HEE) Midlands - but we did not receive information which would impact on the review.

### **Quality themes identified for further exploration**

We reviewed the information provided, and worked with the education provider on our understanding of their portfolio. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider was performing well against our standards.

#### Quality theme 1 – staffing levels to maintain standards of delivery

**Area for further exploration:** We noted the intention that learner numbers are expected to increase. We also observed the education provider is using apprenticeship links to expand the pool of available placements. However, we did not receive information about how the education provider perceived any impact of this change on staffing levels to maintain standards of delivery. We also noted the staff: student ratios (SSR) seem to range from 1:25 to 1:9.37. We needed clarification whether associate lecturers are included as part of the SSR, and how are they used on programmes with higher SSRs.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider noted SSR consider all members of staff employed on substantive contracts, either part-time or full time. Clinical practitioners inputting into the programmes are employed by the education provider as part-time visiting lecturers which are not substantive posts and do not form part of the SSR calculation. Part-time visiting lecturers add value to programmes by providing relevant clinical expertise and help in providing the most up to date knowledge in learning and teaching activities. They do not undertake responsibilities such as academic mentor roles and learner support. These are undertaken by substantive staff. The education provider described their approach to staffing levels uses an SSR target of 1:20 and aims to recruit additional staff in anticipation of an increase in learner numbers. The recruitment of additional staff is undertaken in advance to allow them to be in place by the time additional learners begin. The health and clinical psychology provisions are subject to an additional requirement from the British Psychological Society and work to a target SSR of 1:10.

We learnt the education provider also employs simulation practitioners. The education provider said this role sits outside of the standard SSR calculation and positively impacts the learner experience by releasing academic staff time from planning and running of simulation experiences.

We considered the education provider is performing well in this area.

## Quality theme 2 – expansion of partner relationships and impact on staffing

**Area for further exploration:** We noted the education provider has established some innovative partnerships. For example, the local Enterprise Partnership is bringing investment to the institution. We also observed the education provider is using apprenticeship links to expand the pool of available placements. We were unsure whether the education provider is considering an expansion of partnership relationships, and consequently whether there is the staffing base to maintain standards of delivery.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider's approach is to ensure the staffing base is maintained at an appropriate SSR level to be able to maintain the standards of delivery across both existing and new provision. This process is backed by the academic workload planning process, which ensures the workload of academic staff is monitored and planned appropriately so teaching and other commitments are afforded adequate time allocation within each staff member's annual workload. This process is also undertaken in anticipation of the forthcoming academic year so projected learner numbers are considered.

We noted the information for improving the staffing base, and the explanation of who is included in SSR. We considered the education provider is performing well in this area and has good strategies in place.

## Quality theme 3 – room capacity and the Centre for Health Innovation

**Area for further exploration:** We noted there is an issue around room access and the intention is to teach in small groups to address it. We also noted learner numbers are expected to increase and the new Centre for Health Innovation (CHI) would give the education provider more capacity. The education provider said CHI is a facility which includes immersion, simulation and collaboration spaces and provides opportunities for new and innovative ways of teaching, modern facilities, and greater opportunity for interprofessional education. However, we needed clarification whether it has fully opened and so has been able to provide this further capacity.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider informed us the CHI opened in January 2022 and is being used daily for teaching and learning across healthcare programmes. The larger spaces have made a significant impact to timetabling and availability of resources. The designated simulation spaces are being used well to enhance learning and learner's overall experience.

We considered the education provider is performing well in this area.

#### Quality theme 4 – types of delivery of programmes

**Area for further exploration:** We noted the education provider had created a document concerning the principles of learning and teaching. The document did not refer to biomedical science programmes run at the education provider. Due to this discrepancy, the visitors were therefore concerned there was not parity of experience across the programmes. The visitors were unsure of the principles of learning and teaching for the biomedical science programmes.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider informed HCPC the learning and teaching guidance forms the basis for the approach taken towards synchronous delivery across most of the programmes. The education provider outlined the biomedical science programmes have taken an asynchronous approach and this necessitated the development of a more bespoke approach to curriculum design. This individualised learning framework means learners access weekly learning material at their convenience via the virtual learning environment.

The visitors were satisfied there were differences between programmes in this area, but that the education provider's approach was fair across all programmes. We noted the excellent explanation of how asynchronous delivery is facilitating the positive student experience for healthcare science apprenticeship learners. We considered the education provider is performing well in this area.

#### Quality theme 5 – integration of health science and professional doctorate programmes into the interprofessional education (IPE) strategy

**Area for further exploration:** We noted the IPE strategy in place, and it is well-embedded. We also recognised biomedical science programmes currently sit outside of it and are to be brought in. The education provider also informed us there are some issues with ensuring this works for both clinical and health psychology programmes. We learnt planned joint sessions with child nursing learners did not take place for reasons including staff resources and timetabling challenges. We were unsure how the education provider is integrating the IPE strategy with the biomedical science and clinical and health psychology programmes.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated IPE for biomedical science programmes used the Institute of Biomedical Science registration portfolio.

This was to evidence interprofessional working and development through a required reflective exercise. This has been supported by interprofessional activities between learner groups. The opportunities afforded by the new school allows the education provider to develop these through involvement in simulation using clinical simulation practitioners and facilities.

The education provider explained IPE is an ongoing area of development within the clinical and health psychology programmes. The education provider stated there are IPE events, such as the Breastfeeding World Café which involved collaborative working between clinical psychology, health psychology and midwifery staff and learners. The health psychology provision held a successful event in collaboration with the healthcare science programme with plans to continue and expand this in the next academic year.

We considered the education provider supplied strong examples to show IPE is clearly embedded across all programmes. We noted the education provider recognises IPE is an area of ongoing development for both biomedical science and clinical and health psychology programmes. We understand they have the plans and mechanisms in place to maintain and effectively develop IPE for these programmes. We considered the education provider is performing well in this area.

#### Quality theme 6 – service user and carer involvement in biomedical science and professional doctorate programmes

**Area for further exploration:** We noted service users and carers are involved in different types of activities related to programmes, from curriculum development to recruitment. However, we were unsure whether their involvement is embedded for biomedical science, healthcare science and professional doctorate programmes. We asked how these programmes can gain from the move to the School of Health, Science and Wellbeing. We also noted the value of service users and carers within the individual programmes is identified but considered there to be a gap of service user and carer engagement value and development within the biomedical science provision beyond that of their story and role-modelling.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated service user and carer involvement for both the applied biomedical science and healthcare science programmes had previously used the Institute of Biomedical Science registration portfolio to evidence service user and carer interaction. This has been done through a reflective exercise, supported by case studies and service user focus groups to allow learners to reflect upon the patient voice. The opportunities afforded by the new school have allowed the education provider to develop this through greater access to the service user and carer group. Service user and carer representatives were involved in marking of the project proposal and the education provider held an event with four of the service user and carer groups to identify areas where service user engagement could develop clinical services for the benefit of clinicians and

service users. For academic year 2022/3 the education provider has already requested additional input from the service user and carer group, which will develop their role into strategic guidance.

The education provider informed HCPC their professional doctorate programmes have service user and carer involvement embedded at multiple stages throughout the programmes. This includes selection and curriculum. Service users and carers also participate in a 'lived experience day', where they share their experiences with learners.

We considered the education provider supplied strong examples to show service users and carer involvement is clearly embedded across all programmes. We considered the education provider is performing well in this area.

#### Quality theme 7 – progress with equality and diversity

**Area for further exploration:** We noted good examples of changes to programmes as a consequence of considering equality and diversity (eg manikins for simulation with a range of appearances). However, we were unsure whether the education provider was making progress in terms of making their provision more equal, diverse and inclusive. We needed to have more information in order get more of an understanding of the education provider's work here.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider supplied HCPC with statistics and demographics for all HCPC-regulated programmes. The education provider informed us variation between programmes is due to each having slightly different challenges and focus areas for promotion of EDI. Challenges and focus areas are informed by the education provider's access and participation plan, which is reviewed regularly by the school senior management team. One area of challenge is of widening access and participation of ethnic minority learners in certain disciplines.

The education provider informed HCPC work is ongoing to enhance the recruitment of ethnic minority learners. The education provider stated the ethnic diversity of their own staff does not reflect the region or of the learner demographics the education provider would like. Work is being undertaken at both education provider and ambulance service level to reflect a greater diversity of staff, both within paramedic science and throughout the education provider.

The education provider had raised the issue the operating department practice apprenticeship provision was less diverse than the direct entry route. They had invited partners to consider their recruitment strategy so learners would be more reflective of the diverse populations in their surrounding areas.

We noticed some of the statistics are variable, and the education provider has acknowledged this. We consider the education provider has lots of work to do in

some areas, and we take reassurance from the plans which are in place. We consider the education provider is performing well in this area.

#### Quality theme 8 – future delivery of programmes and learner outcomes

**Area for further exploration:** We noted the consideration of the impact of COVID-19 on future delivery. We were unsure about how this impacts the programmes and the learner experience and outcomes to becoming practitioners, if not addressed.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider informed us placement challenges during COVID-19 and the deficit in practice hours for some learners across the education provider's provision had been resolved. The education provider stated these should not have a detrimental impact on learner outcomes. We noted they are confident learners will achieve appropriate levels of clinical practice time and ensure competencies are achieved within expected timeframes. Most learners were able to complete their programme and proceeded through award boards as planned. Some learners required additional support to achieve their outcomes, but this was largely due to individual circumstances rather than a common theme across cohorts.

The education provider informed us there have been challenges to the learner experience and this was reflected in the National Student Survey results for last year and the feedback they received from learners. They reflected this poor learner experience was due to the challenges of the learner experience and may remain during the remainder of the programmes and the education provider is working hard to ensure the remaining experience is positive.

We reflected any potential impact from COVID-19 had been addressed or was being addressed to ensure learner experience is positive. We consider the education provider is performing well in this area.

#### Quality theme 9 – response rate with feedback from learners

**Area for further exploration:** We noted there are lots of feedback opportunities for learners and all feed into National Student Survey (NSS) action plans. However, we noticed response rates are low and have lowered since COVID-19. We were unsure whether the education provider has any plans to try and increase response rates to better reflect the views of the whole cohort. We also were unsure whether the education provider has another way of gathering responses about the learner voice elsewhere.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated response rates for the NSS have been an area of concern in the past academic year. There have been efforts by academic teams to improve the rates for the NSS and they are keen to ensure they capture as much of each cohort's views as possible. Actions taken include:

- encouraging learners to complete surveys electronically and in person; and
- class time set aside for learners to undertake their survey completion.

We noted the multiple approaches being taken to aim for increased engagement. We consequently consider the education provider is performing well in this area.

#### Quality theme 10 – support for learners during COVID-19

**Area for further exploration:** We noted during COVID-19, paramedic learners were particularly affected as most study was stopped and some learners were behind on assessment. Several placement areas withdrew placement opportunities from learners. We were unsure about the impact of this on the confidence of learners. We also noted there were different mechanisms to cope with the impacts of the pandemic, for example access to hardship funds. Following this, we were unsure how sustainable these mechanisms were.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated learner experience was impacted during the pandemic lockdown. The education provider's halls of residence were closed during the enforced closure of the campus during 2020. Work was undertaken by the wellbeing and support services to support learners in halls of residence. These learners could access key services and support, as many were identified as being at risk of social isolation. Learners in halls of residence have also been supported by the residences team.

Face-to-face teaching had largely resumed. Some sessions retain the option of accessing them online. The number of learners isolating due to COVID-19 has reduced and so has the subsequent need to offer online synchronous teaching. Sessions that have remained online have done so based on feedback from learners and where the learning required lends itself to effective online learning. This is under regular review by programme teams in consultation with learner groups and representatives.

We consider the education provider is performing well in this area.

#### Quality theme 11 – NSS outcomes action plan

**Area for further exploration:** We recognised some NSS outcomes were not as good as the education provider wanted. For instance, the BSc (Hons) Paramedic Science programme saw overall satisfaction at 48.5% in 2020/21, below the

education provider's intended benchmark. We understand the education provider considered some of the NSS outcomes are related to the impact of COVID-19. We also noted communications was a common poor outcome. We noted programme teams reflect on their results and key actions are taken via their NSS action plans. For example, one of the actions required is to communicate the minimum standards learners can expect in terms of contact with academic mentors and what support they should receive. We were unsure whether the NSS action plan has been implemented and what impact it is having.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated NSS action plans have been implemented over the past academic year. They informed us the action plan emphasised consistent communication with learners across key areas such as assessments, timetabling, marking and staff changes. These actions were implemented and there has been increased engagement with learners for them to feed back on their experiences. This has led to regular programme representative meetings with academic staff and open forums for learners to attend and engage with their programme lead and director.

The education provider stated they are conscious of the ongoing impact of COVID-19 and recognise this should be lessening as time progresses and as placement and education provider activities have resumed. The NSS results for this year are yet to be released and the education provider is hopeful these actions will have created positive change for learners. We noted intelligence and feedback from learners via less formal channels of communication are positive and the education provider is hopeful this will be reflected in the NSS results. We recognised there is a clear action plan in place and consider the education provider is working well in this area.

#### Quality theme 12 – marking strategy

**Area for further exploration:** We noted a lack of consistency with marking was highlighted by learners as an issue. We were unsure what the education provider was doing to ensure consistency, and whether there is quality assurance work being undertaken around the marking strategy.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider informed us the marking strategy for each programme is overseen and evaluated by course directors. The course director works closely with programme and module leads to establish the marking strategy. This is fed back to the head of department, so the marking process for each assessment will be adjusted yearly with lessons learnt for future cohorts. The

education provider informed us they hold one-day marking calibration events are an example of the process to improve marking consistency.

They also stated course directors oversee the allocation and implementation of marking teams and the internal moderation processes as well as second marking for dissertations. Programme and module leads liaise with external examiners, who evaluate the marking process for consistency. Consistency of the marking process is part of the regular evaluation the education provider undertakes of assessment and feedback of programmes as part of the continuous monitoring process.

We recognised the education provider reflected on how their moderation process has worked over the review period. We considered the education provider to be performing well in this area.

### Quality theme 13 – the use of marking grids across all programmes

**Area for further exploration:** We noted the mostly positive feedback from external examiners and recognised feedback is actioned. We noticed the external examiner for the operating department practice (ODP) programme recommended the use of marking grids. We were unsure whether the use of marking grids is going to be consistent across all programmes.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated the use of marking grids is widespread across most programmes. Variation in marking techniques is sometimes necessary due to the diverse nature of assessment types. Where appropriate, the use of marking grids is embedded with programme teams. The external examiner's recommendation to ODP was because not all ODP module leads have traditionally used marking grids, and it was felt a greater degree of consistency could be achieved through their use.

We noted the education provider's explanation for the comments provided by the external examiner and the use of marking grids across the education provider. We considered the education provider is performing well in this area.

### Quality theme 14 – capacity of practice-based learning

**Area for further exploration:** We noted several issues related to capacity of practice-based learning and saw there are several solutions being tried. For example, the biomedical science provision is changing to a one-year placement to improve capacity. We were unsure how these issues and solutions are now impacting on capacity. We were unsure where the education provider is now in terms of teaching and learning, especially considering references to going back to normal.

We also recognised the consideration of the impact of COVID-19 on future delivery, especially placement access. We were unsure about how the education provider

perceives this impacts the programmes and the learner experience and outcomes to becoming practitioners, if not addressed.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider stated the ways they had changed elements of their programmes were at an early stage. For example, the biomedical science programme moved to a 50-week placement block from a 14-week block per year across the programme. They had received feedback from a variety of stakeholder such as practice placement providers to say the changes would impact positively on learner's access to practice-based learning. Changes to structure of practice-based learning meant the education provider was now able to access a wider pool of placements. The changes would better meet the needs of practice placement providers. The commitment of employer partners meant practice-based learning is available for all learners.

Placement provision has returned to pre-COVID-19 levels. Staff shortage levels across placement areas on some programmes meant learners needed to undertake practice-based learning with practice educators not initially assigned to them. Practice placement teams have ensured learners are supported through effective supervision.

We noted the issues around placement capacity have been addressed and consider the education provider is performing well in this area. We noted the issues will be monitored moving forwards, as new developments become implemented. We recognise the positive changes made and consider the education provider is performing well in this area.

## Section 4: Summary of findings

This section provides information summarising we' findings for each portfolio area, focusing on the approach or approaches taken, developments, what this means for performance, and why. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

### **Overall findings on performance**

#### Quality theme: Institution self-reflection

#### **Findings of the assessment panel:**

- **Resourcing, including financial stability –**

We noted the education provider has remained financially stable throughout the review period, despite the uncertainty created by the pandemic. Additional learner numbers had created challenges in terms of teaching spaces, which the opening of the Centre for Health Innovation will alleviate. We noted five technical hubs have

been established to provide technical support for clinical skills and simulation-based teaching. The school also invested in six simulation practitioners to facilitate and develop simulation activities to enhance learning and teaching.

As detailed in [section three](#) of this report, the education provider stated their approach is to ensure the staffing base is maintained at an appropriate student: staff ratio level to be able to maintain the standards of delivery across both existing and new provision.

We consider all programmes are well-resourced and noted evidence of investment. As also detailed in [section three](#) of this report, we recognised the Centre for Health Innovation will contribute to a more positive experience for learners. We were satisfied the programmes and education provider is financially secure and stable.

- **Partnerships with other organisations –**

The education provider has relationships with NHS trusts, both local and further afield. We noted the education provider works with partners specifically around the development of simulation.

We were confident there is engagement and partnership working with other organisations. They saw the provider is clearly focused on developing meaningful partnerships. We were satisfied how the education provider is performing in this area.

- **Academic and placement quality –**

The education provider described the mechanisms for assuring and enhancing the quality of all its academic provision. Once approved, programmes are monitored and enhanced through the:

- continuous monitoring procedure;
- course amendment procedure; and
- periodic review procedure.

The education provider informed us of the roles and committees who work to assure quality of the provision. These included course directors who have been introduced to lead and co-ordinate the delivery of large programmes, including providing leadership in the ongoing development of programmes to ensure they are up to date. The Quality Enhancement Group (QEG) support the work of the school academic committee. QEG is a group of academics who champion quality enhancement of learning, teaching and assessment and provide support in curriculum development and design. There are committees and meetings for discussion and review of programmes and their quality enhancement. The education provider considered these mechanisms provided a holistic and effective oversight of their provision.

We were satisfied the information provided meant the education provider was performing well.

- **Interprofessional education (IPE) –**

IPE is tailored to the individual working environment of the learner, dependent upon their programme, and on the practice environment in which they are placed. Responsibility for the organisation of interprofessional activities has been given to programme and module leads. During 2020-21, the School of Health and Social Care developed an interprofessional learning strategy, which has been adopted by the School of Health, Science & Wellbeing.

We recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied with the approach of the education provider in this area.

- **Service users and carers –**

The education provider informed us the School of Health & Social Care developed an updated service user and carer strategy. This provided a co-ordinated approach to the embedding of service user and carer involvement into its programmes.

The school invested in a Service User and Carer Co-ordinator to:

- co-ordinate service user involvement;
- act as a point of contact for service users; and
- recruit and develop service users and carers.

We recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied with the approach of the education provider in this area.

- **Equality and diversity –**

The education provider stated equality, diversity, and inclusion (EDI) is a key priority for them. Their values and work are supported by an EDI framework and implemented through institution and school mechanisms. Responsibility for the implementation of EDI measures is shared across all levels of academic staff and management. Programme leads, course directors and heads of department review issues at regular intervals throughout the academic year and at key milestones in programme and curriculum development and review. The education provider publishes an annual report on EDI.

We noted the Staffordshire University Inclusion Group was set up to lead and enable the education provider to:

- ensure an environment that actively promotes social and educational inclusion and equality of opportunity for everyone who works at, studies at, or visits the education provider; and
- ensure the needs, rights, and contributions of people with protected characteristics are at the heart of the design and delivery of the enabling and resourcing strategies and related operational plans as a vehicle for embedding the EDI framework and strategic objectives.

Equality impact assessments were introduced to form part of any new projects or initiatives undertaken, including curriculum development. The education provider began an exercise to build equality and inclusion into programme design.

We recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We have more of an idea of how the education provider is progressing with EDI. We were satisfied with the approach of the education provider in this area.

- **Horizon scanning –**

We noted the education provider is conscious of the impact of COVID-19 and the resulting restrictions had the potential to continue for several academic years.

Although the provider has increased learner numbers, they note and recognise this is a challenging time for recruitment of learners. Applications to most programmes have decreased during the pandemic, a trend which has continued into academic year 2021-22. The education provider recognised there is a risk of reduction in learner numbers, and they are working to continue to support learners as much as possible to complete their studies as planned.

The education provider is adapting its curricula so programmes will move to a 20 and 40 credit structure. Apprenticeships will continue to expand as employers seek to use their apprenticeship levy funding. Discussions are taking place with West Midlands Ambulance Service about a paramedic science apprenticeship programme.

The use of simulation within the education provider's HCPC-regulated programmes is evolving and enhancing learning and teaching activities. The school is committed to developing this aspect of delivery and to invest in staff development to maximise its use. We also noted the education provider has been awarded £300,000 as part of HEE Midlands' pledge to support further expansion of simulation-based learning.

We recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We have more of an idea of the impact on the learner experience and outcomes. We were satisfied with the approach of the education provider in this area.

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

**Areas of good and best practice identified through this review:** We considered the new role of Service User and Carer Co-ordinator to be a positive development. They considered the role means the involvement of service users and carers will be co-ordinated more effectively across programmes.

We noted good examples of changes to programmes because of considering equality and diversity. For example, manikins for simulation with a range of appearance. They considered this took into account issues around providing a learning environment where equality and diversity was valued and acted upon.

## Quality theme: Thematic reflection

### **Findings of the assessment panel:**

- **Impact of COVID-19 –**

The education provider stated the introduction of restrictions meant face to face teaching was no longer able to take place. This change impacted on learning and teaching delivery methods and accessibility of support services for learners. Learners across all subject areas were affected and it created challenges for those on programmes which had a significant amount of practical skills teaching. Learning, teaching, and assessment activities had to take place online. This was a challenge for learners who had a lack of access to personal devices, or their home arrangements accessing the internet were insufficient for online lectures and video calling.

Steps were taken at an academic regulations level. The education provider used its policy for the exceptional management of academic taught awards and learner progression to guide decisions about progression and attainment. This was implemented to ensure learners were not disadvantaged by circumstances arising from the pandemic.

We saw there was disruption to clinical placements in many areas of provision caused by the impact on the NHS. Several placement areas withdrew placement opportunities from learners. Many learners on professional pathway programmes were forced to return to their frontline NHS roles. As placement areas reopened the education provider saw there was a potential vulnerability of learners to COVID-19. This created limits on potential areas of placement due to the likelihood of encountering COVID-positive service users, variations in trust policies and the early stages of vaccine development.

Following the initial lockdown, campuses began to reopen with social distancing measures and personal protective equipment requirements remaining in place. We recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied with the approach of the education provider in this area.

- **Use of technology: Changing learning, teaching and assessment methods –**

We noted learning and teaching activity across the education provider is underpinned by the University Academic Strategy. The use of simulation within the School of Health, Science & Wellbeing has developed over the reporting period. Enhancements include:

- Use of remote simulation through online video streaming;
- Large interprofessional simulation events incorporating registered professionals and learners;
- Use of simulated 'real world' environments; and

- Use of the iRIS (The Intuitive, Collaborative, Simulation Authoring Platform) to develop simulation experiences that are appropriately and consistently structured, with valuable briefing and debriefing elements.

We learned the education provider has implemented a new attendance monitoring process using an electronic system and app to register attendance at sessions and establish effective record keeping across programmes.

We therefore considered the education provider was performing well in this area.

- **Apprenticeships –**

We learned the education provider is currently in discussion with West Midlands Ambulance Service regarding an apprenticeship pathway for their professional pathway learners accessing the BSc (Hons) Paramedic Practice programme.

The education provider informed us their apprenticeship programmes were inspected by OFSTED in May 2019. The HCPC-regulated programmes were not part of this inspection as it did not include level 6 and was focused instead on lower levels of provision. The outcome of this inspection was 'requires improvement'. The education provider has a dedicated apprenticeship team who support programme leads in evaluating and developing their provision in line with OFSTED guidance. Close working relationships have been established with this team to ensure a cohesive approach across apprenticeship provision. We therefore considered the education provider was performing well in this area.

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

**Areas of good and best practice identified through this review:** We saw the investment made in simulation, the technology used for attendance monitoring on campus and virtual reality. We considered this progress regarding technology, virtual reality, and the learner involvement with these, to be innovative.

Quality theme: Sector body assessment reflection

**Findings of the assessment panel:**

- **Assessments against the UK Quality Code for Higher Education –**

The education provider informed us the UK Quality Code for Higher Education is at the heart of programme design. All programmes are aligned to its expectations in setting and maintaining standards. All programmes map to subject benchmark statements where they exist and align to the Framework for Higher Education Qualifications. The mapping of programmes against subject benchmark statements is used as a key process during the approval process and is overseen by the Quality Enhancement Service. These are also reviewed as part of the programme review process to ensure ongoing compliance and they are remaining up to date. We noted there have been no externally driven assessments against the UK Quality Code for

Higher Education or feedback on these programmes during the reporting period. We therefore considered the education provider was performing well in this area.

- **Assessment of practice education providers by external bodies –**

The education provider reflected upon Care Quality Commission (CQC) inspections carried out during the reporting period at each of their main practice placement providers. The results were varied. For those trusts who received a 'good' or 'outstanding' result, areas of good practice were highlighted.

The education provider took appropriate action when the results indicated steps needed to be taken. For example, one practice placement provider received an 'inadequate' rating. The main areas in which learners were placed were urgent and emergency care (incorporating accident and emergency) and surgery with the main student groups impacted being paramedics and operating department practitioners. Paramedic learners were not placed directly within accident and emergency. Operating department practice learners were based within surgical areas and theatres at the provider. We noted the education provider reflected that they discuss quality of care and quality of education with the practice education provider.

We therefore considered the education provider was performing well in this area.

- **National Student Survey (NSS) outcomes –**

The education provider told us how they had considered NSS results. They had introduced a range of responses dependent on the programme, such as a week of timetables activities, a new assessment and feedback policy, and an NSS action plan which reflected on the impact of transitioning from an FdSc to a BSc (Hons) Paramedic Science programme and how it affected the planning and management of the programme and learners' overall satisfaction.

We also recognised the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied the information provided meant the education provider was performing well.

- **Office for Students (OfS) monitoring –**

During the reporting period the education provider stated they had acted to address areas which were raised as concerns. The education provider had two areas where they were subject to formal monitoring from the OfS. The education provider submitted details of the actions they were taking. In one instance, OfS confirmed they were satisfied with this action plan, for the other, the OfS's request the education provider report on progress was formally removed.

We therefore considered the education provider was performing well in this area.

- **Other professional regulators / professional bodies –**

We noted that the education provider had engaged with appropriate professional bodies and regulators over the period under review and there were no issues to

note. For instance, the biomedical science provision engaged annual monitoring information with both the Institute of Biomedical Science and National School of Healthcare Science and no feedback or issues were to note.

The education provider informed us the biomedical science provision developed 'shared values'. This was to ensure staff and learners understand the importance of 'fundamental British values', as defined by OFSTED, and these align with the OFSTED requirements.

We therefore considered the education provider was performing well in this area.

**Risks identified which may impact on performance: None**

**Outstanding issues for follow up: None**

Quality theme: Profession specific reflection

**Findings of the assessment panel:**

- **Curriculum development –**

We noted curriculum development for all programmes is underpinned by the education provider's academic strategy. This was refreshed in 2020 and sets out the vision for the learning and teaching approach and development of curricula. Any changes which are made need to be approved through the School Academic Committee. A variety of changes were made and approved throughout the period.

We also recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied the information provided meant the education provider was performing well.

- **Development to reflect changes in professional body guidance –**

We noted a variety of changes were made and approved throughout the period in response to professional body guidance.

The education provider informed us the College of Operating Department Practitioners (CODP) produced two key documents between 2011 and 2018 regarding the development of DipHE programmes into a BSc (Hons). We noted the first cohort of BSc (Hons) Operating Department Practice began in September 2018. Bespoke module offers for those completing the DipHE continued to be delivered by the existing staff for the last remaining learners.

The main changes made to the curriculum in line with guidance from the College of Paramedics (CoP) were the design of the BSc curriculum in anticipation of its first intake in 2018. The CoP were involved in discussions with West Midlands Ambulance Service regarding the suspension of paramedic learners during 2020. The CoP curriculum guidance was refreshed in 2019 and formed a key part of the design of the new curriculum due to be validated during the academic year 2021/22.

For the prescribing provision, changes were made to the programme in response to the introduction of the Nursing and Midwifery Council (NMC) revised prescribing standards and the HCPC revision in 2019. Changes regarding the contents and the assessment methodology have been made because the Royal Pharmaceutical Society updated its Competency Framework for all Prescribers.

The education provider informed us the clinical psychology programme await revised training accreditation standards. Once the standards are finalised and published, the programme will respond appropriately.

We therefore considered the education provider was performing well in this area.

- **Capacity of practice-based learning –**

We understood the education provider had employed different ways to ensure they secure practice-based learning. We noted there have been many challenges to practice learning capacity caused by limitations created by the pandemic. This included withdrawal or suspension of placement opportunities and staffing levels within practice areas. We also recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied the information provided meant the education provider was performing well.

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

Quality theme: Stakeholder feedback and actions

**Findings of the assessment panel:**

- **Learners –**

We noted feedback from learners is gained through different mechanisms, for example, student viewfinder survey, course committee meetings, student voice / representative meetings, module evaluations, and placement evaluations. We noted course committee meetings provide the opportunity for learner representatives to discuss course feedback from their peers. A standard module layout template was developed in consultation with learners following feedback commenting upon the different styles and content used by different staff.

We also recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied the information provided meant the education provider was performing well.

- **Practice placement educators –**

We understand feedback from practice educators is gathered and collated at programme level. Feedback received about issues across many professions has led to changes and improvements. For example, in clinical psychology feedback about

the timings of the teaching day led to a survey sent to external lecturers, programme staff and trainees. Consequently, the majority preference was adopted.

We therefore considered the education provider was performing well in this area.

- **External examiners –**

We noted feedback from external examiners was generally positive. For example, external examiner feedback for the operating department practice provision praised assessments for the way they feed into future submissions and the support offered to learners. External examiners provided specific feedback about issues, and the education provider considered them and if appropriate has implemented changes.

We also recognise the issues explored in this area as detailed in [section three](#) of this report and are satisfied with the education provider's response. We were satisfied the information provided meant the education provider was performing well.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

#### Data and reflections

**Findings of the assessment panel:** We noted the extensive and appropriate reflection undertaken by the education provider. We noted NSS outcomes are an issue for specific programmes. However, they also noted the education provider is open and honest about this and has presented an effective strategy to address this.

We noted the education provider had provided an honest reflection. For the biomedical science provision, the education provider explained the withdrawal rate shows variation. They informed us the programme team aim to reduce this by monitoring via an academic mentoring programme, and earlier referral to support for learners considering withdrawal. We noted programme teams monitor engagement data weekly and communicate concerns, ensuring escalation to central support service as appropriate.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

#### Section 5: Issues identified for further review

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval or focused review process).

There were no outstanding issues to be referred to another process.

## Section 6: Decision on performance review outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, we recommend to the Education and Training Committee that:

- The education provider's next engagement with the performance review process should be in the 2026-27 academic year

**Reason for this recommendation:** We have come to this recommendation because they consider:

- the education provider is clearly committed to quality assurance;
- the education provider responded positively to the challenges of the pandemic;
- the education provider received positive feedback from formal review activities and demonstrates responsiveness to recommendations;
- the education provider's self-reflection identifies areas that need attention and they have appropriate and effective plans to address them;
- all programmes have clear plans to support reviews; and
- all programmes have implemented strategies to facilitate and respond to feedback from different stakeholders.

Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/09/2012
BSc (Hons) Healthcare Science (Blood Sciences)	PT (Part time)	Biomedical scientist			01/09/2017
BSc (Hons) Healthcare Science (Cellular Sciences)	PT (Part time)	Biomedical scientist			01/09/2017
BSc (Hons) Healthcare Science (Genetic Sciences)	PT (Part time)	Biomedical scientist			01/09/2017
BSc (Hons) Healthcare Science (Infection Sciences)	PT (Part time)	Biomedical scientist			01/09/2017
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2018
BSc (Hons) Operating Department Practice Degree Apprenticeship	FT (Full time)	Operating department practitioner			01/09/2019
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2018
Foundation Degree in Paramedic Science	FT (Full time)	Paramedic			01/10/2009
Professional Doctorate in Clinical Psychology	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/09/2015
Professional Doctorate in Health Psychology	FT (Full time)	Practitioner psychologist	Health psychologist		01/09/2002
Professional Doctorate in Health Psychology	PT (Part time)	Practitioner psychologist	Health psychologist		01/08/2002

Independent/Supplementary Prescribing for Allied Health Professionals (Level 6)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Independent/Supplementary Prescribing for Allied Health Professionals (Level 7)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014