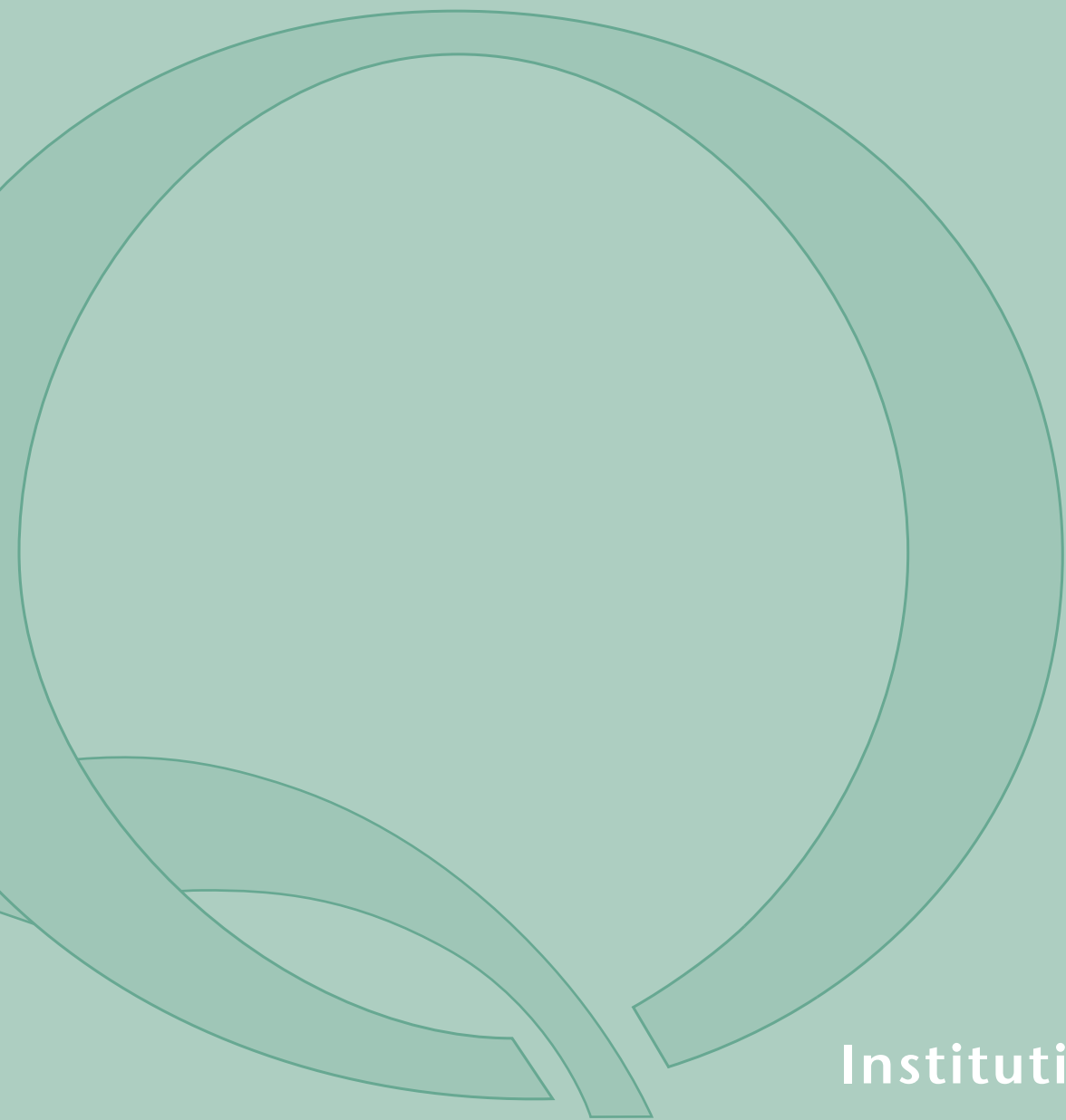




QAA



Institutional audit

Liverpool Hope University

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Preface

The Quality Assurance Agency for Higher Education's (QAA) mission is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out Institutional audits of higher education institutions.

In England and Northern Ireland, QAA conducts Institutional audits on behalf of the higher education sector, to provide public information about the maintenance of academic standards and assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council in England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations to assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the then Department for Education and Skills. It was revised in 2006 following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and evaluate the work of QAA.

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002 following revisions to the United Kingdom's approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the revised Institutional audit process is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in *The framework for higher education qualifications in England, Wales and Northern Ireland* and are, where relevant, exercising their powers as degree-awarding bodies in a proper manner
- providing learning opportunities of a quality that enables students, whether on taught or research programmes, to achieve those higher education awards and qualifications
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

Institutional audit results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of awards
- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and quality of provision of postgraduate research programmes
- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research

- the reliance that can reasonably be placed on the accuracy of the information that the institution publishes about the quality of its educational provision and the standards of its awards.

If the audit includes the institution's collaborative provision the judgements and comments also apply unless the audit team considers that any of its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment on the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its awards.

Explanatory note on the format for the report and the annex

The reports of quality audits have to be useful to several audiences. The revised Institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students
- the **report** is an overview of the findings of the audit for both lay and external professional audiences
- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary, the report and the annex are published on QAA's website.

Summary

Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Institutional audit of Liverpool Hope University (the University) from 1 to 5 June 2009. The purpose of the audit was to provide public information on the quality of the University's management of the academic standards of its awards and the quality of learning opportunities available to students. To arrive at its conclusions, the team spoke to members of staff and students and also read a wide range of documents about the ways in which the University manages the academic aspects of its provision.

In Institutional audit, the institution's management of both academic standards and the quality of learning opportunities is audited. The term 'academic standards' is used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the United Kingdom (UK). The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve its awards. It is about the provision of appropriate teaching, support and assessment for students.

Outcomes of the Institutional audit

As a result of its investigations, the audit team's view is that:

- confidence can be placed in the soundness of the University's current and likely future management of the academic standards of its awards delivered at its home campuses and through the 'Network of Hope'. Limited confidence can be placed in the soundness of the University's current and likely future management of the academic standards of its awards delivered through collaborative provision aside from the Network of Hope
- confidence can be placed in the soundness of the University's current and likely future management of the quality of the learning opportunities available to students at its home campuses and through the Network of Hope. Limited confidence can be placed in the soundness of the University's current and likely future management of the quality of the learning opportunities available to students through its collaborative provision, aside from the Network of Hope.

Institutional approach to quality enhancement

The University identifies enhancement as the responsibility of the whole institution, including all staff and students. This is a key principle in the University's Enhancement Strategy, approved by Senate in July 2008. The Enhancement Strategy has four main facets: enhancing academic quality, the quality of teaching and learning, the quality of the student experience and reflection on, reporting of, and accountability for quality.

The audit team concurs with the University's view and found that, as it develops further its enhancement agenda, it is supporting and reinforcing its mission and the ethos of the University.

Postgraduate research students

At the time of the audit the University provision was accredited by the University of Liverpool. An application for research degree awarding powers has been made and the University is awaiting the outcome.

The University's approach to the management of research degree programmes is consistent with the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*, Section 1: *Postgraduate research programmes*, published by QAA.

Published information

The University publishes electronically the items listed in the Higher Education Funding Council for England's (HEFCE) document 06/45, Annex F, *Review of the Quality Assurance Framework: Phase two outcomes*. A dedicated portal for employers, the business gateway, has also been developed.

Reliance can reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards.

Features of good practice

The audit team identified the following areas as being good practice:

- the ethos, culture and mission of the University which is understood, acknowledged and appreciated by both staff and students and which clearly underpins the work of the institution (paragraphs 7, 56)
- the systematic visits by academic and professional staff to other higher education institutions to benchmark University practice (paragraph 29)
- the commitment to the development and support of scholarship and research among staff through the system of 'recognised researcher status' and the funding of doctoral studies (paragraph 37)
- the accessible, comprehensive and cohesive student support services provided through the Gateway to Hope Building (paragraph 49)
- the broad range of initiatives in place to support student personal development and employability (paragraphs 53, 54)
- the broad range of pedagogical initiatives informing the development of learning and teaching activities, in particular the annual Learning and Teaching Week (paragraphs 58-60, 63).

Recommendations for action

The audit team recommends that the University considers further action in some areas.

The team considers it is essential that:

- the University urgently sets a clear timetable for ensuring that all collaborative provision has an appropriate legal agreement in place in order to safeguard the students' interests (paragraphs 74, 81)
- the University develops a process, with the least possible delay, whereby courses are unable to commence without a valid legal agreement in place (paragraphs 74, 81).

The team advises the University to:

- ensure that further expeditious action is taken to address the problems of student access to electronic resources (paragraphs 41, 42, 45)
- put in place an effective mechanism to coordinate the management of its collaborative provision (paragraph 70, 81)
- ensure adherence to the University's procedure for due diligence with regard to approval of collaborative partners (paragraph 72)
- develop a formal, cyclical process of partnership review which includes the review of legal agreements (paragraph 72)

- address expeditiously the outcomes from QAA's Overseas audit report (Greece, May 2008) regarding the role of the moderator (paragraph 76)
- engage more thoroughly with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, and ensure that its practices take full account of the precepts (particularly with regard to the partnership register and provision of certificates/transcripts) (paragraphs 78, 80)
- review its current partnership and programme agreements to ensure clarity about the respective responsibilities of the University and its collaborative partners in respect of student appeals, complaints and discipline (paragraph 79).

It would be desirable for the University to:

- consider reviewing the structures and processes in place at institutional level to allow effective oversight of all the University's mechanisms for the assurance of quality and standards to ensure that they are appropriate and effective (paragraph 15)
- take steps to share external examiner reports more widely with students (paragraph 21)
- develop mechanisms that will further support students in their role as representatives (paragraph 36)
- develop further the strategy and guidelines for the approval, production, use and delivery of electronic materials deployed in student learning (paragraph 40)
- develop further its admissions policy to capture and inform its practice in this area (paragraph 47).

Reference points

To provide further evidence to support its findings the audit team investigated the use made by the University of the Academic Infrastructure which provides a means of describing academic standards in higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which include:

- the *Code of practice*
- the frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland
- subject benchmark statements.

The audit found that, in general, the University took due account of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to students. Those areas where the University's engagement with the Academic Infrastructure could be strengthened relate to the *Code of practice*, and in particular, *Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. These areas are identified in the report.

Report

1 An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Institutional audit of Liverpool Hope University (the University) from 1 to 5 June 2009. The purpose of the audit was to provide public information on the quality of the University's management of the academic standards of its awards and the quality of learning opportunities available to students.

2 The audit team comprised Dr R Gadsden, Professor E Lillie, Dr C Stevens and Dr C Vielba, auditors, and Mr S Murphy, audit secretary. The audit was coordinated by Ms F Crozier, Assistant Director, QAA Development and Enhancement Group.

Section 1: Introduction and background

3 The University is a teaching-led, research informed liberal arts inspired university. It is an ecumenical Christian body whose mission reflects faith-based values and a concern for collegiality. The University's underlying philosophy seeks, 'to foster a vibrant scholarly community, enriched by Christian values and culture that promotes social justice and social harmony and is a critic and conscience of society'. The University operates on two campuses within the city of Liverpool. It received taught degree awarding powers in 2002 and became a full university under its present title in 2005.

4 The University has a population of 7,099 students. Nearly two-thirds of these are on undergraduate programmes; there are 90 research students and 5 per cent of students are from outside the European Union. The University employs 245 full-time equivalent academic staff.

5 Through the Network of Hope it offers courses at two faith-based institutions in the region, St Mary's College, Blackburn and Holy Cross College, Bury; 647 Liverpool Hope students are registered at the two colleges. The University has other collaborative provision in the UK and overseas involving 310 students.

Developments since the last audit

6 At the time of the last Institutional audit in May 2005, the University was awaiting Privy Council approval of university title. Having become Liverpool Hope University, the University has made major changes to its academic and student profiles, processes and structures, these changes being guided by its current Corporate Plan.

7 The last audit resulted in a judgement of broad confidence in the soundness of the then Liverpool Hope University College's present and likely future management of the quality of its programmes and the academic standards of its awards. The report noted five features of good practice, one of which, the clear expression of and understanding of the University's distinctive mission and ethos, continued to be considered as such by the 2009 audit team.

8 The 2005 report also made two recommendations where action was considered advisable and three where action was considered desirable. The advisable recommendations related to the need for a strategic approach to the provision of resources, and the need for a more systematic approach to the analysis of data at university level. The desirable recommendations related to a review of the processes for approving minor changes to ensure effective oversight, the adoption of methods to ensure the maintenance of consistency among deaneries, and a review of the efficacy of the multiplicity of committee stages.

9 The University's Briefing Paper described its response to the recommendations. It reported that, in relation to the need for a suitably strategic approach to the provision of staff, library and other resources, a Pro Vice-Chancellor (Planning and Resources) appointment had been made. While progress has been made with regard to staff and library resources, the audit team still had concerns regarding IT resources associated with teaching and learning, and these are identified in this report.

10 With regard to the need for a more systematic approach to the analysis of data at university level, the audit team was able to confirm that a Data Management Advisory Group had been set up to advise on best practice, followed by the creation of a Planning Support Unit to provide regular data reports to University committees and management groups. The team found appropriate progress had been made in how the University now generates and uses data.

11 The University also detailed how it had responded to recommendations regarding the review of the processes for approving minor changes to ensure effective oversight, the adoption of methods to ensure the maintenance of consistency among deaneries, and a review of the efficacy of the multiplicity of committee stages. These are discussed under the appropriate headings below.

The institution's framework for managing academic standards and the quality of learning opportunities

12 The Senate, chaired by the Vice-Chancellor, has ultimate responsibility for the management of quality and academic standards. It retains final approval of all external examiner appointments, approval of new and revised quality-related policies and the approval of all regulatory changes. It delegates responsibility for the monitoring of aspects of standards and quality to its Academic Committee. The Rectorate team is made up of the four deans who lead the deaneries into which academic departments are organised, four pro vice-chancellors and the University Secretary, and is chaired by the Vice-Chancellor. It focuses on strategic matters, informing Senate of the University's strategic imperatives. It takes collective responsibility for how the University works internally and how it is perceived externally.

13 The Quality and Academic Standards Sub-Committee (QAS) conducts detailed oversight regarding quality assurance and enhancement on behalf of the Academic Committee. It is responsible for ensuring the University's systems and procedures are rigorous, fit for purpose and in line with external expectations. A meeting of academic leaders, chaired by the Vice-Chancellor and comprising deans, heads of departments and other key personnel, is held monthly and can reflect on issues of quality and standards between QAS meetings. It works with Senate and the Vice-Chair of Senate reports decisions made at the academic leaders' meetings to the next meeting of the Senate. The University's framework for the management of collaborative provision is divided between QAS and the Planning and Strategic Support Unit both of which report ultimately to Senate. Deanery boards sit alongside the university-wide committees. In line with the greater devolution of powers to deaneries, deans have some freedom in how their deanery boards operate but within boundaries set by the University. They report to the Academic Committee.

14 The Quality Assurance and Enhancement Unit provides strategic steer and administrative support for quality assurance and enhancement. Key procedures relating to the security of academic awards are managed by the Unit. The Quality Assurance and Enhancement Unit also works with the Learning and Teaching Unit on matters of enhancement.

15 The audit team found that the institutional framework had the potential to make an effective contribution to the management of academic standards and the quality of student learning opportunities. However, in order to increase its potential function, the team would encourage the University to consider the desirability of reviewing the structures and processes in place to allow oversight of all the University's mechanisms of quality and standards to ensure that they are appropriate and effective, especially those relating to its collaborative provision excepting the Network of Hope (see section 5).

Section 2: Institutional management of academic standards

16 The University's approach to its quality and standards is set out in full in the Quality and Standards Policy, which is readily available on the website of the Quality Assurance and Enhancement Unit.

17 The Briefing Paper identifies a number of key mechanisms for the institutional management of standards. These include engagement with the Academic Infrastructure, external feedback including external examiners' reports, internal quality assurance procedures such as periodic reviews, annual monitoring, and module evaluation, and arrangements for the initial validation, periodic review, modification and annual monitoring of its programmes of study.

18 Proposals for new programmes (hereafter 'programmes') begin in deaneries and departments. Initial Validation involves a centrally organised two-stage process; a formal Critical Friend Event is followed by a centrally organised validation event, chaired by a senior member of the University and with two externals present. There are clear guidelines for the appointment of externals, which ensure independence from the University and exclude external examiners. There are clear and published criteria for programme approval. The University also has clear procedures for the modification of programmes. The 2005 audit team noted some variability in practice in handling minor modifications and sought to encourage the University to review its procedures in this area. Although the current audit team did not see evidence that a review had been carried out, it did not find evidence of continued variability of practice.

19 Routine monitoring of programmes is carried out through the annual monitoring process and a five-yearly periodic review process is used to review and revalidate programmes. In 2008-09, the University began the process of replacing five-yearly Periodic Review by six-yearly Departmental Review and piloted it with the Department of English in April 2009. The Departmental Review process focuses on the activities, goals and objectives of the Department by reviewing the Department's structure and management, taught programmes at undergraduate and postgraduate levels, staff research and scholarship, research degree programmes, its enterprise and knowledge transfer activities and its contribution to the public good. The panel, convened with appropriate levels of externality, is asked to assess academic standards (expected and achieved), as well as the coherence of both departmental and interdisciplinary programmes, and to ensure that the department fully adheres to the expectations of QAA's Academic Infrastructure, in particular the relevant sections of the *Code of practice*, benchmark statements and *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and, where relevant, the requirements of external professional and regulatory bodies. Departmental Review also offers an opportunity for the revalidation of programmes, and mirrors the Initial Validation and Periodic Review processes. Departmental Review is in its first year of operation. From its scrutiny of this as part of its audit trails and from the supporting committee papers, the audit team was able to confirm that the Departmental Review process is likely to become an important feature of the University's processes to manage its academic standards.

20 The appointment of external examiners is managed by the Quality Assurance and Enhancement Unit. There are clear appointment criteria regarding the suitability of proposed external examiners. On appointment, external examiners receive details of their role and responsibilities via website links and the programme specification for the programme they are to examine. The University hosts an annual induction day for new external examiners which also serves as an optional refresher for continuing external examiners; it also maintains a dedicated website for external examiners. Each deanery of the University has a dedicated external examiner, who reads all the reports for the deanery and writes an overview report. Their reports are considered by their respective deanery board and collectively they are considered at the October meeting of the Quality and Standards Sub-Committee.

21 An annual report, based on a template, is required from all external examiners. These reports are considered at all levels of the University. They inform annual monitoring reports, Periodic Review and Departmental Review, and staff consider them through their reflection during the annual monitoring process. Discussion of the overview deanery reports at deanery boards and at the Quality and Academic Standards Sub-Committee is the main vehicle for ensuring consistency of approach. The University does not have an explicit system for sharing external examiner reports with student representatives and the audit team recommends that one is developed. Overall, the team was able to confirm the University has clear and robust processes for operation of its external examiner procedures and it makes use of appropriately independent external examiners in assuring the standards of its awards.

22 The University's Senate, Academic Committee and Quality and Academic Standards Sub-Committee are responsible for ensuring University regulations and policies for undergraduate and postgraduate taught provision are in accordance with the Academic Infrastructure. The University has its own Credit and Qualifications Framework which embeds the FHEQ for undergraduate and taught master's programmes. It requires programme teams to engage with subject benchmark statements as part of the process of programme development and assesses engagement with benchmarks through the Periodic and Departmental Review process.

23 Programme specifications, which form part of the definitive document for each programme, are available for all University programmes on the University's Quality and Enhancement Unit website which is linked to the University's electronic prospectus, accessible to current and prospective students. The programme specification template has been designed with reference to the Academic Infrastructure. The University has recently received a presentation on the latest developments on the Bologna process, and is consulting on a draft diploma supplement which it plans to issue from summer 2009 instead of 'old-style' transcripts.

24 The University has three categories of regulations which cover undergraduate and taught master's programmes. The first are programme regulations that apply to particular programmes and summarise such elements as the structure of the curriculum and the duration of the course. The second are procedural guidance and conventions, published as 'Universal Conventions and Procedures'. These govern such areas as registration, duration, structure, and offer guidance on arrangements for coursework, progression, completion, eligibility for awards, procedures for calculating degree classifications and the disclosure of results. The third category of regulations is that for Assessment, Examinations and Awards. This is published in three parts as 'Universal Assessment Regulations' and cover regulations for submission of coursework, conduct of formal examinations, the awarding of marks, the determination of students' entitlement to progress and achieve an award, publication of results, responsibilities of the University's examiners, and the operation of the University's boards and panels of examiners. Within these are rules to cover plagiarism and appeals. The regulations, plus guidance for students and copies of PowerPoint presentation slides used by the University Registrar to disseminate the most recent changes, are easily accessible on the University's website. Regulations as well as more general guidance on assessment are also brought to the attention of students through programme and module handbooks.

25 Recent changes to regulations are the result of what the University identifies as a complete overhaul of the assessment regulations since 2006 to simplify the rules and ensure that decisions on student progression and achievement are made on academic grounds. The University is currently considering a further review of regulations. The conduct of the University with regard to the 2008 revision to the assessment regulations demonstrates the considerable care taken to ensure that the introduction of the changes was managed in a fair and equitable manner, and that comparable care was taken to ensure effective dissemination of the changes. Two standing subcommittees, the Standing Sub-Committee on Undergraduate Assessment and the Standing Sub-Committee on Postgraduate Assessment, take an overview of the assessment process and are specifically charged with achieving consistency of assessment in a system devolved to deaneries.

26 Performance indicators, entry profiles and other statistical data are used in annual monitoring reports. From those reports seen by the audit team as part of the audit trails, there is a clear improvement in the use of such management information since 2005-06. In addition, deanery annual monitoring reports require a comment on performance against internal and external benchmarks and, in examples seen by the team, statistical data informed completion of that section. Statistical data fully informs the new triennial reviews of service departments which are discussed below, and the new Departmental Review process.

27 In summary, the audit team found that the University's processes of approval, monitoring and review provide for appropriate external assurance of academic standards, that the University has clear and robust processes for operation of its external examiner procedures, engages with the Academic Infrastructure and other external reference points, and has appropriate assessment processes. The team concludes that confidence can be placed in the soundness of the University's present and likely future management of the academic standards of its awards, delivered at its home campuses and through the Network of Hope.

Section 3: Institutional management of learning opportunities

28 The University seeks to ensure that its institutional management of student learning opportunities is fully informed by the *Code of practice*, the precepts of which it views as 'sector-wide expectations'. To this end University practice has been reviewed to ensure alignment with the *Code*, and each section delegated to a named individual, usually a service head or deputy head to ensure continued adherence and the review of practice in the light of any subsequent revision to sections.

29 The University has established the process of benchmarking itself against other providers through a schedule of visits of teams from both academic and service departments to other institutions to observe best practice and compare practice and procedures. From its discussion with staff, the audit team formed the view that the systematic visits by academic and professional staff to other higher education institutions to benchmark University practice were a feature of good practice.

30 The University requires that its taught programmes are monitored annually and that a Periodic Review of all taught provision occurs on a risk informed six-year cycle. During the current academic year, it has introduced Departmental Review on a five-yearly cycle. The introduction of the Departmental Review process extends considerably the mechanism available to the University to manage the quality of the student learning experience. Departmental Review is a holistic review of the department's activities, with three of the four days of the review devoted to issues central to the student learning experience. A recent graduate or postgraduate student of the department is a representative on the panel.

31 The quality of the student learning experience, together with the enhancement of teaching and learning, is also managed through the Annual Report from the Dean of Learning and Teaching. This is based on the annual monitoring reports produced by head of department and programme leaders as an outcome of the annual monitoring process. The Dean's report is considered by the meeting of academic leaders and by the Senate before going to Council.

32 The audit team was able to see the reports from the service reviews, a process which allows for the regular review of administrative and service units, together with the evidence from committee minutes, and can confirm that these processes fulfil the aims set by the University for the management and enhancement of the student learning experience.

33 The University provides students with a range of mechanisms to provide feedback, and students met by the audit team readily confirmed that they considered themselves stakeholders in the University. The University makes its expectations concerning the collection of student feedback clear to staff and students. However, students seen by the team stated that they were unclear as to how any module evaluation feedback was taken forward. The University acknowledges that in

some cases it is evident that more could be done to ensure that students are kept informed of actions taken in response to their feedback and the team concurs with this view.

34 The University considers it important that students be represented at its different levels and there is student representation on Senate, Council and their committees. The student voice is heard as well on relevant subcommittees and in the deaneries. In addition, student representatives meet regularly with the Vice-Chancellor and have access to him or a pro vice-chancellor should any issues arise.

35 At the level of delivery, students participate in staff-student liaison committees and, while there can be some variability in the operation of these, it was clear that they offer an effective channel for student feedback on their programmes. One deanery has established a deanery-wide student involvement group to deal with wider issues which has proved successful, and is to be rolled out at university level in 2009-10. E-learning and students on collaborative provision are also offered opportunities for feedback.

36 The University acknowledges that training for students who undertake representative roles has in recent times been a somewhat problematic area. While responsibility has traditionally resided with the Students' Union, there is currently discussion about the most appropriate way to provide this from 2009-10. While students are able to make their views known to the University and spoke of the sense of community within the institution, the audit team felt that there was scope for further enhancement and considers it desirable that the University develops mechanisms that will further support students in their role as representatives.

37 As a 'research-informed, teaching-led' institution, the University seeks to promote and extend scholarly activity and research as it moves towards a position where all staff will be active researchers at some level. The University sees it as important that research and scholarship inform teaching, particularly in the later years of study, and is taking measures to ensure this, and results are already being seen in terms of research output and research-led teaching. Staff who do not have doctorates are supported in part-time study for PhD or EdD relevant to the work of their department. In addition, the University has developed the status of 'recognised researcher' open for application by all staff and offering additional time and support for research to those concerned. The audit team noted the initiatives to improve the level of scholarship and research within the University and consider the use of 'recognised researcher status' to be a feature of good practice.

38 Distance and blended learning are viewed by the University essentially as a means to complement face-to-face teaching. Discrete e-learning thus forms only a very small part of its work, developed to support students in a professional area unable to attend class for employment-related or personal reasons, and there is no plan to expand it further. E-learning students receive briefing in a compulsory pre-study campus course, supplemented by guidance in the Student Handbook. The audit team noted an increase in blended learning in both main University and Network of Hope provision. This is supported by training for staff both in Moodle (which the University has chosen as its virtual learning environment) and in other new learning technology applications.

39 There is no e-learning strategy as such, although distance and blended learning are covered by a working document 'Towards an e-learning strategy' which lays out principles for meeting student needs and supporting staff. The University explained that it did not have specific criteria for the validation or monitoring of e-learning and blended learning beyond its standard guidance for other areas. It also indicated that it intends to incorporate e-learning into the learning and teaching strategy which is currently being developed for 2009 to 2012.

40 In the draft Teaching and Learning Strategy seen by the audit team, sections on e-learning had not yet been incorporated. Given the increasing role of technology in contemporary life and communication, the team considers that that it would be desirable for the University to develop further its strategy and guidelines for the approval, production, use and delivery of electronic materials deployed in student learning.

41 The University acknowledges that there have been very considerable problems with access to the virtual learning environment. While a substantial technological upgrade programme has been taking place with the aim of improving the memory and connectivity of the service, it was clear that problems remained in respect of access and use of the system. Certain of the problems were more acute for students seeking to access resources off-site, something which can have a particularly negative impact on the experience of part-time students.

42 In the light of continuing difficulties in accessing the virtual learning environment and consequently some e-learning applications, the audit team would consider it advisable for the University to ensure that further expeditious action is taken to address the problems of student access to electronic resources.

43 The Sheppard-Worlock Library on the Hope Park Campus is the main University library. Arrangements (which have improved in recent years) exist for delivering library services to the Cornerstone Campus which currently does not have a library although the new Cornerstone Phase IV Campus in the process of construction will include a small library. Overall, students were reasonably content with the library provision, although there was some evidence of variability in the availability of certain texts, with students having recourse to other libraries in the vicinity. To facilitate users the library participates in local, regional and national access schemes, including inter-library loan.

44 Library services form part of the integrated Library and Information Services Unit and their work is informed by user groups for both Library and IT Services as well as by the IT Service Desk. An annual report from the Pro Vice-Chancellor, (Student Support and Well-being) within whose remit the Unit falls, includes data and feedback on both aspects of the service.

45 The audit team found that the University had in place mechanisms to monitor resources for learning and that discussion had taken place with students in respect of the virtual learning environment problems. In general, management of learning resources was found to make a satisfactory contribution to the student learning experience. However, as indicated above, the team was of the view that more expeditious action should be taken to address the problems of student access to electronic resources.

46 In its Corporate Plan, the University states its ongoing commitment to providing access to higher education for groups which have traditionally had higher rates of exclusion. At the same time, it seeks to raise the University's academic profile, widen its geographical recruitment area and make it, as an ecumenical university, a natural choice for applicants from faith schools. To implement these goals, it has set in place a number of measures to support potential applicants academically as well as developing appropriate bursary schemes.

47 Admissions are organised centrally with relevant academic consultation and input, including overview by committees including senior academic staff. There is also an accreditation of prior experiential learning policy and advice for students with disabilities. While the evidence from briefing and audit visit meetings suggested that there was an understanding of goals and practice with regard to admissions, and the minutes of University meetings confirmed discussion and oversight, the University does not currently have a fully documented admissions policy. The audit team, therefore, considers it desirable that the University develop further its admissions policy to capture and inform its practice.

48 Student support services fall within the brief of the Pro Vice-Chancellor (Student Support and Well-being) who, as part of the monitoring processes, submits an annual report on their operation. Student entitlements are outlined in the student charter which is available on the web. The web also offers other information for students, including those with disabilities who have access to a specialised unit.

49 Following the opening in June 2007 of the Gateway to Hope Building, a number of areas of support were located there. In addition, the triage system operated from the Service Desk by a team of staff and students allows easy access to the full range of support available in the University. Students praised this integrated facility and the fact that it enabled advice, direction and timely resolution of queries. The establishment of the Gateway to Hope offering access to comprehensive and cohesive student support services facilitated by the triage system is considered by the audit team to be a feature of good practice.

50 The University has a Retention and Progression Strategy and effective steps have been taken to reduce attrition rates through a proactive approach to the identification of 'at risk' students and the support of modules with a success rate below the norm. In addition, personal development planning is embedded within the academic disciplines in year one modules.

51 The University allocates an adviser of studies to all students. Furthermore, senior academic advisers located in the deaneries offer counsel on regulatory matters. While there seemed to be some diversity in student awareness of these roles, the University assured the audit team that practice is now to allocate students to their seminar tutor in year one and that the adviser would also be noted on the e-reporter data system.

52 While there was some variability in the nature of feedback on academic work, students spoke positively of being part of a community and the ease of approach to tutors on academic or pastoral matters. Support provided to Network of Hope students was also viewed favourably.

53 In line with its Corporate Plan, the University seeks to promote the development of skills that are sought by employers as well as attributes that are important to life in a humane, educated democracy. The audit team noted a number of measures fostering employability and interpersonal skills, in particular Hope Works, offering part-time campus-based employment; the role of student ambassador, in which students offer advice and support in certain areas to their peers; and the recently established Service and Leadership Award that recognises extra-curricular and volunteering activities. In addition, in line with its commitment to enhancing the life of the North West region, the University engages with a number of local universities and other partners in schemes aiming to facilitate entrance to the job market as well the development of relevant personal qualities.

54 The range of University initiatives in this area is doubtless a major contributory factor to the University's good employment record, and students who met with the audit team commended its work in this regard as well as the service provided by Career Development. The team considers the broad range of measures in place to support student personal development and employability a feature of good practice.

55 The University has in place clearly articulated systems for performance review of staff and the management of staff on probation, supported by explanatory documentation, pro formas and role profiles. A peer observation scheme is in place; results from the process are discussed within deaneries to inform developmental needs and highlight good practice.

56 Staff recruited to the University receive comprehensive induction and ongoing support which they saw as being facilitated by the collegiate and community spirit in the institution. Those new to teaching at this level are expected to enrol on the Postgraduate Certificate in Learning and Teaching in Higher Education. Although research students who teach may receive some training, the University recognises that this is an area where practice can be improved and to which it will give further consideration in 2009-10.

57 Enhancement of learning and teaching across the University is facilitated by the Centre for Learning and Teaching which offers a comprehensive range of training courses as well as maintaining a Good Practice Resources Databank. It also supports the monthly meetings of the Pedagogical Action Research Group which has been responsible for the encouragement of annual institutional research themes, such as assessment. Further impetus is given to pedagogical development by the 'Rector's teaching excellence awards' which may adopt specific themes for the enhancement of the student experience across the University.

58 The annual Learning and Teaching Week, which includes skills and generic activities organised by the Centre for Learning and Teaching, as well as deanery and subject-focused days, were described by staff as a valuable mechanism for sharing good practice.

59 Staff in collaborative partners have access to the Liverpool Hope Staff Development Programme with, for instance, Network of Hope colleagues being invited to attend the Liverpool Hope Learning and Teaching Week.

60 The audit team recognises the broad range of pedagogical initiatives informing the development of learning and teaching activities, in particular the Learning and Teaching week, as a feature of good practice.

Section 4: Institutional approach to quality enhancement

61 The University identifies enhancement as the responsibility of the whole institution, including all staff and students, and this is a key principle in the University's Enhancement Strategy. The strategy has four main facets, enhancing academic quality, the quality of teaching and learning, the quality of the student experience and reflection on, reporting of, and accountability for quality. To emphasise the University's commitment to enhancement an annual 'enhancement theme' is identified for the whole institution to focus upon; for 2009 the University has identified the theme of 'research-teaching linkages'. It also utilises its annual monitoring and Periodic Review process as a means of highlighting good practice. The Quality Assurance and Enhancement Unit web pages share good practice examples that the Unit identifies.

62 While responsibility for enhancement rests with Senate, operationally it is promoted and overseen by the Centre for Learning and Teaching in partnership with academic colleagues, by the Quality Assurance and Enhancement Unit and by the Human Resources Department.

63 The University holds an annual Learning and Teaching Week, an initiative that the audit team came to view as a feature of good practice in the development of learning and teaching practice at the University (see paragraph 58).

64 The University has also received external funding and is able to use these to good effect with regard to enhancement activities: Teaching Quality Enhancement funding has been used by the University for pump-priming enhancement activities. These have included contributing to deanery-based Learning and Teaching Fellows and the principal lecturer posts that have superseded them, and support of the work of the University's Pedagogical Action Research Group. The University also hosts two Centres for Excellence in Teaching and Learning which provide pedagogical development workshops in the deaneries.

65 The University states that 'elements of enhancement have been woven into the fabric of its activities and that enhancement is considered in the design and implementation of new processes and procedures'. Based on discussions with staff and students and papers that it saw, the audit team concurs with this view and found that, as it develops further its enhancement agenda, it is supporting and reinforcing its mission and the ethos of the University.

Section 5: Collaborative arrangements

66 Collaborative provision currently comprises a relatively small proportion of the University's activities and student numbers. However, the development of international partnerships is identified as one of the institution's eight key priorities. In its Briefing Paper the University described its approach to collaborative provision as 'cautious and focused'. The audit team saw evidence of discussion regarding possible collaborative partnerships at academic leaders' meetings.

67 The University distinguishes different types of collaboration which are linked to different validation processes. Most of its collaborative activity involves either external validation or accreditation of programmes designed, delivered and assessed by a partner institution; or out-centres where delivery is by University staff and the partner provides learning resources and student support services. The latter includes the Network of Hope comprising two Catholic sixth form colleges, where the University provides Foundation and undergraduate degrees and the Postgraduate Certificate in Education. The operation of the Network of Hope is closely integrated with the University's home provision. Other collaborative provision involves accreditation of provision and out-centres for delivery at public and private organisations in the UK and abroad. The University's practice in relation to the management of quality and standards in these two groups of provision is different, and the audit team arrived at different conclusions regarding the confidence that could be placed in that practice.

68 The framework for managing collaborative provision is set out in a Handbook for Partnerships and Collaboration (the Handbook). However, in a number of areas practice deviated from the procedures and expectations in the Handbook.

69 The Network of Hope is managed through a structure of regular formal group meetings, from principals to operational staff, and has a dedicated administrator within the University. Within each college a member of the college's senior management team acts as coordinator and works with a supporting team.

70 Oversight of collaborative provision outside the Network of Hope was recently reviewed and moved from a dedicated committee, which reported directly to Senate, to a process of oversight which is shared between the Quality and Academic Standards Sub-Committee (QAS), a subcommittee of Academic Board, and the Planning and Strategic Support Unit (PASS) which is a committee of Senate. Collaborative provision outside the Network of Hope was previously overseen by a committee of Senate in the belief that it was not only strategic but also higher risk activity. In 2006 the Partnership Committee became a subcommittee of PASS in the belief that collaborative provision had been embedded in the operations of the University. A review and rationalisation of committee structures in 2008 resulted in the disbanding of the Partnerships Committee and the distribution of its responsibilities between PASS and QAS. Responsibility for the operational side of collaborative provision is delegated to deaneries and relies heavily on moderators appointed by the institution to act as the key liaison between the University and the partner. The audit team considered that these arrangements were not strong enough to manage effectively the risks inherent in collaborative provision, particularly those involving overseas work and partnerships with organisations outside higher education, nor were they conducive to sharing good practice.

71 The University mapped its practice against the precepts of the *Code of practice, Section 2*, in 2005 and identified where further development work and monitoring of effectiveness were needed. The need for further work was identified with regard to legal agreements, due diligence, review of partnership agreements and certificates and transcripts among others. Progress made in addressing these issues has been slow and the audit team did not see any evidence to suggest that all of the areas had been addressed and signed off.

72 The Rectorate team is responsible for giving strategic planning approval to the development of new partnerships on the basis of information which includes the partner's standing, fit with institutional priorities, financial projections and levels of risk. However, in

practice, decisions may be taken without the formal outcome of such due diligence being presented. The University does not have a separate formal process of partner review, nor does it have a detailed written procedure for termination of partnerships. The audit team recommends that the University should develop practice that is more thorough in ensuring the initial and continuing appropriateness of its partners, as well as safeguarding the position of students in partnerships that were coming to an end.

73 Memoranda of understanding are signed when partnership approval has been given. These documents signal the intent to work with a partner and indicate areas of shared interest and possible joint working. Once approval for specific provision has been given a partnership agreement is drawn up which sets out the contractual obligations between the University and its partner. This is in two parts: one part relates to institutional collaboration and one part to programme matters.

74 The Handbook indicates that Senate approval of validation of provision and the signing of a partnership agreement should precede the admission of students. The Network of Hope partnerships are based on three-year renewable memoranda of understanding which have detailed annexes and a financial letter updated annually. However, several collaborative programmes outside the Network of Hope have commenced and operated for some time without appropriate legal agreements being in place. The audit team considered that the continuation of programmes without formal legal underpinnings constituted a significant risk to the University and potentially to the quality and standards of the students' education. It therefore recommends that the University takes urgent action to set a timetable for the completion of legal agreements for existing collaborative provision, and also strengthens its processes to ensure that a course cannot in the future commence before an appropriate signed partnership agreement is in place.

75 After the Rectorate team has given approval in principle to a collaborative initiative, a business plan, risk management plan and operational specification should be prepared for Rectorate approval. Approval is normally for a period of five years. The validation panel is able to approve proposals, if necessary with conditions, and to make recommendations for consideration by the course team. However, conditions are not always signed off, nor in some cases can they be signed off given the lateness of validation, before collaborative provision begins. The audit team found this process to be unsatisfactory.

76 Moderators are required to submit an annual report to the Quality and Academic Standards Sub-Committee. However, not all partnerships appear to generate annual reports, raising questions about the effectiveness of the monitoring of collaborative provision and the ability of the University to exercise oversight over its collaborative provision. The University itself has identified the need to review the reporting process and to address the lack of contact with some partnerships, and the problems of aligning University and partner administrative procedures. It also reviewed the role of the moderator as a result of QAA's Overseas audit report (Greece, 2008) and proposed to develop a new template for moderator reports. However, this, along with other matters identified in that report, have not yet been addressed fully in a systematic way. The periodic review of collaborative provision is similar to that for home provision.

77 The University's assessment regulations apply to all provision with minor exceptions. Currently all Network of Hope provision and the majority of overseas provision is designed, delivered and assessed by University staff. This leaves a number of partnerships, including some outside higher education, where assessment is the responsibility of local staff in the partner institution. The moderator is required to oversee such assessment and is required to attend the relevant examination Board. External examiners are appointed by the University for all collaborative provision. Where the same provision is delivered at home and in a partner the same external is normally used.

78 The Handbook states that certificates and transcripts should record at which institution a student has pursued his or her course of study. The audit team was unable to verify that this was the case. In future, diploma supplements will be awarded, there is space on the template for location of study.

79 The standard legal documents that are used by the University specify responsibility for complaints and appeals. However, the audit team considered the wording used to be confusing and advises the University to review its standard agreements to ensure clarity about the respective responsibilities of the University and its collaborative partners with respect to student appeals, complaints and student discipline.

80 The current partnership agreement template requires partner institutions to obtain prior permission for publishing materials referring to the University. The role of the moderator includes scrutinising the partner's proposed publicity and marketing and materials, ensuring their internal institutional approval, and carrying out checks on websites and publications. A limited partnership register is compiled by the University and published on its website. However, the full list of partnerships is only available internally. This practice does not fully reflect the expectations of the *Code of practice, Section 2*.

81 The audit team concludes that it has confidence in the University's effective set of policies and procedures for managing quality and standards within the Network of Hope, but that limited confidence could be placed in the management of quality and standards in the University's collaborative provision outside of the Network of Hope. It is essential that the University address the issue of collaborative programmes operating without appropriate legal agreements being in place. The University is also advised to review its structures and processes for the management and oversight of collaborative provision outside the Network of Hope in the light of the precepts in the *Code of practice, Section 2*.

Section 6: Institutional arrangements for postgraduate research students

82 The University has a relatively small number of research students with 42 full-time and 48 part-time students enrolled in June 2009. At the time of the audit the University provision was accredited by the University of Liverpool. An application for research degree awarding powers has been made and the University is awaiting the outcome.

83 The Research Committee, chaired by the Pro Vice-Chancellor (Research and Academic Development), reports to Senate. It has two subcommittees, the Research Ethics Sub-Committee and Research Degrees Sub-Committee. In addition, each deanery has a research committee. The Associate Dean (Postgraduate) reports to the Pro Vice-Chancellor (Research and Academic Development) and has operational responsibility for research students and directs the Postgraduate Research Office. The University provides a handbook, the Postgraduate Research Handbook, which contains comprehensive information about the institutional regulations for research degrees and codes of practice on the duties and responsibilities of supervisors and students.

84 The University has in place policies and procedures to ensure a minimum standard of academic achievement among students admitted to a programme of research study. There is a procedure in place for the accreditation of prior experiential learning for admission. Admissions decisions are made at a senior level and independent of the supervisory team.

85 The University arranges a biannual generic induction programme for new students and supervisors are responsible for provision of subject-based induction. Students seen by the audit team spoke in positive terms of their experience of induction.

86 All supervisory arrangements, internal or external, must be approved by the Research Degrees Sub-Committee. The University operates a policy of team supervision where every research student has at least a first and second supervisor. Mandatory training is available for staff new to supervision while opportunities exist for continuing development of experienced supervisors. Students seen by the audit team confirmed their satisfaction with their supervision arrangements.

87 The University requires supervision sessions to take place monthly. Students' progress is subject to annual review. Prior to this review the student and a senior member of staff, independent of the supervisory team, meet to identify any issues to be taken into account during the review. A report of the review, including student and supervisory team comments, is submitted to the University of Liverpool.

88 The University, as part of the current accreditation agreement, has responsibility for research students' skills development. The Postgraduate Research Office organises an annual programme in consultation with deaneries and subject areas, which may supplement the programme with their own events. It is the student's responsibility to record skills acquisition on their personal development log which is monitored by their supervisory team. Students design an individual programme of skills training in consultation with their supervisory team, which is intended to allow acquisition of the Joint Research Council's list of required skills.

89 The University has created a feedback forum to which all research students are invited to contribute. In addition, research students participate in the national Postgraduate Research Experience Survey, have annual review meetings with an independent senior member of staff, provide feedback through the annual progress report and through an optional evaluation form.

90 The definition of standards and the examination framework are the responsibility of the awarding body, as are appeals. The University has a comprehensive complaints procedure applying to all students.

91 The audit team was able to confirm the University's approach to the management of research degree programmes is consistent with the precepts of the *Code of practice, Section 1: Postgraduate research programmes*.

Section 7: Published information

92 The University publishes a wide range of information in both electronic and paper format. The web is used to provide information to prospective students and external stakeholders. The intranet and student portal provide information for current staff and students. For ease of use, the prospectus, many student handbooks and other information documents are also produced in paper format.

93 The University prospectus is compiled in response to a set of standard questions to deaneries. The marketing team checks, collates and edits the information and the University Secretary's office approves the final text. The Secretary's Office also maintains the online prospectus. The University publishes electronically the items listed in HEFCE 06/45, Annex F, *Review of the Quality Assurance Framework: Phase two outcomes*.

94 The maintenance of web pages and the intranet is devolved to trained staff located locally in departments and services and supported by the web development team. Overall responsibility for the content rests with marketing and the University Secretary's Office, although in the case of subject area pages, responsibility is limited to the presentation of material.

95 The marketing team emphasises good internal communications. It publishes a daily virtual news sheet and a monthly electronic newspaper. Students receive a number of handbooks. The University has identified the need to reduce the variability in the quality of handbooks and is currently discussing minimum requirements with staff and the Students' Union.

96 The audit team finds that reliance can reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards.

Section 8: Features of good practice and recommendations

97 The audit team identified the following areas as being good practice:

- the ethos, culture and mission of the University which is understood, acknowledged and appreciated by both staff and students and which clearly underpins the work of the institution
- the systematic visits by academic and professional staff to other higher education institutions to benchmark University practice
- the commitment to the development and support of scholarship and research among staff through the system of 'recognised researcher status' and the funding of doctoral studies
- the accessible, comprehensive and cohesive student support services provided through the Gateway to Hope
- the broad range of initiatives in place to support student personal development and employability
- the broad range of pedagogical initiatives informing the development of learning and teaching activities, in particular the annual Learning and Teaching Week.

98 Recommendations for action that is essential:

- to urgently set a clear timetable for ensuring that all collaborative provision has an appropriate legal agreement in place in order to safeguard the students' interests
- to develop a process, with the least possible delay, whereby courses are unable to commence without a valid legal agreement in place.

99 Recommendations for action that is advisable:

- ensure that expeditious action is taken to address the problems of student access to electronic resources
- put in place an effective mechanism to coordinate the management of its collaborative provision
- ensure adherence to the University's procedure for due diligence with regard to approval of collaborative partners
- develop a formal, cyclical process of partnership review which includes the review of legal agreements
- address expeditiously the outcomes from QAA's Overseas audit report (Greece, May 2008) regarding the role of the moderator
- engage more thoroughly with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, and ensure that its practices take full account of the precepts (particularly with regard to the partnership register and provision of certificates/transcripts)
- review its current partnership and programme agreements to ensure clarity about the respective responsibilities of the University and its collaborative partners in respect of student appeals, complaints and discipline.

100 Recommendations for action that is desirable:

- consider reviewing the structures and processes in place at institutional level for oversight of all the University's mechanisms for the assurance of quality and standards to ensure that they are appropriate and effective
- take steps to share external examiner reports more widely with students
- develop mechanisms that will further support students in their role as representatives
- develop further the strategy and guidelines for the approval, production, use and delivery of electronic materials deployed in student learning
- develop further its admissions policy to capture and inform its practice in this area.

Appendix

Liverpool Hope University - response to 2009 Institutional Audit report

Liverpool Hope University is pleased that the audit team has placed confidence in the soundness of the University's current and likely future management of academic standards and quality of learning opportunities at its home campuses of Hope Park and The Cornerstone and in the Network of Hope. This represents the vast majority of the University's students. The Panel highlighted features of good practice such as student personal support and employability; accessibility; comprehensive and cohesive student support services and the commitment to the development and support of scholarship and research - these are particularly welcomed since they formed a conscious part of the University's academic strategy over these last five years.

It is therefore disappointing that the audit team chose to place limited confidence in the University's collaborative provision which is a very minor part of the University's provision and which it is an expressed strategy not to extend. Indeed, one of these collaborative partnerships has already been ended and others are currently under review. The audit team did not find any evidence of the University's academic standards or of the quality of the learning opportunities in the existing partnerships having been compromised in any way. The gaps in following agreed procedure in a limited number of collaborative arrangements were already largely addressed by the time of the audit.

In response to the two essential recommendations (which relate to 1% of the total fte student population), it has already been agreed that the University Secretary will not permit any collaborative provision to begin without a signed agreement being in place and that having such an agreement will be a condition of programme approval. All collaborative provision proposals will have to be passed to the University Secretary before the formal approval processes can begin. To assist in the timely preparation of legal agreements, a new post of Legal Services Officer has been created and will report directly to the University Secretary. In spite of this being a diminishing interest, the University will review its other processes related to collaborative provision, in particular in relation to due diligence although, again, there is no evidence that any partnership began without due diligence being carried out.

Since the audit team visited, the University has been granted Research Degree Awarding Powers by the Privy Council following a robust scrutiny of its scholarly standing that lasted almost two years. The University is confident that it maintains high academic standards and provides high quality learning opportunities for its students.

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