

Liverpool Hope University

June 2009

Annex to the report

Contents

Introduction	3
Outcomes of the Institutional audit	3
Institutional approach to quality enhancement	3
Postgraduate research students	3
Published information	4
Features of good practice	4
Recommendations for action	4
Section 1: Introduction and background	5
The University and its mission	5
The information base for the audit	6
Developments since the last audit	6
The institution's framework for managing academic standards and the quality of learning opportunities	8
Effectiveness of the framework	8
Section 2: Institutional management of academic standards	9
Approval, monitoring and review of award standards	9
External examiners	11
Academic Infrastructure and other external reference points	12
Assessment policies and regulations	13
Management information - statistics	14
Section 3: Institutional management of learning opportunities	15
Academic Infrastructure and other external reference points	15
Approval, monitoring and review of programmes	16
Management information - feedback from students	17
Role of students in quality assurance	17
Links between research or scholarly activity and learning opportunities	18
Other modes of study	19

Resources for learning	19
Admissions policy	20
Student support	21
Staff support (including staff development)	23
Section 4: Institutional approach to quality enhancement	24
Good practice	24
Staff development and reward	24
Section 5: Collaborative arrangements	25
Section 6: Institutional arrangements for postgraduate research students	33
Institutional arrangements	34
Research environment	34
Selection, admission and induction	34
Supervision	34
Progress and review arrangements	35
Development of research and other skills	35
Feedback mechanisms	35
Assessment	35
Representations, complaints and appeals	35
Section 7: Published information	36

Introduction

A team of auditors 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

In its Briefing Paper 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 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.

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 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 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.

The audit team found that reliance could 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 of 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 5, 14, 17, 115, 124)
- the systematic visits by academic and professional staff to other higher education institutions to benchmark University practice (paragraph 74)
- 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 96)
- the accessible, comprehensive and cohesive student support services provided through the 'Gateway to Hope Building;' (paragraphs 113-114)
- the broad range of initiatives in place to support student personal development and employability (paragraphs 119-123)
- the broad range of pedagogical initiatives informing the development of learning and teaching activities, in particular the annual Learning and Teaching Week (paragraphs 131-133, 138-139).

Recommendations for action

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

Recommendations for action that the audit team considers essential:

- that it 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 (paragraph 161)
- that it develops a process, with the least possible delay, whereby courses are unable to commence without a valid legal agreement in place (paragraph 161).

Recommendations for action that the audit team considers advisable:

- ensure that further expeditious action is taken to address the problems of student access to electronic resources. (paragraphs 19, 106, 210)
- put in place an effective mechanism to coordinate the management of its collaborative provision (paragraphs 20, 73, 150, 169)
- engage more thoroughly with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, and ensures that its practices take full account of the precepts (particularly with regard to the partnership register and provision of certificates/transcripts) (paragraphs 154, 175, 189, 191)

- address expeditiously the outcomes from QAA's Overseas audit report (Greece, May 2008) regarding the role of the moderator (paragraph 155)
- ensure adherence to the University's procedure for due diligence with regard to approval of collaborative partners (paragraph 156)
- develop a formal, cyclical process of partnership review which includes the review of legal agreements (paragraph 157)
- 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 186).

Recommendations for action that the audit team considers desirable:

- consider reviewing the structures and processes in place at institutional level for the oversight of all the University's mechanisms for the assurance of quality and standards to ensure that they are appropriate and effective (paragraphs 26, 69, 73, 91, 150)
- take steps to share external examiner reports more widely with students (paragraph 50)
- develop mechanisms that will further support students in their role as representatives (paragraphs 93-94)
- develop further the strategy and guidelines for the approval, production, use and delivery of electronic materials deployed in student learning (paragraph 101)
- develop further its admissions policy to capture and inform its practice in this area (paragraph 111).

Section 1: Introduction and background

The University and its mission

1 The University has its origins in three church colleges, one Anglican and two Catholic, the oldest of which was founded in 1844. The colleges came together in 1979 under the title Liverpool Institute of Higher Education. The Institute received taught degree awarding powers in 2002 and in 2005 became a full university under its present title. An application for research degree awarding powers was under consideration by QAA at the time of the audit.

2 At the time of the audit the University had 7,099 students, which equated to 5,836 full-time equivalents (FTE); 5 per cent of students were from outside the European Union. Nearly two-thirds of the University's students are on undergraduate programmes. The University had 90 research students. In the same year the University employed 245 FTE academic staff.

3 The University positions itself as 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'.

4 The University's mission is:

- to provide opportunities for the well-rounded personal development of Christians and students from other faiths and beliefs, educating the whole person in mind, body and spirit, irrespective of age, social or ethnic origins or physical capacity, including in particular those who might otherwise not have had an opportunity to enter higher education

- to be a national provider of a wide range of high quality programmes responsive to the needs of students, including the education, training and professional development of teachers for Church and state schools
- to sustain an academic community, as a sign of hope, enriched by Christian values and worship, which supports teaching and learning, scholarship and research, encourages the understanding of Christian and other faiths and beliefs and promotes religious and social harmony
- to contribute to the educational, religious, cultural, social and economic life of Liverpool, Merseyside, the North West and beyond.

5 To facilitate the embedding of the mission in the University's activities the Vice-Chancellor chairs a Mission and Values Group involving senior managers and representatives of the students and chaplaincy.

6 The University operates on two campuses within the city of Liverpool and also offers courses at two faith-based institutions in the region, St Mary's College, Blackburn, and Holy Cross College, Bury. At the time of the audit 647 Liverpool Hope students (532 FTEs) were registered at the two colleges. This college-based provision is known as the Network of Hope. The University has other collaborative provision involving accreditation and articulation arrangements and off-campus delivery. At the time of the audit 310 students (162 FTEs) were registered on courses delivered through partner institutions outside the Network; over 40 per cent of these students were studying overseas.

The information base for the audit

7 The University provided the audit team with a Briefing Paper and supporting documentation, including sampling trails, which described its approach to the management of academic standards and the quality of student learning opportunities. The team was given access to the University's intranet and additional internal documentation during the course of the audit. The team was also able to draw upon the notes of the meetings held with staff and students during the course of the audit.

8 The audit team had access to previous reports on the University prepared by QAA, in particular the reports on Institutional audit (May 2005); Foundation Degree review of Management of Childcare Provision (June 2005); Review of research degree programmes (July 2006); and an audit of overseas provision provided in collaboration with the Institute of Management and Entrepreneurship of Southeastern Europe, Greece (May 2008).

9 The Students' Union provided the audit team with an extensively researched student written submission which provided valuable insights into students' perceptions of their learning experiences at the University.

Developments since the last audit

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

11 The University has sought to enhance its academic profile using two key approaches. First, since September 2006, additional senior academic staff have been appointed. Second, existing staff have been encouraged to develop their academic skills with support mechanisms in place both in relation to learning and teaching and to research (see section 3, Links between research or scholarly activity and learning opportunities). The Research and Academic Development Plan, substantially updated in 2008, provides the framework for academic development.

- 12 In summer 2007 the University restructured its academic provision devolving more responsibility for academic matters to academic subject departments within the four deaneries. Academic departments are organised into deaneries, each under the leadership of a dean. Departments are now seen as the hubs for all academic activity, although the University recognises there is still work to be done to fully implement its vision.
- 13 Since the last audit curriculum and programme structures have been subject to further modification to improve coherence in the student experience. A major refinement has been revision of the assessment regulations.
- 14 The University's commitment to widening participation remains unchanged but its strategy has developed to mirror better the repositioning of the University. A Centre for Widening Participation has been created, as has a post of Pro Vice-Chancellor (Widening Participation and External Relations). Schemes such as the Compact Programme have been put in place to encourage applications from those with high academic potential and personal qualities which fit with the University's mission.
- 15 Immediately following the last audit, the University created the role of Pro Vice-Chancellor (Student Support and Well-Being), with responsibility for all matters that directly relate to student learning support and their pastoral and personal care. Many of these support services have been brought together and are located in the Gateway to Hope Building which was opened in May 2007. In 2008 the 'Student Success Zone' was opened in this building, bringing together the University's Writing Centre, the two Centres for Excellence in Teaching and Learning, the Careers Service and an extension of student learning facilities. The building also houses the 'Hope Works' project.
- 16 The University has put in place a number of initiatives to enhance its collegial culture. These include a triage service in the Gateway Building, the role of the Proctor to deal with student discipline, the creation of the role of senior academic advisers, resident tutor arrangements, and improved learning and social spaces.
- 17 The last audit commended the University's distinctive mission and ethos. This continues to be a positive feature of the University and is recognised, understood and appreciated by staff and students alike. The University has reconstituted its charity 'Hope One World' to encompass both international work and service and volunteering.
- 18 The last audit raised concerns about the use made of data to underpin decision-making and reflection at the University. A Data Management Advisory group was set up to advise on best practice. Subsequently, this group was replaced by the Planning Support Unit which provides regular data reports to University committees and management groups. The audit team found appropriate progress had been made with, for example, data informing enhancement of the curriculum.
- 19 The last audit report drew attention to the need for a suitably strategic approach to the provision of staff, library resources and other resources. A Pro Vice-Chancellor (Planning and Resources) appointment was made and the University has since agreed an Information Strategy and Information Security Strategy. A review of IT provision across the University was carried out in 2007 resulting in the creation of an Information Strategy Steering Committee. While progress has been made in staff and library resources, the audit team still has concerns regarding IT resources associated with teaching and learning (for further details see paragraph 106).
- 20 In response to comments made in the last audit report the University reviewed and revised its committee structure. Deanery boards and the standing committees for assessment at undergraduate and postgraduate levels (SCCUA and SSCPA) have taken on the terms of reference of the disbanded award management committees. The Learning, Teaching and Assessment Sub-Committee has been merged with the Quality and Academic Standards Sub-Committee (QAS) to allow oversight of enhancement activity within a single committee. The audit team was told that

the members of the Rectorate took collective responsibility for the oversight of the University's operations as they impinge on the management of academic standards and the management of learning opportunities, supported by the overview role of committees. The Partnership Committee was removed. Its functions in relation to collaborative provision were absorbed mainly by QAS with resourcing considered by the Planning and Strategic Support unit (PASS). In respect of collaborative provision, the team was not convinced the changes have allowed the University to put in place efficient and effective quality procedures (for further details see section 5).

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

21 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. 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. In addition, there are monthly academic leaders' meetings, chaired by the Vice-Chancellor and comprising heads of department, deans and other key personnel. These offer a means of ensuring flexible and speedy decision-making when urgent matters arise in relation to quality and standards. This is an executive body sitting outside the Senate committee structure.

22 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 they all share common terms of reference, functions and responsibilities.

23 The Rectorate team is made up of the four deans, 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.

24 The Quality Assurance and Enhancement Unit provides a 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 Unit also works with the Learning and Teaching Unit on matters of enhancement. The University's framework for the management of collaborative provision is divided between QAS and PASS (further details can be found in section 5).

25 The University, at the time of the audit, was awaiting the outcome of its application for Research Degree Awarding Powers (RDAP). The University of Liverpool accredits the University's research awards provision and its regulations form the framework for the management of postgraduate research provision. The University has a Research Committee, chaired by the Pro Vice-Chancellor (Research and Academic Development), which has two subcommittees, Research Ethics Sub-Committee and Research Degrees Sub-Committee (further details can be found in section 6).

Effectiveness of the framework

26 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. It would, however, encourage the University to consider the desirability of reviewing the structures and processes in place for 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 paragraphs 73, 91).

Section 2: Institutional management of academic standards

27 The University's approach to its quality and standards is set out in full in its quality and standards policy, which is readily available on the website of the Quality Assurance and Enhancement Unit (QAE). It should be noted that while there is documentary reference to a quality manual, this was identified by the Director of Quality and Enhancement as shorthand for the range of policy statements and briefings available on the QAE website, rather than as a single document.

28 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. These aspects are considered primarily in this section and enlarged upon in section 3. Other stated features of the University's approach to quality assurance, such as the development of a self-critical academic community, the commitment of all staff to continual evaluation and reflection, and engagement with external developments that may be seen as contributing to the management of institutional standards, are considered fully in section 3.

Approval, monitoring and review of award standards

29 Arrangements for programme and pathway approval, monitoring and review are set out in detail in the University's quality documentation. The term programme applies to the type of course followed by students to obtain their awards; the term pathway is a subject within combined honours. Externality is a feature of programme monitoring and review. Procedures ensure that review panels are sufficiently independent of the relevant department. The University is explicit that its approval, monitoring and review processes embed the precepts of the *Code of practice, Section 7: Programme design, approval, monitoring and review*, and from its scrutiny of appropriate documentation and the audit trails, the audit team agreed with this view.

30 The University has rigorous procedures for the modification of programmes. It has clear procedures for determining which modifications are major and which are minor. Major modifications are managed by QAE, in a process that mirrors initial validation (see below). The example seen by the audit team was chaired by the Deputy Registrar and had an external of professorial standing present. Minor modifications are managed by deanery boards. The May 2005 audit of the then Liverpool Institute of Higher Education recommended a review of processes to ensure that accumulated minor changes do not result in unapproved major changes. While the University does not consider this to be a significant issue, it agrees that oversight of changes needs to be better documented to prevent incremental drift. To meet this challenge, a summary of module changes to each programme forms part of the annual monitoring report (AMR), a process which the team was able to confirm through its audit trails. In addition to its formal recommendation, the May 2005 audit team noted some variability in practice in handling minor modifications and encouraged the University to review its procedures in this area. Although the current team did not see evidence that a review had been carried out, it did not find evidence of continued variability of practice. Nevertheless, it suggests that the University continues to monitor its modification processes to ensure that they are as rigorous as is intended.

Programme approval

31 The University holds initial validations for new programmes and pathways. Proposals for new programmes and pathways begin in deaneries and departments. A detailed programme proposal form is completed for approval in principle by a joint meeting of the Academic Committee (AC) and the Planning and Strategic Support Committee (PASS) in the first term of each academic year. The form outlines academic and resource considerations, including appropriate staff expertise and library and IT needs. The form asks how external expertise will be used in developing the programme/pathway. From the evidence of the audit trails, such expertise is being utilised.

32 A planning meeting convened by QAE, and at which QAE staff are present, follows approval in principle. Validation is thereafter a two-stage process. There is a formal 'Critical Friend Event', attended by the chair of the Validation Panel, QAE staff and an internal critical friend to scrutinise the document. Validation is a central activity, overseen by QAE, with events 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. Criteria include 'a good knowledge of the QAA Academic Infrastructure'. Criteria for the choice of chair are not stated, but validations within the audit trails were chaired by members of the Rectorate.

33 There are clear and published criteria for programme approval. A standardised response grid is used to ensure clear monitoring of validation conditions and recommendations. Conditions must be met before a programme can run. However, the chair may in exceptional and documented circumstances set aside a specific condition if satisfied that the outstanding condition does not jeopardise the integrity of the student experience. Successful validations are reported to the Quality and Academic Standards Sub-Committee (QAS) for 'information' rather than for approval or discussion. QAS engagement with validation appears to be reactive rather than proactive. The audit team did not observe any routine engagement with issues emerging from validation. Deanery boards are kept up to date with the progress of validations.

34 The audit team, through the audit trails and committee papers that it saw, concludes that the initial validation procedures contribute effectively to the management of academic standards.

Annual monitoring

35 Routine monitoring of programmes and pathways is carried out through the Annual Review process. This begins with team reflection on a departmental or programme/pathway basis. A range of information relevant to the programme/pathway is considered, including performance indicators, national and sector benchmarks, student feedback and the views of course team members. A standard template is used to report the outcome at departmental level through a departmental AMR. This is sent to deans, QAE and the Dean for Learning and Teaching. Departmental AMRs form the basis of the deanery AMR, which is considered by deanery boards and by QAS, and reported to AC. The University has noted that departmental reports are of varying quality. However, from its scrutiny of documentation and discussion with staff, the audit team agreed that the process was reflective and was able to confirm that the AMR process was effective in monitoring academic standards.

Periodic review

36 Until the academic year 2008-09, the University carried out quinquennial periodic reviews (PRs) of its programmes and pathways. These reviews are identified in the Briefing Paper as the means by which the University can 'confirm that it can continue to have confidence in the quality and standards of the provision provided at pathway and programme level'. By identifying conditions that must be met for the programme to continue, PR is in effect revalidating programmes and pathways. In December 2008, the University Senate took the decision to move from one-day PRs to four-day departmental reviews (DRs), a more intensive process which would provide a more holistic overview of departments.

37 PR is programme-pathway based and normally leads to the revalidation of programmes for a further five years. In its management of academic standards it mirrors IV. Through the sampling trails the audit team concludes that PR procedures contribute effectively to the management of academic standards.

38 The University introduced departmentally-based periodic review (DR) in the academic year 2008-09 and piloted it with the Department of English in April 2009. A further six departments are likely to be reviewed in 2009-10. The process is intended to be six-yearly. However, the Briefing Paper notes that 'all departments will be reviewed within the next three years and

thereafter on a five year rolling programme', while the DR Guidelines also announce a 'five year timetable'. The University Secretary has overall responsibility for DR.

39 DR '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 review is convened and chaired by 'a senior, experienced professor of the University external to the Deanery'. The report is submitted to the Vice-Chancellor who considers the recommendations together with the pro vice-chancellors, the relevant dean, the head of department, the Dean of Teaching and Learning and the Director of Quality Assurance and Enhancement. Thereafter, the relevant dean is responsible for ensuring that the recommendations are implemented and reports via the pro vice-chancellor to the Academic Leaders Committee (ALC). There is also an explicit recognition that the Convenor (Chair) might need to bring matters to the attention of the Vice-Chancellor outside the remit of the formal report. DR is supported by two external representatives who are 'senior academics, normally at professorial level, from two other universities'. The Panel is asked to assess 'academic standards (expected and achieved)', as well the coherence of both departmental and interdisciplinary programmes/pathways, and to ensure that the department is fully compliant with the expectations of QAA's Academic Infrastructure, in particular the relevant sections of the *Code of practice*, the 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. DR also offers an opportunity for the revalidation of programmes. Revalidation conditions must be met immediately and signed off by the deanery board.

40 DR is in its first year of operation. At the time of audit, only one DR had been conducted. However, 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 DR process is likely to become an important feature of the University's processes to manage its academic standards.

41 The University is of the view that its processes of approval, monitoring and review provide the appropriate external assurance of academic standards. From the evidence available to it from audit trails, committee papers and meetings with staff, the audit team concurs with this view.

External examiners

42 The University sees external examiners as playing a crucial role in the safeguarding of academic standards. Regulations for their appointment and details of their duties are to be found in the University's Academic Regulations. Whereas supporting paperwork makes it clear that these cover both undergraduate and taught master's, the University Regulations focus on undergraduate examiners. The audit team would encourage the University to consider making the appropriate adjustment to the Regulations so that they are consistent with other guidance.

43 The appointment of external examiners is overseen by QAE. There are clear appointment criteria regarding the suitability of proposed external examiners. Nominations come from programmes/pathway teams and/or departments. They are considered by deanery boards. Appointment is made by the Senate on the recommendation of AC.

44 The University believes that the recommendation and appointments process is a rigorous one, and the audit team concurs with this view. The University seeks to ensure that external examiners are drawn from across the whole sector. AC takes an active interest in the suitability and seniority of candidates and rejects proposed external examiners if they are not deemed to meet the criteria.

45 On appointment, external examiners receive details of their role and responsibilities and the specification for the programme they are to examine via website links. 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. There are mechanisms in place to ensure that the powers and responsibilities assigned to external examiners are brought to the attention of staff and students.

46 External examiners are appointed for four years with the possibility of a one-year extension. Every programme has at least one external, and QAE and the deaneries have clear procedures to ensure that all vacancies are filled. External examiners attend the programme/pathway boards to which they are appointed; their attendance at deanery-based progression and award boards is optional.

47 An annual report, based on a template, is required from external examiners and, in their reports, they are expected to comment on the appropriateness of assessment, the standard achieved by candidates, the balance of the curriculum, teaching methods as reflected in the assessment, and the conduct of the examination process and the examination board. The report is sent to QAE, which distributes it to programme/pathway team leaders, secretaries of deanery boards and to the Director of QAE. Externals may bring matters of serious concern directly to the attention of the Vice-Chancellor.

48 Since the 1990s the University has operated an undergraduate modular scheme. It has replaced its former single examiner for the scheme with four deanery examiners. These attend deanery-based progression and award boards, read the reports of external examiners in subjects covered by the deanery and write an overview report. Their reports are considered by their respective deanery board and collectively they are considered at the October meeting of the QAS. In addition, the standing sub-committees on undergraduate and postgraduate assessment (SSCUA, SSCUP) consider generic issues raised by external examiners.

49 Programme/pathway team leaders and/or departments make direct response to external examiners on issues raised. External examiner reports are considered at all levels of the organisation. They inform AMRs, PR and DR, and staff consider them through their reflection during annual monitoring process. Discussion of the overview deanery reports at deanery boards and at QAS is the main vehicle for ensuring consistency of approach. The Director of QAE receives all the reports and can therefore offer an institutional overview.

50 The University does not have an explicit commitment to, and system for, sharing external examiner reports with student representatives, and the audit team considers it desirable for the University to develop one. Although external examiner reports inform the annual review process, from the material seen by the team, the reports themselves do not appear to be attached to AMRs. If reports were attached this might provide one means of student representatives seeing them.

51 External examining at the University reflects the *Code of practice, Section 4: External examining*. From the evidence available, the audit team was able to confirm that the University has clear and robust processes for the operation of its external examiner procedures and that it makes use of appropriately independent external examiners in assuring the standards of its awards.

Academic Infrastructure and other external reference points

52 Responsibility for ensuring that the University's regulations and policies are in accordance with the Academic Infrastructure lies with the Senate and its committees. The University has its own Credit and Qualifications Framework which embeds the FHEQ for undergraduate and taught postgraduate level (up to master's). The version in use during the audit was revised for 2007-08 and is compatible with the revisions to the FHEQ of August 2008. The University uses Level C, I, H and M, but these are mapped against the FHEQ in the Credit and Qualifications Framework.

53 Initial validation and PR/DR programme/pathway approval processes require all new and revalidated programmes to show alignment with the framework, and the documentation supporting these processes incorporates appropriate guidance.

54 The University requires programme/pathway teams to engage with subject benchmark statements as part of the process of programme development. Subject benchmark statements are identified in definitive programme documents and in programme specifications. An assessment of engagement with SBSs forms part of the PR and DR process. In the latter, externals are expected in particular to comment on the link between awards and any relevant benchmark statements. As subject benchmark statements are updated, departments are asked to respond to any changes and ensure that intended learning outcomes and assessment are in line with the statements.

55 Programme specifications are available for all University programmes and pathways on the University's QAE website which is linked to the University's electronic prospectus, accessible to current and prospective students. These are now drawn up at initial validation and form part of the definitive document for each programme/pathway. They are an integral part of curriculum planning and review processes across the University. The programme/pathway specification template has been designed with reference to the Academic Infrastructure. Programme specifications are also disseminated to students via programme handbooks, and are disseminated to external examiners on appointment.

56 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'.

57 From the evidence available, the audit team was able to confirm that the sections of the *Code of practice* that are relevant to academic standards are embedded in University practice. The University makes consistent use of external expert opinion in programme design, approval and review in relation to the management of academic standards. The University is not explicit in telling departments of its expectations with regard to the use of professional, statutory and regulatory body requirements, which may reflect the nature of its academic portfolio. However, through the evidence seen, the team was able to confirm that professional requirements were taken into account.

58 The University considers the use it is making of external reference points and, in particular, the Academic Infrastructure to be a strength. While the audit team was of the view that engagement was at times reactive rather than proactive, from the evidence available to it from audit trails, committee papers and meetings with staff, the team can confirm that, overall, effective use is made by the institution of the Academic Infrastructure (with the exception of the *Code of practice: Section 2, Collaborative provision and flexible and distributed learning (including e-learning)* and other external reference points.

Assessment policies and regulations

59 The University has three categories of regulations which cover undergraduate and taught postgraduate programmes. The first are 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 were approved in their latest version by Senate in November 2008, and implemented for existing and future students with immediate effect. These cover such areas as registration, duration and programme 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 and covers 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. These were last revised by Senate in October 2008. 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 QAE website. Regulations as well as more general guidance on assessment are also brought to the attention of students through programme and module handbooks.

60 Two standing subcommittees, the SSCUA and SSCUP take an overview of the assessment process and are specifically charged with achieving consistency of assessment in a system devolved to deaneries. In addition, they have operational responsibility for mark schemes and grading criteria, policing the zone of discretion for undergraduate programmes, conventions for merits and distinctions for postgraduate taught programmes, the conduct of examination boards and management information with regard to assessment. From observation of the minutes of both committees, the audit team can confirm that these functions are appropriately conducted.

61 The recent changes to regulations and conventions 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 were being made on academic grounds. The Briefing Paper suggests that there will be further consideration of the issue and the audit team would encourage the University to do so.

62 The University's conduct 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.

63 From the evidence of the audit trails and from the documentation that it saw, the audit team was able to confirm that the design and organisation of curricula and their relationship with assessment is effective, and that the amount and timing of assessment enabled effective and appropriate measurement of students' achievement. The team confirms that the University's arrangements for the assessment of students are effective in maintaining its academic standards.

Management information - statistics

64 The May 2005 audit team advised the University to 'undertake more systematic analysis of data at the university level in order to identify and address university-wide issues, including benchmarking award and progression statistics against other institutions to help to assure standards'. In response to this, the Briefing Paper notes that the University set up a data management advisory group, which reported to the Rectorate Team, in order to gain a better understanding of the data requirements of the University and external stakeholders, and the interconnection of data flows within and outside the institution.

65 The group has been replaced by the Planning Support Unit, line managed by the Pro Vice-Chancellor, Planning and Resources, which provides the Rectorate and key University committees with regular data reports, including benchmarked information on admissions and recruitment, progression, achievement and performance. Such data sources are used routinely by PASS, and by the Senate, and inform strategies such as the University's 2008 Retention and Progression Strategy. In addition, the University has developed a set of key performance indicators (KPIs). The use of data at PASS and other committees tends to inform curriculum development and the University might wish to reflect on whether it could be used, for example, in the management of academic standards.

66 Performance indicators, entry profiles and other statistical data are used in AMRs. 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 AMRs 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.

67 Statistical data also forms a key component of the new DR process. In addition to data derived from annual reports, the example seen by the audit team utilised data sources, including first destination and graduate employment data, retention data, National Student Survey results, analysis of degree classifications and departmental KPIs, so that the development and implementation of departmental strategy and policy relating to its management of academic standards can be informed by management information.

68 Overall, the audit team is able to confirm that the University's use of statistical management information contributes towards assuring the academic standards of programmes and awards.

Conclusion

69 With the notable exception of its adherence to the *Code of practice, Section 2*, from the evidence that it heard and saw, the audit team can confirm that the University has in place appropriate mechanisms for the effective management of academic standards. However, it would encourage the University to consider the desirability of 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.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

70 The University seeks to ensure that its institutional management of student learning opportunities is fully informed by the *Code of practice*. To this end, University practice has been reviewed against sections of the *Code* to ensure alignment. Working parties were used at first, in a process overseen by the Quality Assurance and Enhancement Unit (QAE), each group annotating the precepts in grid form. In 2003, the University reviewed its adherence to the *Code* and delegated responsibility for management of future revisions to a named individual, usually a service or deputy head.

71 A process for considering revisions to the *Code of practice* is in place. An initial response is undertaken by QAE. Thereafter, the responsibility for its mapping management is that of the relevant section head. The Quality and Academic Standards Sub-Committee (QAS) will deliberate any changes that might be required as the *Code* is updated.

72 The University views the precepts of the *Code of practice* as 'sector-wide expectations' and those responsible for mapping sections were charged with providing comments when the University did not agree with individual precepts or when they did not apply. The University also notes its use of QAA's '*Outcomes from Institutional Audit*' series. These are considered and routinely reported on to QAS for discussion and dissemination.

73 The audit team recognised that the University's policies and procedures are informed by engagement with the *Code of practice* by a process through which those implementing policy are advised of the *Code's* requirements. However, it could not identify a mechanism that enabled the institution to have a fully effective oversight of those elements of the *Code* that guarantee the quality of the student learning experience, and would encourage the University to develop one. Thus, whereas the advisory nature of the University's engagement with the *Code* is sufficient in most instances, it does not fully adhere to key aspects of *Section 2*.

74 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 to compare practice and procedures. As part of this process, formal reports of these visits are submitted and discussed at the academic leaders

meeting. 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 was a feature of good practice.

Approval, monitoring and review of programmes

75 The University requires that its taught programmes and pathways are reviewed annually and that a periodic review (PR) of all taught provision occurs on a five-year cycle. During the current academic year, it has introduced departmental review on a six-yearly cycle. Details of these processes can be found in section 2 above. PR and Departmental Review (DR) panels have members external to the University and are chaired externally to the department. These processes function appropriately to ensure that the University manages the quality of the student learning opportunities and are reported through the University committee structure. Student opinion is canvassed as part of these processes. This is adequate to ensure oversight of issues but, as noted above, the reporting process for initial validation is reactive rather than proactive.

76 The introduction of the DR process extends the mechanism available to the University to manage the quality of the student learning experience considerably. DR 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. The review is able, in particular, to look at the alignment of academic activity and resources. Departmental teams produce reflective self-evaluation documents to support the review. Panels look at the department's administration, operational processes and support structures (which may be deanery-wide) for its students and staff including the use of its facilities and resources both within the department and other central facilities of the University, such as the Library and other learning resources. Membership of the panel includes a recent graduate or postgraduate student of the department who has engaged with the life of the department and is of good academic standing. The Students' Union Vice-President is now an ex officio member for all PRs.

77 The report of the process is reviewed by the Vice-Chancellor who, together with the relevant dean, the Pro Vice-Chancellor (Research and Academic Development), the Dean of Teaching and Learning, the relevant head of department and the Director of Quality Assurance and Enhancement, agrees the recommendations to be implemented. The University intends that implementation of recommendations should be monitored at deanery level. As part of its audit trails, the audit team was able to confirm that the review element of DR fully met the University's expectations. Given that this is a recent innovation, it is too early to offer a comment on reporting processes.

78 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/pathway leaders. The Report is considered by the meeting of academic leaders meeting and the Senate before going to Council. Significant outcomes of this process include the use of management information to produce a diagnostic tool for heads of departments to identify and reflect on modules with high failure rates.

79 In June 2006 Senate approved the introduction of regular reviews of service departments to ensure that they are efficient and effective. These are to be conducted on a three-year cycle, chaired externally to the department concerned by a senior member of the University, and involve panel members external to the University. They are supported by a self-evaluation. The report is received by the Vice-Chancellor and discussed at QAS, which is therefore able to set issues from academic and service departments side by side. In the view of the University, recommendations from service reviews have included fundamental changes affecting the student experience. In addition, service users are openly invited to respond at QAS to issues raised by the validations, monitoring and review of programmes. The audit team was able to see the reports from the service review of departments and, together with the evidence from committee

minutes, it can confirm that these processes fulfil the aims set by the University for the management and enhancement of the student learning experience.

80 Overall, from its meetings with staff, committee papers and the audit trails, the audit team was able to confirm that the University's approval, monitoring and review of programmes and, in particular, its DR processes are effective in managing and enhancing the quality of student learning opportunities.

Management information - feedback from students

81 The University sees feedback from students as an important part of its management of standards and quality. The Briefing Paper states that feedback is collected from students in a number of ways, including module evaluation, staff-student liaison committees, student involvement groups and student representation on University committees. In addition, it should be noted that DRs include meetings with students. Students readily confirmed that they considered themselves stakeholders in the University. The University has decided to move towards a standard web-based questionnaire, at undergraduate level in the first instance, from the current academic year.

82 Student evaluation of modules is a central component of the Annual Monitoring Report (AMR) and PR/DR. Requirements are made clear and, from the evidence of the audit trails and committee papers, they are applied effectively and consistently.

83 The University makes its expectations concerning the collection of student feedback clear to staff and students. 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 notes this has been raised at the academic leaders meeting and also individually with heads of department as an issue to take forward at departmental level. Students seen by the audit team stated that they were unclear as to how any module evaluation feedback was actioned.

84 Programmes and pathways have formally constituted staff-student liaison committees which may operate jointly or at departmental level. Expectations are set out in the 'Guide to Staff Student Liaison'. Staff who met with the audit team indicated that attendance was good and there was much constructive feedback.

85 The University has discontinued its own university-wide student experience surveys following the introduction of the National Student Survey (NSS) to prevent student 'evaluation fatigue'. It makes appropriate use of the NSS, and results inform the AMR/PR/DR process and committee discussion. The academic leaders meetings consider outcomes in depth at two meetings a year, focusing on institutional and departmental/deanery levels respectively. The discussion involves key service providers such as the Registrar and the Director of Library and Learning Information.

86 From meetings with students and the evidence of committee minutes and other papers, the audit team is able to confirm that, overall, the University's arrangements for student feedback make an effective contribution to managing and enhancing the quality of student learning opportunities.

Role of students in quality assurance

87 The University considers that students have 'the right to be represented at all levels'. Council and Senate both have student representation as do their main committees, apart from the Research Committee, while certain relevant subcommittees also include student representation, in particular QAS and the Research Degrees Sub-Committee. Students are represented as well on user groups such as the Library User Group and IT User Group. There is at least one representative on deanery committees and, while student representation is not required at departmental level, practice is variable and some departments do have student representation.

88 The Vice-President of the Students' Union is an ex officio member for all PRs and, although in the DR of English no student had been available as a panel member, it is also intended that this would happen in DRs. Students from Hope Campus were, however, consulted as part of this Departmental Review.

89 Where appropriate, students may also be included on relevant working parties (as in the case of the development of single majors).

90 The Vice-Chancellor meets with the Students' Union once a term and, if necessary, the Students' Union has open access to the Vice-Chancellor. They may also approach a relevant pro vice-chancellor.

91 The student voice is heard at the level of delivery through representatives on the staff-student liaison committees (SSLCs) (technically elected but in practice often volunteers), although there has been some variability in representation, committee operation and, thus, effectiveness. The University had already noted a problem in this regard in the minutes of the QAS meeting of November 2007. The problem was again on the agenda in certain subsequent meetings of this committee and of the Academic Committee. However, in the last set of minutes available to the audit team where the matter is considered, while some progress had been made, the issue was still at the stage of discussion.

92 Staff participating in the audit trails indicated that the minutes from SSLCs were sent to all students and then fed subsequently into the annual monitoring exercise. The Deanery of Sciences and Social Sciences has operated a Deanery-wide student involvement group which may be attended by any of its students to address issues going beyond the pathway level. It can also invite a relevant University manager to attend. This was perceived by students with whom the audit team spoke as effective and the University intends rolling out the concept at the level of the institution as a whole from 2009-10. On the annual study day when e-learning students come into the University, there is an opportunity to have a SSLC meeting for them with outcomes feeding into the annual monitoring process. Staff who teach overseas will, in the course of their visits, offer opportunities for students to provide feedback.

93 As the University acknowledges, training for students to 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 locus for this from 2009-10.

94 While students felt that overall there was adequate opportunity to make their voice heard and were able to point to effective practice as well as a sense of community within the University, it is also clear that there is scope for enhancement given the current variability of practice and the lack of developed training and related guidance for student representatives. The audit team therefore considers it desirable that the institution develops mechanisms that will support students further in their role as representatives.

Links between research or scholarly activity and learning opportunities

95 In the light of its agenda as a 'research-informed, teaching-led' institution, the University seeks to promote and extend scholarly activity and research among its staff. It is moving towards a position where all staff will be active researchers at some level with research written into role profiles so that, to quote the Corporate plan, students study with and learn from 'excellent and inspiring scholars and practitioners' with second and, particularly, final-year modules being taught by staff engaged in scholarship and research in the area concerned. Final-year modules in English, for instance, give clear evidence of research informed teaching. Staff who do not have doctorates are supported in part-time study for a PhD or EdD which is expected to inform the work of their department. Funds are also available from the deanery research committees for relevant conference attendance to give a paper or make some other form of active contribution.

96 In addition, the University has developed the status of 'recognised researcher' open for application by all staff and approved and recommended by the relevant deanery research committee with ratification by the University Research Committee. This offers additional time and support for research to those concerned (normally in the region of two to three per department), over and above the standard four-week research allowance accorded to all staff. This status is granted for one year in the first instance on the basis of projected work and must be renewed after that period. The audit team consider the initiatives to improve the level of scholarship and research within the University and the use of 'recognised researcher status' to be a feature of good practice.

Other modes of study

97 E-learning and blended learning are informed by an institutional paper 'Towards an e-learning strategy', accepted as a working document in May 2007. This outlines a series of principles for meeting student needs and supporting staff.

98 Discrete e-learning forms only a small part of the provision in the University and such fully online programmes as have been developed aim to facilitate students who are, on account of work or other commitments, unable to attend full-time study. The main example of this is currently the Foundation Degree in Management of Childcare Provision. There is no intention on the part of the University to further develop fully online provision. The University explained that it did not have specific criteria for the validation of e-learning programmes beyond its standard guidance for other areas (which includes an assurance of the learning outcomes being met). Monitoring of this mode of delivery is through the same procedures as other programmes.

99 The goals and objectives of the overall Learning and Teaching Strategy for 2005 to 2008 include the provision of a comparable quality learning experience for students studying at a distance. Prior to the start of their studies, students enrolled on an online programme come together for a compulsory residential in the University which includes a range of activities and exercises forming an introduction to e-learning. This is complemented for ongoing reference by useful advice on e-study in the student guide for the programme.

100 The University considers virtual and distance learning essentially as a means to complement 'face-to-face' learning, and is not considering expanding current e-learning provision as distinct from deploying appropriately the more supportive aspects of the virtual learning environment (VLE). There is considerable support and training for staff in Moodle (which the University has chosen as its VLE) as well as in other new learning technology applications. A principal lecturer in e-learning is based in the Centre for Learning and Teaching, Moodle champions have been designated in the various deaneries, and a University Moodle Champions Group promotes and facilitates work in this domain. Information on Moodle for staff and students may also be found on the University website.

101 The University indicated that it intended to incorporate e-learning into its overall learning and teaching strategy which it is in the process of elaborating for 2009 to 2012. However, in the drafts seen by the audit team, sections on e-learning had not been incorporated. The VLE is also playing an increasingly important role in the Network of Hope, particularly beyond year one, with the students being gradually introduced to online learning to supplement face-to-face tuition. In this context, the team considers that that it would be desirable for the University to develop further the aspects of the strategy covering the approval, production, use and delivery of electronic materials deployed in student learning.

Resources for learning

102 Budget and resource allocation align with priorities in the Corporate Plan. The Estates Strategic Planning Group gives advice to the Vice-Chancellor on the prioritisation of Estates development. IT developments are informed by the Information Strategy 2007 to 2011 and managed by the Information Services Steering Group. The latter reports to Senate and Council via the Planning and Strategic Support Committee. Funding is allocated to deaneries following

a resource allocation model based on student numbers. The University is also informed in its consideration of services by the Library User Group and IT User Group, while the IT Service Desk also monitors complaints on which it provides an annual commentary. A report on the Library and Information Services Unit capturing data and feedback is included within the Annual Report from the Pro Vice-Chancellor, Student Support and Well-being, within whose remit the integrated Library and Information Services Unit falls (although responsibility for the technical infrastructure underpinning the service belongs to the Pro Vice-Chancellor, Resource Management and Planning).

103 Resources in collaborative provision are inspected initially through a visit informed by a checklist and would also be monitored on a regular basis. In the Network of Hope, librarians from the colleges meet regularly with learning resource colleagues from the University. Issues regarding resource provision may also be raised in SSLCs (see section 5, Learning resources).

104 In developing its facilities, the University differentiates 'renewal' from 'replacement', the latter being simple replacement of equipment where little radical change is required in the provision. Renewal on the other hand signifies the need for more radical development and refurbishment and is linked to strategic priorities.

105 For new programmes, learning resource requirements are identified during the approval stage and must be approved by the Planning and Strategic Support Committee.

106 The University acknowledges that there have been very considerable problems with VLE/Moodle. A substantial technological upgrade programme has been taking place with the aim of improving the memory and connectivity of the service. The University has taken steps to inform users of work and developments, writing, for instance, to all students when the main server was subject to storm damage. The Acting Director of IT also updates deanery boards on progress, has attended Network of Hope meetings and held meetings with groups of students. While the institution has certainly undertaken sizeable investment, the audit team heard evidence indicating that problems with the IT infrastructure remain. There was, for instance, reference to slowness in the system; problems in logging on; limited wireless availability; difficulty in accessing certain services; and differential availability of updated PC software. Some 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. In the light of these continuing concerns, the 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.

107 The main University library is the Sheppard-Worlock Library on the Hope Park Campus. While the Cornerstone Campus currently has no physical library there are a number of mechanisms for delivering library services, and students indicate that there has been improvement in this respect since the last audit. Cornerstone Phase IV (building begun 2008) will include the provision of a small library. It was noted that there had been some improvement in on-site provision for Network of Hope students and, once registered, these students can also access all the University learning resource facilities online. Overall, students seemed reasonably content with library provision, although there was 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 loans.

Admissions policy

108 The University's Corporate Plan 2007 to 2011 reaffirms ongoing commitment to providing opportunities for sectors of the community who have traditionally had higher rates of exclusion from higher education, while at the same time stating the goal of raising the academic profile of the University and widening the geographical area for recruitment with an emphasis on making Hope, as an ecumenical university, a natural choice for applicants from faith schools. The Corporate Plan indicates that the policy will be implemented through targeted support including

fellowships and bursaries for particular groups. The audit team noted the recently introduced STARS scheme which aims to widen participation and enhance academic performance by supporting selected students in their final stages of schooling and in their early university career through interaction and cooperation between the University and the school in question. This was considered a very interesting and worthwhile initiative with considerable potential for enhancing the learning experience of those concerned.

109 Admissions are organised centrally by Student Recruitment, with input from the deaneries with regard to offer levels in particular areas. Academic leaders also consider admissions in their meetings. There are regular reports of progress to the Planning and Strategic Support Committee and Senate receives information on recruitment and progression data. Offer levels for the year in question are discussed by the Rectorate and Senior Management Team. Any changes to admissions regulations would be determined by academic leaders and put to Senate for approval.

110 The University offers clear information on its website to prospective students including its approach to admissions, further steps they may wish to take and the entrance requirements for particular courses. There is a developed accreditation of prior experiential learning (APEL) policy with information on the necessary documentation, procedures and appeals. Clear advice on systems and procedures are also on the web for applicants with disabilities.

111 Evidence from briefing and audit visit meetings indicated that the University had in place goals and procedures in the area of admissions and had drawn up an APEL policy. The University also offers clear advice to prospective students consulting its website. Nonetheless, the University indicated that it does not currently have a fully documented admissions policy capturing and informing the totality of its practice. The audit team, therefore, considers it desirable that the University develop further its admissions policy to capture and inform its practice.

Student support

112 Student support falls within the remit of the Pro Vice-Chancellor, Student Support and Well-being, who has responsibility for services impacting on the student experience. He submits an annual monitoring report offering an overview of work in the area to Quality and Academic Standards Sub-Committee.

113 In June 2007 the Gateway to Hope Building was opened. This groups a number of student services within its premises and offers access to the full range of services in the University via a triage system from the Service Desk operated by a team of staff and student ambassadors.

114 Students praised this integrated facility and the fact that it enabled effective access to support 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 a feature of good practice.

115 Each student should be allocated a personal tutor which would be indicated on the e-reporter data management system and, since 2008, advice on regulatory matters has also been offered in deaneries through senior academic advisers, although there seemed to be some variability in awareness among students of both roles. In 2009-10, students in programmes which cross deaneries (a minority) will be assigned a 'home' deanery. While the responsibility for the allocation of personal tutors ultimately resides with the Pro Vice-Chancellor (Student Support and Well-being) it is delegated to deaneries and departments. The audit team was assured that the practice is now to allocate students to their seminar tutor in year one; this tutor would follow them through their studies. Personal development planning is embedded within the academic disciplines in year one modules. In general, students felt that there was a sense of community permeating the University which leads to good pastoral support overall. The institution has also taken steps to promote a sense of community within residential accommodation with for example 'dining-in nights' and support from staff and senior students.

116 While the extent, timing and quality of feedback provided to students on their academic work can be subject to some variability, students indicated that they could go directly to their tutors with any academic or pastoral problems. Support provided to the Network of Hope students was also viewed positively.

117 The University has a Retention and Progression Strategy and has devoted considerable attention to reducing its attrition rate through consideration of 'at risk' students and the support of modules with success rates below the norm. This is impacting positively on retention rates.

118 Student entitlements are laid out in the Student Charter available on the website as well as other information for students including that for students with disabilities.

119 In its Corporate Plan 2007 to 2011, the University focuses, in one of its goals, on the skills and attributes sought by employers and attributes important to life in a 'humane, educated democracy'. Students indicated that opportunities for overall development were an attractive feature of the University. In addition to modules including work-based learning opportunities within certain degrees, a number of initiatives are available to help students develop employability skills. Hope Works, providing part-time campus-based employment, is a particularly valuable scheme commended by students. The University also participates in Business Bridge, a scheme involving it and three other universities in the region which enables students to work on projects drawing on their skills in placements with local employers. It was also involved in the Outlook Diversity Mentoring Scheme together with two other higher education institutions in Liverpool (but which is no longer continuing in its previous format from April 2009). The latter sought to enhance the employability of disadvantaged groups with students being mentored by a local employer to help them develop skills and confidence. The University cooperates in the national Training and Development Agency for Schools Student Associates Scheme with other Liverpool universities to offer placements for aspiring teachers in local schools. In addition, the University interacts with regional schemes that help students access job market opportunities such as 'First Move North West', a publication targeting graduates in the hospitality, construction and healthcare sectors, or the Graduate Vacancy Partnership which groups 14 University careers services in the North West of England. It also has links with Blue Orchid (a consultancy assisting business start-ups). The local links and interface reflect the University's mission that, as outlined in the Corporate Plan 2007 to 2011, includes a contribution to the life of Liverpool and the North West region.

120 The audit team noted with interest the Student Ambassador function. In addition to participation in the Gateway to Hope Service Desk, mentioned above, Student Ambassadors may also fulfil other roles, acting as a bridge between staff and students, working, for instance, with the Centre for Widening Participation (and trained by them) as a mentor for local schools, supporting summer schools and relevant residentials.

121 Students are encouraged to profit fully from the range of extra-curricular and volunteering opportunities open to them through the recognition offered by the recently introduced Service and Leadership Award.

122 The range of University initiatives, fostering career relevant skills as well as measures for active outreach, are 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.

123 The audit team considers the broad range of measures in place to support student personal development and employability to be a feature of good practice.

Staff support (including staff development)

124 Staff mentioned in positive terms the sense of community and collegiate experience within the University and the audit team noted in this connection that, as indicated in the Briefing Paper, the University has held the 'Investor in People' standard for a considerable number of years.

125 Clearly articulated systems for the management of staff on probation and for performance review for other staff are in place. New staff indicated that they had been invited to a five-day induction workshop. The standard probationary period is for 12 months during which time there are a minimum of three meetings with the line manager. Additional support is also provided through a mentor. Those new to university teaching are expected to enrol on the Postgraduate Certificate in Learning and Teaching in Higher Education.

126 Both probation review and performance review are supported by explanatory documentation, pro formas and role profiles. There is a focus on development in the review processes with the outcomes feeding into and informing staff development opportunities.

127 Research students who teach may receive some training and it was pointed out by staff with whom the audit team met that the University realises that this is an area which will have to be reconsidered in 2009-10 in the interests of improving practice. The team would encourage the University in this respect.

128 The University has a Peer Observation Scheme which takes place across departments. Key themes and evidence from the process are discussed within the deanery to inform developmental needs and highlight good practice.

129 Enhancement of learning and teaching is facilitated by the Centre for Learning and Teaching which offers a diverse range of activities. Courses on offer are advertised on the web in Hope Virtually Daily and cover areas such as the VLE; technologies for the support of learning; use of the plagiarism detection tool, Turnitin; learning and teaching approaches; and development of research skills. There is also a Good Practice Resources Databank. Under the aegis of the Centre, the Pedagogical Action Research Group has met monthly since 2001 and has also been responsible for the encouragement of annual institutional research themes, such as assessment.

130 Pedagogical development is also promoted by the 'Rector's teaching excellence awards' which may adopt a theme for a particular year that is of relevance to enhancing the institutional student experience (as in the case of the theme of feedback in 2007-08).

131 There is an 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. It was described by staff as a valuable mechanism for sharing good practice.

132 Staff in collaborative partner institutions 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.

133 The audit team would wish to commend 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.

Conclusion

134 The audit team saw evidence to suggest that the University has in place mechanisms for assuring the quality of the learning opportunities available to its home students and those studying through the Network of Hope. However, it would encourage the University to consider the desirability of reviewing the structures and processes that are in place for oversight of all of the University's mechanisms for the assurance of quality and standards to ensure that they are appropriate and effective.

Section 4: Institutional approach to quality enhancement

135 In its Briefing Paper 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.

136 To develop the Strategy further, the Enhancement Working Party was set up. The main recommendation from the Working Party was an annual 'enhancement theme' should be identified for the whole University to focus upon. For 2009 the University has identified the theme of 'research-teaching linkages'.

137 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.

138 The University holds an annual Learning and Teaching Week, an initiative consisting of deanery-focused learning and teaching days and days devoted to learning and teaching across the whole University. As part of its function it acts as a forum for the sharing of good practice. Staff met by the audit team spoke of the importance they attach to these events and the benefits they obtain from attendance (see also paragraphs 131-133).

139 The audit team came to the view that these annual events were a feature of good practice in the development of learning and teaching practice at the University.

140 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; contributions to the funding of its Writing Centre; contributions to the Postgraduate Certificate in Learning and Teaching for new and/or less experienced teaching staff; and support of the work of the University's Pedagogical Action Research Group.

141 The University hosts two Centres for Excellence in Teaching and Learning (CETLs). The LearnHigher Centre is a partnership led by the University, committed to improving student learning through the provision of resources to support students' learning development, and through practice-led research to inform their effective use. The WriteNow Centre focuses on enrichment of student's learning experience through the development of innovative evidence-based provision in relation to writing for assessment. As part of its activities it funds mini-projects within the University concerned with enhancement of assessment and/or feedback practices. Both CETLs provide pedagogical development workshops in the deaneries.

Good practice

142 The University utilises its annual monitoring and periodic review process as a means of highlighting good practice. In addition, the Quality Assurance and Enhancement Unit attends each deanery board to maintain an overview on behalf of the University. The Unit uses its web pages to share good practice examples that it identifies. Learning and teaching is a standing agenda item at Academic Committee, the Quality and Academic Standards Sub-Committee and deanery boards.

Staff development and reward

143 The University has invested in two grades of post: Associate Professor and Principal Lecturer. While both posts require a mix of expertise in both teaching and learning and in research and scholarship, for Associate Professor posts excellence in research is required, whereas for Principal Lecturer posts excellence in teaching and learning is required. These posts are seen

as promotion opportunities for current staff as they develop their expertise. The University also has processes to assist in the development of research (see paragraphs 95, 96).

Conclusion

144 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 the enhancement agenda, it is supporting and reinforcing its mission and the ethos of the University.

Section 5: Collaborative arrangements

Strategic importance and collaborative strategy

145 Collaborative provision currently comprises a relatively small proportion of the University's activities and student numbers. The University describes its approach to collaborative provision as 'cautious and focused'. However, it is planned to become a more significant activity in the future. The development of international partnerships is identified in the University's Corporate Plan as one of the institution's eight key priorities for the current planning period. This priority has been identified in relation to the University's goals of internationalisation and outreach.

Types of collaborative arrangements

146 The University distinguishes different types of collaboration which are linked to different validation processes. The University currently has limited articulation links and no franchise or joint/dual award activity. 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.

147 In practice the University's collaborative provision falls into two distinct categories. Under the title Network of Hope the University works with two Catholic sixth form colleges to provide Foundation and undergraduate degrees and the Postgraduate Certificate in Education, using the two colleges for out-centre delivery with some provision additionally available through distance learning. The operation of the Network of Hope is closely integrated with the University's home provision. The collaborative provision outside the Network of Hope involves accreditation of provision and out-centres for delivery at a variety of public and private organisations in the UK and abroad.

148 The University's practice in relation to the management of quality and standards in these two categories of provision is different and the audit team arrived at different conclusions regarding the confidence that could be placed in that practice. In order to make clear the team's conclusions regarding these two groups of provision, where appropriate, they are discussed separately.

The University's framework for managing collaborative provision

149 The University's strategic framework for collaboration was developed some time ago. The Corporate Plan identifies the need for partnerships to be developed with organisations that share its mission and values. The Quality Assurance and Enhancement Unit (QAE) has produced a handbook for collaboration and partnership which includes a set of guiding principles to govern collaborative provision. The Handbook for Partnerships and Collaboration (the Handbook) states that the principles and procedures that are described are designed to ensure that the quality and standards of learning in collaborative provision are comparable to those in home provision.

However, as detailed below the audit team found that in a number of areas practice deviated from the procedures and expectations set out in the Handbook.

150 In 2004 a Partnership Committee, which reported directly to Senate, was established to oversee collaborative provision because of its strategic importance and inherent risks. In 2006 collaborative provision was considered to be embedded in the institution and the reporting line of the committee was changed to make it a subcommittee of the Planning and Strategic Support Unit (PASS). Following a review of committee structures in 2008 the subcommittee was abolished. PASS became responsible for considering regular reports on partnership arrangements and maintaining the partnership register; the Quality and Academic Standards Sub-Committee (QASC) became responsible for receiving regular reports on quality aspects of collaborative provision. Both committees report to the Academic Committee and thence to Senate which now has little involvement in collaborative matters. The audit team noted that the minutes of PASS and QAS recorded relatively few discussions of collaborative provision compared to the minutes of the former Partnerships Committee. While appreciating the need to remove duplication the audit team considered that the removal of a single focus on collaborative provision from the deliberative structure had resulted in a loss of opportunity to coordinate the University's approach and oversight. Furthermore, the team did not endorse the view that the strategic importance and inherent risks that gave rise to a Partnership Committee previously had disappeared or diminished.

151 In common with on-campus provision, responsibility for the operational side of collaborative provision is delegated to deaneries. Staff who met the audit team stated that institutional oversight of collaborative provision also took place through deanery boards. Partners are required to establish a Board of Studies for each University programme. The University appoints moderators to partner institutions whose role is to act as the key liaison between the University and the partner and to take an overview of quality and standards as well as communications, management and operational arrangements. Moderators are line-managed by heads of department. The moderator is a member of the Board of Studies and the Examination Board for the programme. He or she submits an annual report to QAS. In addition, the sponsoring department within the University is required to appoint a subject convenor who advises the partner institution on academic matters and works with the moderator. The subject convenor is expected to visit the partner institution at least twice a year. He or she is a member of the Board of Studies and the Examination Board.

152 The Handbook states that the moderator acts on behalf of QAS to monitor academic standards and to provide an overview of the quality and standard of provision in the partner. The moderator is expected to have experience in quality assurance matters and to be independent of course teams. However, in many cases the moderator and convenor is the same person, and the audit team also noted an example of a moderator of overseas provision who was involved in the delivery of the programme. While appreciating the practicality of these arrangements, the team queried whether they were within the spirit of the policy written in the Handbook.

153 The Network of Hope is managed through a structure of regular formal meetings held at three levels. The Vice-chancellor and principals meet to discuss strategic and political development and finance; senior managers from both institutions meet to discuss and promote the strategic development of the Network's academic programme; and administrators hold regular operational meetings. The Network has a dedicated administrator within the University. Within each college there is a named coordinator who is a member of the college's senior management team and a link team involving the coordinator, support staff and programme administrators. The audit team concludes, on the basis of documents viewed and the staff and students they met, that the management of the Network of Hope was thorough and effective.

Academic Infrastructure and other external reference points.

154 The University Secretary's Office through QAE is responsible for monitoring the University's adherence to the precepts of the *Code of practice, Section 2*. This was last done in 2005. In the course of mapping its practice against the *Code* many areas were identified by the University where further development work and monitoring of effectiveness were needed. The audit team did not see evidence that all of the points so identified had been addressed and considered, and that a further review of University practice in relation to the *Code, Section 2*, was needed as soon as possible.

155 One of the University's partnerships with the Institute of Management and Entrepreneurship of Southeastern Europe (IMESE) was audited in May 2008 as part of the QAA's audit of overseas provision in Greece and Cyprus. The audit report included a number of recommendations for the University to consider its practice in relation to the accuracy of local publicity, meeting validation conditions, the need for formal legal agreements to be in place prior to commencement of programmes, staffing, assessment and the information on certificates and transcripts. The report was considered by the Rectorate, QAS and the relevant deanery board. The University acknowledged that there had been 'flaws in the use of the University's procedures for collaborative provision'. As a result of the audit report the University reviewed the role of the moderator and proposed to develop a new template for moderator reports (see paragraphs 168-169). In addition the formal agreement with IMESE was signed and formal notice given of termination. The University, in its appendix to QAA's report, stated that it had responded to all the points it was asked to consider. However, the audit team noted that many of the issues identified in relation to IMESE characterise other parts of the University's collaborative provision and the action taken in response to the report has not yet addressed these fully in a systematic way. Given that there are still students on the programme and the University's response to the overseas audit report, the team considers it advisable for the institution to address expeditiously the outcomes from that audit report, particularly regarding the role of the moderator since this will strengthen the role of the moderator with regard to other programmes.

Partnership selection and approval

156 The Rectorate is the body responsible for giving strategic planning approval to the development of a new partnership. Planning permission is granted on the basis of information provided on a form which includes information about the partner's standing, fit with institutional priorities, financial projections and levels of risk. The audit team saw the documentation for two recent proposals that had been endorsed by the Rectorate which provided the basis for the signing of memoranda of understanding. The team noted that in one of the examples the information provided did not match the headings of the proposal form. In neither case was the risk assessment completed. Although neither proposal has resulted in validation of provision, the team concluded that the processes of strategic planning and partner approval were not as secure as suggested by the Handbook. The failure to complete due diligence and risk assessments before signing memoranda and embarking on discussions of possible provision could expose the University to avoidable risk. The team recommends that the University should review its practice in relation to partner approval to ensure that it follows more closely its agreed procedures.

157 The Handbook states that 'all partner institutions shall be subject to quinquennial or shorter term review to ensure their ongoing suitability for delivery of Hope programmes'. The University does not have a separate formal process of partner review. It was stated during the audit visit that review would take place in conjunction with revalidation of courses or the termination of legal agreements. However, it was unclear what such a review process would involve or how it would be aligned with departmental review and the end dates of legal agreements. In order to ensure that the appropriateness of partnerships is reviewed regularly, together with the legal agreements that pertain to them, the University would benefit from specifying a cyclical process of partnership and agreement review in addition to the processes of PR/DR and annual monitoring that currently take place.

158 The audit team noted that the section of the Handbook relating to termination of agreements has yet to be compiled. The University is in the process of withdrawing from at least one partnership. The University will wish to develop these procedures as soon as possible to safeguard the interests of students when collaboration ceases.

Legal agreements

159 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. The moderator is responsible for ensuring that the programme delivery at a partner institution complies with the terms and conditions of the partnership agreement.

160 The Handbook notes that the exact nature of agreements will vary according to the partnership but an exemplar template of the areas to be covered has been drawn up. In order to expedite the signing of documents a new form of two part agreement, one part relating to institutional collaboration, and one part relating to programme matters, has been devised. The standard form of agreement now in use details the respective responsibilities of the University and the partner institution. However, as noted below, some clauses of the example two-part agreements seen by the audit team were contradictory, which detracts from their utility. Agreements and contracts are drawn up by the University Secretary's Office.

161 The Handbook indicates that Senate approval of validation of provision and the signing of a partnership agreement should precede the admission of students. However, there is no effective mechanism in place to ensure that legal agreements actually are in place before a programme commences. The University recruited students onto its master's provision in the United Arab Emirates in November 2007. However, the University Secretary's office informed the Education Deanery Board in October 2008 that there was no legal agreement underpinning the partnership and urgent action was required. Documents provided to the audit team indicated that this was not an isolated case and that a number of partnerships which had recruited students had no signed partnership agreement in place, a situation which in some cases had continued for some time. The University was alerted to the need for formal legal agreements to be in place before collaborative arrangements are implemented during the course of the audit of IMESE. The need to take action to ensure that the University complied with expectations regarding legal agreements was recognised by the Rectorate and at deanery level following the IMESE audit. However, staff who met the team indicated that while it was intended to deal with the problem before the end of the academic year, no date by which all collaborative provision would have appropriate legal agreements in place had been set. The team considered that the continuation of programmes without formal legal underpinnings constituted a significant risk to the institution 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.

162 The Network of Hope partnerships are based on three-year renewable memoranda of understanding which have detailed annexes and a financial letter updated annually. Review of the memoranda is discussed at the meetings of the Networks' vice-chancellors and principals and undertaken by the University Secretary's Office.

Programme approval

163 After the Rectorate has given approval in principle to a collaborative initiative a business plan, risk management plan and operational specification should be prepared for Rectorate approval. These are prepared using templates drawn up by QAE. The audit team viewed documentation used in the approval of new provision which included financial information but were unable to see examples of the completed templates.

164 The approval of a programme to be delivered collaboratively follows the normal validation procedures but with additional elements to take account of the role of the partner. Prior to the validation event a visit known as the 'pre-validation visit' takes place. The visit is carried out by a group including relevant deans, a senior member of QAE staff, the programme leader, the Director of Library, Learning and Information Services, and the Registrar. The purpose of the visit is to ascertain the suitability of the proposed environment for delivery of the proposed courses. QAE provides a checklist of items to be reviewed and templates for both the visit and specification of operations. The audit team viewed an example of a recently completed visit report to a proposed new out-centre which demonstrated that a thorough review of facilities and resources had taken place.

165 The Handbook states that the validation event itself will always be held at the partner's premises and the Validation Panel will meet all members of the programme team. However, in the case of a recent approval of an out-centre and proposed provision, the validation event took place at the University following a prevalidation visit that had taken place to the proposed location the previous month. The validation event included input from two external advisers, one of whom submitted written evidence and one of whom was present at the meeting. No one from the delivery sites was present. While in this case there was clearly a practical arrangement given the proximity of the prevalidation visit to the validation event, the audit team noted that it was not always the practice in other cases for the validation event to take place at the partner institution nor for staff from the partner institution to be involved. The University may wish to review its policies and practice regarding partner visits and the location of validation events to ensure that they are in alignment and effective.

166 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. In the case of the example noted above, the validation of MA provision in the United Arab Emirates, the validation panel made six conditions and one recommendation. Conditions are signed off by the chair of the validation panel and the director of QAE. The validation panel required the conditions to be met by mid-December 2007. However, students commenced the programme in November 2007. The conditions involved several aspects of the student handbook, student access to electronic learning materials, and the signing of a formal partnership agreement. Although a report was made on the meeting of conditions by the due date, some of the conditions, specifically the signing of a partnership agreement, were not met for another year. The audit team considered that the timings involved were not appropriate. Examples of validation events held relating to provision within the Network of Hope were also seen by the team: these events included a representative of the partner college and were timed to allow completion of formalities before course delivery began. The University may wish to review the timings of its approval events in collaborative provision outside the Network of Hope to ensure that all aspects of the process can be, and are, completed before students commence their studies.

167 Amendments to programmes follow the same procedures as used for home provision. The moderator is responsible for presenting the proposed amendment to the deanery board and to QAS.

Annual monitoring

168 The moderator is required to submit an annual report to QAS. Four such reports in varying formats were received by QAS in November 2008. The report is intended to describe the moderator's activities and to report on a broad range of matters relevant to the quality and standards of the provision. The report is intended to draw on the annual monitoring reports produced by subject teams, assessment results and external examiners reports. The moderator's report is sent by the University to the principal and higher education coordinator of the partner.

169 Not all partnerships appear to generate annual reports. The audit team considered that the absence of annual reports raised questions about the effectiveness of the monitoring of collaborative provision and the ability of the University to exercise oversight over its collaborative provision. In receiving the 2007-08 reports QAS noted that some partnerships such as the Education Deanery partnerships in the United Arab Emirates did not have a moderator. The Committee also noted the lack of contact with some partnerships, in some cases occurring only through the moderator, and the problems of aligning University and partner administrative procedures, especially where partners chose not to adopt the University's systems. A working party has been set up to consider how such systems problems might be addressed. The University agreed to produce a new moderator's report form as part of its response to the report on IMESE. However, the audit team was informed that this had not yet been done.

170 Pathway/programme annual monitoring forms require reporting on partnership liaison and articulation agreements where these are in place. The audit team saw examples of such reports which commented, for example, on collaborative provision and compared student feedback and performance for courses delivered at Hope Park and the Network.

Periodic programme review

171 The periodic review of collaborative provision is similar to that for home provision. The audit team saw examples of revalidation of programmes undertaken as part of the system of quinquennial review and under the new departmental review system. In the case of the former the review took place at the partner's institution and included the opportunity for the panel to view facilities. In the latter type of review the collaborative provision was reviewed alongside the home provision which has the advantage of allowing comparisons to be made, but the disadvantage of not being able to focus on the partner or the particular characteristics of collaborative provision.

Assessment

172 The University's assessment regulations apply to all provision with minor exceptions for two English further education colleges to fit with local requirements. Currently all Network of Hope provision and the majority of overseas provision is designed, delivered and assessed by University staff. However, this leaves a number of partnerships with institutions, including some outside higher education, where assessment is the responsibility of local staff in the partner institution. The moderator is required to oversee assessment and moderation activity in his or her partnership and is required to attend the relevant examination board.

External examiners

173 External examiners are appointed by the University for all collaborative provision. There are no additional formal University requirements or duties attached to the role in relation to collaborative provision. However, the Handbook notes that knowledge of an overseas location or ability to visit may be relevant to the appointment process. Partner institutions may be involved in the nomination of external examiners. Where the same provision is delivered at home and in a partner the same external is normally used.

174 The external examiners' form does not require specific comment on features particular to collaborative provision. However, the audit team saw examples of the use of the standard form to raise issues, for example regarding comparability of assessment practice across different centres within the Network of Hope.

Certificates and transcripts

175 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 requested to see examples of degree certificates and transcripts awarded to students studying on collaborative provision. The University was unable to meet this request. The 2008 QAA overseas collaborative provision audit of the Institute of Management and Entrepreneurship of Southeastern Europe noted that neither the name nor location of the partner appeared on certificates or transcripts and recommended the University to review its practice in this area. In response to the 2008 overseas audit the University stated that in future all certificates and transcripts would present appropriate information about the name and location of partner institutions involved in programme delivery together with information on the accreditation of prior certificated learning. The team was unable to verify that this was now the case. The team saw a template for a diploma supplement: this includes a space for the location of the student's studies to be shown but not the name of any partner institution. The University will wish to ensure that its practice is in line with its own policies on the wording of certificates and transcripts and takes cognisance of the advice in precept A24 of the *Code of practice, Section 2*.

Student involvement and feedback

176 Within the Network of Hope staff-student liaison meetings take place within the colleges attended by, and normally chaired by, University staff. Elsewhere partner institutions are required to establish and maintain a formal system of liaison meetings between student representatives and the programme team. The Handbook states that student involvement can be either through a dedicated committee or through student representation on the Board of Studies. The University Students' Union represents Network of Hope students and the Union has attended the staff-student liaison meetings at Network colleges.

177 The moderator has a responsibility to meet with the students in collaborative provision and staff who teach overseas assist in gathering feedback and student views (see paragraph 92).

Learning resources

178 The partner institution is normally responsible for providing learning space and learning resources for collaborative provision. Dependent on the nature of the agreement with the University, students may also have remote access to University learning resources. Systems are in place for checking and monitoring learning resources in collaborative provision through partner approval, validation, annual monitoring and periodic review.

179 Within the Network of Hope the coordinator is responsible for ensuring that the appropriate learning environments and learning resources and technical support are available to both staff and students. The University librarians have responsibilities for the quality of resources in the college libraries and, where appropriate, both library and IT staff attend Network of Hope management meetings.

Staff curricula vitae (CVs); associate lecturers; staff development

180 Where the University validates or accredits programmes at a partner institution the programme agreements seen by the audit team require the partner to assemble a programme team of staff contracted to teach and assess collaborative programmes as part of a general commitment to bear responsibility for the staffing of programme delivery. While contracted to the partner such staff may also have access to University staff development activities (see paragraph 132).

181 The moderator is expected to sit on panels for new staff appointed to teach on University awards in a partner and to provide the deanery board with lists of current teaching staff and ensure that associate lecturers have been appointed properly before they start teaching. Staffing matters should be commented on by the moderator in the annual report. Staffing is considered at validation and includes the scrutiny of CVs. Staffing is also considered through periodic review. The coordinator plays a key role in ensuring that additional local staffing is appropriate in the provision at Network of Hope.

182 The audit team saw examples of minutes of deanery boards which confirmed the appointment of associate staff. However, the appointees were not in all cases named and it is unclear to what extent the board was able to scrutinise their appointments in detail.

Student support

183 Examples of programme agreements seen by the audit team involve shared responsibility for student support between the University and the partner. For example, the programme agreement between the University and Merseyside Police requires the partner to provide study skills support and career mentoring and to have responsibility for welfare of students. The University, for its part, is responsible for ensuring students registered on the collaborative programme have access to the University's student support and well-being services. In the Network of Hope the role of the link team is central to the provision of academic and pastoral support.

184 Student support is considered as part of the partner and programme approval process and monitored through moderators' annual reports and the periodic review process.

185 The audit team viewed samples of student handbooks prepared for students studying in collaborative provision. The handbooks seen were variable in quality and utility. For example, an induction handbook for students at a Network of Hope college gave students comprehensive information about the two institutions, facilities, student support and general information which complemented the programme and module handbooks available to students. On the other hand the handbook prepared for students studying in the United Arab Emirates by the Education Deanery contained no local information.

Complaints and appeals

186 The standard legal documents that are used by the University specify responsibility for complaints and appeals but contain contradictory information about which processes are applicable to students studying through collaborative provision. The partnership section of the document implies that it is the partner's rules and procedures which apply, while the programme section implies that University's procedures apply. Staff who met the audit team confirmed that the institution's appeals procedures apply but complaints and student discipline could be dealt with by under either the University's or the partner's procedures dependent on the nature of the complaint. The team considered such wording to be confusing and advised 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.

Publicity and marketing

187 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 University approval, and carrying out checks on websites and publications. Within the Network of Hope the college coordinator is responsible for maintaining an overview of publicity.

188 The audit team noted that it was possible for partners' publicity to fail to reflect fully the University's policies. For example Luther King House, part of the Southern North West Training Partnership, states on its website that the Foundation Degree in Mission and Ministry has no formal entry requirements. The programme specification, however, clearly states a set of academic and personal requirements for entry.

Partnership register

189 A limited partnership register is compiled by the University and published on its website. The audit team noted that a more extensive register including all partnerships that are currently operational, as well as information on partnerships that have been established but do not currently have students, is compiled for internal use. The team found the existence of multiple versions of the partnership register confusing. It considered that the published version of the register did not fulfil the aim of precept A4 of the *Code of practice, Section 2*, which states that an up-to-date and authoritative record of collaborative partnerships and programmes operated within those partnerships should be publicly available. The University will wish to review its published register to ensure that it is accurate.

Conclusion

190 On the basis of the documentation seen and the views expressed by staff and students during the audit, the audit team concludes that the University had an effective set of policies and procedures for managing quality and standards within the Network of Hope. The management of this provision is underpinned by well established committees, defined roles, and operational procedures. The University and the Network of Hope colleges work together in a close and integrated way providing a consistent and comparable learning experience to students studying on-campus and through the Network.

191 The audit team concludes 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. The management of this provision utilises policies and procedures pertaining to the University's on-campus provision and additional policies and procedures set out in the Handbook. However, as currently designed and operated, these procedures do not provide effective assurance of the quality and standards of this part of the University's collaborative provision and do not reflect the expectations set out in the *Code of practice, Section 2*.

Section 6: Institutional arrangements for postgraduate research students

192 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 (RDAP) has been made and the University is awaiting the outcome.

Institutional arrangements

193 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, the latter overseeing all issues relating to research degrees, monitoring data on completions and details of registration. 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.

194 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. Discussions with students and staff confirmed the usefulness of the Handbook.

Research environment

195 The University aims to be a research-active University and has invested in changing its academic staff profile to focus more on research capability. It does not, however, see itself as research intensive. It submitted 26 per cent of its academic staff in the 2008 Research Assessment Exercise (RAE) and has committed to investing all 'new' money (apart from some top-slicing) from the RAE to promote research activity in the next cycle.

Selection, admission and induction

196 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. The University has admitted a significant number of overseas research students to its home campuses and states it rigorously checks the equivalence of foreign qualifications. There is also a procedure in place for the accreditation of prior experiential learning. Admissions decisions are made at a senior level and are independent of the supervisory team.

197 Research students' responsibilities are specified in the Handbook along with their entitlements to supervision. The Handbook, however, does not set out student entitlements in relation to facilities and resources. In meetings, it was confirmed that no generic entitlements were specified, it was the responsibility of deanery research coordinators to ensure appropriate resources were provided. Students seen by the audit team confirmed they were satisfied with the facilities and resources available to them.

198 The University arranges a biannual programme for new students which includes an orientation session; a dedicated introduction is offered for overseas students; a study day on 'Becoming an effective Postgraduate'; support sessions run by the Postgraduate Office; and institution-wide social events. Supervisors are responsible for provision of subject-based induction. Students seen by the audit team spoke in positive terms of their experience of induction.

Supervision

199 All supervisory arrangements, internal or external, must be approved by the Research Degrees Sub-Committee. The Handbook articulates criteria relating to qualifications, research expertise and experience, supervisory and examining experience of research degrees and research activity. Mandatory training is available for staff new to supervision while opportunities exist for continuing development of experienced supervisors.

200 The University operates a policy of team supervision where every research student has at least a first and second supervisor. Their duties are detailed in the Handbook. At least one of the supervisory team must be a designated senior research student supervisor, a supervisor who has played a significant role in supervising at least two students to completion; has undertaken supervision training; normally has a PhD; and has recent evidence of research. If the proposed

supervisory team does not include a senior research student supervisor, one is added to the supervisory team with the remit of overseeing the supervisory process. Normally a member of staff should not be first supervisor of more than six students although this can be extended with the formal approval of the Associate Dean (Postgraduate).

201 Students seen by the audit team confirmed their satisfaction with their supervision arrangements.

Progress and review arrangements

202 The University requires supervision sessions to take place monthly. These are expected to include a review of progress, planned and recorded using the University's supervisory log and based on the student's agenda which is submitted in advance. Agreed outcomes and targets are entered into the student's personal development log, which is accessible to the supervisory team.

203 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. The student completes an electronic review form. This is submitted to the first supervisor who adds observations and those of the other members of the supervisory team. After scrutiny and comment by the departmental director of graduate studies, this form is submitted to the University of Liverpool. If progress is deemed unsatisfactory there are a number of remedial possibilities available but, if these are unsuccessful, ultimately the first supervisor and/or director of graduate studies may recommend initiation of the termination procedure to the University of Liverpool.

Development of research and other skills

204 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. All such events are open to all research students. 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.

Feedback mechanisms

205 The University has had difficulties in its attempts to set up a formal Postgraduate Research Staff-Student Forum. It is trialling a less formal approach where all research students are invited to attend regular meetings and has had some success in encouraging student attendance. In addition, research students participate in the national Postgraduate Research Experience Survey, have annual review meetings with an independent senior member of staff, and provide feedback through the annual progress report and through an optional evaluation form.

Assessment

206 The definition of standards and the examination framework are the responsibility of the awarding body, as are appeals.

Representations, complaints and appeals

207 The University has a comprehensive complaints procedure applying to all students. However, as noted in the RDAP report, this is not mentioned in the Handbook. The University may wish to consider adding such details to the Handbook.

Conclusion

208 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

209 The audit team viewed a range of paper and electronic information including the University and Unistats websites, handbooks, and prospectuses. The University has both external web pages and an intranet for staff and students. In addition, each deanery has a set of web pages, underpinned by central procedures and policies, which provide area-focused information for students and external users. Deanery pages include staff profiles and details of academic provision. The intranet includes a student information portal which is used, among other things, to publish assessment tasks, module and progression results. Information on appeals, complaints, as well as other policies relevant to students, is clearly displayed.

210 The University regards the web as the main means by which students are provided with information relevant to student support, learning resources and policies such as appeals and complaints. Students considered that the information portal was useful, but noted that some areas are not updated regularly. They also found navigation of the website difficult and some information hard to find. Access has been affected by the technological problems experienced with the University's IT systems, reducing significantly the value of the portal to students.

211 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. The website is currently under review but the University stated that progress has been slower than anticipated because of issues concerning the relationship between University-owned and subject-owned information.

212 The audit team noted the emphasis placed on good internal communications by the Marketing team which publishes a daily virtual news sheet and a monthly electronic newspaper, *The Hope Times*.

213 Students receive a number of handbooks. Departments produce student handbooks which contain information about administrative matters and procedures related to the relevant deanery. In addition, students receive a programme handbook which provides both practical and academic information, and module handbooks. Handbooks may be either in hard copy or supplied electronically. Students were generally satisfied with the information provided through handbooks but noted that some handbooks contained more detailed information than others. Students also noted unfavourably the need to print hard copy of some handbooks themselves.

214 The University has identified the need to reduce the variability in quality of handbooks and is currently discussing minimum requirements for handbooks with staff and the Students' Union.

215 Network of Hope students additionally get a handbook from their partner college which gives information about the college and arrangements relevant to Hope students. The audit team also viewed a version of a programme handbook produced for out-centre delivery which was less informative (see paragraph 185).

216 Deaneries supply programme information for the University prospectus in response to a set of standard questions. The Marketing team checks, where possible, collates and edits the information and the University Secretary's Office approves the final text. The Secretary's Office also maintains the online prospectus.

217 The University relies on the deaneries to provide accurate information, recognising the limits of checking all information independently, and placing trust in the awareness of others of the importance of correct information. For their part, students stated that the prospectus was very accurate. However, students noted that some aspects of the pre-arrival information, particularly concerning accommodation, could be improved.

218 The University publishes electronically the items listed in HEFCE 06/45 Annex F, including the mission statement, corporate plan, the Quality Assurance and Enhancement Unit's (QAE) policies and processes, the learning and teaching strategy, assessment regulations and programme specifications. The publication of programme specifications is coordinated by QAE, which is responsible for seeing that up-to-date and approved specifications for each programme and pathway are produced by departments. A dedicated portal for employers, the business gateway, has also been developed.

219 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.

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