Action Plan in response to QAA Higher Education Review

	Actions in respect of RECOMMENDATIONS				
	Recommendation *(key reference paras in QAA HER report in italics; plus QAA indication of risk)*	**Actions**	**Responsi-bility**	**Timescale**	**Success Indicators**
R1	Establish robust central oversight of student complaints and academic appeals, including analysis and discussion of emerging trends, and ensure that appropriate action is taken (Expectation B9) *QAA HER report 2.94 – 2.103* *MODERATE RISK* Ovearall lead: REGISTRAR Supported by: HoS SHAS	1. All instances of student complaints (all levels) and Academic Appeals are maintained centrally, under the leadership of the Registrar. There is one central repository for each.	Complaints = Student Conduct & Complaints Manager (TBA) Academic Appeals = Head of Student Records, Timetabling, Assessments & C'monies	By August 2015	1.Central repositories in place and with a complete data set for 2014/15.
		2. High-level Policy documents to be created for both Complaints and Appeals, which provide specified timelines for analysis reporting, and identify the locus of governance/sign-off at institutional level.	Registrar	August 2015	2.Policy documents approved by SMT and circulated to all University staff.
		3. Analysis reports re Complaints and Appeals for 2014/15 (including trends and proposed actions) from Registrar to SMT at first meeting of 14/15.	Registrar	August 2015	3.Report received and signed off by SMT.
		4. Analysis report (including trends and proposed actions) from Registrar on 2014/15 to Academic Board at meeting on 9th September 2015 (and on an annual basis thereafter)	Registrar	September 2015	4 and 5 Academic Board and SMT are assured through reporting that

					central oversight by the Registrar is in place. Analysis and discussion of trends informs appropriate actions that contribute to ongoing strengthening of the appeals and complaints procedures, clearer understanding of root causes of appeals amd complaints,
		5. Analysis reports for Academic Appeals to be presented to SMT and the SU President three times per annum, following each assessment period, (Sem 1, Sem 2 and Resit periods)	Registrar	February 2016; June 2016; August 2016.	improvement in the rate of early stage resolutions and the enhancement of the student experience.
		IN ADDITION (to demonstrate good practice) 6. Complaints policy and procedures reflect OIA guidance (published 2014)	Registrar	End September 2015	6. Mapping exercise shows policy and procedures map to OIA gudiance
R2	Ensure that all staff who prepare modules and programmes for validation and revalidation are fully conversant with the key external reference points (Expectation A1) *QAA HER report 1.8 – 1.11* *LOW RISK* Overall lead: REGISTRAR Supported by: Senior Director of People	1. Using the Val/Reval schedule following the July VRC meeting, to identify all academic staff who will be involved in the preparation of modules/programmes during 2015/16 (end of July 2015)	Head of QAE	August 2015	1.The Val/Reval Schedule for 14/15 extended to incorporate academic leads for each Programme/Module.
		2. Organise workshops for the identified academic staff re the UKQC and the key external reference points for academic standards. Initial workshops to be completed by 21 September 2015, with a rolling annual programme confirmed by 30th September 2015.	Registrar & Head of QAE	September 2015	2 (a) Training date confirmed as 7/9/2015
			Head of QAE	Schedule by September 2015, delivery dates TBC	2 (b) Publication of annual training programme published to PVC (Academic); HoS; ADs; PDs.
			PVC (Academic) & HoS		2 (c)100% of all staff due to be involved in Val/Reval during

				2015/16 have attended a training workshop on the process, evidenced by attendance register
		Head of QAE	February 2016; June 2016	2 (d) An audit of documentation confirms a more consistent approach to the use of key external reference points is evident
	3. In addition, schedule and deliver refresher workshops for those who are not engaged with re/validations but who may be involved with new module / modification to module activities.	Head of QAE	Schedule in August 2015; workshop dates TBC in Sept 15.	3. Publication of (a) schedule of named staff, and (b) workshop dates.
	4. Ongoing Val/Reval schedule to be developed and agreed earlier in the academic year 2015/16 with workshops put in place earlier during Spring 2016.	HR/Staff Development and Head of QAE	During 2015/16.	4 (a) Publication of VRC-approved schedule by November 2015 4 (b) Publication of workshop dates by February 2015. 4 (c) Workshop attendance evidenced through attendance register
	5. The new AD/PD Development Programme needs to incorporate this as part of one of the modules.	Director of HR	Summer 2016 onwards	5.For 2016/17 all new AD/PD's appointed will undertake the new Development Programme which will include a section on Val/Reval process.

		6. Create a guidance document with some FAQ's on the process that is on the relevant part of Staff.net.	Head of QAE	October 2015	6. Guidance document and FAQs published to all staff associate with the Val/Reval process.
R3	Ensure that all those who teach and/or assess, including postgraduate students, are appropriately qualified, supported and developed (Expectation B3) *QAA HER report 2.28 – 2.34* *MODERATE RISK* Overall leads: DIRECTOR OF LEARNING AND TEACHING; SENIOR DIRECTOR OF PEOPLE Supported by: HoS ETL	1. Establish an Institutional Policy on the qualification requirements for all those who teach and/or assess taught programmes; the policy will be applicable to all academic staff, Post Graduate Research students and Graduate Assistants who teach or intend to teach and/or assess students' work.	Director of Learning and Teaching (DoLT) in collaboration with the Research Office and HR	November 2015	1(a). Institutional Policy for all those who teach and/or assess (including academic staff, PG students and Graduate Assistants) agreed and implemented by 11/15 1(b). All job descriptions for new teaching posts will include the requirement to have, or be willing to attain appropriate teaching qualification or equivalence as stipulated in the Institutional Policy
		2. Standardised communication to all new academic staff (06/15) and recently appointed staff (within 18 months) requiring their: a) attendance at Academic Induction (T&L working with HR, 09/15 & semester 2 starters, 01/16) b) where necessary, attainment of an academic Higher Education Teaching Qualification or minimum of UKPSF Descriptor 2 (Fellowship) equivalent c) engagement with the Teaching and Learning Development Framework for on-going academic professional support and development	DoLT in collaboration with HR	September 2015	2. As a minimum requirement all new academic staff and those recently appointed will have participated in the Academic Induction course and attained D2 Fellowship status of the HEA or a PG Cert in Academic Practice over a period of no more than three semesters. This will be included as a probationary objective

		3. Standardised communication to all new PGR students & Graduate Assistants who teach and/or assess requiring their: a) attendance at Teaching Skills for Postgraduate Students Course (T&L working with Research Office, 09/15 & semester 2 starters, 01/16) b) engagement with Teaching and Learning Development Framework for ongoing academic professional development	DoLT in collaboration with Research Office	September 2015	3. As a minimum requirement all PGR students and Graduate Assistants will have completed Teaching Skills Course
		4. Standardised communication to all Programme and Academic Directors and Heads of School outlining the requirement for all new and recently appointed academic staff, PGR students and Graduate Assistants to engage with Academic Induction and TLDF (06/15)	DoLT	September 2015	4.Communication actioned (Complete 06/15)
		5. Attendance system in place to monitor participation of new and recently appointed academic staff, PGR students and Graduate Assistants with academic induction courses and Teaching and Learning Development Framework to gain HEI teaching qualification or equivalent	DoLT in consultation with HR and Research Office	September 2015	5. Learning and Teaching Directorate to monitor engagement of all new and recently appointed academic staff, PGR students and Graduate Assistants with the Academic Induction courses and TLDF and signal lack of progress to Heads of School as necessary; line managers to monitor through probation objective
		6. All experienced staff not holding a teaching qualification for HE or UKPSF D2-equivalent will be expected to work towards this requirement, as set out in the Institutional Policy, within three semesters of registering for the TLDF's Accredited Individual Route	DoLT with Heads of Schools	From September 2015	6.All experienced staff to have gained a minimum UKPSF D2 professional recognition within three years of the Institutional Policy being established

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		7. Development of TLDF staffnett pages (05/15) and staff TLDF Moodle portfolio (07/15) and awareness raising programme by means of TLDF workshops, Programme /Academic Director forum sessions, Annual Conference & use of TLDF staffnet (05/15)	DoLT	August 2015	7&8 Development work complete and timely use of events for awareness raising (Complete 07/15)
		8. Launch of Senior Fellowship programme targeting Heads of School and Academic Directors	DoLT	May 2015	
		9. 2015/16 University and School Learning, Teaching and Assessment (LTA) Action Plans to include targets on academic professional development, enhancement of student learning opportunities and student engagement for retention, satisfaction and success	DoLT	September 2015	9. Teaching and Learning Committee to annually approve outcomes of School LTA actions plans as evaluated against University LTA targets of academic professional development, enhancement and engagement
		10. Training in place to support Academic staff understaning of the University's policy on research-enriched teaching and how this informs their teaching and or assessment of students' learning.	DoLT in collaboration with Research Office	October 2015	10.All academic staff are knowledgeable of the Policy on research-enriched teaching and are able to cite examples of how the policy informs their practice.
R4	Implement a system to ensure that reciprocal appointments of external examiners are avoided (Expectation B7) *QAA HER report 2.78* *LOW RISK* Overall lead: REGISTRAR Supported by: HoS MSS	1. Head of QAE to work with Heads of Schools to collect the data required for an accurate register of all External Examiner work undertaken by St Mary's staff (interim update to HoS by 1st August 2015)	Head of QAE	By September 2015	1.Accurate register of External Examiner work by St Mary's staff signed off by HoS.
		2. Head of QAE to update the External Examiner Nomination form and Guidance Notes (by 1st August 2015) in order to capture potential reciprocity.	Head of QAE	August 2015	2. System established that easily identifies potential conflicts of interest; embedded within QAE framework; no reciprocal arrangements in place.

		3. Head of QAE to provide report on External Examiner provision both to and from St Mary's to VRC (September 2015 meeting)	Head of QAE	August 2015	3. VRC Minutes evidence completion of action.
		4. Annual request for external examination work will be added to the annual staff information check process conducted by HR. Information will be collated and sent to the QAE office.	HR	Annually	4.Sign-off by HR Director to confirm update to the annual staff information check process.
R5	Review and communicate the guidance available to students to enable them to benefit from reading external examiner reports and the responses to them (Expectation B7) *QAA HER 2.77* *LOW RISK* Overall lead: REGISTRAR Supported by: HoS MSS	1. Registrar to ensure the inclusion of relevant information about the role and purpose of External Examiners in Induction information for new students in September 2015 (by 31st August 2015)	Registrar	By September 2015	1.Information evident in Induction Information for new students.
		2. Registrar to provide specific information to the Student Union and Programme Reps at the beginning of each academic year (1st September 2015) and include reference to where the reports will be made available (e.g. MyModules).	Registrar	August 2015	2. Confirmation from the SU President as to receipt of information and cascade to Programme Reps.
		3. Registry to schedule communications to students (around Semester 1 and Semester 2 examination periods and Exam Boards) on MyModules regarding the publication of External Examiner reports and the University's responses to these. In addition, Registry to ensure the creation of a central Intranet space for the posting of all such reports.	Head of Student Records, T'tabling, Ass/ts & C'monies	January and July 2016	3. Evidenced publication of communications to students and the creation of the central Intranet space.
		4. Programme Directors to send personalised email to all their students, (with relevant reports attached), and to include link to Intranet site.	HoS	UG October 2015; PG Feb 2016	4.HoS sign-off of completion of PD communications.
		5. Proforma for student feedback on EE reports and programme response circulated to programme reps, presented at programme Boards and then forwarded to EEs.	HoS/Head of QAE	UG Autumn 2015; PG Winter 2015/16	5.HoS sign-off of this activity being reflected in Programme Board Minutes.
		6. SU to facilitate student feedback as to the knowledge and accessibility of the EE reports	SU President	Nov 2015; Feb 2016	6. Any student is able to locate the relevant External Examiner report and St Mary's

					responses to them. When asked about whether they know how to locate these reports, students consistently respond in the affirmative.
R6	Secure central oversight of the schedule for the review of memoranda of co-operation and operating arrangements with the University's delivery organisations (Expectation B10) *QAA HER report 2.119* *MODERATE RISK* Overall lead: REGISTRAR Supported by: PVC (GE)	1. Update and revise the schedule of MoCs so that both expiry dates and review dates are clear	Head of QAE	By September 2015	1.MoC schedule is clear, accurate, accessible, regularly updated and facilitates timely planning with regard to contract review and renewal.
		2. Provide an updated register of MoCs to the Collaborative Provision Sub-Committee and include a review of expiry dates as a standing agenda item with effect from September 2015	Head of QAE	By September 2015	2.Evidenced by Minutes of CPSC which continue to be reported to Academic Board as a standing item.
		3. Liaise with legal Services to ensure Contracts Policy reflects revised practice.	PVC (Global Engagement)	September 2015	3.Sign-off by PVC (Global Engagement)
R7	Strengthen the central oversight of research degree provision (Expectation B11) *QAA HER report 2.127-2.142* *LOW RISK* Overall lead: PVC (R&E) Supported by: HoS A&H	1. Appointment of PVC Research and Enterprise will ensure central oversight at SLT level	SLT	September 2015	1.Senior level management to provide strategic direction
		2. University Research and Enterprise Strategy to be revised during 2015/16.	PVC R&E and Research Office	February 2016	2. Coherent expansion of PGR activity within new Research Strategy and institutional objectives, e.g. RDAP.
		3. Institutional data on progressions and completions will be reviewed annually in April by RSSC, reported to REC and fed into the annual reports to our validating bodies - University of Surrey and Liverpool Hope University.	Head of Research Office	April 2016	3. Establishing data set for trend analysis and item in annual report 2016

		4. Increase in frequency of meetings between Research Office Research and School Research ADs to quarterly; meeting schedule in place by September 2015	Head of Research Office/ADs	Sept 2015	4. Agenda/Minutes of AD meetings to evidence engagement.
		5. Attendance of Research Office at School Research Committees once a semester to implement and monitor a more systematic approach to committee work that has parity across the institution (including an annual meeting schedule, more comprehensive and accurate minuting, set agendas that reflect ToR)	Head of Research Office	April 2016	5. Minutes and record of sharing of best practice across University
		6. RSSC to meet annually in April to review PGR programme.	Head of Research Office/RSSC	April 2016	6. Action points fed back into management of PGR programme.
		7. Research Office to make evident the Post Graduate Research admissions criteria for interview (based on Liverpool Hope Guidance)	Head of Research Office	November 2015	7. Implement use systematically for all PGR admissions during 15/16. Review at RSSC in April 2016.
		8. Provision of dedicated PGR learning space on campus (room G6a)	Director of Estates	September 2015	8. Service use and PGR student feedback
		9. Inclusion of PGR students in the events seeking student feedback on the University for the Corporate Planning process	Director of HR	November 2015	9. Feedback influences Corporate Plan
R8	Identify and make more effective use of the categories of data that will best support the University's management of academic standards, quality and enhancement (Expectation C). *QAA HER report 3.4 – 3.9* *MODERATE RISK*	The following cross reference to other parts of this action plan and will contribute to a more systematic and analytical approach to the management, use and analysis of information focussing upon the entire student trajectory from enrolment to employment or futher study: • A review of the Committee structures (R12), will establish a systematic mechanism for the routine and robust scrutiny of data pertaining to the management of standards, quality assurance and student outcomes. • Protocols for tracking cumulative changes to modules and their consequent effect on programme specifications are detailed at A1. • Assurance that PGR students, including all those who teach and/or assess have undertaken training to teach is detailed at R3. • A formalised system to record staff undertaking duties as external			Overall, success will be an embedded an accountable approach to the enhancement of the quality of student learning opportunities, informed by data.

Overall lead: REGISTRAR Supported by: HoS SHAS	examiners is detailed at R4. • A management information system used to systematically record and monitor student complaints and academic appeals is detailed at R1. Additional actions:			
	1. Introduce Qlikview (data management and reporting system) and associated training for staff.	Registrar	By September 2015	1.Qlikview in place and schedule of training sessions publicised.
	2. Review the accessibility of data to HoS/PDs related to student achievement, retention, satisfaction and employability, to ensure ease of analysis and embedding within the ASPER process. Issue clear guidance by 31st August 2015.	Registrar	September 2015	2. Publication of guidance note to all staff (predominantly HoS and PDs) associated with the ASPER process.
	3. Give all protected characteristics appropriate attention and importance when reporting on Equality and Diversity data within the ASPER process for 2014/15 and onwards (by 31st August 2015).	HoS	August 2015 onwards	3.Evidence of inclusion of all relevant protected characteristics in ASPERS, signed off by HoS.
	4. Enable Academic Staff to take informed and proactive action (via the provision of live and accurate data both pre-entry and during academic sessions); identify existence of students who require additional requirements and make timely interventions accordingly – via the Qlikview reporting tool as of 2015/16, (and ultimately via improved MI capability within the new Student Records System)	Registry/ Head of Corporate Planning	August 2015 onwards	4 (a) Notification to academic staff of students with additional requiremetns entering in September 2015. 4 (b) Provision of end of Semester 1 update re student engagement, attainment and retention. 4 (c) Provision of end-of-year update re student engagement, attainment and retention.

		5. Maximize the use of achievement data to produce reports which identify groups who display very strong correlations of low/high achievement, and triangulate with survey results to further contribute to targeted action plans for enhancement (provided by 31st September t 2015 for 14/15 data)	5 (a) HoS	January 2016	5.(a) Evidenced use of achievement in all ASPERS, carried forward into Action Plans as appropriate, and signed off by HoS and reported in HoS overview .
			5 (b) DoLT	November 2015	5(b) Register of good practice collates and disseminates teaching excellence in supporting students additional learning requirements.
		6. Head of Corporate Planning to undertake a comprehensive benchmarking exercise to compare data and enable a better understanding of the University's performance	Head of Corporate Planning	December 2015	6.Dissemination of robust benchmarking data which uses a RAG rating to compare St Mary's to competitors and identifies areas of focus.
R9	Ensure that academic and regulatory frameworks, policies, procedures and guidance are aligned with the Quality Code and reviewed regularly (Expectation A2) *QAA HER report 1.43* *LOW RISK* Overall lead: REGISTRAR Supported by: HoS A&H	1. UKQC Part A and C mapping process to be completed	External Consultant/ Head of QAE	By December 2015	1.SMT sign-off of mapping process for UKQC Parts A and C.
		2. All new editions and annual revisons of academic and regulatory frameworks, policies, procedures and guidance to state clearly the UKQC reference points with which they are aligned – with sign-off by the identified owner, and central oversight recorded and reported to VRC by the Head of QAE	Head of QAE	By June 2016	2 (a) Implementation of revised process for annual review and updating of academic and regulatory frameworks, policies, procedures and guidance, to ensure continuing UKQC alignment.

		3. Complete revisions and refinements to QAE processes identified through the review undertaken by the Interim Head of QAE, November 2014-March 2015	Head of QAE	By June 2016	2 (b) Schedule of cyclical review is in place and reported to Academic Board. 3.Academic Board receives a report related to an external audit of documentation which confirms that all have been updated appropriately, assuring the board of full alignment to the UKQC.
R10	In partnership with students, articulate and implement a shared strategic approach to promote and embed student engagement in quality assurance and enhancement (Expectation B5) *QAA HER report 2.59 – 2.61* *MODERATE RISK* Overall lead: PVC (AS) Suppoprted by: HoS ETL	1. Shared strategic approach to the promotion and embedding of student engagement in QAE articulated as a plan, building upon exisiting Student Engagement, Retention and Success Strategy by 30th December 2015	PVC (Academic Strategy) with SUPresident	December 2015	1, 2, 3. The engagement plan is aligned to Expectation B5 of the Quality Code and indicates how it will be embedded within University structures/processes
		2. Engagement Plan shared with Institutional Committees during Spring 2016	PVC (AS) with SU President	Spring 2016	
		3. Awareness raising events with staff and students Spring/Summer 2016	PVC (AS) with SU President	March – June 2016	
		4. Student engagement in quality assurance and enhancement is identified as a priority in the new Corporate Plan.	PVC (AS)	March 2016	4. Clear strategic theme related to student engagement is evident
		5. Programme Representation Group (termly, reporting to TLC and chaired by SU President) to monitor effectiveness of new SU Executive Committee structure (which enables more representation on groups and committees) in supporting the promotion and embedding of student engagement in QAE	SU President	Nov 2015; March 2016; June 2016	5, 6. Data related to prog rep attendance (increase in %) and engagement (as noted in relevant committee minutes) demonstrates improvement

		6. Heads of School actively engage with student representatives to monitor effectiveness of representation and staff engagement with programme reps at programme and School level; report to Programme Representation Group termly	Heads of School with SU President	Nov 2015; March 2016; June 2016	
		7. Maximize the use of available data about Student well-being and engagement by staff across the University. The incorporation of UKES results in annual monitoring along with module evaluations, NSS, DLHE, PTES and PRES results, will enable a comprehensive analysis of key student satisfaction and engagement data at programme level . The analysis will be used to identify areas of concern and best practice. (June-July 2016, for 15/16 data)	Head of Corporate Planning and DoLT	June-July 2016	7.School level plans to improve the student experience (part of ASPER) evidenced by data about student well-being and engagement.
		8. Embed the Student Voice as an important element of quality assurance and enhancement (to include, increasing academic and support staff awareness of surveys running throughout the year; create a University survey map/timeline and survey briefing pack; introduce a central point of authorization for all St Mary's surveys to avoid survey fatigue and student disengagement); work in partnership with the SU to agree a communications plan to students re enhancements and improvements to ensure that a strong feedback loop exists (by January 2016)	Head of Corporate Planning	By January 2016	8. A central resource which manages student surveys along with the production of guidance to staff conducting surveys including a clear process by which surveys are managed and outcomes communicated effectively
R11	Formalise the protocols by which the University can assure itself at institutional level that the information it produces about its higher education provision is fit for purpose, accessible and trustworthy (Expectation C) *QAA HER report 3.4 – 3.8* *MODERATE RISK*	1. Develop a policy regarding the information about the provision of higher education to evidence that St Mary's University meets Expectation C of the UKQC. The Policy must: a) identify and specify the provison of information (within the framework of the QAA) in relation to both the external and the internal arenas, b) Incorporate a review of the mechanisms by which the University publicises information/the availability of information to both internal and external markets c) Identify the locus of sign-off (at PVC level or specified nominee) for each type/source of information d) assign responsibility to audit committee for strategic oversight and periodic review of the QAA indicators of sound practice in order to	Registrar/ Head of QAE	By June 2016	1.Approval of an Information Policy by SMT which mets the identified criteria, and sign-off by Academic Board by Easter 2016. Auidt committee oversight assures efficacy of process.

	Overall lead: REGISTRAR Supported by: Chief Operating Officer	ensure that arrangements for the provision of information are comprehensive and coordinated. e) Recognise the synergies with other elements of this Action Plan and cross-reference accordingly (for example, R8)			
R12	Develop and codify a University-wide approach to enhancement that is strategic, systematic, planned and coordinated, and embed it at all levels throughout the institution (Enhancement) *QAA HER report 4.3 – 4.8* *MODERATE RISK* Overall lead: PVC (AS) Supported by: PVC (GE)	1. Use evidence from reviews to inform development of a new Enhancement Policy in consultation with Students, Academic Board and its sub-committees 2. Articulate and communicate the new Enhancement Policy University-wide. Ensure policy can be simply described diagrammatically. 3. Embed, monitor and evaluate (use an external) (January - June 2016) 4. Enhancement is identified as a priority in the new Corporate Plan.	PVC (AS) PVC (AS) PVC (AS) PVC (AS)	December 2015 January 2016 January – June 2016 November 2015	1, 2. Enhancement Policy is aligned to the Quality Code, addresses issues raised by QAA HER (HER report section 4) and is understood by staff and students. Continuous improvement of student learning opportunities is evident and measured using student outcome metrics as defined by the Corporate Plan. 3. The QAA find evidence that the policies, structures and processes in place are effective in enabling the University to take a strategic approach to the enhancement of student learning opportunities. 4.Institutional commitment to a strategic apoproach to enhancement is evidenced through the Coporate Plan.

		5. Complete revisions and refinements to QAE processes identified through the review undertaken by the Interim Head of QAE, November 2014-March 2015	Consultant/ Head of QAE	December 2015	5 - 8. Reviews inform development of Enhancement Policy for improved strategic coordination by SMT, Academic Board and its sub-committees
		6. Complete review of committee structure	External consultant	October 2015	
		7. Clarify individual and committee ToR and responsibilities in relation to enhancement, in th light of committee structure review	Registrar	November 2015	
		8. Review co-ordination of enhancement reporting mechanisms (eg ASPERs and use of data, T&L action plans, Academic Health Report) to achieve more timely and clearer reporting and clarity of oversight (cross-reference to R8 and R10); specific revisions reported to SMT and Academic Board and its sub-committees	Head of QAE and DoLT	October 2015	
		NB all actions related to recommendations, affirmations and aspects of good practice within this plan also impact upon R12			

	Actions in respect of AFFIRMATIONS(the following actions were identified by the QAA as those that the University is already taking to make academic standards secure and/or improve the educational provision offered to its students; they will be monitored as part of this action plan)				
	Affirmation	**Actions**	**Lead**	**Timescale**	**Success Indicators**
A1	The steps taken by the University to strengthen central oversight of programme and module modifications over time (Expectation A2.2) Overall lead: REGISTRAR	1. All Module Modifications are now reported from SVRCs to the QAE Office on a monthly basis; reported by way of a standing agenda item at VRC 2. VRC to consider and agree a standard %of module/programme modifications at which point a new Validation is to be triggered (by 31stDecember 2015) 3. Head of QAE to monitor the level of changes and provide a standard template analysis to VRC every quarter. This analysis should identify frequency and trends across Programmes/Schools, and also highlight the driver behind each change request (eg: student feedback, external driver such as PSRBs etc) 4. Oversight of programme and module modifications is embedded within committee business.	1 – 4. Head of QAE	From July 2015 December 2015 From October 2015 By January 2016	1 – 4. internal audit of procesese (by QAE office) indicates that systems related to programme and module modifications are embedded within committee business.

A2	The steps being taken to address the shortage of physical learning spaces, for example the development of an additional library building (Expectation B4) Overall lead: CHIEF OPERATING OFFICER	1. Additional1,300m Learning Resources facility will be operational 2. Upgrade to the area in the Strawberry Hill campus LRC, vacated by the relocated Education Library 3. Dedicated PGR learning space to be established by September 2015 4. Consideration will be given to the implications for physical learning spaces arising from the Use of Technology strategy being drafted, due for approval in autumn 2015 5. Upgrades to the VLE to enable mobile responsiveness underway; SharePoint upgraded to better support mobile devices 6. Improved Virtual Desktop Infrastructure supporting 100 zero clients in LRC	1 – 3. Director of Estates 4 – 6. Chief Information Officer	Sep 2015 Sep 2015 Sep 2015 Nov 2015 Dec 2015 Dec 2015	1 - 4. Completion of works to timetable 5. - 6. Student feedback indicates improved satisfaction with learning resources and learning spaces (NSS, module evaluation, programme/School reps)
		7. Learning spaces a key priority within the new Estates Master Plan	7. Chief Operating Officer	Dec 2015	7. Inclusion in estates Masterplan indicates institutional commitment to ongoing development of learning spaces
A3	The reintroduction of panels in the revalidation process to provide more challenging scrutiny of proposals (Expectation B8) Overall lead: REGISTRAR	1. Revalidation panels are already included in the detailed timelines for the schedule of programme approvals for 2015/16 2. The schedule for the coming academic year is approved by VRC – the July 2015 meeting will consider the schedule for 2015/16 3. During 2015/16, students will be included as validation/revalidation panel members, following a pilot during 2014/15. Student /staff feedback will be collected to evaluate success of this initiative. Students will be trained to undertake this role.This also links to R10.	1 – 3. Head of QAE	July 2015 July 2015 June 2016	1 – 3. Analysis of revalidation reports (reported through the Annual Academic Health Report) shows greater challenge in relation to scrutiny of proposals. 3.Evaluation of student involvement informs ongoing development of policy related to student engagement with Quality Assurance and Enhancement processes.

	Actions in respect of GOOD PRACTICE				
	Area of good practice	**Actions**	**Lead**	**Timescale**	**Success Indicators**
GP1	The Learning Advice Service, which provides a range of information and advice on academic study skills for a diverse student population (Expectation B4) Overall lead: DoLT	1. Disseminate features of good practice in developing academic study skills for a differentiated set of learning needs to Academic and Programme Directors at Forum Sessions, Teaching and Learning Excellence Workshops and TLDF portal (November 2015 – February 2016) 2. Learning Advisers to have access to student data and information that signals L4 students at risk of making academic progress due to under-developed academic study skills	DoLT DoLT	Nov 2015 – March 2016 March 2016	1, 2. Continued improvement in relation to student retention and attainment.
GP2	The clear and comprehensive sets of assessment criteria for different modes of assessment, which promote consistency of assessment and assessment literacy in both staff and students (Expectation B6) Overall lead: DoLT	Review of each set of assessment criteria during review of the University's Assessment Policy necessitating: 1. Formation of working groups to evaluate the usability of the criteria sets at programme level 2. Use of NSS data (including student comments) and other student feedback to highlight areas for improvement 3. Benchmarking assessment criteria against standardised sector norms, 4. Where appropriate revised criteria to be formulated, cognitively tested and thereafter published	 DoLT DoLT DoLT DoLT	 Sep – Dec 2015 Sep – Oct 2015 Sep – Dec 2015 May 2016	1 – 3. Working groups, and student feedback and benchmarking inform development (evidence-based improvement) 4. Further development of the consistent use of Assessment Policy noted in validation/re-validation documents; positive External Examiner comments and student feedback as regards assessment practice.
GP3	The establishment of a clearly defined moderator role to provide effective ongoing links between academic Schools and the University's delivery organisations (Expectation B10) Overall lead: REGISTRAR	1. Review and update the list of Moderators 2. Review and revise the Moderator role description, ensuring clarity of expectations re Moderators, their remits, and the reporting requirements 3. Ensure revisions communicated to SVRCs and VRC 4. Devise and deliver mandatory refresher training for all Moderators, and Collaborative Partner Programme Directors	Registrar Head of QAE Head of QAE Head of QAE	August 2015 Sep 2015 Oct 2015 Oct 2015	1 – 4. More effective moderator role further improves quality of provision at collaborative partners, evidenced through validation/revalidation documents and ASPERs.

| GP4 | The introduction of an effective interim review of programmes delivered with others to provide an additional check on how well the arrangements are working (Expectation B10).

Overall lead: REGISTRAR | 1. Agree the schedule of interim reviews (to include proportionate due diligence checks) for all medium-high risk arrangements. Interim reviews to take place during 2015/16 for agreements of 2-4 years old (unless already included in the Revalidation schedule for 2015/216), and during 2016/17 for agreements which are less than 2 years old | Registrar | Sep 2015 | 1. Interim reviews inform collaborative provision risk register and trigger timely intervention as appropriate. |