WALTER SISULU UNIVERSITY

QUALITY MANAGEMENT DIRECTORATE

INSTITUTIONAL QUALITY MANAGEMENT SYSTEMS FRAMEWORK (IQMSF)

2024

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1. National and institutional contexts

1.1 National context

In the context of the South African higher education system, quality refers to the interrelated demonstration of fitness of, and for purpose, value for money, and contribution to social transformation in line with the intent and values enshrined in the Constitution of the Republic of South Africa (1996), (CHE, 2020).

The Higher Education Act (no 101 of 1997), amongst other provisions, commits *"to provide for quality assurance and quality promotion in higher education"* and further assigns the Council on Higher Education (CHE) the responsibility for quality assurance and quality promotion for higher education and for development and implementation of appropriate legislative frameworks. The CHE's mandate to fulfil its quality assurance obligations is preserved in the National Qualifications Framework Act and further accentuated in the Higher Education Qualifications Sub-Framework (HEQSF) which seeks to facilitate the development of a single coordinated national higher education system as envisaged in Higher Education White Paper 3, A Programme for the Transformation of Higher Education (1997). The CHE's Quality Assurance Framework (QAF, 2020) on the other hand, which has recently been published, seeks to provide a new approach to quality assurance in higher education, amongst other things, it aims to simplify external quality assurance processes and provide for greater self-regulation, responsibility and accountability of higher education institutions (HEIs) for the quality management of their higher education provisioning through their internal quality management and assurance systems. It is therefore appropriate that the WSU's quality function, of which the Quality Management Directorate is a custodian, frames its strategic planning within the context of this legislative environment.

Quality management comprises an integrated quality assurance system that includes quality support, ongoing quality development and enhancement, and concomitant quality monitoring (IA), it also refers to the institutional arrangements for assuring, supporting,

developing and enhancing, as well as monitoring the quality of learning and teaching, assessment, research, and community engagement, (QAF, 2020). For WSU's quality function to be effective and responsive, its quality management system must therefore support, develop, enhance and monitor the institution's delivery of the core functions of higher education (IA) as articulated in the WSU's V2030.

1.2 Institutional context

In its Vision 2030 blueprint, WSU sets itself apart from its counterparts and uniquely positions itself as an impactful, technology-infused African university by responding to societal needs in an ethical, scholarly, sustainable and entrepreneurial ways and by delivering future ready graduates.

Vision: An impactful, technology-infused African University.

Mission: Through its core business, WSU responds to societal needs in ethical, scholarly, sustainable, and entrepreneurial ways, and delivers future-ready graduates.

Purpose: In pursuit of excellence, Walter Sisulu University addresses societal challenges by producing relevant, innovative and impactful research; championing sustainable and just development and graduating versatile individuals.

Core values: Honesty and integrity, quality and excellence, respect, Ubuntu.

Slogan: In pursuit of excellence.

'Impactfulness' is explained both in terms of the University's historical role as an institution of access for the disenfranchised, and a new commitment to creating and implementing an empowering curriculum and carefully designed student development initiatives that ensure that WSU graduates are able to access the highest echelons of society, that research and innovation bolster the pursuit of local, national, and continental development efforts, and that, now and in the future, the University's core activities contribute to the achievement of sustainable and just global development.

The University seeks to position technology at the centre of teaching and learning, research, and innovation as well as administration by making appropriate investments geared towards the acquisition and creation of vital technology.

Its Strategic Plan affirms the University's African origins and African location and makes a case for epistemic justice. It commits the University to greater levels of epistemic sensitivity in all areas of its functioning - from curriculum design, pedagogical orientation and course content, to teaching approach, research and innovation, and the composition of the professoriate. Africanness must underpin management and leadership practices and be reflected in the built environment. Conscious efforts must be made towards an Africanised curriculum.

2. WSU's Quality Management Directorate Philosophy

2.1 Vision, mission, values and principles

Vision

Enhance quality and excellence in all aspects of institutional pursuits.

Mission

To assure and promote quality through sustainable use of technologies, integrated systems and processes.

Values

- Honesty and integrity
- Quality and excellence
- Respect
- Ubuntu
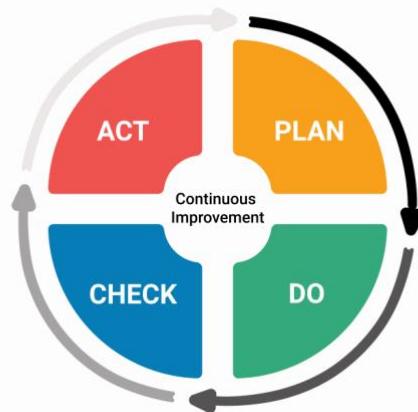
Principles

- Responsibility and Accountability
- Integration
- Fitness for Purpose
- Fitness of Purpose
- 'fit' for African context and a rapidly changing world.
- Differentiation
- Simplification
- Collaboration
- Innovation
- Transformation

3. The Quality Management Philosophical Approach

3.1 The Plan-Do-Check-Act (PDCA) model

The Plan-Do-Check-Act (PDCA) model underpins the quality management approach adopted by the Quality Management Directorate; it is an established continuous quality improvement process based on the scientific method of problem-solving. The PDCA model is simple and easy to understand, yet it is a powerful driver for meaningful change and improvement while minimizing quality gaps and increasing efficiency. The PDCA cycle is a loop rather than an end-to-end process, the goal is to improve on each improvement in an ongoing process of learning and growth. PDCA is not a one-time event. It is an ongoing, continuous process and therefore requires

commitment and buy-in from the executive management down to quality practitioners on the ground. Without commitment, support and resources, the PDCA cycle cannot work effectively for the long term.The cycle begins with the **Plan** step. This involves identifying a goal or purpose, formulating a theory, defining success metrics, and putting a plan into action. These activities are followed by the **Do** step, in which the plan or its components are implemented. Next comes the **Check** step, where outcomes are monitored to assess the validity of the plan for signs of progress and success, or problems and areas for improvement. The **Act** step closes the cycle, integrating the learning and feedback generated by the entire process, which can be used to adjust, improve, or broaden the initial plan. These four steps can be repeated over and over as part of a never-ending cycle of continual learning and improvement. In the context of QMD, the implementation of the PDCA cycle will be enabled using technology, empowered human capital and impactful communication.

3.2 Adopting a reflexive and generative methodology.

"By three methods we may learn wisdom: first, by reflection, which is noblest; second, by imitation, which is easiest.

and third, by experience, which is the most bitter." ~ Confucius

Reflective and generative methodology is an approach that will help quality management directorate to reflect on the status quo of institution, faculty, academic department and/or support unit, and to develop and employ a cyclical process of critical reflection on quality standards and their associated guidelines. It is hoped that such an approach will create a deeper understanding of the quality standards and may help the quality management directorate together with its stakeholders to find solutions to difficulties and opportunities for innovation in order for the institution to remain relevant and responsive on a sustained improvement of quality practices over time.

4. THE INSTITUTIONAL QUALITY MANAGEMENT SYSTEMS FRAMEWORK (IQMSF)

4.1. Concept and Design.

A quality management system is a formalized system that documents processes, procedures, and responsibilities for achieving set goals and objectives . A QMS helps coordinate and direct an organization's activities to meet customer and regulatory requirements and improve its effectiveness and efficiency on a continuous basis", Quality Management and Assurance Policy, 2021. CHE defines quality management system as the institutional arrangements for assuring, supporting, developing and enhancing, as well as monitoring the quality of learning and teaching, assessment, research, and community engagement.

IQMS Framework therefore seeks to develop consistency of practice, ensure integration and monitoring of all quality assurance subsystems, and promote accountability in the operation of the Institutional Quality Management Systems

The IQMSF   harmonizes various quality management operational systems; be it at institutional, faculty, departmental and/or support unit levels in pursuit of national imperatives, Council on Higher Education's quality assurance requirements, institution's strategic plan and WSU's commitment to quality management and assurance. Upon harmonization of these quality management systems and

subsystems, the next step would be to design an integrated quality management system throughout the institution that will allow for a seamless quality system that will provide information required to monitor progress towards the set strategic goals and quality of provision at WSU. Therefore, the IQMSF has been framed to guide the development and implementation of quality systems thereby fostering a culture of continuous improvement and commitment to quality enhancement. The IQMF draws from the existing institutional quality management and assurance policies, the WSU strategic imperatives, university statutes and policies.

4.2 Quality management at Walter Sisulu University is straddled on three Pillars. They are as follows:

a. **Quality Assurance**,

A process for ensuring that institutional arrangements for meeting specified quality standards or requirements of provision are effective. The process involves the establishment of clear guidelines and measurable standards for programmes, qualifications, student support services, relevant academic support and institutional governance. CHE defines quality assurance as a process that involves evaluation of the extent to which an organisation has put in place appropriate measures required to achieve its goals and programmes that are able to deliver learning experiences which will support students in attaining the qualifications to which they lead. Under this function, activities such as reviews, accreditation, and audits are planned and implemented for all programmes, modules, departments, and units of the university.

b. **Quality Promotion and Capacity Development**

Quality promotion refers to a collection of advocacy, information-sharing, and research initiatives that aim to instil a quality culture in higher education institutions (HEIs) by successfully implementing quality assurance (QA) systems and raising standards. This is achieved by involving all stakeholders, such as employers, lecturers, students, and other stakeholders in quality assurance procedures for familiarisation and for soliciting viewpoints. Quality promotion is grounded on transparent

and regular communication, advocation, and regular reporting, plans, procedures, and results. According to CHE, quality promotion also involves the development of a series of activities to institutionalise a quality culture in higher education in addition to the institution's commitment to continuous quality improvement. The capacity development process of is more concerned with the improvement of the abilities of various stakeholders and role players to facilitate, support, develop, increase, and monitor quality in their respective spheres of operation. The improved ability to act is supported by obtaining relevant information, knowledge, and comprehension as well as by building the capabilities and abilities required to respond strategically and creatively to contextual difficulties in ways that tangibly increase the quality of provision. Quality Promotion and Development can be realised by training workshops, discussions, meetings, quality conversations, conferences, seminars, etc.

c. **Quality Enhancement**.

Quality Enhancement are systematic processes and practices of taking further steps to bring about improvement in the quality of learning and teaching, research, and community engagement, including administrative and management services within academic institutions. CHE defines quality enhancement as the development and implementation of initiatives or programmes by an organisation to raise the quality and the standards of its provisioning beyond threshold standards. Continuous improvement processes such as Quality Improvement plans, benchmarks with other institutions by comparing performance metrics to identify best practice and areas that need improvement. Researching and implementation of innovative teaching methods and technologies (SoTL) becomes very central to quality enhancement. quality monitoring and evaluation is also very pertinent to quality enhancement in that it allows the university to establish feedback mechanisms in order to collect and analyse feedback data from staff, students and other relevant stakeholders to inform efforts of continuous improvement. The

measurement of effectiveness of Quality enhancement requires the development of key performance indicators in order to plan improvement initiatives.

4.3. Quality Assurance process

in brief, internal and external quality reviews (annual schedule of quality reviews); briefing sessions with relevant department/unit (including leadership such as Deans, HODs, Directors, etc); critical reflection sessions with the relevant department/unit; Departmental/Unit SER submitted to QMD; QMD coordinates quality review site visit; QMD, in consultation with the unit under review, selects Quality Review Panellists from a pool of academics, industry experts, academic managers, etc; Draft Quality Review report submitted to QMD and Dept/Unit for factual correctness; Quality Review report finalized by the Panel; Quality Review Report approved by Institutional QA committee; Improvement Plan developed by Department/Unit and approved by Senate QA Committee; **Improvement Plan monitoring and evaluation** conducted by QMD; Report to Management/relevant Governance Structure on Improvement Actions by QMD.
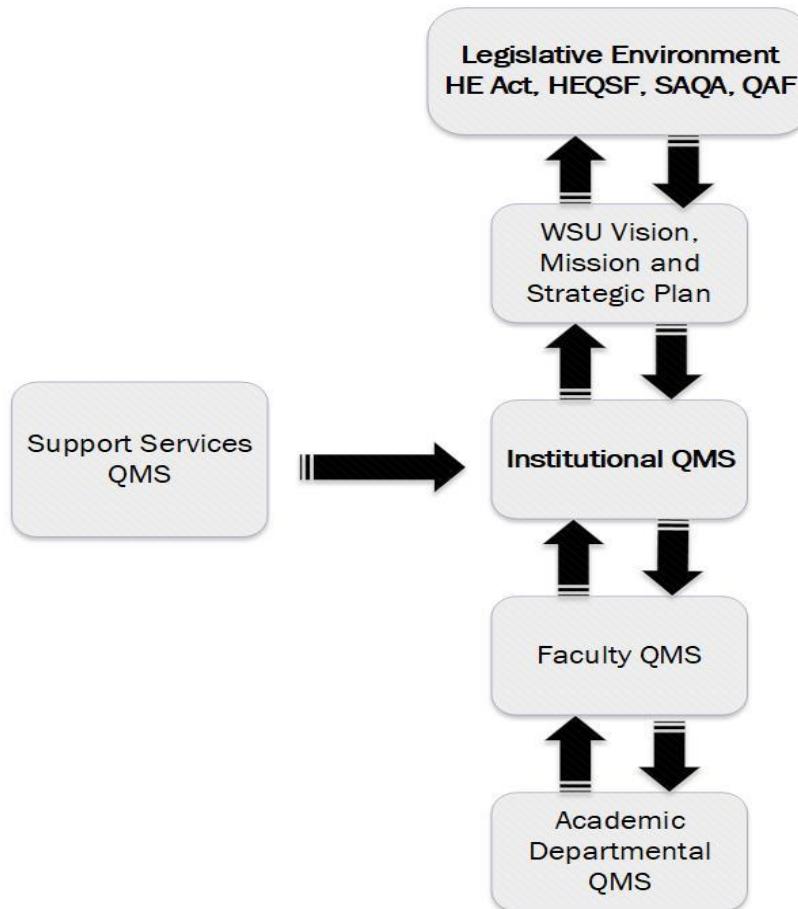
The **output** element of this process reflects **evaluation judgements** contained in quality review report on the status of provision and the extent of adherence to quality standards and associated guidelines. The quality review report outcomes inform the **quality improvement plan** requirements which in turn inform **planning, resource allocation** and **capacity development**. To ensure synergy and integration of strategic and operational imperatives as stipulated in the QMD strategic plan, the reporting and outcomes of quality management and assurance activities will be aligned with institutional key performance areas as identified in the institutional strategic plan and monitored by governance and management structures of the institution. This will ensure purposeful and impactful institutional responsiveness and create an enabling environment for further planning, resource allocation and capacity development, where required, thereby inculcating a culture of quality and accountability within WSU. The development and implementation of such

planning, resourcing and capacity development initiatives will ensure quality standards are raised and the quality of provisioning exceeds threshold standards and benchmarks.

Improvement plans are analysed, and reports are submitted to appropriate governance structures and executive management to assist with decision-making and tracking of progress in identified key performance areas related to the WSU's strategic plan.

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                    │  Legislative Environment │
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                    │     WSU Vision,          │
                    │     Mission and          │
                    │     Strategic Plan       │
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│Support Services│ → │     Institutional QMS   │
│     QMS       │    └─────────────────────────┘
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                    │      Academic            │
                    │      Departmental        │
                    │      QMS                 │
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Design of the Institutional Quality Management Systems Framework

4.4. Purpose of IQMS Framework

The purpose of the IQMS framework is to create an integrated and coherent ecosystem for quality management that effectively supports the planning, monitoring, evaluation, and implementation of WSU's vision, mission, and strategic plans. It is designed to enhance the core academic functions of learning and teaching, research, and community engagement.

4.5. Aims of IQMS Framework

a) **Ensure Alignment:** Align all institutional processes and systems with WSU's vision and mission.

b) **Promote Strategic Planning:** Foster continuous strategic planning and transparency throughout the institution.

c) **Enhance Monitoring and Evaluation:** Continuously monitor and evaluate business processes to ensure the effectiveness and efficiency of core academic functions.

d) **Promote Values and Culture:** Uphold WSU's values and cultivate a culture of continuous quality improvement.

e) **Maintain Consistency:** Ensure consistency in standards and guidelines across the entire institution, including faculties, departments, and support services.

4.6. IQMS Framework Processes

Using existing standards and developing new standards where there are none; all quality review activities will provide ***input*** into the institutional quality management system and follow a ***self-reflective process*[1]** on standards and associated guidelines to create an environment for deeper understanding of the quality of provision with the intention to find opportunities for improvement and

innovation, this way WSU IQMS framework will stay agile and relevant. The self-reflective process is usually supported by a ***peer-driven evaluation***[2] of aspects of quality of provision. Discussed below are some of the relevant processes of the IQMS at WSU.

a. National Reviews

The National Reviews are part of CHE's quality assurance system used for re- accreditation of existing academic programmes offered by a higher education institution. One of their aims is to increase public confidence in higher education programmes and qualifications. The National Reviews process is also aligned with the process of new programme accreditation. National Reviews are used to ensure that programmes meet minimum standards to protect students from poor programmes that do not meet minimum quality standards. The Framework for National Review of Programmes in Higher Education (2015) stipulates the general objectives of a national review as the following:
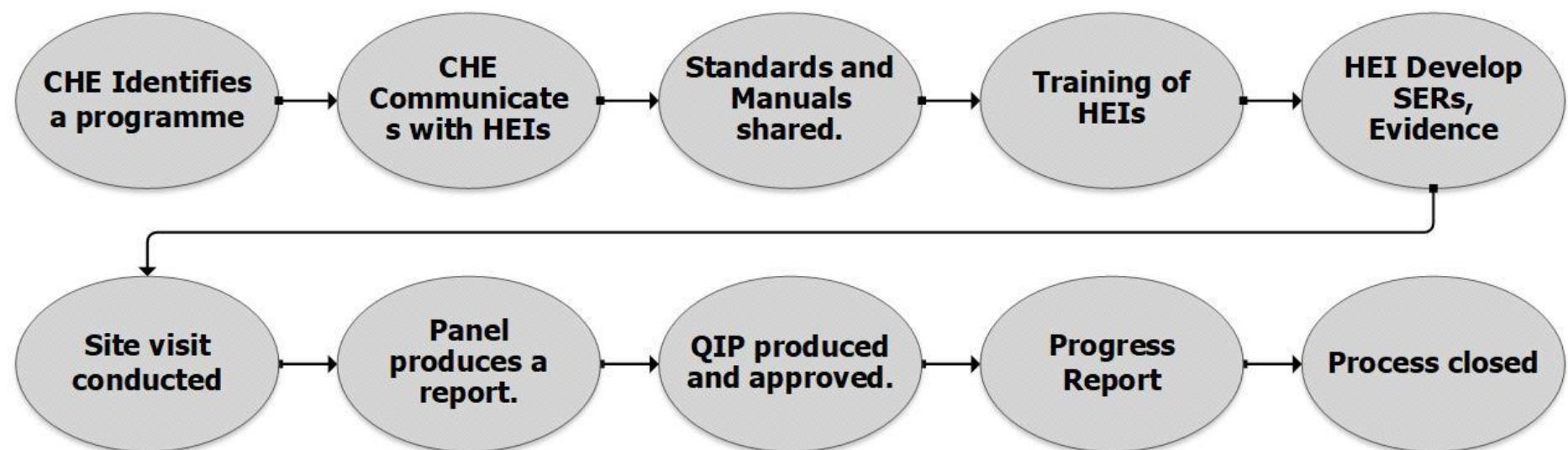
- assure and enhance the quality of higher education programmes and institutions by identifying and granting recognition status to programmes that satisfy the HEQC's standards for provision or demonstrate their potential to do so in a stipulated period.

- protect students from low quality programmes through accreditation arrangements that build on reports from self-evaluation and external evaluation activities, including inter-related CHE processes, and other relevant sources of information.

- encourage and support providers to institutionalise a culture of self-managed evaluation that builds on and surpasses threshold standards, and to recognise such achievements; and

- increase the confidence of the public in higher education programmes and qualifications.

Below is the high-level representation of the process.

Process Flow

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CHE Identifies  →  CHE            →  Standards and  →  Training of  →  HEI Develop
a programme        Communicates      Manuals           HEIs            SERs,
                   with HEIs         shared.                            Evidence
                                                                           │
                                                                           ▼
Site visit      →  Panel          →  QIP produced   →  Progress     →  Process closed
conducted          produces a        and approved.     Report
                   report.
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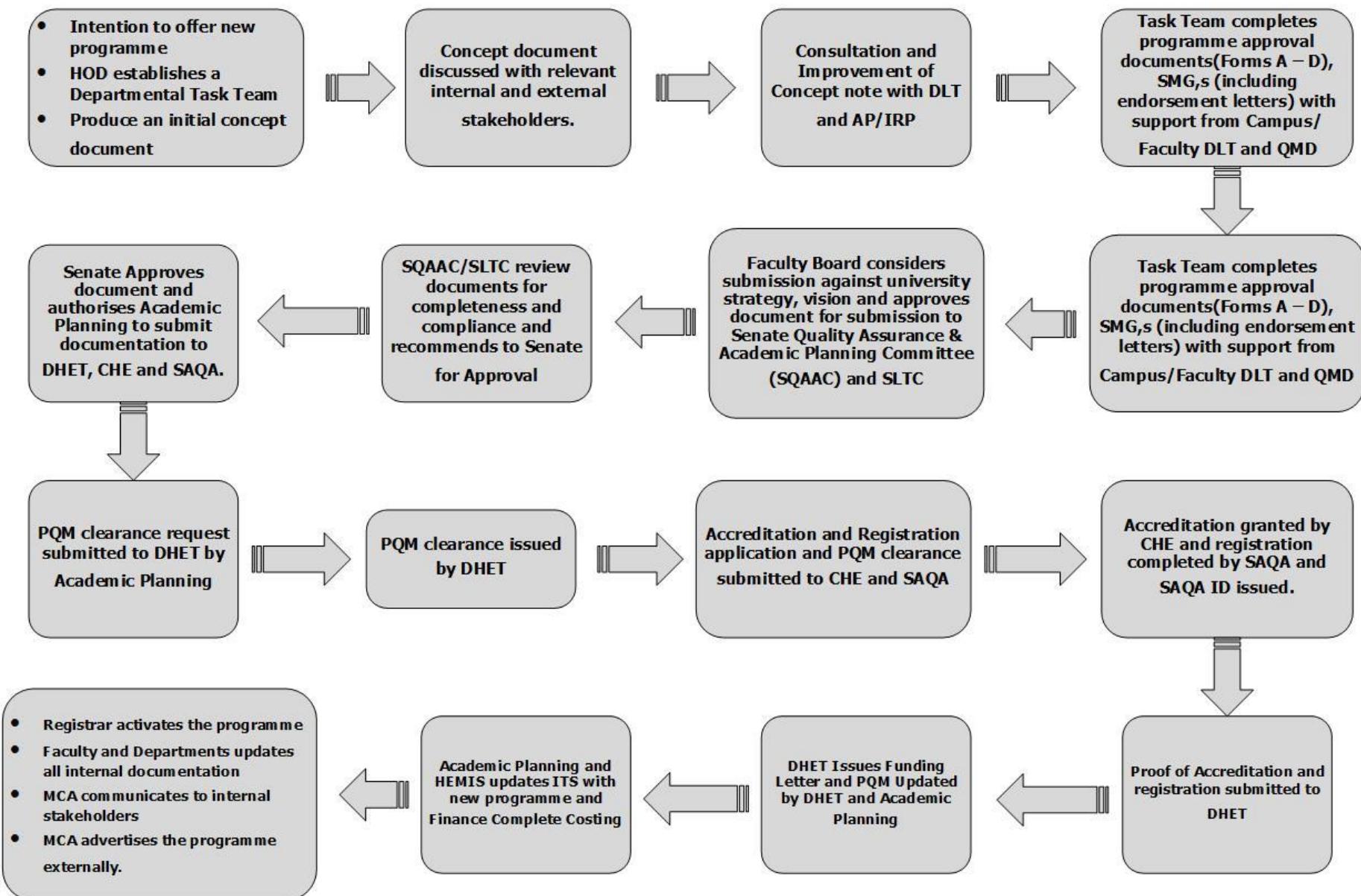
b. External Accreditations

Accreditation of programmes is a multifaceted negotiation process involving various academic, business, and societal stakeholders. Therefore, in order to ensure its appropriateness and acceptance, it necessitates the effective and representative involvement of a wide variety of stakeholders, establishing the academic and political legitimacy that distinguishes successful systems of quality assurance. The relevance and appropriateness of the results of certification processes may be significantly conditioned by the type, extent, and range of stakeholder involvement. In South African Higher Education sector, programmes offered by institution of higher learning are evaluated to ensure that they meet standards of quality, rigor, and relevance set. All new and old programmes are evaluated based on these standards at certain stages of their life cycle. Below is a high-level process of an accreditation of a programme. A new programme will be submitted to SENATE after it has gone through necessary stages of approval and development. If it is a professional programme, it will apply for endorsement from the relevant professional body. The programme will then be submitted to DHET for approval (PQM clearance). It is then submitted to CHE for accreditation, then to SAQA for registration. See process flow in the below illustration.

- **Intention to offer new programme**
- **HOD establishes a Departmental Task Team**
- **Produce an initial concept document**

→

Concept document discussed with relevant internal and external stakeholders.

→

Consultation and Improvement of Concept note with DLT and AP/IRP

→

Task Team completes programme approval documents(Forms A – D), SMG,s (including endorsement letters) with support from Campus/ Faculty DLT and QMD

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Task Team completes programme approval documents(Forms A – D), SMG,s (including endorsement letters) with support from Campus/Faculty DLT and QMD

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Faculty Board considers submission against university strategy, vision and approves document for submission to Senate Quality Assurance & Academic Planning Committee (SQAAC) and SLTC

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SQAAC/SLTC review documents for completeness and compliance and recommends to Senate for Approval

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Senate Approves document and authorises Academic Planning to submit documentation to DHET, CHE and SAQA.

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PQM clearance request submitted to DHET by Academic Planning

→

PQM clearance issued by DHET

→

Accreditation and Registration application and PQM clearance submitted to CHE and SAQA

→

Accreditation granted by CHE and registration completed by SAQA and SAQA ID issued.

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Proof of Accreditation and registration submitted to DHET

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DHET Issues Funding Letter and PQM Updated by DHET and Academic Planning

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Academic Planning and HEMIS updates ITS with new programme and Finance Complete Costing

←

- **Registrar activates the programme**
- **Faculty and Departments updates all internal documentation**
- **MCA communicates to internal stakeholders**
- **MCA advertises the programme externally.**

4.7. Internal Reviews

Internal Reviews are methodical and ongoing evaluations, done at certain intervals to strengthen the fitness and responsiveness of academic programmes, departments, faculties, and universities to produce quality graduates. The main objective of these reviews is to promote continuous improvement by evaluating the relevance, efficacy, and the quality of provision in relation to the needs of the society. Below are some of the reviews undertaken at WSU:

a. Faculty and Departmental Reviews

All faculties and academic departments will be reviewed periodically with the aim of improving their quality management systems that feed into the quality management system of the institution. The review process starts by the development of a self-evaluation report that include aspects such as leadership, infrastructure, teaching and learning, research, community engagements, general administration, management, and leadership matters, etc. A panel, that include external and internal peers is tasked with the responsibility of adjudicating and giving feedback to the faculty. The process also involves input from students and staff's knowledge and experiences regarding the faculty. A separate student report is compiled and is used in the triangulation process. A similar process is followed in the review of academic departments. The findings and recommendations made are included in the improvement plan that shows how the faculty or department will improve all deficiencies, concerns and gaps identified. The progress report produced quarterly is reported in the SENATE Quality Assurance and Academic Planning Committee monitoring and governance purposes. The Executive Deans, the HODs and the Quality Assurance Officers are responsible for the development and implementation of the improvement plan and the production of a progress report. The quality assurance team monitors the implementation and is responsible for reporting to PME ED and various relevant structures.

Faculties and academic departments will be reviewed in a five-year cycle as part of strengthening the quality assurance of the learning and teaching, community engagement, research and innovation and promote scholarship of teaching and learning (SOTL). The below diagram illustrates the process:

b. Internal Programmes Reviews

Internal Programme Reviews are an intensive reflexive process that aim to evaluate the effectiveness and efficacy of academic programmes as part of the continued efforts by the University to produce high quality graduates that are future ready. At WSU, programme reviews are conducted over a five-year cycle, this period can be shortened based on the requirements of the programme, the department and other needs that may arise. Annually, all university faculties are expected to identify programmes to be reviewed using several criteria that will include, but not limited to, throughput rates, benchmarks, viability, and programme completion of a five-year cycle. All programmes reviewed through a comprehensive review process may be subjected to a desktop review process in their next cycle of reviews.

Professional programmes are externally monitored for verification and maintenance of accreditation at an interval of five years. The programmes are subjected to a mid-cycle review process, guided by their external accreditation tools and templates. They are also subjected to a comprehensive review process that follows a CHE criterion for a comprehensive reflection as part of the university internal programme reviews processes. Internal Programme review process is shown in the below cycle:
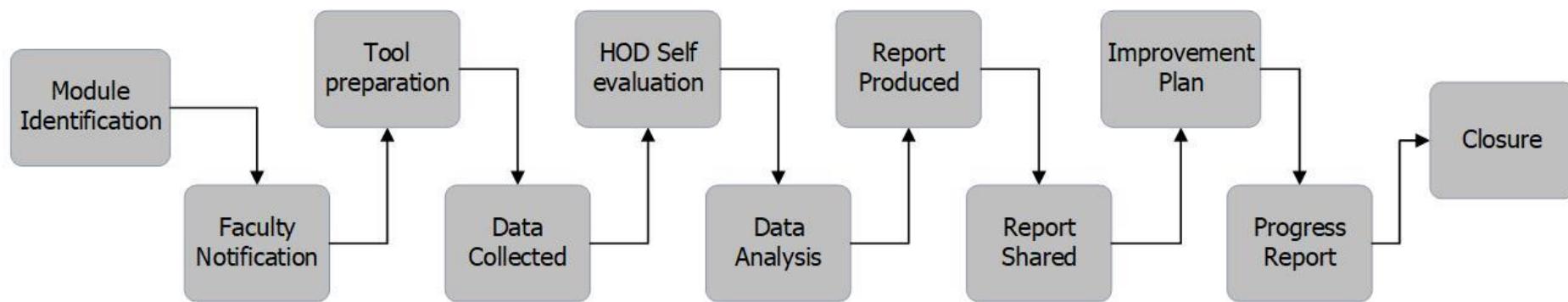
c. Module Reviews

Module reviews are done using prepared questionnaires that are administered to students, lecturers (self-assessment) and the HODs. A final module report is then produced which gives indications of the kind of intervention required. Modules at risk

as per WSU definition are prioritised in this review, however, all other modules are subjected to a periodic review as per the approved schedule. The reviews give appropriate insight that is used for improvement. Review reports will also help in student and staff development. See the illustrated process below:
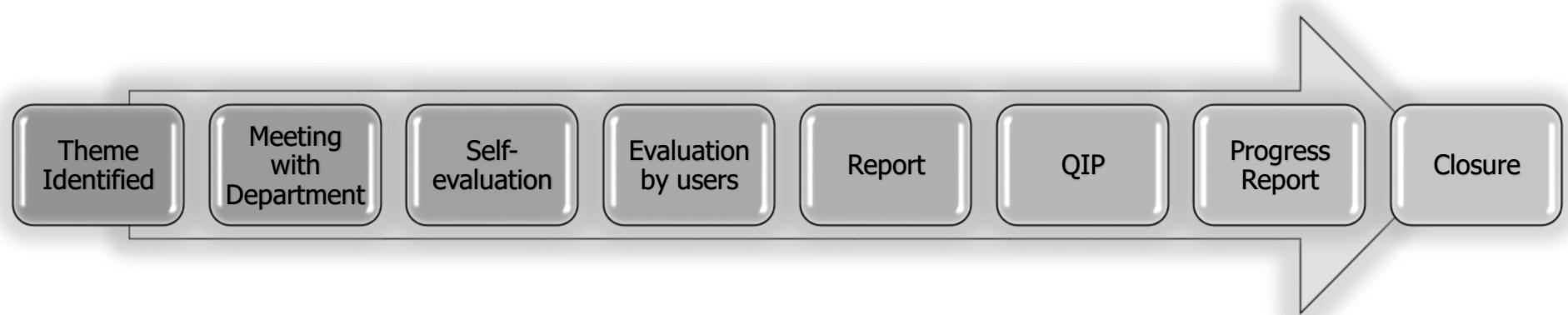

d. Support and Professional Services

The review of support and professional services will rely, to a greater extent, on themed reviews. These reviews refer to a process that focuses on a specific theme, topic, or area of performance or offering within a university, a faculty, a department, or programme. The reviews may follow the process of self-reflection, and reflection by internal and external peers. However, student feedback through surveys will be the main process of collecting data, supported by a survey instrument for staff. The final report will be used to assess the number of improvements required. Each department will then produce an improvement plan with clear time frames for the improvement of all findings.
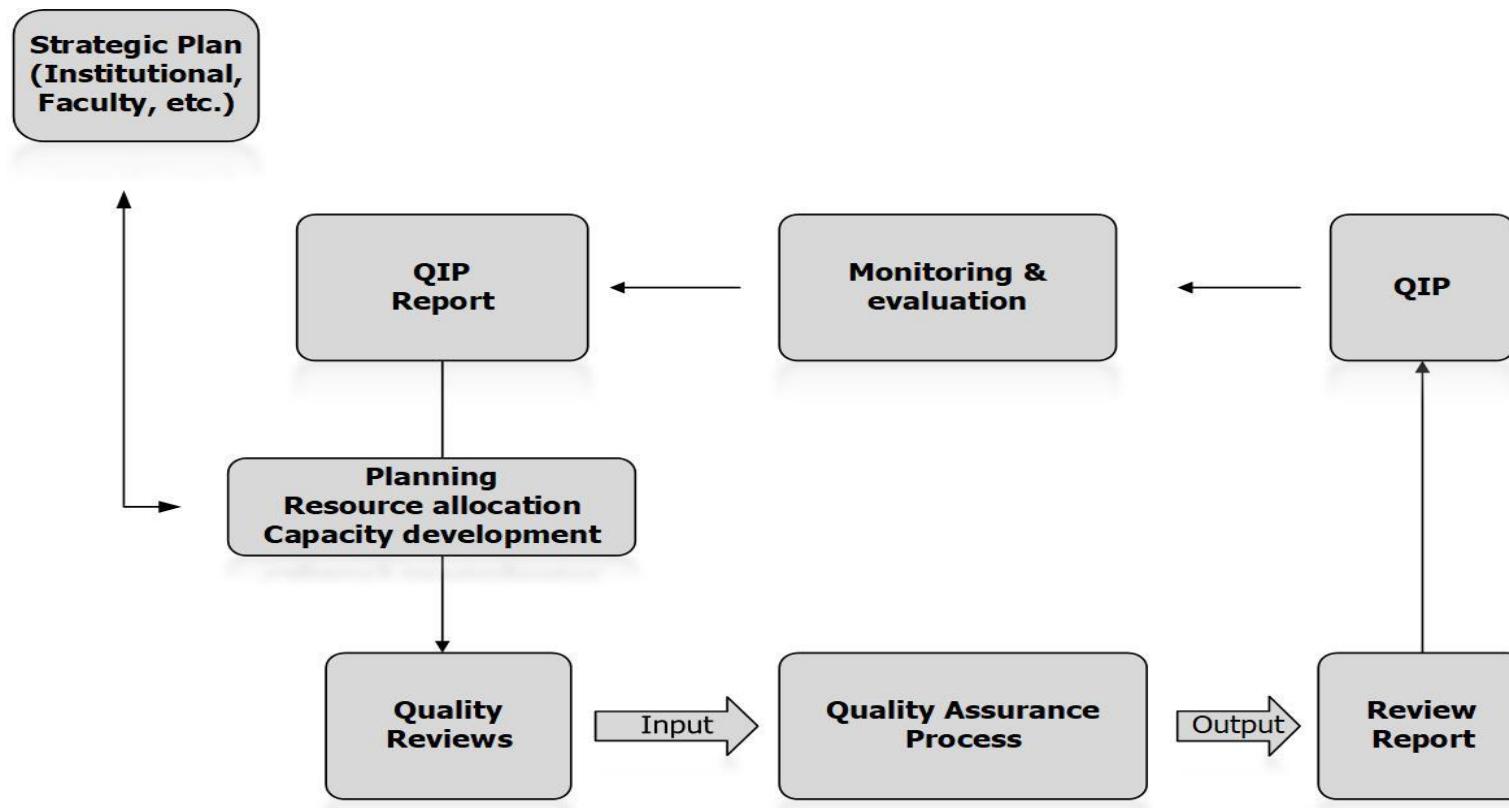
The review of the ecosystem of the functions of the university from the point of entrance to the point of exit will be conducted annually. These areas are as follows: student application and admissions (entrance) and student graduation (exit). These two areas will be punctuated by a satisfaction survey conducted at second year of selected programmes. Themes of other support departments will be identified, and data collected from students to produce a final report for improvement. A list of these themes will be identified and reviewed every five years or when requested. Planning Monitoring and Evaluation (PME) units are central in this process. See below step-by-step guide in the diagram below:

Theme Identified	Meeting with Department	Self-evaluation	Evaluation by users	Report	QIP	Progress Report	Closure

The summary of all the review processes is demonstrated by the below diagram. A review process is undertaken, if the report yields findings and makes recommendations, a QIP is produced, its implementation is monitored until a progress report is produced. The report may point to different requirements such as staff development initiatives, resource allocation, or a review of the strategic planning. The department, faculty, must ascertain that required intervention is implemented. See the diagram below:

IQMSF Processes and Practices

4.8. Key Stakeholders in the implementation of this IQMSF are, but not limited to the below:

- Quality Management Directorate

- Institutional Research and Planning

- Academic Planning
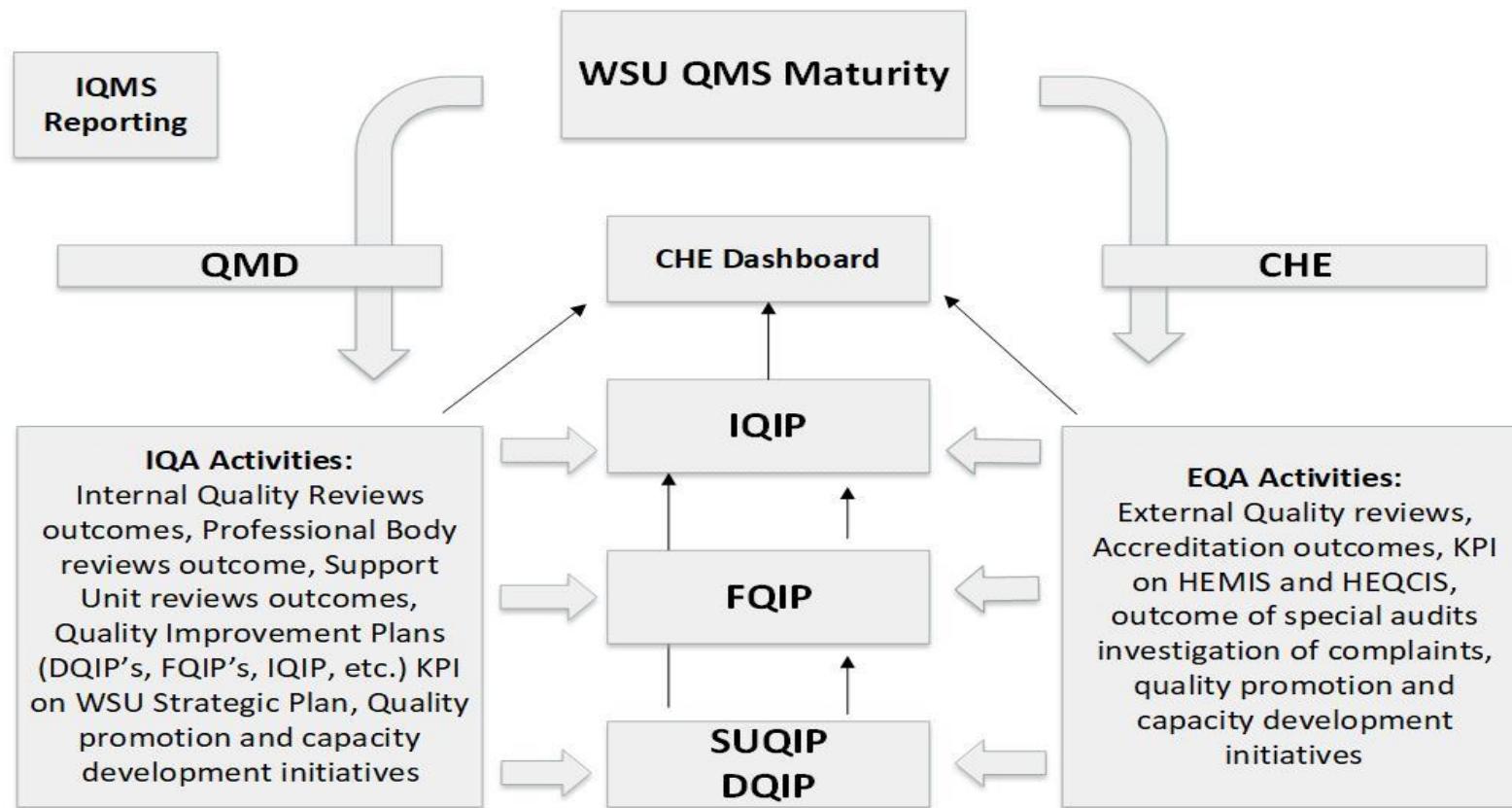
- Marketing and Communications

- Directorate of Learning and Teaching

- Faculties

- Academic Departments

- Support Departments

- Student Representatives

4.9. IQMSF Reporting Requirements

Outcomes of reviews, as required by the CHE's Quality Assurance Framework, will feedback into the institutional quality track record, namely the **Institutional QA-dashboard**, a digital track records for WSU in which institutional data is visually presented, and where the decisions of previous EQA and IQA activities are collated, analysed, and interpreted. The information is harvested and aggregated from diverse informational sources such as outcomes of Internal and External Quality Reviews and Quality Improvement Plan actions, HEQC's decisions on Quality Reviews, Accreditation, performance indicators on HEMIS and HEQCIS, the outcomes of special audits, the investigation of complaints, quality promotion and capacity development initiatives, and interventions. Information obtained from these sources will form a comprehensive, synthesised, and evidence-based perspective of institutional quality management and assurance systems. The QA-dashboard contains both quantitative and qualitative data for a variety of indicators and will provide the rationale for the differentiated way in which the CHE will approach an institution or determine the maturity or lack thereof, of the institutional quality management and assurance systems. The CHE will therefore employ a risk-based approach and will focus on areas of concern based on the institution's QA dashboard, (CHE QAF, 2020).
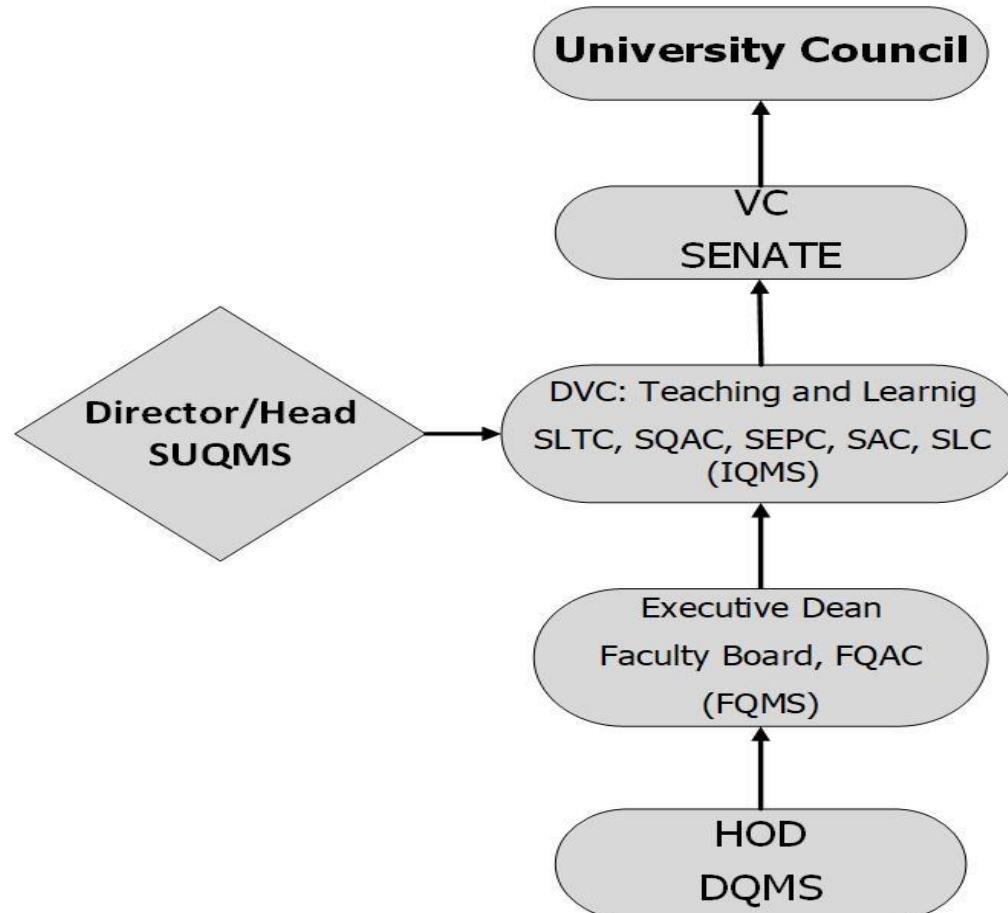
IQMSF reporting requirements.

Development and reporting on quality improvement plans (Departmental QIP, Faculty QIP, Support Unit QIP and Institutional QIP or DQIP, FQIP, CQIP, SUQIP, CQIP & IQIP). Support Units are institutional functional units that support core academic business therefore they supply quality information directly into the IQIP while academic departmental units are faculty-based functional units and therefore supply quality information directly into FQIP.

4.10. IQMSF Governance and Support

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                              │       SENATE        │
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        ╱─────────────╲       ┌──────────────────────────┐
       ╱ Director/Head ╲ ───▶ │ DVC: Teaching and Learnig│
       ╲   SUQMS       ╱      │ SLTC, SQAC, SEPC, SAC, SLC│
        ╲─────────────╱       │         (IQMS)           │
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                              │   Executive Dean    │
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                              │       DQMS          │
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IQMSF Governance and Support

The Head of Department (HOD) is the principal accounting officer for DQMS and reports to FQAC and Faculty Board.

The Executive Dean is the principal accounting officer for FQMS, chairs the FQAC and Faculty Board and reports to SQAC, SLTC, and other relevant structures.

The Support Unit Director/Leader/Head is the principal accounting officer for SUQMS and reports to SQAC.

The DVC: T&L is the principal accounting officer for IQMSF, chairs the SQAC SLTC, SEPC, SAC, SLC and reports to Senate and to VC.

The VC reports to Council and the council reports to parliament.

4.11. IQMSF Roles and Responsibilities

Quality assurance and promotion are legislated functions therefore the Vice Chancellor is the chief accounting officer for quality at WSU. While this function is delegated to the Quality Management Directorate in terms of strategic and operational goals, accountability for quality lies with every individual and all internal stakeholder at WSU.

Level	Roles and responsibilities
University Senate	• Chaired by the Vice Chancellor.
	• Conducts overall institutional quality governance and oversight.
	• Rigorously and continuously monitors the effectiveness of its quality management and assurance systems to ensure coherence with good practice for both academic and support enterprises.
	• Works constructively with all relevant external agencies, including the Higher Education Quality Committee (HEQC) of the Council on Higher Education (CHE), South African Qualifications Authority (SAQA), Department of Higher Education and Training (DHET) and professional bodies.

	• Evaluates quality achievements against appropriate national and international benchmarks and community of practice quality standards. • Receives quarterly reports from SQAC and QMD; and ensures all responsible persons/entities are accountable for addressing quality improvements. • Makes recommendations to the VC and executive management on planning, resource allocation and capacity development gaps identified in the quality improvement plans.
Institutional Quality Assurance and Planning Committee (SQAAP)	• Recommends the approval of the quality management systems and its implementation strategies. • Monitor the University's implementation of the quality management systems in the context of the institutional Strategic Plan. • Recommends approval of accreditation of programmes. • Recommends deactivation of programmes on WSU academic structure. • Advises Senate on the University's response to national and external quality enhancement initiatives. • Advise Senate on appropriate responses to external quality agencies (CHE, ECSA, SAICA, HPCSA etc.). • Recommend approval of annual review schedules. • Advises and recommends procedures and processes for all quality reviews.

	• Performs other responsibilities as may be requested by the Vice Chancellor and Senate from time to time.
	• Receives quarterly reports from CQAC, FQAC, Support Unit Directors and QMD.
DVC: Learning and Tearching	• Chairs the SQAC, SLTC, SEPC, SAC, SLC
	• Through the Quality Management Directorate, is responsible for the enforcement of the Quality Management and Assurance Policy.
	• Acts as the institutional facilitating authority that will enable WSU to conduct policy review management of the Academic Programme Review Processes and Procedures Policy in a pragmatic, systematic and sustainable way.
	• Is a member of the Academic Review Panel
Faculty Executive Deans	• Chairs the FQAC (Can delegate)
	• Chairs Faculty Board
	• Takes overall responsibility for faculty quality management systems (FQMS).
	• Identifies, develops, monitors and reports on FQMS.
	• Reports to Faculty Board and SQAC on quality management and assurance matters.
	• Ensures faculty strategy supports quality improvements and enhancement.
	• Takes responsibility for Faculty Quality reviews.
	• Lead the development of Faculty SER.
	• Develops, manages, and monitors Faculty Quality Improvement Plans.
	• Oversees academic and quality policy implementation.

	• Ensures HODs and Faculty QAO, FQAC provide quarterly reports on departmental quality improvement plans.
Head of Department (academic)	• Identifies, develops, and maintains departmental quality management systems. • Ensures implementation of academic and quality policies. • Monitors and reports on quality management and assurance matters to Faculty Board and Dean. • Leads the development of self-evaluation reports for programme and qualification reviews. • Leads briefing and critical reflection sessions in preparation for quality reviews. • Develops, manages, and monitors quality improvement plans. • Takes responsibility for quality improvements. • Manages and reviews teaching & learning, research, and community engagement practices. • Assigns duties and responsibilities to departmental staff.
Academics	• Participate in critical reflection sessions. • Actively participate in the development of the Self-Evaluation Report • Assist with the coordination of quality reviews site visits. • Participate in quality reviews site visits as interviewees. • Develop quality improvement plans together with the HOD. • Assist in the monitoring, evaluation and reporting on QIP improvement actions.

	• Play an active role in quality promotion and enhancement with their respective departments. • Together with the HOD, identify and develop departmental quality management systems. • Ensure students are actively and intellectually engaged in teaching and learning activities.
Support Staff	• Support planning for quality reviews, where appropriate. • Provide relevant information regarding quality reviews as per QMD request. • Participate in quality reviews site visits as requested. • Participate in quality conversations and quality promotion activities. • Support the monitoring of quality improvement plans.

Students	• Participate in
	    o quality reviews and student surveys
	    o quality promotion
	    o quality conversations and self-reflection discussions.
	    o various committees as per university arrangements.

Quality Management Directorate	• Plans, coordinates and implements quality strategy and IQMS. • Implements quality management strategies and assurance policies. • Advises and guides implementation of learning, teaching, and assessment policies. • Conducts internal and external reviews.

	• Monitors, validates, and reports on quality improvements activities.
	• Trains, supports, and develops capacity within QMD and institution.
Academic Planning	• Leads qualification accreditation and submission.
	• Manages new programme development

4.12. Roles and responsibilities related to data integrity.

Data management and data utilisation is critical for the functioning of the university and data integrity is critical for decision making.

Student, programme, and staff data is used throughout the institution and the quality assurance framework around this data requires all the users of this data to understand their roles and responsibilities. Below is a table that shows data roles and responsibilities of different stakeholders.

- Programme related data maintenance review and use.

Academic planning through HEMIS	- The only unit authorised to input and amend programme data on ITS
	- Initial input of new Programme Data after Senate, DHET, CHE and SAQA approval
	- Changes to programme data after Senate Approval

Academic Departments	- Initial Development of programme related data. - Development of programme data changes - Responsible to ensure that the data is accurate and correctly reflects programme submitted through university channels
Executive Deans and their Faculty Board	- Oversight on all programme and qualification data. - Assessment data - Accuracy of Submission
LTD	- Assist the Department and Faculty to complete the necessary documents in line with institutional policies
QMD	- Review of programme data prepared by the Departments against institutional policies and norms. - Review compliance periodically. - Review the inputs of the HEMIS unit against actual programme approval
Senate	- Approve new programme data and authorise input by Academic planning unit through HEMIS. - Approval of changes to programme data

- Student Related Data

Academic Departments (HOD)	- Initial input of student performance data through lecturer I-enabler after every assessment - Responsible for the accuracy of the student data - Extraction of reports and student performance - Extraction of reports on student deregistration and registration - Make decisions based on student statistics
Executive Deans	- Oversight on the timely and accurate capturing of data by Academic Departments after assessments. - Extraction and review of student performance data and registration data - Use data to inform decisions and initiate interventions through the academic departments
HEMIS	- Writing and developing scrips to allow Departments and Faculties to run reports on student statistics and performance
ICT Department	- Accurately linking students to LMS based - Writing and developing scrips for Departments to extracts reports on LMS.

IRP	- align operational processes with the university's strategic goals, fostering streamlined and effective operations. - Produces annual performance plan reports, midterm review performance reports, and departmental performance profiles is integral. - tracking and analysing student data to enhance the Academic Strategic Plan of the institution - support the Quality Management Plan and facilitate the Quality Review Process. - Identifies 'at-risk' students to promote student success. - enhance the learning experience, inform decision-making, and optimise educational environments. - improve learning outcomes and the overall effectiveness of educational programmes. - Democratise access to data, providing academics and administrators with timely and accessible information - Enhance student success initiatives. - conducts ad hoc surveys to investigate specific issues that necessitate in-depth analysis.

Senate	- Analyses student performance and review and approve faculty plans, exams, and graduation data to be loaded on HEMIS.
Senate Learning and Teaching (SLTC)	Recommends approval of faculty data to SENATE for approval
Senate Short Learning Programme Committee (SSLPC)	Review and recommend data related to short learning programme for approval by SENATE.
Research and Higher Degrees (SRHDC)	Quality Assuring Research and Post Graduate related data
Senate Engagement & Partnerships Committee	Review and recommend data related to community engagement and partnerships for approval by SENATE.
Senate Quality Assurance & Academic Planning Committee (SQAAC)	Review and recommend to SENATE all data related to programmes, qualifications, modules, academic and quality management data.
Senate Assessment Committee (SAC)	Confirm all assessment (exams) data, graduations data and recommends to SENATE for approval
Senate Library Committee (SLC)	All data related to library resources and usage is analysed and recommended to SENATE for approval
Senate Language Committee	All language related data is reviewed and recommended to SENATE

Senate Audit, Risk and Compliance Committee	Data related to risk management, compliance and audit is reviewed and recommended to SENATE for approval.
Faculties (Faculty Officers, Managers & Secretaries)	- Student application data. - Student cancellations and transfers and the capturing of credits. - Student progression data. - Student exclusion data. - Student graduation data. - Quality assuring the captured student assessment data. - Quality assuring the student registration data. - Review compliance periodically. - Review the inputs of the HEMIS unit against actual programme approval
Registrar – (Registrar's division)	- Student application data. - Student cancellations and transfers and the capturing of credits. - Student progression data. - Student exclusion data. - Student graduation data. - Quality assuring the captured student assessment data.

	- Quality assuring the student registration data. - Review compliance periodically. - Review the inputs of the HEMIS unit against actual programme approval

4.13. Quality Management Instruments and Tools used in IQMSF.

IQMSF Instruments	IQMSF Tools
Policies, procedures, and plans	• WSU Vision 2030 and strategic focus areas • Faculty strategic plan and key performance areas • QMD 5-year Strategic Plan • Institutional policies • Quality Management and Assurance policies
Structures	• Senate and Council • Senate committees • Senate Quality Assurance and Planning Committee • Faculty Quality Committees • Departmental quality structures • Quality Management Directorate

Support and development	• VC and Executive management support and commitment to quality • Capacity and resources • Training and development
Self-reflection	• Criteria and standards • Guidelines • Templates • Community of practice standards
Data integration platforms	• Integrated Quality Management Systems Software

Corrective mechanisms	• Quality Improvement Plans
	    o Institutional Quality Improvement Plans
	    o Faculty Quality Improvement Plans
	    o Departmental Quality Improvement Plans
	    o Other Quality Improvement Plans emanating from different types of reviews.
	    o Programme and Qualification Quality Improvement Plans emanating from different types of reviews.

	• Formal reporting processes
	o Departmental quality structures reporting to the Faculty Board
	o Faculty Quality Structures reporting to Senate Quality Assurance Committee
	o Senate Quality Assurance Committee reporting to Senate.
	o Senate reporting to Council
	• Policy development and reviews

4.14. Quality Management and Assurance Mechanisms

The institution will employ various quality management and assurance mechanisms and embark on a generally accepted 3-5 review cycle as suggested below:

Quality management and assurance mechanisms	Frequency in years	Responsible for initiation

Module reviews To evaluate the design, development, and delivery of academic modules as the basic unit of a qualification (not defined in WSU policies). Formative reviews of modules conducted more frequently and must be 360 degrees (student, lecturer, peer). Focus on at risk modules.	3	QMD, IRP Head of Department
Programme and/or qualification reviews. Internal Programme Reviews will be conducted on a five-year cycle with some being ongoing. Faculties will from time to time identify programmes to be reviewed. External Programme Reviews will be conducted at the request of external quality assurances agencies such the Council on Higher Education and Professional bodies. Qualification reviews will be conducted for re-registration with SAQA, alignment with strategy, changes to curriculum, etc	5	QMD, Academic Planning SAQA Professional Bodies
Departmental reviews / Academic reviews To identify achievements and constraints and make recommendations on how the University can achieve its strategic objectives.	5	QMD Dean of the Faculty

To assess and evaluate academic departments in an endeavour to ascertain whether their quality arrangements and academic programmes are aligned with the strategic objectives of the institution and are relevant to the local and international imperatives.		
Faculty reviews To assess the coherence and effectiveness of a faculty's quality management system in the provision of a learning and teaching, research and community engagement in a manner that promotes student access and success.	5	QMD Deputy Vice Chancellor
Support Unit reviews. To assess the coherence and effectiveness of a Support Unit's quality management system in the provision of support for learning and teaching, research, and community engagement. This must be read in conjunction with Themed Reviews.	5	PME
Institutional reviews To assess the coherence and effectiveness of an institution's quality management system in the provision of a learning and teaching,	5-7	QMD Council on Higher Education

research and community engagement in a manner that promotes student access and success. Institutional Reviews may be conducted internally or externally by the CHE.		
Themed reviews Themed reviews will be more flexible and targeted, they will focus on selected pertinent areas of the quality management system identified by Senate Quality Assurance and Planning Committee, including those related to learning and teaching. However, they will be a focus for all support departments. Themes for entrance and exit students will be prioritised.	**Annually for exit (graduations)**	PME Council on Higher Education
National reviews A peer-driven evaluation of an aspect of the provision of education provisioning by Higher Education Institutions (HEIs) across the sector, e.g., programmes or qualifications, or aimed to ensure that threshold standards are being met (QAF).	**As required by the CHE**	Council on Higher Education

Quality assurance surveys Surveys conducted to identify the extent to which quality assurance, promotion and enhancement initiatives are developed and implemented. e.g. Student Participation in Quality Assurance Faculty Advisory Boards in Quality Assurance	**As and when required or one annually**	QMD

4.15. Evaluation of Standards and Quality Assurance Indicators

QMD will facilitate the development or use existing quality standards and indicators of quality to measure the performance of its quality management systems. Findings, appropriate commendations, and recommendations based on the standards applied should be used to develop quality improvement plans.

All quality evaluations will be made using the adapted CHE's four-point scale as used in the Institutional Audit Framework:

Not functional: Areas of serious concern exist in the quality management system in that there is either no quality management system in place or the quality management system is not considered to be functional in terms of the identified standard.

Needs substantial improvement: The quality management system is not fully developed or functional in terms of the identified standard and needs substantial improvement.
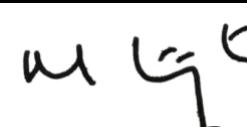
Functional: The quality management system meets the expected thresholds in terms of the identified standard but some minor areas may need further improvement.

Mature: The quality management system, as measured against the identified standard, is generally mature, integrated and coherent, and is effective in achieving its differentiated purpose of enabling student success; good learning and teaching practices; ground-breaking research, including local research; impactful, integrated and ethical community engagement, and demonstrates good, sustainable governance (as appropriate for the institution, faculty, support unit or academic department).

4.16. Quality monitoring and evaluation – cycle of validation, analysis, and reporting

Quality reviews take place in a cyclical manner of 5 years depending on the type of a quality review, in between quality review cycles, quality improvement plans are regularly monitored, usually on a quarterly basis to align with management reporting; and each finding is validated through a process of engagement with, and gathering evidence for claims made by, the relevant accounting officer/manager/responsible person/s i.e., Head of Department, Support Unit Director, Dean, etc. Data gathered following the validation period will be analysed and a QIP progress report on quality improvement actions will be developed and shared with the relevant HOD, Dean, DVC and quality governance structures. Depending on the nature of the review, management reporting will be done at different levels i.e. institutional, Faculty, departmental or support unit level.

Approving Structures	Date of Approval	Name of Designated Authority	Signature
Institutional Quality Assurance Committee	04 July 2024	DVC Learning and Teaching: Prof Linington	
University Senate	10 July 2024	VC: Prof Songca	