

This action plan is a response to a QAA report HEFCW about the University under the Concerns Investigations Process (Wales). The areas of focus for the investigation were: quality assurance systems; meeting students' needs; partnerships; governance of quality.

The process involved the examination of a range of documentary evidence by the QAA reviewer panel and a visit to the University on 17-18 January 2023. The panel noted that the University cooperated fully and professionally with the investigation.

The report made twelve recommendations and identified a number of strengths. In this light we have developed the attached Action Plan which comprises both specific actions to address the individual recommendations in the QAA Report (actions 1 to 12) and, taking the opportunity to review and enhance processes at an overall system-level, a significant number of broader objectives (actions 13 to 27). These broader objectives 13 to 26 are grouped under separate headings as follows: regulations; reporting structures; culture and context.

Timelines and monitoring points are also presented, allowing for delivery of some specific actions from the start of the academic year cycle 2023/24.

This Action Plan has been developed with input from staff from across the University and its delivery will be managed and overseen by a steering group (Quality Assurance Steering Group [QASG]) chaired by the Vice Chancellor and supported by a working group (Quality Assurance Working Group [QAWG]) chaired by the acting DVC. The Action Plan will be shared and approved as appropriate on a regular basis with Academic Board and the Board of Governors. A communications plan will be developed to ensure appropriate engagement with internal and external stakeholders which will be overseen by the Academic Quality and Standards Committee of the Board of Governors (AQSC – formerly QSSP).

There has been student engagement with this Action Plan and this will continue be delivered through Student Union engagement with all of the standing committees and groups referenced:

Board of Governors [BoG], Quality and Standards Scrutiny Panel [QSSP]/Academic Quality and Standards Committee [AQSC]

Academic Board, Learning and Teaching Quality Committee [LTQC].

Vice-Chancellor's Executive Team [VCET], Senior Leadership Team [SLT]

Specific Actions

Action #	Recommendation	Action (Owner)	Timeline	Measure / Comment	Check/Audit
(1)	Recommendation a) that the University ensures that all relevant external reference points are taken into account fully during the programme development and approval process.	Review pre-validation and validation processes to ensure that external reference points are explicitly covered as a required element of programme approval, with particular reference to "speciality" degree titles (inc. Degree Apprenticeships, MRes etc.). (Owner: Director, SPSA)	Final: Report to Board of Governors November 2024 Intermediate/monitoring points: <i>(i) initial review and revisions by Quality Office to QASG by 31 May 2023;</i> <i>(ii) Report to by QSSP by 31 May 2023;</i> <i>(iii) Revisions to Academic Board 21 June 2023</i> <i>(iv) Report BoG meeting 14 July 2023</i> <i>(v) Use of external reference points in programme validations will be part of annual validation review process report, conducted by the Quality Office and submitted to Academic Board. First annual report to be received: Sept 2024</i>	Measure: The approval of a clear, specific and unambiguous check in all validation processes to avoid the possibility of necessary reference points being overlooked. This will be evidenced in validation paperwork and the annual validation review process report will explicitly report on this element being reported on in every validation undertaken. The quality office will ensure that external reference points are explicitly reviewed by validation panels at the point of validation and recorded in the resulting report. The outcomes of validation panels will be reviewed by LTQC throughout the academic year. Any issues will be referred to academic board to maintain oversight. The annual validation review process report will be the key oversight of this action and will be reviewed by academic board.	Changes to validation templates and validation reports have been actioned (June 2023) to strengthen the audit trail of checks in all validation processes. Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)

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(2)	Recommendation b) that the University should carry out revalidations of the MRes in Applied Clinical Research and the MRes in Applied Biomedical Sciences Research at the earliest opportunity.	Re-validation of programmes with explicit coverage of external reference points. (Owner: Director, SPSA)	Final: Report to Board of Governors 24 November 2023 Intermediate/monitoring points: <i>(i) Report from Quality Office to QASG regarding draft panel documentation and reference and alignment with external reference points, including Characteristics Statements by 31 May 2023;</i> <i>(ii) Report to by QSSP by 31 May 2023;</i> <i>(iii) Documentation to validation panel by 6 June 2023;</i> <i>(iv) Validation panel event 22 June 2023</i> <i>(v) Validation panel report (draft) delivered 7th July 2023;</i> <i>(vi) Validation panel outcome approved by Academic Board 12 September 2023.</i>	Measure: The approval of programmes with appropriate PSRB and employer engagement and well-articulated alignment to the relevant QAA Characteristics Statements.	The validation has taken place as scheduled (June 22nd), with the validation report providing evidence that the external reference points have been explicitly covered.
(3)	Recommendation c) that the University should ensure that academic regulations are implemented consistently in order to make certain that	Review procedure. Particular focus regarding the processes supporting the appropriate management of exam boards regarding appeals and complaints, and to evaluate and enhance	Final: Report to Board of Governors November 2024 Intermediate/monitoring points: <i>(i) Report and recommendations by external</i>	Comment: External consultant to advise on structures and processes, and how to monitor implementation. This action is related to the system-wide overhaul of regulations in action 0 below. Measures:	Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews (Actions (17) & (18) below)

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	academic standards are maintained.	annual review processes for these areas. (Owner: Director, SPSA)	<i>consultant reviewed by QASG by 31 May 2023;</i> <i>(ii) Recommendations to LTQC on 5 July 2023;</i> <i>(iii) Proposed revisions to Academic Board 12 September 2023</i> <i>(iv) Report to Board of Governors by 30 Sept 2023</i> <i>(v) Annual review of exam board processes including the management of complaints and appeals to be received by Academic Board – first report to be received in October 2024.</i>	The approval of structures and processes to ensure that all actions fall within the regulatory framework. Monitoring of implementation and assurance of consistency, via regular updates from SPSA at Academic Board. Any deviations or potential risks of deviation will be reported at Academic Board and actions taken to address.	
(4)	Recommendation d) that the University should review the role and responsibilities of the Director and Chair of the Extenuating Circumstances Panel to ensure clarity of roles and its effective operation.	Review EC processes to ensure complete clarity of roles and ensure that there is no ambiguity between regulations and procedures, and to evaluate and enhance annual review processes for EC decisions. This will include the removal of the role of the Director of the EC Panel. (Owner: Director, SPSA)	Final: Report to Board of Governors November 2024 Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023;</i> <i>(ii) Report to by QSSP by 31 May 2023;</i> <i>(iii) Recommendations to LTQC on 8 June 2023 14 June 2023;</i>	Measure: The approval of policy and/processes to ensure that there is a lack of ambiguity in the management of the Extenuating Circumstances Panel.	The role of Director or the EC panel has been removed as part of the changes made to the EC procedure. This has been approved by Academic Board. Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)

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			<p><i>(iv) Revisions to Academic Board 21 June 2023;</i> <i>(v) Annual review of EC processes and outcomes to be received by Academic Board – first report to be received in October 2024.</i></p>		
(5)	Recommendation e) that the University should establish and consistently implement reporting and oversight arrangements for Extenuating Circumstances in line with its stated policy.	Review and enhance EC reporting, to include the provision of an annual report containing statistical information on the numbers of claims received, upheld and rejected and any recommendations in respect of the review of the policy and procedure or that might enhance the quality of provision, will be provided at least annually to Learning, Teaching and Quality Committee (which will then report to Academic Board) with further additional reporting on recent – in year – activity in relation to Extenuating Circumstances.	<p>Final: Approval of final report by Board of Governors November 2024.</p> <p>Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023;</i> <i>(ii) Report to by QSSP by 31 May 2023;</i> <i>(iii) Recommendations to LTQC on 8 June 2023;</i> <i>(iv) Revisions to Academic Board 21 June 2023.</i> <i>(v) Report to Board of Governors 14 July 2023.</i> <i>(vi) Annual review of EC processes and outcomes reviewed under AQAA, reporting by 1 October 2024.</i></p>	Measure: The approval of processes to ensure that summary top-level oversight of Extenuating Circumstances outcomes is in place. This will include a report to Academic Board	<p>Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews.</p> <p>(Actions (17) & (18) below)</p>

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			<i>(vi) Report received by Academic Board October 2024 (vii) Report to AQSC November 2024.</i>		
(6)	Recommendation f) that the University should strengthen the reporting of key datasets relating to student success to enable more effective institutional oversight.	Review key data reporting, including but not restricted to year-on-year retention data. Create a definitive list of student-related data sets/analysis, including frequency of analysis/reporting for each item and identifying which committees (including QSSP/AQSC/Board of Governors) will scrutinise and at what points in the calendar. This reporting matrix will be reviewed annually by Academic Board. (Owner: Director, SPSA)	Final: Report to Board of Governors November 2024. Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office received by QASG by 31 May 2023; (ii) Report to by QSSP by 31 May 2023; (iii) Recommendations to LTQC on 8 June 2023; (iv) Revisions to Academic Board 21 June 2023. (v) Report to Board of Governors 14 July 2023. (vi) Annual review of key data reporting to be reviewed under AQAA, reporting by 1 October 2024. (v) Report received by Academic Board October 2024.</i>	Measures: The approval of processes to ensure that summary key data, including retention, progression and completion data, is robustly and routinely interrogated by the relevant top-level committees, including Academic Board. Evidence that scrutiny of student success by top-level committees is minuted and actions are set (where appropriate) for faculties and/or professional services teams to address. These actions will then be monitored during the subsequent audit and form part of ongoing oversight. Where available, external sector benchmarks (e.g. from HESA) will be considered and will be part of the analysis and debate.	Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews (Actions (17) & (18) below)

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			<i>(vi) Report to AQSC November 2024.</i>		
(7)	Recommendation g) that the University should ensure the monitoring and oversight arrangements for complaints and academic appeals are fully implemented in line with University policy.	<p>Review reporting arrangements for complaints and appeals and processes to ensure fuller visibility of issues raised with Academic Board .</p> <p>An anonymised and consolidated Annual Report will be presented for consideration by the Academic Board or an appropriate subcommittee. This report will analyse case data and include recommendations for enhancement, including identification of further training opportunities.</p> <p>(Owner: Director, SPSA)</p>	<p>Final: Approval by Board of Governors November 2024</p> <p>Intermediate/monitoring points:</p> <p><i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023;</i></p> <p><i>(ii) Report to by QSSP by 31 May 2023;</i></p> <p><i>(iii) Recommendations to LTQC on 14 June 2023;</i></p> <p><i>(iv) Revisions to Academic Board 21 June 2023;</i></p> <p><i>(v) Report to Board of Governors on 14 July 2023;</i></p> <p><i>(vi) Annual complaints and appeals summary report to be reviewed under AQAA, reporting by 1 October 2024.</i></p> <p><i>(v) Report received by Academic Board October 2024.</i></p> <p><i>(v) Report to AQSC November 2024.</i></p>	<p>Measures:</p> <p>The approval of processes to ensure that summary complaints and appeals data is received and robustly monitored and overseen by the relevant top-level committees, including Academic Board. Evidence that scrutiny of case data by top-level committees is minuted and recommendations for enhancement are approved and monitored. This will include year-on-year comparison.</p> <p>External benchmarks (for instance from the OIA) will be taken into account.</p>	<p>Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews.</p> <p>(Actions (17) & (18) below)</p>

Action #	Recommendation	Action (Owner)	Timeline	Measure / Comment	Check/Audit
(8)	Recommendation h) that in order to ensure that the stated procedures in relation to high risk partnerships are implemented fully and consistently, the University should define and document what constitutes a high-risk partnership.	Define risk categories for partnership arrangements and construct a detailed protocol to determine risk rating, to be incorporated as a component of the Due Diligence stage of the partner commissioning process. (Owner: Director, SPSA)	Final: Report to Board of Governors 24 November 2023. Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023;</i> <i>(ii) Report to by QSSP by 31 May 2023;</i> <i>(iii) Recommendations to APC on 14 June 2023;</i> <i>(iv) Report to Board of Governors 14 July 2023</i> <i>(iv) Revisions to Academic Board on 12 Sept 2023.</i>	Measures: Provide updated definitions of risk categories. The approval of a process to measure partner risk embedded in the initial Due Diligence stage of partner approval and reporting of any proposed partnerships classified as “high-risk” to the Board of Governors prior to final approval. As is existing standard process, information will be retained on any proposed partnerships that were rejected prior to due diligence stage, including the reasons why.	Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)
(9)	Recommendation i) that in considering and approving partnerships, the University should ensure wider consideration of the partner’s ability to deliver programmes of study of the required quality.	9.1 Revise locus of quality assurance element of Due Diligence review for collaborative provision partners. (Owner: DVC (a))	Final: (9.1 & 9.2) Report to Board of Governors by November 2024 9.1 Intermediate/monitoring points: <i>(i) Implementation plan reviewed by QSSP/AQSC by 24 April 2023;</i> <i>(ii) Staffing changes implemented 1 June 2023.</i> COMPLETED	Comment: To enhance and make more visible the independence of quality assurance review of prospective partners. Measures: The establishment of the partnership quality assurance function within the central Quality Office, which will be the key locus of prospective partner QA review.	Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)

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				<p>The quality office will ensure that collaborative provision approval/validation is scrutinised at the point of approval/validation and recorded in the resulting validation report. This will include specific reference to the partner's ability to deliver programmes.</p> <p>The outcomes of approval/validation events will be reviewed by LTQC throughout the academic year. Any issues will be referred to Academic Board and APC to maintain oversight. In addition to separate analysis of the specific aspects of collaborative provision, the centralisation of quality assurance will allow further consideration via the annual validation review process report. This will ensure full oversight of this action by academic board.</p>	
		<p>9.2 Review and revise post-Due Diligence assessment of partner capacity and capability. (Owner: Director, SPSA)</p>	<p>9.2 Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023</i> <i>(ii) Recommendations to APC on 14 June 2023;</i></p>	<p>Measure: The approval of a revised partner approval process which clearly articulates the institutional approval elements as separate from the approval for delivery of a specific programme.</p>	<p>Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)</p>

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			<p><i>(iii) Revisions to Academic Board 12 September 2023;</i> <i>(iv) Annual report on partnership approval outcomes to be provided to Academic Board by the Quality Office – first report due September 2024 .</i> <i>(v) Report to Board of Governors October 2024.</i></p>		
(10)	Recommendation j) that the University should ensure that all risks considered as part of the partner approval process are recorded along with the proposed mitigation of that risk.	<p>Review partner DD risk analysis and mitigation management processes. The existing processes record both risk and mitigations, the review will focus on mechanisms to ensure that both are reviewed on a regular basis for all partners by an appropriate subcommittee of Academic Board.</p> <p>(Owner: DVC(a))</p>	<p>Final: Report to Board of Governors July 2024. Intermediate/monitoring points: <i>(i) Report and recommendations by external consultant received by QASG by 31 May 2023</i> <i>(ii) Recommendations to APC on 14 June 2023;</i> <i>(iii) Report to Board of Governors 14 July 2023.</i> <i>(iv) Revisions to Academic Board 12 September 2023;</i> <i>(v) Risk management will continue to be incorporated in the annual APC report to Academic Board, including reference to the mitigations as appropriate. Next report due</i></p>	<p>Comment: External consultant to advise.</p> <p>Measure: The approval of a process to ensure that all risks identified at the Due Diligence stage of partner approval are recorded and that mitigations for risks identified are both recorded and subsequently tracked.</p> <p>Note: there is an existing annual risk review mechanism for partnerships that are already delivering, involving inputs from the dedicated university link tutors.</p>	<p>Delivery audited as part of evaluative overview audit in 24/25 (and follow-on reviews.</p> <p>(Actions (17) & (18) below)</p>

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			<i>June 2024. (vi) Report to Board of Governors July 2024.</i>		
(11)	Recommendation k) that in relation to the management and oversight of partnerships, the University should revise roles and procedures, including the extent of delegated authority to chairs of committees, in order to ensure rigorous scrutiny, internal challenge and oversight through the academic governance structure.	11.1 Install senior academic as chair of Academic Partnerships Committee	Final: 11.1 -11.2 Overall: Board of Governors November 2024. <i>(i) Progress report to QASG 31 May 2023; (ii) Progress report to QSSP 31 May 2023; (iii) Recommendation to APC 14 June 2023; (iv) Training for new chair delivered by August 2023. (v) Recommendation to Academic Board 12 September 2023.</i>	Comment: This is a movement away from the existing arrangement whereby a member of VCET chairs this committee, to deliver and demonstrate greater independence of committee activity. Measure: The installation of a senior academic as chair, who is independent from academic delivery of partnership provision.	
		11.2 Review delegated powers and Chair's Action arrangements. Review will focus on revisions to the Academic Board Handbook, to provide clarity and control on the exercise of Chair's Actions and introduce more explicit reporting on the use of such	Final: (11.2) Report to Board of Governors November 2024. Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office reviewed by QASG by 31 May 2023 (ii) Recommendations to LTQC on 8 June 2023;</i>	Measure: The approval of a process to assure the management of delegated powers and Chair's Action arrangements, involving clearly and narrowly defined criteria, to deliver enhanced oversight of quality and standards including in relation to partnerships, and that these delegated powers and Chair's Actions are annually audited and reported.	Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews. (Actions (17) & (18) below)

Action #	Recommendation	Action (Owner)	Timeline	Measure / Comment	Check/Audit
		(Owner: Director, SPSA)	<p><i>(iii) Revisions to Academic Board 21 June 2023.</i></p> <p><i>(iv) Report to Board of Governors 14 July 2023</i></p> <p><i>(v) Annual review of the use of delegated powers and Chair's Action arrangements for all Academic Board committees reported to Academic Board. First report October 2024</i></p> <p><i>(v) Report to Board of Governors November 2024</i></p>	Note: the tighter arrangements and protocols for Chair's actions apply to any decisions under the aegis of Academic Board, not just the partnerships area.	
		<p>11.3 Review locus of partnership programme and institutional approval processes for Partnerships to Quality Office.</p> <p>(Owner: DVC (a))</p>	<p>Final: (11.3) Implemented from 1st June 2023</p> <p>Intermediate/monitoring points:</p> <p><i>(i) Implementation plan reviewed by QSSP by 24 April 2023. COMPLETED</i></p>	<p>Comment: To enhance and make more visible the independence of programme and institutional approval of partners.</p> <p>Measure: The establishment of the partnership quality assurance function within the central Quality Office.</p> <p>Further check: Effectiveness of delivery audited as part of evaluative overview audit in 24/25 and follow-on reviews.</p>	<p>Delivery audited as part of externally-led evaluative overview audit in 24/25 and follow-on reviews.</p> <p>(Actions (17) & (18) below)</p>
(12)	Recommendation I) that the Board of Governors should continue to strengthen its arrangements for the effective oversight of quality and standards including in relation to	<p>12.1 To enhance its oversight, the Board's Quality and Standards Panel will be reconstituted as a full committee of the Board and more detailed ToR developed.</p> <p>(Owner: Chair, Board of Governors)</p>	<p>12.1 Final: Approval by Board of Governors 5 May 2023 COMPLETED</p> <p>Intermediate/monitoring points:</p> <p><i>(i) Proposal to QSSP to reform the panel as a full committee [Academic Quality and</i></p>	<p>Measure: The establishment of enhanced quality assurance oversight arrangements by the Board of Governors, including around partnerships.</p> <p>Further check: Board of Governors to undertake effectiveness review of its QA oversight arrangements on an ongoing basis.</p>	The Board undertakes a major effectiveness review every three years the next being due in 2024/25.

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	academic partnerships.	<p>12.2 The Board shall have Partnerships as a standing agenda item and will receive regular summary updates on partner development, partner delivery including student experience matters and financial analyses.</p> <p>Partnerships will also be considered in more detail by the AQSC</p> <p>(Owner: Chair, Board of Governors)</p>	<p><i>Standards Committee of the Board of Governors 20 April 2023. COMPLETED</i></p> <p><i>(ii) Terms of Reference and membership approved Board of Governors 14 July 2023 COMPLETED</i></p> <p>12.2 Approval by Board of Governors of Partnerships as standing item. 15th July 2022. COMPLETED</p>	<p>AQSC ToR:</p> <p>The purpose of the Academic Quality and Standards Committee is to provide assurance to the Board of Governors that the University's academic quality and standards meet expectations and are fit for purpose for all provision encompassing undergraduate, postgraduate, international and UK and international partnership provision. In discharging its remit, the Committee will be supported through provision of reports and relevant documentation by Academic Board and management. The Responsibilities of the Committee include:</p> <p>identify and scrutinize evidential documentation that supports the Board's assessment of the six quality and standards assurance statements for submission to the regulator annually, to confirm that:</p> <p><i>a. the methodologies used as a basis to improve the student academic experience and student outcomes are to the best of the Board's knowledge robust and appropriate</i></p>	

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				<p><i>b. the standards of the awards for which the Board is responsible have been appropriately (set and) maintained</i></p> <p><i>c. the Board has considered a report on the annual dialogue between the institution and the Students' Union, scrutinized student survey outcomes and confirmed that action plans have been put in place and implemented in partnership with the student body</i></p> <p><i>d. the Board has considered a copy of the relationship agreement between the University and the Students' Union and a copy of the student charter, both of which have been reviewed during the prior year</i></p> <p><i>e. the Board has effective oversight of degree outcomes and academic integrity</i></p>	

System-level Actions

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
Regulations Actions 13- 18 are focussed on revisions to the regulatory framework					
(13)	A recognised need to refresh and update the university's regulatory framework	The regulatory framework will be subject to a comprehensive review and revision to ensure that it is clear, comprehensive but streamlined and fit-for-purpose. Enhancing the clarity of structure and language of the regulations will improve accessibility, engagement and understanding. (Owner: DVC(a))	Final: Approval by Board of Governors November 2024 Intermediate/monitoring points: <i>(i) Report and recommendations by external consultant received by 1 August 2023;</i> <i>(ii) Report and recommendations reviewed by QSSP/AQSC by 15 August 2023;</i> <i>(iii) Report and recommendations reviewed by LTQC by August 2023;</i> <i>(iv) Report and recommendations reviewed by QSSP/AQSC by August 2023;</i> <i>(v) Revisions to Academic Board 5 September 2023.</i> <i>(vi) Update to Board of Governors by 6 October 2023;</i> <i>(vii) Review as part of AQAA autumn 2024 (Action 16).</i>	Comment: External consultant to advise and provide first draft. Measure: The approval of an externally-benchmarked regulatory framework that is clear, comprehensive but streamlined and fit-for-purpose. Considerations of inclusivity, accessibility and student-friendliness will form an important part of the review.	Externally-led review and analysis. (Actions (17) & (18) below)

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(14)	Need to ensure that documentation consistently records the checks that occur during formal approval processes	The approval and validation processes will be reviewed to ensure documentation and full capture of all appropriate elements is in place. (Owner: Director SPSA)	Final: Approval by Board of Governors November 2024 Intermediate/monitoring points: <i>(i) Report and recommendations by Quality Office received by 1 August 2023;</i> <i>(ii) Report and recommendations reviewed by QSSP/AQSC by 15 August 2023;</i> <i>(iv) Report and recommendations reviewed by QSSP/AQSC by August 2023;</i> <i>(v) Revisions to Academic Board 12 September 2023.</i> <i>(vi) Update to Board of Governors by 6 October 2023;</i> <i>(vii) Review as part of AQAA autumn 2024 (Action 16).</i>	Measures: The approval of revised programme approval and validation processes to enhance their effectiveness. Analysis by the central quality office regarding the consistency of recording discussions as well as their outcomes. Review and comparison of feedback from external advisors during approval processes.	Changes to validation templates and validation reports have been actioned (June 2023) to strengthen the process of programme approval and that documentation captures the required checks and quality assurance. Externally-led review and analysis Actions (17) & (18). Delivery audited as part of evaluative overview audit in 24/25 and follow-on reviews.
(15)	Need to ensure suitable the training and support given to staff to support changed infrastructure delivery	15.1 Delivery of comprehensive training to academic staff, professional services staff, and partner staff to ensure necessary awareness and knowledge of revised regulatory infrastructure. 15.2 Training for members of the Board of Governors	Final: Report to Board of Governors November 2024 Training programme commencing June 2023 and running through academic year 23/24. These will be reported to QSSP/AQSC and LTQC.	Comment: External consultants to advise and support training programme delivery. Measure: Delivery of an effective training programme with high levels of engagement and delivery high levels of	Delivery audited as part of evaluative overview audit in 24/25 and follow-on reviews. Externally-led review and analysis. Actions (17) & (18)

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		(Owner: DVC(a))	Staff conferences and “learning lunches” already on the academic calendar will be utilised. Intermediate/monitoring points: Following delivery plan to be agreed by 14 September 2023 Review as part of AQAA autumn 2024 (Action 16).	awareness of the regulatory infrastructure, both to University staff and to partners. Will be monitored via attendance logs. Outcome effectiveness will be determined by <i>(i) effective delivery of regulations (as audited by AQAA process (see (16))) and (ii) awareness of regulations through staff survey.</i>	
(16)	A need to enhance the annual quality oversight processes	Development of an enhanced annual quality assurance audit process [AQAA] to supplement the existing processes to underpin the Quality and Standards Assurance Statements and allow specific areas (as requested by VCET/BoG/AQSC) to be specifically considered and reviewed. This will involve internal participants as reviewers but will be led, at least for the first few iterations, by an external. (Owner: DVC(a))	Final: Report received by Board of Governors 8 March 2024 <i>(i) Development of plan in consultation with external consultant presented to LTQC then Academic Board by November 2023;</i> <i>(ii) Report and plan taken to AQSC by December 2023.</i>	Measure: Establishment of an effective framework with appropriate levels of externality. The process would Annual deployment, with annual review of the process itself embedded into the plan. First deployments would be in Actions 17,18, 24 & 25 below and would involve specific checks against both delivery on the specific (Actions 1-12) and against the revised	

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				framework (Actions 13-15 and 19 24).	
(17)	A need to overview the effectiveness of processes and revisions to the regulatory framework, with robustness enhanced by externality. Review cycle : 23-24	Evaluation: external review of deployment and implementation of revised regulations as part of an enhanced annual quality assurance audit process. (Owner: DVC(a))	Final: Report received by Board of Governors by 30 November 2024 Intermediate/monitoring points: <i>(i) External consultant commissioned to lead review with AQSC endorsement by March 2024;</i> <i>(ii) Review of 23-24 cycle under AQAA process completed by 1 October 2024</i> <i>(iii) Report and recommendations reviewed by Academic Board by 14 October 2024,</i> <i>(iv) Report and recommendations reviewed by AQSC by 30 October 2024.</i>	Comment: External consultant to lead on this review. Measure: The delivery of a report to the Board of Governors, undertaken by experienced reviewers, which as part of an overall quality audit robustly assesses the deployment and implementation of the regulatory infrastructure and makes recommendations as appropriate.	Academic Board and the Board of Governors will follow-up on any arising recommendations.
(18)	A need to overview the effectiveness of processes and revisions to the regulatory framework, with	As for 17	Final: Report received by Board of Governors by 30 November 2025 Intermediate/monitoring points: <i>(i) External consultant commissioned to lead review with</i>	Measure: The delivery of a report to the Board of Governors, undertaken by experienced reviewers, which as part of an overall quality audit robustly	Academic Board and the Board of Governors will follow-up on any arising recommendations.

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
	robustness enhanced by externality. Review cycle: 24-25		<i>QSSP/AQSC endorsement by March 2025;</i> <i>(ii) Review of 23-24 cycle under AQAA process completed by 1 October 2025</i> <i>(iii) Report and recommendations reviewed by Academic Board by 14 October 2025,</i> <i>(iv) Report and recommendations reviewed by AQSC by 30 October 2025.</i>	assesses the deployment and implementation of the regulatory infrastructure and makes recommendations as appropriate.	
<p>Reporting Structures Actions 19 - 25 are focussed on enhancements to the University's reporting structures</p>					
(19)	A recognised need to ensure our academic reporting structures are fully effective.	An effectiveness review of Academic Board and its sub-committees, in the context of the any regulatory revisions, to include (see 19.1 to 19.5 below): 19.1 Reviewing committee postholder roles and responsibilities and committee Terms of Reference. 19.2 Reviewing our recording of dialogue and discussion at both key committees and approval events, with a view to ensuring	Final: Report received by Board of Governors by 8 March 2024. Intermediate/monitoring points: <i>(i) External consultant commissioned to undertake review with QSSP/AQSC endorsement by June 2023;</i> <i>(ii) Review completed by 30 Oct 2023;</i> <i>(iii) Report and recommendations reviewed LTQC by 30 Nov 2023;</i> <i>(vi) Report and recommendations reviewed by Academic Board Jan 2024.</i>	Comment: External consultants to deliver this review. Measure: The approval and delivery of an enhanced Academic Board infrastructure which more effectively generates, captures and reports on academic dialogue and interchange to better demonstrate the quality and depth of discourse and discussion.	Delivery audited as part of evaluative overview audit in 24/25 and follow-on reviews <i>Externally-led review and analysis. See Actions 23 & 24.</i>

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
		<p>processes are in place in deliver and demonstrate robust committee engagement. May require the creation of new roles, sub-committees and/or other approaches.</p> <p>19.3 Reviewing committee clerking and minute/report quality to ensure discussions are properly captured and recommending adjustments to practice as appropriate.</p> <p>19.4 Review training for chairs and committee members with a view to enhancing this, creating a culture of more robust debate.</p> <p>19.5 Reviewing committee clerking and minute/report reviewing to ensure discussions are properly captured.</p> <p>(Owner: Director, SPSA)</p>			
(20)	A recognition of the value of enhancing our resourcing and management capability	The Quality Office will be managed by a newly appointed Head of Quality to provide additional strength in the area of	<p>Final: Appointment in place 30 July 2023</p> <p>Intermediate/monitoring points:</p>	Comment: This post will add strength and enhanced management	

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
	in the area of quality assurance.	quality assurance oversight and enhanced management in that domain. (Owner: DVC(a))	<i>(i) Internal VCP approval by 2 May 2023;</i> <i>(ii) External advertising closes 30 May 2023;</i> <i>(iii) Interviewing / job offer made by 13 July 2023.</i>	capacity to the university's quality oversight. Measure: The installation of a suitably qualified staff member.	
(21)	A recognition of the value of enhancing our resourcing and management capability in the area of partnerships.	The Partnerships Office will be managed by a newly appointed Head of Partnerships who shall lead on all partnership development matters and have responsibility for co-ordinating an enhanced Due Diligence process, to provide additional strength and enhanced management capacity. (Owner: DVC(a))	Final: Appointment in place 1 July 2023 COMPLETED <i>Intermediate/monitoring points:</i> <i>(i) Internal VCP approval by 2 May 2023; COMPLETED</i> <i>(ii) External advertising closes 30 May 2023;</i> <i>(iii) Interviewing / job offer made June 2023.</i>	Comment: This post will add strength and enhanced management capacity to the university's partnerships oversight. Measure: The installation of a suitably qualified staff member.	External review and analysis. See Actions (23) & (24).
(22)	The need to follow-up system changes with robust and comprehensive training to all stakeholders.	Training: <i>i. Delivery of training to academic and professional services staff both in the University and in partners to ensure necessary awareness and knowledge of revisions arising from Academic Board Effectiveness Review</i> <i>ii. Training for members of the Board of Governors</i>	Final: Report to Board of Governors November 2024 Communications & training programme March – July 2024 Review as part of AQAA autumn 2024 (Action 16) Details to be agreed January 2024	Comment: External consultants to advise and support training programme delivery. Measure: Delivery of an effective training programme with high levels of engagement and delivery high levels of awareness of the revisions following the Academic	External review and analysis. See Actions (23) & (24).

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
		(Owner: Director, SPSA)		Board Effectiveness Review. Outcome effectiveness will be determined by <i>(i) effective delivery of reporting structures (audited) and (ii) awareness through staff survey.</i>	
(23)	A need to overview the effectiveness of processes and revisions to the regulatory framework and other outcomes from the Academic Board effectiveness review, with robustness enhanced by externality. Review cycle: 23-24	Evaluation: external review of deployment and implementation of revised reporting structures, as part of an enhanced annual quality assurance audit process. [Conducted in conjunction with Action 0 above] (Owner: DVC(a))	Final: Report received by Board of Governors by November 2024 See Action 0 above, this audit and review will be integrated as part of the AQAA process and so share the same timelines.	<i>Comment: External consultant to lead on this review.</i> <i>Measure: The delivery of a report to the Board of Governors, undertaken by experienced reviewers, which robustly assesses the deployment and implementation of the revisions following the Academic Board Effectiveness Review and makes recommendations as appropriate.</i>	Academic Board and the Board of Governors will follow-up on any arising recommendations.
(24)	A need to overview the effectiveness of processes and revisions	As for Action 0	Final: Report received by Board of Governors by 30 November 2025	<i>As for Action 0</i>	Academic Board and the Board of Governors will follow-up on any arising recommendations.

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
	to the regulatory framework and other outcomes from the Academic Board effectiveness review, with robustness enhanced by externality. Review cycle: 24-25	[Conducted in conjunction with Action 0 above] (Owner: DVC(a))	See Action 0 above, this audit and review will be integrated as part of the AQAA process and so share the same timelines.		
Culture and context Actions 25 to 27 review the institutional culture and context					
(25)	A need to demonstrate the high quality of the institutional culture and values	Building on the evaluation of the positive cultural transformation delivered over 2016 – 2020 as demonstrated in the staff survey outcomes analyses, to update the Culture and Values analysis in the context of the 2022 staff survey outcomes. (Owner: Exec Director of HR)	Final: Report to Board of Governors 24 November 2023. Intermediate/monitoring points: <i>(i) report to VCET by 30 Oct 2023;</i> <i>(ii) report to SLT by 30 Oct 2023;</i>		
(26)	A need to understand any underpinning drivers of concerns raised in the QAA Report.	To commission a report testing the preliminary analysis of causes leading to the QAA review outcomes. (Owner: VC)	Final: Report to Board of Governors 8 March 2024 Intermediate/monitoring points: <i>(i) Preliminary analysis included in cover letter with action plan</i>	Note: an external consultant will be commissioned to support this review.	

Action #	Driver	Action (Owner)	Timeline	Measure / Comment	Check/Audit
			<p><i>(ii) Commissioning of external consultant to undertake review (by 1 Sept 2023)</i></p> <p><i>(iii) Report to VCET/SLT (by 31 Dec 2023).</i></p>		
(27)	A need to understand capacity around process management.	<p>To commission a report into the capacity of the student administration functions of the University, as they feed into QA and the student experience.</p> <p>(Owner: DVC (a))</p>	<p>Final: Report to Board of Governors 8 March 2024</p> <p>Intermediate/monitoring points:</p> <p><i>(i) Commissioning of external consultant to undertake review (by 1 Sept 2023)</i></p> <p><i>(ii) Report to VCET/SLT (by 1 Dec 2023).</i></p>	Note: an external consultant will be commissioned to support this review	