



Agència
per a la Qualitat
del Sistema Universitari
de **Catalunya**

General framework for the establishment, follow-up and review of improvement plans

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General framework for the establishment, follow-up and review of improvement plans

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Presentation	5
AQU Catalunya: quality, the assurance of improvement	7
1. Introduction	9
2. Conceptual framework	11
2.1 Concept and characteristics of improvement plans	11
2.2 The assessment, planning and follow-up scheme	13
2.3 Summary chart	14
3. Starting point: diagnosis	17
3.1 Characteristics of a good diagnosis	17
3.2 Diagnostic methods	18
3.3 Relationship between diagnostic tools, improvement tools and synchrony of processes: different starting situations	19
4. Preparation and establishment of improvement plans.....	21
4.1 Persons responsible for the establishment of improvement plans	21
4.2 Preparation process of improvement plans	21
4.3 Structure and content of improvement plans	22
4.4 Process for preparation of improvement plans	24
5. Follow-up and review of improvement plans	25
5.1 Responsibility for the follow-up and periodic review of the improvement plan	25
5.2 The follow-up process	26
5.3 Review of the improvement plan according to the result of the follow-up	27

6. Overall assessment and closing of the improvement plans	31
7. Meta-assessment of improvement plans in the university context	35
7.1 Spheres of meta-assessment	35
7.2 Responsibility for the meta-assessment	36
7.3 Timing of the meta-assessment	36
7.4 Use and beneficiaries of the results of the meta-assessment	36
8. Summary chart	38
9. Conclusions	39
10. Acknowledgements	41
Annex	42

Presentation

The institutional assessment of the quality of universities has had two main goals: to promote the improvement of quality and to provide valid, objective information on the service that universities render to society. Since the time when this activity began, **AQU Catalunya** has carried out the assessment of numerous degree standards and of diverse departments or services. Assessment reports have been published on them all, thereby achieving the second of these goals.

The first goal of the assessment is realised through the development of an Improvement Plan by each unit. This plan is established on the basis of the results of the assessment and according to the plans of action of each of the universities. Thus, when each assessed degree standard, department or service finishes the process, in addition to publishing a report, it produces an improvement plan which, once it has been started up, must also be assessed as one more element of the university's quality system.

The follow-up of the improvement plan is, consequently, an essential factor in the development of university quality and the starting point for a new loop in the continuous improvement spiral. In order to carry out a good follow-up of the improvement plan, it is necessary to possess a simple objective methodology that will allow verification of whether that which has been done is in accordance with the initial planning and whether the results that have been achieved are as desired. The model chosen for the unfolding of this methodology contemplates not only an internal follow-up process by the university, but also an external process that is the responsibility of an assessment agency.

The team co-ordinated by Prof Francesc Pedró of the UPF made a proposal of a guide that was later enriched with contributions from other members of the technical units of the Catalan universities and of **AQU Catalunya**. The whole team is deserving of thanks for their work, the fruit of which is this guide, which will serve as a pattern for action in the follow-up of the improvement plans. I am convinced that it represents a major advance in the assurance of institutional quality.

Gemma Rauret i Dalmau

Director of **AQU Catalunya**

AQU Catalunya: quality, the assurance of improvement

The activities of **AQU Catalunya** are guided by a set of values that underline its engagement to the improvement of quality. The values upheld by **AQU Catalunya** are as follows:

- View quality as a way of doing things and of working better. **AQU Catalunya** was the first agency certified by ISO standard 9000.
 - Innovate continuously in both methodologies and processes.
 - Maintain a European focus with respect to the activities carried out to allow the smoothest possible integration of the Catalan university system in the European Area of Higher Education.
 - Assure maximum transparency, objectivity, impartiality and equanimity with respect to the services that it renders. The users of **AQU Catalunya**'s services are assured of the rights to information, direct personalised attention, and to submit claims, complaints and suggestions in relation to the services that are provided. The methods of procedure of **AQU Catalunya** are set out in its Code of Ethics, which is approved by the Board of Directors.
- Foster co-operation between the universities, the Administration and **AQU Catalunya** with the aim to generate maximum added value.
 - Foster co-operation with other national and international bodies and agencies that have the same purpose.
 - Work through a network of experts on issues relating to university quality that allows the rapid development of knowledge and the promotion of the culture of quality in the entire Catalan university system.

1. Introduction

Across Europe there is probably not a more dynamic educational sphere and none with more reform projects in progress than the universities. Part of this dynamic spirit is the result of the external, political and financial pressures to which it is subject. But another part is due, to at least an equivalent if not even larger extent, to the wish of the universities themselves to evolve towards forms of provision of their public services—in research and teaching—that do not waste resources and that provide good results in terms of economic, social and ethical values. There have been two critical elements in this evolution: on the one hand, the emphasis on internal and external institutional assessment, and on the other, the change in organisational culture. This change, to which the following pages refer, is clearly reflected in the political and institutional will to convert assessment not only into a natural, obvious process of transparency of the results and processes that are originated with public resources and that lead to the achievement of objectives of likewise public interest. The change that has taken place goes beyond this because it considers assessment to be a fundamental diagnostic tool in a circle that should be closed with the successful implementation of a set of improvement measures.

Up to here we have the theory, which is sufficiently well known. It seems evident that the university world, here and everywhere, is one of the most prone to make a reality of the saying *plus ça change, plus ça reste la même chose*. And this phenomenon, which some of us call resistance to change, and others, more sarcastically, call the capacity of phagocytation and metabolism of any

reform, is what a tool such as that which we offer you would seek to help to fight. The idea is not only for the diagnosis to lead to good improvement plans, which is indispensable, but also, beyond this, for the plans to be implemented and to be appropriately and regularly assessed.

We still have little experience with this in Catalunya because we have carried out, a relatively short time ago, an unequalled process of review and assessment of an important part of our activities, and particularly our degree standards. But all our universities are working hard on the implementation of improvement plans, which are the result of these assessments promoted by **AQU Catalunya**. Basing ourselves on this brief experience and, above all, with the expectations that have arisen, we propose a circle of formulation, follow-up and assessment of improvement plans that we consider feasible and reasonable and that avoids the risk of converting these processes into new bureaucracies. It has not been easy because it was a question of developing a tool that would allow the management of the various improvement plans applicable to different types of university units, which include, in our understanding, everything from organisational entities, such as a department, or services, such as libraries, to processes, such as degree standards or registration. To all the cases we have applied the same principles, based on the quality circle model, and we have added what we have come to call “meta-assessment”—an additional process addressed to leading the universities to learn lessons from the successes and mistakes in the implementation processes of the improvement plans.

2. Conceptual framework

From its creation in 1997, Agència per a la Qualitat del Sistema Universitari de Catalunya (**AQU Catalunya**) has promoted the assessment of various university activities so that the universities may adopt specific actions addressed to the improvement of their quality, and in order to provide information that will make its activity accountable to society.

The improvement of the quality of the institution, that is to say, the improvement of each of its processes and its results, must be understood as a continuous process that requires a collective involvement in the culture of quality, and assessment forms one of its instruments. The possession of mechanisms that allow one to assess objectively the teaching activity, research and management, is the starting part for the detection of areas of excellence, for their recognition and for their strengthening, and also for the detection of areas likely to be improved through the articulation of improvement plans.

2.1 Concept and characteristics of improvement plans

An improvement plan is a proposal of actions resulting from a prior diagnostic process on a unit, which brings together and formalises the improvement objectives and the respective actions addressed to strengthening the strong points and resolving the weak points, in a prioritised timed way.

The concept of “unit” may refer both to an organisational unit, such as the university itself or a centre, department or degree standard, and to a specific activity or process, such as the teaching, research or management associated with an education, the teaching assessment model of a university, the labour insertion policy for graduates, etc. In this respect, in recent years the university degree standard has been considered the main unit of assessment. It should be kept in mind, however, that the institutional assessment processes also envisage the assessment of the services or processes of an instrumental nature (for example, the Library Service, etc.). The diversity of possible units to be assessed causes improvement plans to present likewise different traits.

Improvement plans must converge with the general plans of the University, with the sectoral plans and with the policies set by the University’s governing bodies, and they must have the involvement of all the agents concerned.

It is through the improvement plan that the assessment process may be endowed with credibility to prevent it from becoming a bureaucratic process, from not taking root or from becoming repetitive. Consequently, the improvement plan must be a tool that is truly focused on action, keeping it from becoming a big formalistic document or simply a set of expressions of good will, wishes and aspirations.

For this reason, improvement plans must be specific and realistic, with a clear assignment of responsibilities and precise mechanisms of performance and follow-up. They require conditions of action and a periodic follow-up that will allow re-assignments of resources and responsibilities. Moreover, they must be set within the frame of a suitable internal communication policy that will provide information on the purpose of the process, on its progressive unfolding and on the results achieved.

An improvement plan allows one:

- To situate oneself within a future perspective and to reconsider the unit within the framework of the changes of context;
- To think out, approach and analyse problems in a comprehensive way and with a certain perspective on time;
- To define the objectives that one wishes to achieve in the short and medium terms, and the specific actions to be carried out in order to accomplish them;
- To help to arrange and prioritise decisions and to make an optimum assignment of resources;
- To involve the agents of the various units in the improvement of the institution;
- To introduce changes in the university's organisational culture, based on management by objectives;

Its main advantage lies in its flexibility: this is not a closed pre-established management and direction method but rather it simplifies changes and adaptation that may be as energetic as they are in the setting, in order to make the day-to-day management a useful, efficient instrument in the achievement of the objectives that are set and to uphold the organisation's reason for being. Accordingly, improvement plans may be concretised in actions that are quite proximate to everyday teaching or research activities.

In order to be efficient, the improvement actions proposed in the plan must be:

- **Consensuated:** The assessment process is based on consensus and participation, and for this reason it seems reasonable that the proposals for action should also be discussed and consensuated.
- **Coherent:** A good improvement proposal shall be coherent with the assessment or diagnostic carried out.
- **Operativised:** Improvement actions must be structured: it is necessary to identify the key objectives that the units consider priorities and they must be instrumentalised through a set of concrete actions, with specific resources, if appropriate, and with persons responsible for carrying them out, establishing a system of indicators that will serve to assess the achievement of the programmed actions and their follow-up.

- **Viable:** The actions that are formulated must be viable within the context in which they are considered, in order to be able to fulfil the programmed objectives.

The improvement plans also entail risks, such as laying greater weight on the process than on the desired results of the strategic planning, or considering the improvement plans as an end instead of a means for improving management. Likewise, they involve some limitations which the organisation must bear in mind. In this respect, the existence of simple, direct non-bureaucratic processes is to be valued.

2.2 The assessment, planning and follow-up scheme

The programme of assessment and improvement of a unit's quality may be based on a scheme such as that which is presented below. This assessment, planning and follow-up scheme defines the quality circle that is fundamentally addressed to the improvement of the assessed unit.

The periodicity may be variable. **AQU Catalunya** proposes that, in the case of degree standards, the quality assessment should be repeated about every six years, bearing in mind that, presumably, the whole first year and part of the second should be devoted to the assessment process and to the preparation of the improvement plan. Once it has been approved, the programmed actions are to be carried out in accordance with the established timing, and a yearly follow-up shall be carried out on the degree of achievement of the actions

involved in order to assess the real changes with respect to quality improvement in the assessed unit.

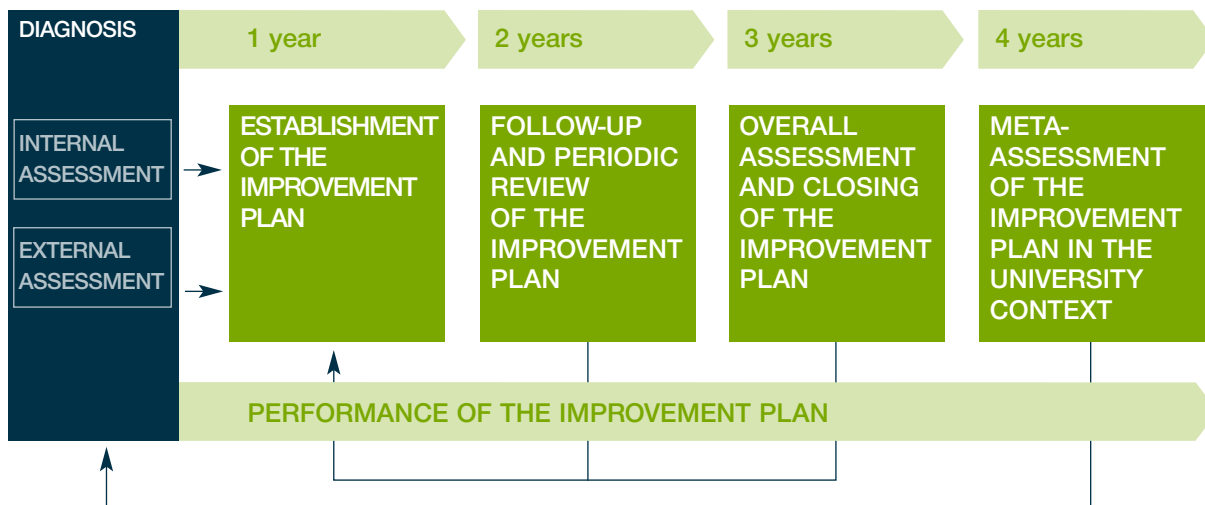
This yearly follow-up, for which the responsibility shall be made clear (see Point c.5), allows the maintenance of flexibility as a fundamental aspect in the performance of an improvement plan and assures a recurrent knowledge of whether the envisaged improvement is being achieved and the making of the necessary re-adjustments in the plan, so that the improvement will become systematic and consistent.

Moreover, depending on the envisaged follow-up, it can allow one:

- to ascertain the performance level of the improvement plan
- to consolidate the quality culture of the unit
- to assure the continuity of the assessment and improvement
- to ascertain the satisfaction of the addressees of the improvements
- to ascertain the satisfaction of the performers of the improvements
- to ascertain the real impact of the improvement plan

■ Conceptual framework

At the end of the period of effectiveness of the improvement plan, it is necessary to assess whether it has been appropriate and whether the results obtained are in accordance with what was expected.



2.3 Summary chart

What is an improvement plan?

An improvement plan is the proposal of actions resulting from a process of preliminary diagnosis of a unit, which gathers and formalises the improvement objectives and the respective actions addressed to strengthening the strong points and resolving the weak points in a priority timed way.

What should improvement plans be like?

- They must converge with the general plans of the University, with the sectoral plans and with the policies set by the University's governing bodies
- They must have the involvement of all the agents concerned.
- They must be a tool focused on action, preventing its transformation into a big formalistic document or simply a set of expressions of good will, wishes and aspirations.
- They must be specific and realistic, with a clear assignment of responsibilities and with precise mechanisms of performance and follow-up.
- They require conditions of action and a periodic follow-up that will allow reassignments of resources and responsibilities.
- They must be set within the framework of a suitable internal communication policy that informs on the purpose of the process, its progressive unfolding, and the results achieved.

The establishment of an improvement plan should allow one:

- to adapt to the changes in the surroundings and in circumstances;
- to think out, approach and analyse problems in a comprehensive way and with a certain perspective of time;
- to define the objectives that it is wished to achieve in the short and medium terms, and the specific actions that must be carried out achieve them;
- to help to arrange and prioritise decisions and to make an optimum assignment of resources;
- to involve the agents of the various units in the improvement of the institution;
- to introduce changes in the university's organisational culture, based on management by objectives.

Risks and benefits of improvement plans

Risks:

- to lend greater importance to the process than to the results
- to consider the plan as an end rather than a means to improve the operation of the unit

Benefits:

- Flexibility: it is not a closed method; it simplifies variations and adaptations
- Utility: for the achievement of the established objectives and to uphold the organisation's reason for being.

3. Starting point: diagnosis

The need for improvement arises when the current state of the assessed unit is not as desired. In order to ascertain its current state, it is obviously necessary to carry out a diagnosis of it.

Indeed, a considerable part of the success of the improvement plan of a unit lies in the circumstance of its being based on an accurate objective diagnosis of the reality that is to be improved. One can establish an improvement plan that is formally correct but based on a deficient diagnosis, in which case, after a certain time, one obtains inconsistent and hardly efficient improvements. Consequently, a good diagnosis is considered indispensable as a necessary minimum condition for the success of a plan.

The diagnosis and the improvement plan must be closely tied but their respective limits must be made clear. They must be sequential in time in order to avoid one of the common errors that has led to the failure of many plans: that of moving directly from the problem to the solution without stopping to consider the cause. The diagnosis is based on an analysis of the current situation and it identifies the starting point of the reality that is to be modified. The improvement plan, on the other hand, establishes the way in which this reality can best be improved. Consequently, before starting the improvement plan phase, one must complete the diagnostic phase and verify its quality.

3.1 Characteristics of a good diagnosis

In order to be considered a good foundation for an improvement plan, a diagnosis must be, among other things:

- **complete and rigorous**, so that it analyses and assesses the elements considered to be of key importance for the reality that is to be assessed and improved, since in this way it will be considered pertinent by the agents involved, enhancing its implementation and assuring the efficacy of the improvement actions. If this requirement is not met, the diagnosis and the improvement derived from it will be considered to be of secondary importance and the improvement plan will be weak.
- **systematic and detailed** with respect to the analysis of the causes, so that it will provide assurance of an analysis of all that is envisaged and all that is necessary to undertake the respective improvements. A scarcely systematic diagnosis will be more questionable and, consequently, it will be more difficult to carry forward the improvement plan.
- **balanced and objective**: balanced in terms of its description of the reality but also in terms of its assessment, which shall be impartial and objective concerning both its positive features and its aspects to be improved.

■ Starting point: diagnosis

- **timely**, since in this way the agents will consider it to be pertinent and, moreover, it will thus provide a more viable context for the improvement —otherwise it will be scarcely efficient.
- **shared** by the affected agents or communities, so that it will be easier to achieve the implementation of the improvement plan.
- **evidence-based**, since this will make it more solid, more objective, better argued and less debatable. This will simplify the achievement of a broader consensus.
- **integrated in the external context**, in order to ascertain the external context and its evolution, it is indispensable to make a good diagnosis and to plan the start-up of the improvement plan. The plan will be unavoidably affected by the evolution of the external context, which may either lend it support or cause it to fail.

3.2 Diagnostic methods

There are diverse diagnostic methods, which lead to different formats and contents. They may include internal assessment phases and external assessment phases, or one of these types alone.

In the university context, the most widespread diagnostic method is that which is known as institutional assessment or assessment for improvement, which correspond to the assessment of degree standards, research and

management processes or services, which has been carried out since the year 1996 in Spain as a whole, and since 1997 within the frame of **AQU Catalunya**. There are others as well, such as institutional assessment following the model of the *European Universities Association* (EUA); assessment, both institutional and by units, according to the model of the *European Foundation for Quality Management* (EFQM); quality and certification systems according to standard ISO 9000, or whatever other form the future accreditations may take. There are also other methods that use simpler tools, such as SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis.

The characteristics common to these methods are that:

- they incorporate a patterned systematics and model (there is a protocol to follow);
- they concentrate on some aspects of the assessed unit or sphere but they usually make a systematic review of policies, components, processes and results;
- they incorporate quantitative and qualitative evidence.

Given the existing diversity of methods, it is important to take the following into consideration when it comes to choosing the diagnostic method:

- The design or model that it entails should match the objectives that are to be achieved (for example, if it is wished to consider how to improve research output, the model must contemplate what the research process is like).
- The effort should be proportional to the improvement that one wishes to achieve.
- More participative processes are necessary when consensus is required on the diagnosis or when there are no other ways of obtaining the necessary information, although it should be kept in mind that they are slower and call for a larger investment of time.

Internal processes favour consensus and the undertaking of the diagnostic process, but they entail the danger of being scarcely balanced, owing to an excess of either self-criticism or self-complacency. The external component, on the other hand, contributes contrast and a view that may be more neutral and objective.

3.3 Relationship between diagnostic tools, improvement tools and synchrony of processes: different starting situations

An improvement plan must take into consideration that the universities have at least two decision-making levels: the organisational unit and the institution itself. Improvement plans will be more efficient, the more coherent are the plans of the units with respect to those of the institution. A multiplying effect is achieved in this way. In most cases, despite the will of both levels to achieve this coherence, situations of asynchrony and/or diversity of plans of action sometimes arise that make the process of developing and negotiating improvement plans more complex.

At institutional level, all the Catalan universities have mechanisms that incorporate improvement actions, such as programme-contracts, sectoral plans or special plans. Some (and increasingly more) universities also have strategic planning processes.

Aside from their specific objective, all these mechanisms serve to plan and determine resource-assignment criteria to achieve the envisaged objectives. Almost all have annual or pluri-annual periodicities (usually four years). The question is that the assessments carried out by a unit are not always synchronised with the appropriate periodicity to assure that the resulting improvement plan will fit in with one of these processes at the pertinent time.

■ Starting point: diagnosis

In an ideal situation, the diagnosis is made just before one of these cycles. In this way, on negotiating the improvement plan, on one hand the institution may incorporate the deployment of priority objectives through these plans and assign resources to them, and on the other, the units may adjust their plans to the institutional priorities and/or propose some such criteria.

But this is not always the case. As a result of the asynchrony of processes and/or the diversity of institutional mechanisms, there may arise a certain gap in time or an overlap between the end of the diagnosis and the negotiation of the improvement plan, and the unit may find itself in one of various starting situations.

If one considers institutional assessments as one of the most widespread diagnostic processes, asynchrony is unavoidable since, on the one hand, not all the degree standards, departments or services are assessed at once, and on the other, each degree standard is assessed every six years. The university, by contrast, generates its strategic plans at a specific moment in time: some units will be assessed before these plans are approved, others while the plans are being discussed and still others once they have been approved. Accordingly, in each case it will be necessary to find the mechanisms required to allow the improvement plans to fit into the strategic planning of the university.

In conclusion, it is not so important what the starting situation may be, as it is to be acquainted with this situation and to analyse it on beginning the diagnosis. This analysis is important from two points of view: firstly, to choose the most appropriate diagnostic process, bearing in mind that it will affect not only the type of diagnosis to be obtained but also the later improvement plan, depending on whether it is or not the first time that the assessment is to be made. Secondly, it is important because this starting point must be considered in order to ascertain how the resulting improvement plan will be integrated in the institutional mechanisms and priorities, and in order to adapt, in this way, the expectations of the participants from the beginning.

4. Preparation and establishment of improvement plans

Through the improvement plan, the persons responsible for the units undertake, in the short or medium term, the objectives and the actions that must be unfolded to achieve them. Moreover, as one more element of the institution's planning, the plan must also be undertaken by the university's governing team with the commitment to lend institutional support to its development and, if appropriate, to provide the resources necessary to finance the improvement actions. Consequently, an improvement plan is the expression of a set of commitments between the university's governing team and the persons responsible for the development of the plan.

4.1 Persons responsible for the establishment of improvement plans

Improvement plans must be prepared by the persons responsible for the unit —and this is something to be recalled, whether it is an organisational unit or a process— although they shall not, for this reason, fail to include the aspects that the university considers strategic in the respective sphere.

In order for an improvement plan to be successful, its drafting and preparation must include the participation of the various collectivities that are involved in it, and the direction of the unit must undertake the co-ordination in this stage and in the performance stage of the plan.

Accordingly, the final responsibility for the preparation, development and follow-up of improvement plans belongs to the maximum direction bodies of the unit, which shall promote, if appropriate, the participation of the direction teams and of the responsible persons from the other basic structures or processes involved in the plan. Since the establishment of the plan will fall to a collegiate body, it is necessary for some person who forms part of the unit's direction team to undertake the later co-ordination of the plan's performance.

Furthermore, it should be kept in mind that the process of preparing the improvement plan of a unit must envisage that the plan will fit into the strategic planning of the university itself.

4.2 Preparation process of improvement plans

The preparation process of improvement plans consists of the following phases:

1. **Preparation of the proposal** of the improvement plan, drafted by the respective committee on the basis of the diagnosis or preliminary assessment process. This proposal shall have the structure and content that is set out in detail further on.

■ Preparation and establishment of improvement plans

2. **Discussion and negotiation** with the university's governing team, in relation to the proposal for the improvement plan. The improvement plan is one more element in the institutional strategies for planning and improvement of the university (internal programme-contracts, agreements on planning and/or assignment of resources, etc.), and for this reason its objectives must be consonant with the institution's general objectives. On the other hand, the governing team holds the responsibility for prioritising the actions that it considers strategic and, in accordance with this, to assign resources to each improvement plan.
3. **Approval** of the improvement plan by the unit's supreme governing bodies and by the university's governing team. Depending on the nature of the plan, other basic structures may be significantly involved, and for this reason it is appropriate that their governing bodies should approve it as well. This approval legitimates the plan and proves that its signatories undertake commitments.
4. **Signing** of the agreement on the improvement plan by the persons responsible for policy in the units involved in the plan, and the persons delegated by the governing team.

It is recommended that, during its preparation and discussion, the improvement plan should be disseminated as widely as possible, thereby providing the possibility for all the members of the various collectivities to take part in the process. Even so, once the improvement plan has been signed, its content and the names of the persons

immediately responsible for it should be thoroughly disseminated. The need for dissemination is based on two objectives:

- The set of members of all the collectivities should become acquainted with the improvement plan that involves them, so that they may orient and co-ordinate their individual and joint actions in the direction set out by the plan and carry out its assessment and follow-up.
- The rest of the members of the university community should become acquainted with the priority lines of action and the commitments to the institution that are undertaken by each unit.

4.3 Structure and content of improvement plans

An improvement plan shall include:

a) The detected strong points and weak points

The improvement plan will probably achieve only some of the proposed objectives —those that are considered priorities within the framework of the university's overall planning and in the context in which the respective activity is carried out. It must be kept in mind that, although the chosen improvement objectives will directly affect the resolution of certain weak points, they may also be addressed to the consolidation of the detected strong points.

b) Improvement objectives

The improvement objectives mark the milestones that the unit sets in the short and medium term, and they will help to increase the quality of the various activities that it carries out.

c) Improvement actions linked to each objective

These are the concretisation of the way in which action must be taken to achieve the improvement objective. It should be kept in mind that there are some actions that may achieve more than one objective while, in other cases, it may be necessary to carry out various actions to achieve a single objective.

d) Calendar and times of each action

An action may be repetitive in the course of time, or else sporadic, and the various actions may begin at different moments in time. The beginning and end of each action must be specified in the improvement plan.

e) The persons responsible for each action

Appointing a person to be responsible for the development of an action helps to assure its performance and to identify who has to report on the result of the action when the time comes for the follow-up of the plan. The fact that a person is responsible for an action may mean that he or she is the person carrying it out, or else only that he or she co-ordinates the actions of other persons.

f) Resources assigned to each action

The consumption of resources that is entailed by the unfolding of the various improvement actions may be quite diverse. There may be actions that entail a zero cost (for example, the unification of criteria for the assessment of training subjects), others that require isolated resources to start them off (for example, the start-up of a language self-learning room), and still others that require specific resources in a continuous way for as long as the activity lasts (for example, the organisation of cycles of conferences that offer preparation for the labour insertion of students). In the latter case, plans must be made for the financing of the action once the period of effectiveness of the improvement plan comes to an end.

The resources assigned to improvement plans may come from additional assignments that the university's governing team devotes to improvement actions, or else from re-assignments of resources within the frame of the unit. In any case, it is more recommendable that the funds devoted to improvement plans should be non-consolidable, that is to say, one should avoid associating personnel or budgetary assignments of indefinite nature to the plans. Otherwise, this would restrict the possibility of starting up new improvement actions in the future, considering the limitation of available resources. Other mechanisms must be sought to cover the shortages of structural resources.

g) Follow-up indicators

The need to carry out an annual follow-up of the performance of improvement plans obliges one to set some indicators that will allow assessment of their degree of achievement.

■ Preparation and establishment of improvement plans

These indicators may be of a quantitative or a qualitative nature and they shall present the characteristics of all indicators: they shall measure the objectives and reflect the final result of the actions undertaken; they shall include variables that are under the control of the unit, and they shall be easy to determine.

In the case of quantitative indicators, their value must be set at the time of establishing the plan in order to allow the subsequent follow-up and to assess the degree of achievement.

In order to carry out a comprehensive assessment of the plan, it will be necessary to establish a system of weightings of the indicators, since the weight and degree of achievement of each indicator within the improvement plan as a whole may be distinct.

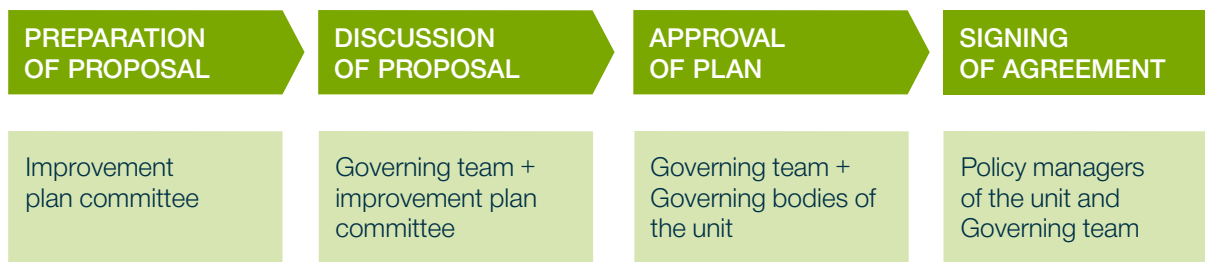
h) Follow-up terms of the plan

The follow-up terms entail two aspects: the follow-up procedure and the criteria for concession of the assigned resources.

The follow-up procedure shall concretise the periodicity, the responsible persons, the documentation and information that shall be provided, and the methodology for assessing the degree of achievement of the plan's objectives (see Point c.6).

In addition to the resources necessary for the unfolding of the actions, linked to the improvement plans may be other additional resources, which may be granted to the unit according to the achievement of the objectives, in the form of incentives. In the follow-up terms, it will be necessary to specify these resources, their distribution in time and their degree of dependence on the result of the follow-up of the improvement plan.

4.4 Process for preparation of improvement plans



5. Follow-up and review of improvement plans

Follow-up and periodic review are clearly distinct but co-ordinated processes. Follow-up allows information to be obtained, through indicators, on the degree of achievement of the plan's objectives, on the resources used to perform the actions, and on the incidents detected over the course of the implementation process of the plan. The periodic review of the improvement plan, on the other hand, has the purpose of adapting the plan to the changes and needs of the unit and the institution during its period of effectiveness.

The objectives of the follow-up are the following:

- To render accounts on the performance status of the improvement plan to all the parties that are committed to it.
- To provide information for the periodic review of the improvement plan.
- To carry out a reflection in the unit, in the governing team and in the other structures involved, which will allow the improvement process to be carried forward.

Additionally, follow-up allows the consolidation of the quality culture, the ascertainment of the satisfaction of the addressees and performers of the improvements, and the assurance of the continuity of the assessment and improvement.

In some cases, the follow-up may also have financial consequences for the unit, especially when the improvement plans are incorporated into programme-contracts, since there may be an assignment of resources for achievement of objectives, in addition to the resources strictly devoted to covering the costs of implementing the actions. In such case, the assignment terms and the methodology for measuring the degree of achievement must be known to and accepted by the parties involved at the time of approving the improvement plan.

Internal follow-up is indispensable and it shall always be performed, regardless of whether or not the university commissions the performance of an external follow-up of the improvement plan.

Lastly, it should be pointed out that if the follow-up is not carried out, regardless of the degree of formalisation that may be lent to it, the improvement plan will lose validity and its correct development will be jeopardised.

5.1 Responsibility for the follow-up and periodic review of the improvement plan

The responsibility for the internal follow-up and periodic review of the improvement plan belongs to the persons responsible for its preparation and implementation.

Accordingly, considering that the responsibility for the preparation and implementation belongs to the supreme direction bodies of the unit, these bodies shall also be responsible for carrying out its follow-up and the consequent review. It will be necessary, however, for a single person forming part of the unit's direction to undertake the co-ordination and act as the visible head of the follow-up and review process of the improvement plan.

Aside from the situations in which accounts must be rendered to the governing bodies because there are linked financial resources, it is always appropriate to provide information on the result of the internal follow-up to the university's governing bodies, or to the rest of the bodies or structures involved, as envisaged in the improvement plan itself.

5.2 The follow-up process

Methodology

Depending on the implementation conditions of the improvement plan and on how it fits in with the institutional decision-making process, some aspects of the follow-up methodology may vary. For this reason, it is very important to establish, at the time of approving the improvement plan, the type and periodicity of the follow-up to be conducted, and the documentation necessary for its performance.

Regardless of the path that has been followed for the implementation of the improvement plan, the follow-up process must contemplate a minimum of common elements in order to assure that it will contribute to the objective of providing feedback on the plan:

- All the actions of the plan shall have a person responsible for their implementation; this person shall also be in charge of providing the information for the follow-up.
- For each of the actions, it will be necessary to verify the fulfilment of times, the correct use of the assigned resources, and the achievement of the values of the established follow-up indicators.
- The person in charge of the follow-up shall gather the information for the follow-up from the persons responsible for the implementation of the respective actions and he or she shall prepare the respective follow-up report.
- The follow-up shall conclude with an overall assessment of the degree of implementation of the plan.

Follow-up documentation

The follow-up may be formalised by means of standard follow-up reports or files, with pre-established formats, which will simplify the gathering of information and the drawing of conclusions for the making of decisions. The documentation used for the follow-up shall contain, for each action:

- Implementation status
- Follow-up indicators
- Assessment of the part involved

This information will also serve for the periodic review of the improvement plan.

To simplify the follow-up process, one should also take into consideration the information contained in the document establishing the improvement plan. It may be useful to have follow-up forms that incorporate these two types of information.

Assessment of the achievement of the plan

In the phase of establishing the plan, the parties involved shall have agreed on the follow-up conditions, the indicators and their weighting in accordance with the relative importance of the objectives which they measure. Applying this agreement, the person responsible for follow-up will make an assessment of the achievement of the plan.

In order to make this assessment, it will first be necessary to determine the degree of achievement of the objectives set for each action, calculating the follow-up indicators on the basis of the agreed weighting. Next, applying the methodology established for this purpose, the degree of overall achievement of the improvement plan will be calculated.

Periodicity and timing

The internal follow-up of the improvement plan shall be carried out with an annual periodicity, unless the specific conditions of the unit to which it refers, or the selfsame follow-up circuits of the university's planning systems (programme-contracts, master plans, internal agreements, etc.) advise something else.

The follow-up calendar must be flexible and adaptable to the institution's dynamics. There is no recommendable optimum period for carrying out the follow-up, but it must be set in such a way that it will be timely, with a view to its being feasible and so that its objectives may be achieved.

5.3 Review of the improvement plan according to the result of the follow-up

Deviations with respect to the expected results may be detected during the follow-up process. Such deviations may arise either because the actions were planned and carried out correctly but the desired objectives were not achieved, or because they were not planned or implemented appropriately. In both cases it is necessary to make a review of the actions, times and expected results of the improvement plan.

Moreover, it must be taken into consideration that, although it is true that the formulations of improvement plans have a substantial strategic component, it is also true that the context of the unit is subject to changes that may advise a review of the objectives that were set and the forecasts that were made at the time of establishing the plan.

■ Follow-up and review of improvement plans

Accordingly, the periodic review of the plan will allow it to be adapted to circumstances. It should also be made quite clear, however, that the periodic review must have a sporadic effect on the plan. That is to say, modifications may be made of some of the elements that form the plan, but the plan should not be changed radically, since that would mean that the diagnosis was wrong or that, under the present circumstances, it is no longer valid. In the latter case, it is more recommendable to make a new diagnosis and, therefore, a new plan.

With respect to the **time factor**, the review must be introduced in a flexible way. The main question is not the time when some of the elements integrating the plan may be reviewed, but rather that the review should be carried out within the framework of the planned follow-up mechanisms, and that the proposed modifications should be timely, so they may be materialised.

Another formal aspect to bear in mind is the exclusively internal nature of the review. It should likewise be pointed out that the review of the plan, the same as its establishment, must be consensuated and be carried out within the frame of the agreement between all the parties involved in the process.

Lastly, mention should be made of the importance of formalising and making known, to the university community, the reviews that are made of the plan and the reasons for making them. A transparent perception of the improvement plan and its implications is assured in this way.

Follow-up of the Improvement Plan

Objectives:

- To render accounts
- To think for improvement
- To report for the review

Methodology:

HOW?

- Internally
- By consensus
- Minimum elements

WHO?

- Persons responsible for the assessed unit

Periodicity:

- Preferably annual
- Flexible calendar
- Timely

Documentation:

- Forms, reports, files

Types of information:

- Implementation status
- Indicators
- Assessment



The review of the improvement plan:

- allows the plan to be adapted to changes
- has an isolated effect on the plan's contents
- is formalised and the result is made known
- is integrated in the follow-up mechanisms

6. Overall assessment and closing of the improvement plan

Improvement plans have a variable duration according to the characteristics of the unit to which they are addressed. Once a plan's period of effectiveness has finished, it is necessary to make an overall closing assessment of it that will allow, on the one hand, an organised learning, to the extent to which the institution is capable of analysing the effects of the plan and the causes of achievements or non-achievements, the success of the promoted actions, etc. On the other hand, this final reflection may help the unit so that, with a minimum effort, it may carry forward its policy of continuous improvement in a planned way.

The overall assessment and the closing of the improvement plan should preferably be done by the agents who have taken part in its annual follow-up. They are the persons who best can reflect on and draw conclusions from the changes that have been generated by the improvement plan at the institution, and analyse all the aspects that have surrounded its application. The process may also be subject, according to the judgement of the unit or university, to an assessment made by external agents, who will verify the internal assessment and provide an external view of the unit's evolution and challenges.

As a reference, **AQU Catalunya** has prepared a Follow-up Guide (*Guia de Seguiment del pla de millora*¹⁾) of the improvement plan, which has been conceived for degree standards and departments, for the purpose of situating the various dimensions on which this overall closing assessment may be centred. This guide envisages external co-operation on the assessment. Consequently, in accordance with the envisaged procedure, the overall closing assessment may have an internal phase and an external phase. Bearing in mind that assessment and improvement plans centred on degree standards have formed up to now the greater part of the activity in this sphere, it is worthwhile to consider the Guide's focus. Moreover, in relation to methodological and procedural aspects, the Guide is adaptable to other academic and/or organisational contexts with improvement plans. Another aspect to be taken into consideration is the need for the involvement of the universities' technical units in this phase, since they will have to provide a large part of the required information and the necessary advice and support in connection with the methodological and procedural aspects.

⁽¹⁾ AQU Catalunya. *Guia de Seguiment del pla de millora (projecte pilot)* [Improvement Plan Follow-up Guide (pilot project)]. Barcelona, 2000.

■ Overall assessment and closing of the improvement plan

As far as the participation of external assessors is concerned, the Guide envisages that persons will take part in this phase who already participated in the preliminary phase of diagnosis and assessment, and in this way value is added inasmuch as that the external agent is more deeply acquainted with the unit and can appreciate the changes that have arisen in it.

The Follow-up Guide envisages the analysis and assessment of the following elements:

1. A part aimed to introduce and contextualise the unit and the improvement plan that is analysed.
2. A description of the improvement actions carried out.
3. Analysis of the improvement plan from the standpoint of an assessment of the document, its performance and the results, as well as the difficulties or different scenarios in its unfolding. From this standpoint, this analysis gives the unit the opportunity to carry out a sort of meta-assessment of the process, which will serve as a methodological learning in the continuous improvement process. The elements that should be taken into account from this standpoint are the adaptation and pertinence of the improvement plan with respect to the initial diagnosis, the assessment of the design and of the content of the plan (concretisation process and mechanisms of the plan), the assessment of the performance and follow-up process (involvement of the responsible persons, communication and participation achieved, etc.) and, lastly, the assessment of the results of the improvement plan (what has been done, what has not been done, what has been done without its having been planned, and perceived degrees of satisfaction).
4. Main changes in the degree standard with respect to the initial situation. The idea is to verify what has changed in the assessed degree standard or unit, with respect to the key dimensions for its quality. The Guide sets out the nuclear dimensions of the quality of a degree standard (objectives, training profile, development of the education, characteristics of teaching staff, etc.). In the case in which the improvement plan is not centred on a degree standard, it is necessary to adapt the dimensions to the unit's sphere. Although this point may seem complicated, this is not true. In the event that the assessed unit has used assessment or diagnostic guides that already set out the nuclear dimensions, it will only be necessary to transfer them to the follow-up guide. On the other hand, if the diagnostic phase was carried out without basing it on any formalised guide, the nuclear dimensions may be deduced or inferred from the conclusions of that prior diagnosis.
5. The Guide orients the degree standard to make a reconsideration of the improvement plan. This scenario, however, does not need to be unique. There are other options that the unit and the university must consider in order to choose from those that most closely meet their needs. There are two basic options:

- To generate a new improvement plan based on the previous one and on the closing assessment, thereby lending continuity to the work that has already been done and taking advantage of the diagnostic elements of the final assessment in order to incorporate the new objectives on which it is wished to centre the improvement.
- To initiate a new cycle of assessment and diagnosis of the unit, which will lead to a new improvement plan.

It is important to decide on one option or the other, and there are some elements that may help to make the choice on the basis of the suitability of the respective possibilities:

- **Time factor:** with respect to both the improvement plan and the preliminary diagnostic processes or assessments. The first option, to generate a new improvement plan on the basis of the preceding one, is more appropriate for improvement plans that are programmed for three years. On the other hand, for longer-term plans or those that are the result of previous assessments, which situate the horizon of the initial diagnosis at six years, the second option is recommendable, that is to say, to start a new assessment process.
- **Changes in the context:** far-reaching changes in either the internal or external context may require the launch of a new assessment or diagnostic process of greater depth and scope.

- **External perspective:** the participation of external experts in the overall closing assessment allows this assessment to be appreciated in a richer and more verified way and to stand as the basis for the development of a new project or improvement plan

7. Meta-assessment of improvement plans in the university context

We understand meta-assessment to be the analysis, from a methodological standpoint, of the process in itself in order to detect its strong points and weak points, and the proposal of the improvements that should be introduced in the future.

The process based on “planning, performance and assessment” is long and complex: the cycle does not close on itself and begin again until four or five years after having started; many people participate in it, with different levels of responsibility; they use assessment methods and indicator systems that the Catalan university system goes about defining at the same time as it tries them out; and the universities, in short, are just starting to make the turn towards a new management culture based on principles of quality.

7.1 Spheres of meta-assessment

A distinction must be drawn between meta-assessment at the level of the unit responsible for the improvement plan (see Point c.6); and meta-assessment at the general level of the University.

With respect to the meta-assessment of the planning process within the overall context, the university must stop to analyse the way in which these processes are being managed as a whole and the results that are obtained. This meta-assessment should be centred on the assessment

of the improvement plans within the planning framework of the University, and it should serve to analyse the way in which the University assures the relationship that must exist between assessment and improvement plans, and the relationship between improvement plans and the planning processes existing both at the unit itself and, on a more general level, at the University.

The focus and scope of the meta-assessment depends on the organisation and the management model of each University. The following are some of the most significant aspects to be considered:

- In the case of a teaching centre that has assessed more than one education and that has prepared an improvement plan for each one of them, the persons responsible for the teaching centre should analyse the way in which the plans have been co-ordinated with each other, and whether, as a whole, they make the centre advance overall in the desired direction.
- In the case in which a teaching centre were to possess any planning document (strategic plan or any other document of a similar nature), it would be necessary to analyse the way the improvement plans fit in with and are coherent with this planning. The aforementioned fit refers to the contents, the time factor, and the assignment of resources.

Lastly, the University itself should analyse the institutional policies that govern the assessment and planning processes at all levels, and the way in which these processes are being managed.

7.2 Responsibility for the meta-assessment

If the meta-assessment at the unit level is made by the persons responsible for the improvement plan, the meta-assessment in the general sphere of the University corresponds to the bodies or persons responsible at institutional level for these processes (Quality Council, Planning and Assessment Committee, Rectorate, etc.). In all cases, it is necessary to have the participation of the technical units in charge of co-ordinating and directing technically these processes at the University.

7.3 Timing of the meta-assessment

It has been previously mentioned that the meta-assessment at the unit level should be made at the end of the period envisaged for the implementation of the plan.

The meta-assessment at University level shall be made at least once a year, and owing to the possible implications that it may have, a good time could be just before the preparation of the University's annual budget.

7.4 Use and beneficiaries of the results of the meta-assessment

The periodic follow-up of the plan has a threefold purpose:

1. to render accounts on the results obtained;
2. to provide information for the periodic review of the plan, and
3. to promote reflection on the part of the persons responsible for the plan, with a view to making the improvement processes more effective.

The meta-assessment, on the other hand, responds basically to this third objective and is clearly oriented towards perfecting the improvement processes. For this reason, the results are addressed preferentially to the persons responsible for the units and the general processes of planning and management at the University, and although it may have a public repercussion, its orientation is more internal.

Meta-assessment:

Analysis of the improvement processes in order to detect their strong points and weak points and improve them

WHO?

Institutional parties responsible for the improvement plan

WHEN?

At the end of the period envisaged for implementation of the improvement plan

WHY?

To perfect the improvement processes

8. Summary chart

	WHO?	WHEN?	HOW?
Diagnosis	<ul style="list-style-type: none"> ■ Persons responsible for the assessed unit. ■ Possibility of incorporating external experts. ■ Participation of the collectivities involved. 	<ul style="list-style-type: none"> ■ Always before establishing the improvement plans. 	<ul style="list-style-type: none"> ■ Characteristics: complete and rigorous, systematic, balanced and objective, timely, shared, evidence-based, integrated in the external context. ■ Diversity of methods: institutional assessment, EFQM, ISO, SWOT
Establishment of Improvement Plans	<ul style="list-style-type: none"> ■ Persons responsible for the assessed unit plus the university's governing team. ■ Participation of the collectivities involved. 	<ul style="list-style-type: none"> ■ Natural continuation of the diagnostic process. 	<ul style="list-style-type: none"> ■ Process: proposal, discussion and negotiation, approval, signing. ■ Content: strong points and weak points, improvement objectives, improvement actions, calendar and times, responsible persons, resources, indicators, follow-up conditions.
Follow-up of the improvement plan	<ul style="list-style-type: none"> ■ Persons responsible for the assessed unit plus the university's governing team. ■ Just one person shall undertake the co-ordination. 	<ul style="list-style-type: none"> ■ During the performance and implementation of the improvement plan. ■ Annually, with the appropriate flexibility. 	<ul style="list-style-type: none"> ■ Methodology: in accordance with the institutional processes for improvement. ■ As a minimum for each action: implementation status, follow-up indicators, assessment of the persons involved. ■ Internal nature: need to inform the community.
Overall / Closing Assessment of Improvement Plans	<ul style="list-style-type: none"> ■ Persons responsible for follow-up ■ Possibility of incorporating external experts. 	<ul style="list-style-type: none"> ■ Three years: new plan ■ Six years: new assessment 	<ul style="list-style-type: none"> ■ Methodology of AQU Catalunya
Meta-Assessment of Improvement Plans	<ul style="list-style-type: none"> ■ Institutional parties responsible for the improvement processes. 	<ul style="list-style-type: none"> ■ At the end of the period envisaged for the implementation of the improvement plan. 	<ul style="list-style-type: none"> ■ Decided by the institutional parties responsible for the improvement plans.

9. Conclusions

1. Improvement Plans are documents that gather and formalise the improvement objectives and the respective actions addressed to strengthening the strong points and to resolving the weak points of a unit.
2. A good diagnosis is an indispensable requirement for preparing an improvement plan.
3. The improvement plans of a unit will only be really effective if they are coherent with those of the institution itself.
4. The various collectivities involved shall be called to participate in the preparation of the improvement plan. The final responsibility for the preparation, development and follow-up, however, belongs to the supreme direction bodies of the unit.
5. The improvement plan shall include: the strong points and weak points detected, the improvement objectives, actions, the calendar and times of each action, the persons responsible for each action, the resources assigned to each action, the follow-up indicators of the objectives, and the terms for the follow-up of the plan.
6. The follow-up of the improvement plan allows information to be obtained on the degree of achievement of the plan's objectives.
7. As opposed to the follow-up, the review allows the plan to be adapted to the changes and needs of the unit and the institution.
8. The overall assessment and closing of the improvement plan should be made by the agents who have intervened in its annual follow-up. This assessment may have an external verification. **AQU Catalunya** has prepared a specific methodology, for example in the case of degree standards and departments.
9. Meta-assessment implies a reflexion on the process in itself, from a strictly methodological standpoint, in order to detect the strong points and weak points and to perfect the improvement processes and make them more effective. This is a responsibility of the persons responsible at institutional level for the assessment processes; it shall be carried out at the end of the period envisaged for the implementation of the plan.

10. Acknowledgements

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Annex

Structure of improvement plans

Diagnosis

Strong points	Weak points

Objectives and actions

Improvement objectives	Improvement actions	Responsible party	Calendar and times				Assigned resources	Follow-up indicators
			Year 1	Year 2	Year 3	Year 4		
Objective 1	Action 1.1 Action 1.2						Indicator 1.1	
Objective 2	Action 2.1 Action 2.2 Action 2.3						Indicator 2.1	
Objective 3	Action 3.1						Indicator 2.3	
etc.								

Follow-up indicators

Indicator	Starting situation	Final value envisaged for each indicator				Weighting
		Year 1	Year 2	Year 3	Year 4	
Indicator 1.1						
Indicator 2.1						
Indicator 2.3						
etc.						

Follow-up terms of the plan

Types of resources assigned for actions	Final value envisaged for each action			
	Year 1	Year 2	Year 3	Year 4
Action 1.1	XX EUR	XX EUR		
Action 1.2	no cost	no cost	no cost	no cost
Action 2.1	X EUR	X EUR	X EUR	X EUR
etc.				

