



# **Quality Review Process for Support Units**

Revision 8  
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# 1 Quality at the University of Limerick

## 1.1 What do we mean by 'quality', 'quality assurance' and 'quality improvement'?

The quality of an activity or process is a measure of its 'fitness for purpose'. 'Quality assurance' (QA) refers to actions taken to monitor, evaluate and report upon the fitness for purpose of a particular activity in an evidence-based manner, while 'quality improvement' (QI) (sometimes referred to as 'quality enhancement') refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QI are intrinsically linked, and often the term QA is taken to incorporate QI activity. QA/QI activities are applied at institutional, unit and individual (personal) level. Continual improvement is achieved by applying QA/QI on an ongoing basis.

In a university context, typical activities or processes include teaching and assessment, research, curriculum development and a myriad of services provided by support units. At the University of Limerick (UL), an example of an academic QA/QI process is the external examination process, in which external examiners monitor and evaluate the quality (fitness for purpose) of an academic programme or subject, report their findings to the university and include suggestions for improvement. An example of a support unit QA/QI process is the gathering and analysis of customer feedback with a view to identifying and implementing ways of improving services to customers.

The periodic quality review of functional units (academic and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for support units<sup>1</sup> as applied to Cycle 3 quality reviews. The Cycle 3 quality review schedule and tailored guidelines are available [here](#) on the QSU website.

## 1.2 UL's quality review process

### 1.2.1 Purpose

The purpose of the quality review process is:

- To provide a structured opportunity for the unit to engage in periodic and strategic evidence-based self-reflection and assessment in the context of the quality and performance of its activities and processes and to identify opportunities for quality improvement
- To provide a framework by which external peers, in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the unit's activities and processes
- To provide a framework by which the unit implements quality improvements in a verifiable manner
- To provide UL, its staff and students, its prospective students and other stakeholders with independent evidence of the quality of the unit's activities
- To ensure that all UL units are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of the university's [quality statement](#)
- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law

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<sup>1</sup> Divisions or departments

### 1.2.2 Scope

In addition to addressing the general purpose of UL's unit-level quality review activity, the terms of reference of the review include the following:

1. To consider and advise on the appropriateness, effectiveness and efficiency of the mission, strategy and principal activities undertaken by the unit and how these support UL's strategic direction and operations
2. To consider and advise on all aspects of the appropriateness and effectiveness of the structure, infrastructure, governance, management (including budgetary) and operation of the unit
3. To consider and advise on the appropriateness and effectiveness of linkages, relationships and interactions between the unit and its key stakeholders

### 1.2.3 Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process be undertaken in a transparent, inclusive, independent, evidence-based and cost-effective manner. The process provides scope for recognising achievement and good practice as well as identifying potential opportunities for quality enhancement.

### 1.2.4 Background

UL's quality review process, as applied to both academic and support units, was developed and continues to evolve in order to satisfy university quality policy and meet legislative QA requirements. UL complies with the [Qualifications and Quality Assurance \(Education and Training\) Act 2012](#), as amended by the *Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019*, which places a legal responsibility on universities to establish, maintain and enhance QA procedures relating to their activities and services (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by [Quality and Qualifications Ireland](#) (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

### 1.2.5 Process modifications

On occasions, circumstances may arise that make it necessary or desirable to modify elements of the quality review process. Minor modifications that have little or no impact on the overall process may be instigated directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to either the PDP or relevant Chief Officer for a final decision. These modifications may include limited alteration to the SAR template as contextually appropriate. For example, a detailed consideration of certain elements of the European Standards and Guidelines (ESGs) and/or QQI guidelines may be more contextually appropriate to some units than others.

### 1.2.6 Process authorisation

The UL Cycle 3 quality review schedule and general process characteristics were approved by the Executive Committee on 1 March 2017. Tailored to suit support unit quality reviews,

this guidelines document was approved by the PDP/CO in June 2018. Process modifications were approved by the Quality Committee on 3 March 2020.

### **1.2.7 This document**

The purpose of this document is to outline UL's quality review process in general terms and to describe in detail the process as it relates to the university's support units. Each phase of the process is set out in its own section, and additional information is included in the appendices.

## **2 The review process for support units**

### **2.1 Overview**

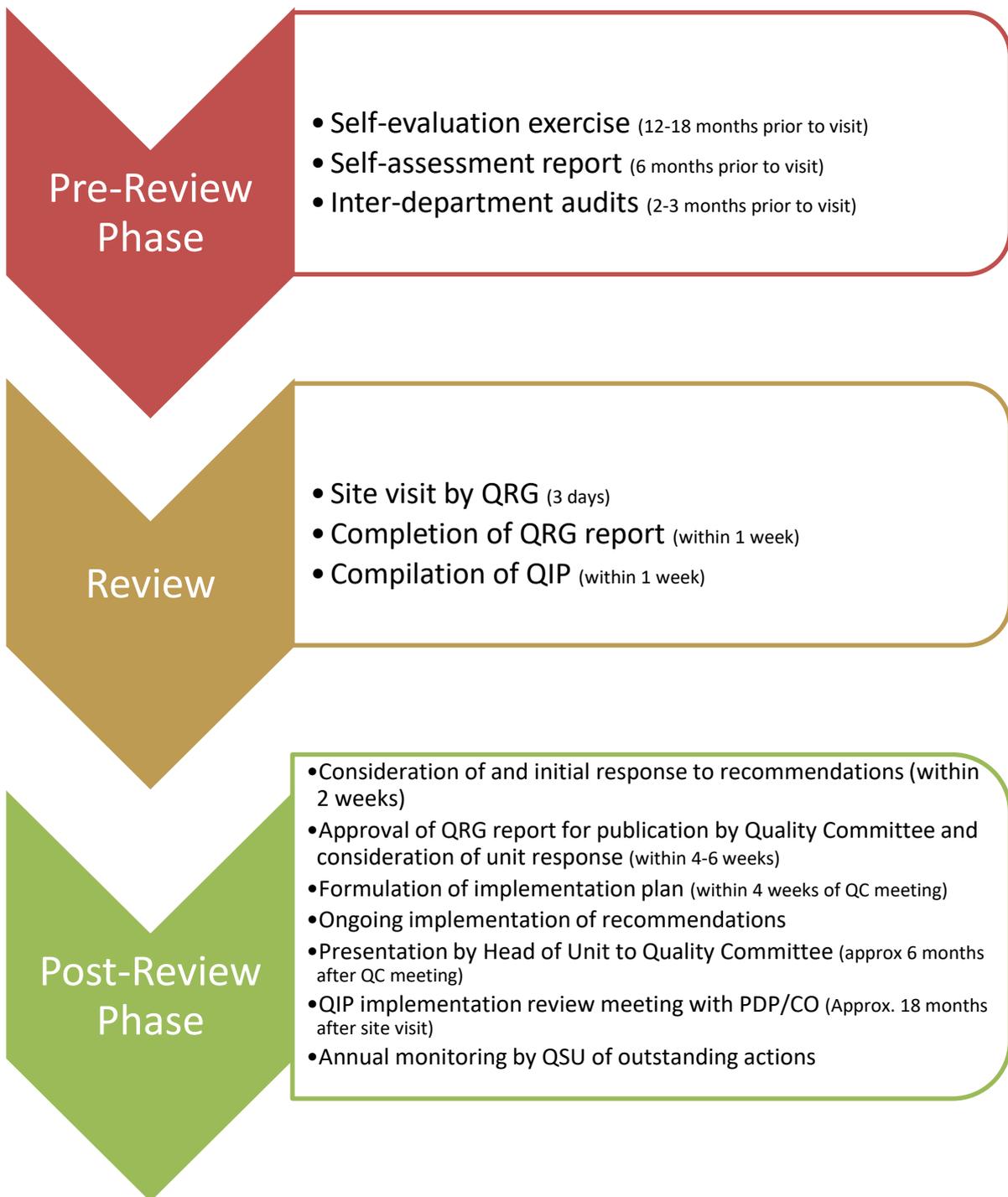
UL's quality review process includes an initial self-evaluation by the unit followed by peer review, leading to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and any groups affiliated to it and does not extend to other units or to the university as a whole, which is subject to a cyclical institutional-level quality review process. The review of the unit is conducted by an independent quality review group (QRG) comprising a chairperson, peers and student representatives.

### **2.2 Phases of the review process**

The review process has three distinct phases:

1. Pre-review phase, which includes:
  - i. A self-evaluation exercise conducted by the unit
  - ii. The production of a self-assessment report (SAR) by the unit
  - iii. Inter-department audits administered by the QSU
2. Review phase: An onsite, three-day review of the unit by the visiting QRG, culminating in the production of a QRG report
3. Post-review phase, which includes:
  - i. Consideration of, and initial response to recommendations by the unit
  - ii. Approval of QRG report for publication by Quality Committee and consideration of unit response
  - iii. Formulation of implementation plan by unit
  - iv. Ongoing implementation of the recommendations
  - v. Presentation by Head of Unit to Quality Committee on level 1 recommendations
  - vi. Implementation review meeting with PDP/CO
  - vii. Publication of summary outcome on the web

## Quality Review Process – Key Timelines



### 2.3 Communications, inclusivity and feedback

In line with the ethos of the quality review process (section 1.2.2) and international good practice, the process places appropriate emphasis on communication, inclusivity and feedback. This is achieved in a number of ways, the most notable of which are as follows:

- The campus community is made aware of upcoming quality reviews via a global email from the QSU to all students and staff.

- The QSU provides the campus community with opportunities to contribute to the review process by registering their interest in:
  - Submitting commentary for consideration by the unit during the pre-review phase
  - Participating in stakeholder group meetings with the QRG during the site visit

The Director of Quality must be assured that the unit under review takes due cognisance of any such input received during the process.

- The QRG report and a final QIP implementation summary report are published on the websites of the QSU and the relevant unit, and the campus community is made aware of these publications via a global email from the QSU.

### **3 The pre-review phase**

The pre-review phase of the quality review process comprises the following three activities:

1. A self-evaluation exercise conducted by the unit
2. The production of a self-assessment report (SAR) by the unit
3. Inter-department audits of the unit coordinated by the QSU

#### **3.1 Self-evaluation exercise**

##### **3.1.1 General**

Led by a quality team comprising staff members of the unit, the self-evaluation exercise should be thorough, should involve staff, students and stakeholder (both internal and external to the university, as appropriate) groups and should focus on all activities and services of the unit. Although not a requirement, the use of an external facilitator with relevant experience of SWOT (strengths, weaknesses, opportunities and threats) analysis and strategic planning can be beneficial to the unit when conducting the exercise.

Focus groups, which are a compulsory part of the quality review process, are an ideal way of getting in-depth feedback from specific customer groups. Focus groups can be facilitated by the unit itself. Units can also draw on pre-existing data (e.g., surveys, reports) that have been completed in the past year or two.

##### **3.1.2 Self-evaluation team (SET)**

It is usually the case that support units already have in place a quality team comprising a small group of individuals who take responsibility for developing and maintaining the QMS. While the quality team can lead the self-evaluation exercise, the unit may choose to nominate a different group of individuals to this task for the purpose of widening involvement and bringing new perspectives to the self-evaluation process. This team – the self-evaluation team (SET) – should include the head of unit and should have a nominated leader. The SET should be as representative as possible of the staff profile of the unit. The unit must inform the QSU of the names of the SET members.

#### **3.2 Self-assessment report (SAR)**

##### **3.2.1 General**

Six months prior to the review, the quality team begins writing an analytical, evidence-based, templated self-assessment report (SAR). The SAR must be evidence-based and must include an appropriate balance of description and analysis (ideally 50/50). The SAR and its

appendices are reviewed by the QRG in advance of the site visit and will form the basis of the QRG's assessment of the unit's fitness for purpose. The SAR is confidential to the unit and will not be seen by persons other than unit staff members, the QSU and the QRG without the prior consent of the head of unit.

### **3.2.2 Structure**

A template will be provided by the QSU to the unit for writing the SAR. The template is structured around the following default chapters:

- Chapter 1: Unit overview: mission and strategy
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Functions, activities, processes, feedback and performance
- Chapter 4: Quality management system

The template provides guidelines for populating the report. For each chapter, the template specifies items to which the unit responds within text boxes. The unit can provide supporting documentation in appendices.

Appendix A provides more information on the SAR and presents as bullet points a list of the items to be addressed per chapter.

### **3.2.3 Consensus**

During the final drafting stages, the SAR should be made available to all members of the unit for comment. To the extent that it is possible to do so, the opinions/conclusions expressed in the SAR should reflect the consensus views of the unit as a whole.

### **3.2.4 Chairperson's review of SAR**

It is accepted practice for the QRG chairperson to be invited to read and comment on an advanced draft of the SAR 10 weeks before the review visit. This can beneficially be followed by a telephone discussion between the quality team leader and the QRG chairperson for the purposes of familiarisation and feedback.

### **3.2.5 Distribution**

At least seven weeks before the QRG visit, the unit must email the finalised SAR and appendices to the QSU. All unit staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive.

Six weeks before the review visit, the QSU sends the SAR and appendices to each member of the QRG. Before the material is sent out, the Director of Quality (or a nominee acceptable to the unit under review) reads the SAR to check for factual errors or the presence of statements that might be considered ambiguous, potentially biased or potentially misleading. Any concerns identified will be passed on in writing by the Director of Quality (or his/her nominee) to both the unit's SET and the QRG for their consideration in an evidence-based manner during the site visit.

If the SAR makes negative reference to the services (or lack thereof) provided by another UL unit or third party, the unit under review must make the relevant section of the SAR available to the unit or third party and invite that unit or third party to the relevant session during the site visit.

### 3.3 Inter-department audits

Prior to the review, the QSU Quality Officer schedules and oversees inter-department audits of the unit’s QMS. The purpose of the audit process is to ensure that all components of the unit’s QMS are audited for compliance with the [UL QMS framework](#). The process enables best practice to be shared and promotes a focus on inter-department collaboration. The QSU Quality Officer has overall responsibility for the audit process. The audits are referred to as ‘inter-department’ because they are conducted by trained auditors both from within the unit under review and from other UL support units.

The audit schedule for the unit specifies the date of the audit, the assigned process auditor and details of the QMS and business processes to be audited. Prior to the audit, the assigned auditors prepare checklists based on the process to be audited. After completing the audit, the auditor sends the audit report to the QSU Quality Officer, who combines all individual reports into a comprehensive audit report for the unit. Recommendations for improvement are then entered into the unit’s quality improvement plan. Full details of the process are given in the [QMS Audit Process](#) document. Results of the audit should be included as an appendix to the SAR. The unit should also include copies of their annual quality report for the previous three years.

### 3.4 Pre-review phase timeline

It is recommended that planning for the self-evaluation exercise commence approximately 18 months (72 weeks) in advance of the QRG site visit. The table to follow gives actual (in shade) and recommended deadlines for the completion of the self-evaluation exercise and the SAR.

Self-evaluation exercise [optional items in square brackets]	Deadline in months/ weeks*	Self-assessment report (SAR) [optional items in square brackets]
Put in place a quality team and start to plan self-evaluation activities	-15-18m	
Liaise with the QSU on identifying potential QRG members	-12-15m	
Finalise plans for self-evaluation and SAR	-48w	
[Engage and brief technical writer]	-46w	
Identify and request relevant data	-40w	
[Engage in SWOT/strategic planning exercise]	-32w	
Arrange focus group meeting(s)	-31w	
Finalise analysis of stakeholder feedback	-28w	
Prepare support documents and data	-24w	Start drafting SAR
	-20w	Finalise and brief QRG (QSU responsibility)
	-17w	Finalise SAR and appendices

	-16w	Give draft SAR and appendices to technical writer (if engaged)
	-12w	Circulate draft SAR within the unit
	-10w	[Draft SAR to QRG chair for review]
	-8w	[Quality team leader and QRG chair discuss draft]
	-7w	Deliver final draft of report and files to QSU
	-6w	SAR sent to QRG (by QSU)
	-2w	Respond to requests for additional data
	Actual dates	QRG visit

\* Number of months/weeks prior to QRG visit

## 4 The review phase

The review phase of the process refers to the week during which the quality review group (QRG) visits the university (the site visit) to meet with the unit under review and its stakeholders.

### 4.1 Purpose of the visit

The visit is intended to give the QRG the opportunity to further explore the unit's activities and processes, to investigate issues identified in the SAR and to reassure themselves that the SAR is a comprehensive and accurate reflection of the unit's operations. The visit enables the QRG to meet and enter into dialogue with the unit's staff, students and other stakeholders, tour the unit's facilities and meet UL senior management. This, in turn, allows the QRG to record its findings in an evidence-based QRG report, at the heart of which are both commendations and recommendations to the unit.

A detailed overview of the role of individual QRG members is provided in Appendix B. The details of the visit schedule are arranged between the QRG chair and the Director of Quality in advance of the visit.

### 4.2 Composition and appointment of the QRG

The QRG typically comprises five persons, the majority of whom must be external to the university. The Director of Quality consults with the head of unit and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP/CO, who then appoints the members. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG must be facilitated by the QSU.

In the case of a late withdrawal of one member of the group, it may be possible to co-opt a replacement or to continue with just four members; this decision will be taken by the Director of Quality in consultation with the QRG chairperson.

The composition of the QRG and the procedure for appointing people to the group is described in detail in Appendix B.

### **4.3 Preparatory steps**

Six weeks prior to the visit, the SAR and appendices are sent by the QSU to the members of the QRG. The QRG chairperson asks each member of the QRG to study the entire SAR but to take special interest in specific assigned SAR chapters with a view to leading the questioning and reporting on those sections during the visit. Individual QRG members will be asked to prepare a one-page brief on each of their assigned sections under headings similar to those outlined below:

- Positive and praiseworthy aspects
- Apparent weaknesses and/or areas of concern
- Topics that need to be explored during discussions
- Additional data required in advance of the site visit

These brief overviews are circulated to all members of the QRG before the visit and form the basis of the initial questioning and discussions during the visit. These briefs will *not* be made available to the unit concerned. It may be the case that additional material is required; if so, the chair requests the unit, through the QSU, to prepare and provide such material.

### **4.4 Visit schedule**

The visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 15h00. (A sample visit schedule is provided in Appendix C.) A briefing meeting between the QRG and a member of the QSU and/or the PDP/CO is undertaken on the Monday evening, after which members of the QRG convene in private session to become acquainted with each other, share their first impressions of the unit's SAR and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the unit's SET and stakeholders on Tuesday and Wednesday.

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the QRG draft those sections of the report for which they are taking the lead. Thursday morning and early afternoon is spent sharing the drafts and finalising the report while working as a team. The finalised report is read back to the unit's staff at approximately 15h00.

### **4.5 QRG report**

The QRG report follows a QSU report template. All members of the QRG have collective responsibility for the contents of the report. The main body of the report lists the QRG's commendations and recommendations to the unit. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the QRG believes to be particularly significant in assisting the unit to better meet the needs of its stakeholders.

The QSU inserts introductory pages into the QRG report. Refer to Appendix D for further details on the QRG report, and refer to the [Support Unit Reports](#) page of the QSU website for access to previous reports<sup>2</sup>.

#### **4.6 Report feedback to the unit**

It is key to the success of the review that the findings of the QRG be made available promptly to all unit staff. This is achieved in three ways:

1. Prior to departure on the Thursday, the QRG chairperson reads back sections 3 and 4 of the report to the unit's staff. No paper copy of the report is made available to the unit at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes the report available to the unit strictly for the purpose of checking for factual errors.
3. All recommendations are extracted from the report by QSU and forwarded to the unit for initial response (i.e. 'accept in full', 'accept in part/modified form' or 'rejected'). Where a recommendation is rejected, it must be supported by succinct justification). This interim feedback is returned to the QSU for circulation to the UL Quality Committee.

#### **4.7 Finalisation and publication of the QRG report**

The QSU sends the QRG report to the Quality Committee, whose members (i) check the report for institutional-level factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process and (iii) approve the publication of the report on the QSU and unit websites. The Quality Committee also review the unit's initial response to the recommendations and provide feedback where relevant. Should issues arise as a result of the verification process, the QSU brings these to the attention of the QRG chair, who then works with the QRG to respond or amend the report appropriately. The final report is then published on the QSU and unit's websites.

### **5 The post-review phase**

Implementing the QIP is the responsibility of the unit and, ultimately, the head of unit. The QSU plays a largely coordinating role in the process. In addition to the head of unit, the Quality Committee and the PDP/CO are responsible for overseeing the implementation of the QIP. Recommendations that would be equally applicable to one or more other units may be pursued at university level rather than unit level. Responsibility for following up on such recommendations will be assigned by the PDP/CO or other senior UL manager, as appropriate. The UL officer to which the action is assigned will provide updates to the head of unit so that the latter can record actions taken and conclusions reached in the QIP document.

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<sup>2</sup> QRG reports prior to 2016 followed a slightly different structure to the current structure in terms of presentation of recommendations.

The post-review phase of the quality review process comprises the following stages:

1. Consideration of and initial response to recommendations
2. Approval of QRG report for publication by Quality Committee and consideration of unit response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Presentation by Head of Unit to Quality Committee
6. QIP implementation review meeting with PDP/CO
7. Annual monitoring by QSU of outstanding actions

The QSU will provide the unit with supplementary guidelines in relation to carrying out and recording actions in the QIP document.

### **5.1 QIP template**

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template (Appendix E). Once the QRG report has been published following approval by the Quality Committee, the QSU revises the QIP template to take note of the unit's initial response. The revised QIP is sent to the unit for action.

The head of unit is responsible for implementing the QRG recommendations, and the QIP template is designed to facilitate the head to do this effectively. The template, which cannot be modified by the unit, allocates one page to each recommendation and provides space to record:

- The unit's response to the recommendation
- Specific actions to be taken by the unit to address the recommendation
- The state of resolution of the recommendation and outstanding actions that need to be taken to fully implement the recommendation

### **5.2 Formulation of implementation plan**

Within four weeks of receiving the final QIP template from the QSU, the unit meets to develop specific implementation plans and records them in section 4 of each page of the QIP. Section 4 is also used to record who is responsible for ensuring the planned actions are carried out and setting the timeframe for completion.

### **5.3 Ongoing implementation of recommendations**

Over the next few months, the unit works to implement the recommendations. Five to six months after receiving the QIP template, the unit carries out a brief, interim self-assessment of progress made in relation to the implementation of the level 1 recommendations and records the assessment in sections 5 and 6 of each page of the QIP. The head of unit then sends a copy of the QIP to the QSU. The Director of Quality forwards the QIP to the Quality Committee for inclusion at the next meeting.

### **5.4 Presentation to Quality Committee**

The head of unit, who is responsible for project managing the implementation of the QIP, is invited by Quality Committee chair to deliver a short presentation at the next committee meeting. While the head of unit may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the unit's response to those recommendations, specific implementation progress made to date and

planned actions, as appropriate. The presentation is then followed by a question-and-answer session with the members of the Quality Committee.

### **5.5 QIP implementation review meeting**

Following the Quality Committee presentation, the unit continues to implement the planned QIP recommendations. Approximately 18 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the head of unit, the head of unit's line manager, the Director of Quality and either the PDP or relevant CO (chair). The meeting will also be attended by a recording secretary and, if requested by the head of unit, the quality team leader.

To prepare for this meeting, the unit summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The Director of Quality may invite additional persons to the meeting as he/she feels appropriate. The head of unit returns the QIP to the QSU at least two weeks before the implementation meeting. The status of resolution of each recommendation is considered at the meeting, and any further actions required are identified and recorded. The exact follow-up and reporting process relating to these further actions is at the discretion of the PDP/CO. A final QIP implementation summary report is prepared by the QSU (Appendix F) and, after the unit has checked for factual errors, is published on the QSU and unit's websites. Any remaining open action items are monitored annually by the QSU.

The implementation of the QIP must be evidence-based. The head of unit should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). In preparation for the implementation review meeting, the Director of Quality will routinely ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations (in particular when insufficient detail is given in the plan on progress made to date) and/or copies of key documents cited by the unit in the completed QIP.

### **5.6 The unit's obligations**

The Director of Quality must be assured that the unit has engaged fully, constructively and in accordance with the ethos of the quality review process during all stages of the process. In particular, s/he must be satisfied that the unit has genuinely made all reasonable efforts to pursue the QIP and that the unit has provided a sufficiently compelling justification in cases where a recommendation has been rejected.

If the Director of Quality forms an evidence-based opinion that the unit has failed to satisfy the above obligations, s/he must discuss this with the PDP/CO. In consultation with the PDP/CO and at their joint discretion, the following actions may be considered:

- A formal 'note of concern' is forwarded by the Director of Quality to the head of unit and copied to the head of unit's line manager.
- A formal 'note of concern' is forwarded by the Director of Quality to the head of unit and copied to the head of unit's line manager, and the head of unit is invited to the next meeting of the Quality Committee to discuss the concerns.
- Referral to the Executive Committee for action to be taken that the committee deems to be appropriate to the circumstances.

- Subject to the approval of the Executive Committee, the unit may undergo a special supplementary quality review or a full quality review within a period shorter than the usual seven-year cycle.

## 6 Process verification

The effectiveness of the quality review process is evaluated through internal audits, feedback from quality reviewers (i.e., members of the QRG), the unit’s head and quality team and the ongoing monitoring of key timelines by the QSU. Moreover, oversight of the process by QQI occurs through the annual monitoring mechanisms (Annual Dialogue Meeting and Annual Institutional Quality Report) and through periodic institutional quality reviews.

The process owner is the Director of Quality.

## 7 Revision history

Rev.	Date	Approved by	Details of change
1	14 June 2018	VPAASE	Initial release for Cycle 3 reviews
2	05 Sept 2018	Director of Quality	Additional information given on the SAR template. Deletion of previous section 3.2.3 on content of SAR.
3	25 June 2019	Director of Quality	References to GASPQA (Governing Authority Strategic Planning and Quality Assurance) Committee changed to Quality Committee
4	1 August 2019	Director of Quality	Timeline for unit to commence self-evaluation exercise changed from 10 months (40 weeks) to 18 months (72 weeks) prior to site visit
5	3 March 2020	Quality Committee	Post review implementation process revised to reflect role of quality committee and provide an opportunity for the unit to formally respond to recommendations prior to report publication.
6	09 Oct 2020	Director of Quality	Removal of the sentence “A contribution towards costs will be made by the QSU.” in section 3.2.1. Minor modification.
7	02 Dec 2020	Director of Quality	Amalgamation of 2012-2019 QQI Acts. Minor modification.
8	20 Oct 2021	Director of Quality	Changed reference to VPAASE to PDP/CO. Removed appendices which will be published separately.

## Appendices

### Appendix A: Self-assessment report (SAR)

#### 1 Structure and length

The self-assessment report (SAR) will use a template-based approach. The template will be provided by the QSU to the unit. Under each chapter title, the template will list a number of items relevant to that chapter (as listed in bullet points below in sections 3.1, 3.2, 3.3 and 3.4) and will provide a text box for the unit's response to each item. The completed SAR should not exceed 40 pages.

#### 2 General content and approach

Clarity and cohesion are hallmarks of a well-written SAR. The narrative should be succinct but comprehensive. Links can be imbedded within text, and more detailed supporting data can be given as appendices. Apart from the unit itself, the document audience is the external quality review group (QRG), and the report should be written with this in mind.

In addition:

- The authors of the SAR must take due account of the scope of the review.
- The narrative should be data/evidence-based and analytical. It should provide an appropriate balance of information, evaluation and discussion of the information and should specify the ultimate conclusions drawn.
- Self-assessment of the quality of the unit's activities must include a clear and prominent focus on the unit's overall fitness for purpose and performance (e.g., setting and attaining key performance indicators (KPIs) and evaluating the unit's outputs and their impact, particularly upon 'customers' and the university as a whole).
- The report should provide evidence of the views of customers/stakeholders.
- A realistic, open and honest discussion of strengths, weaknesses, opportunities and challenges, as well as proposed improvements, is vital to accurately inform the review group and to allow the group's members to appropriately prepare for the site visit and ultimately to produce a report that is of maximum benefit to the unit and university. The review ethos emphasises the mutually supportive and constructive spirit underpinning interaction between the unit, the reviewers and the university. The SAR is confidential to the unit, the reviewers and the QSU and will not be shared with third parties (unless the unit itself elects to do so).
- The writing style of the document should be consistent and professional. To this end, it is recommended that the services of a technical writer be sought.

#### 3 Sections of the SAR

The default chapter titles are as follows:

- Chapter 1: Unit overview: mission and strategy
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Functions, activities, processes, feedback and performance
- Chapter 4: Quality management system

With the exception of chapter 3 (see the guidance note in section 3.3), the default SAR template can be modified only with the express agreement, in writing, of the Director of Quality.

### **3.1 Chapter 1: Unit overview: mission and strategy**

- Provide a brief overview of the university (for context).
- Provide an overview of the unit, its mission and strategy.
- Evaluate how well the unit's mission and strategy are aligned to and support those of the university.
- Outline how the mission and strategy are developed, implemented, monitored, reported upon and reviewed. Please specify key implementation success indicators.
- Evaluate mission/strategy implementation progress to date and specify identified barriers and/or risks to implementation. Include a self-analysis of the unit's overall performance against its key implementation success indicators.
- Identify key stakeholders and partners, both internal and external to the university, and briefly outline the nature of this relationship.
- Provide a brief overview of key recommendations from the unit's most recent quality review and actions taken to address them (closing the feedback loop).
- Provide a brief indication of any key areas on which the unit would find reviewer input to be especially useful.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.

### **3.2 Chapter 2: Organisational structure, management and governance**

- Describe and evaluate the management and organisational structure of the unit and its reporting lines within the UL organisational structure.
- Describe and evaluate how risks and opportunities are identified and managed.
- Describe and evaluate how compliance with university-level policies and procedures (e.g., GDPR, PDRS and applicable HR, finance and data protection policies) is ensured and monitored.
- Describe and evaluate how the unit identifies, develops, approves, communicates, reviews and monitors the enforcement of unit-specific policies, guidelines or other similar documents.
- Describe and evaluate the adequacy of staffing levels and the effective use of existing staff to underpin the unit mission and operation.
- Describe and evaluate how the unit ensures transparency, accountability and best practice in relation to its budgetary and financial practices.
- Describe and evaluate the adequacy of and effective and efficient use of resources and facilities (including office space, meeting rooms, etc.) to underpin mission and operation.
- Describe and evaluate the business (annual and multiannual) operational planning, monitoring and review process and how it links to UL's mission and strategy.
- Describe and evaluate staff development processes and how employee performance links to staff development.

- Describe and evaluate the extent to which the unit’s service level agreements (SLAs) with internal and/or external service providers (if applicable) are appropriate to ensure that services are delivered and functions are maintained effectively and efficiently.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.

### 3.3 Chapter 3: Functions, activities, processes, feedback and performance

***Guidance note:***

For most units, this chapter (and in particular section 1 thereof) will likely be by far the most expansive SAR chapter. At its core, it should provide the reader (the QRG) with a concise but clear understanding of (a) what you do, (b) how you do it, (c) how you know it works and (d) how you improve it.

The description of (a) ‘what you do’ and (b) ‘how you do it’ can be relatively brief, and it would be appropriate to imbed links that bring the reader to process/procedural documents or to provide those documents as appendices with the SAR. The focus on (c) ‘how you know it works’ and (d) ‘how you improve it’ should incorporate a description of the various feedback mechanisms you use and an explanation of how you consider and act upon the feedback provided. These feedback mechanisms may, for example, include surveys, focus groups, staff suggestions, inter-unit audits, etc. As well as describing the mechanisms and how you action them, it is important to analyse their ‘fitness for purpose’. For example, are the feedback mechanisms effective and sufficiently comprehensive? Do you systematically act upon them? How do you systematically monitor if changes you make improve the service? Are sufficiently robust unit/university mechanisms in place to investigate and follow up on negative feedback, in particular if the theme of the negative feedback is a recurrent one?

Please include a few short case studies of actual service improvements you made on foot of feedback and the impact that the changes introduced had on the service. Such case studies may be included directly in the chapter or referred to in the chapter and included in an appendix.

As different support units are organised differently, each unit should organise how it addresses the bullet points below to best suit its own context. Thus, for example, a unit may wish to address each of its services one at a time, working down through the bullet points in relation to that service. Alternatively, the unit may wish to consider a cluster of services together or, indeed, all of its services in one block. In the SAR template, the unit may wish to merge text boxes or add in additional text boxes as considered appropriate to the context. In principle, the unit is free to choose how best to ‘tell its own story’ in this chapter. However, at a minimum, all bullet points must be addressed and the story must be analytical and evidence-based as well as descriptive.

**Chapter 3, section 1: For each service/cluster of services, please:**

- Outline the unit's key business process(es) (*what you do*) and supporting operational procedures (*how you do it*).
- Outline whether or not the process/activity is underpinned by a specific unit (or broader UL) policy or by the institutional strategic plan (*why you do it*).
- Describe the various feedback mechanisms you use and how you consider and act upon the feedback provided (*how you know it works and how you improve it*).
- Evaluate the 'fitness for purpose' of the feedback mechanisms you use. For example, are they effective? Are they sufficiently comprehensive?
- Impact: How do you act upon feedback gathered? How do you monitor if changes you make improve the service? Are there sufficiently robust unit/university mechanisms in place to investigate and follow up effectively upon negative feedback, in particular if the theme of the negative feedback is a recurrent one?
- Describe and evaluate how you communicate service improvements to your customers/stakeholders. For example, to whom do you report the activity/improvement? How do you communicate outputs to relevant stakeholders? How do you keep the campus community informed (*closing the feedback loop*)?

**Chapter 3, section 2: For the unit's services as a whole, please:**

- If relevant, describe any functional activities that are shared with and/or partially dependent upon other units within UL. Please consider how effectively these activities are (i) governed (are ownership and responsibility pathways clear?), (ii) delivered and (iii) reviewed.
- Describe and evaluate how the unit benchmarks its activities and performance/outputs against similar institutions, national or international. For example, how do you systematically inform yourself of relevant international good practice and trends and practice/performance in other universities? To what extent has the unit established effective links with appropriate national and international cognates/partners?
- Describe and evaluate the metrics/KPIs by which the unit evaluates its **overall** performance and how the unit has performed against these metrics in the previous two to three years.
- Describe and evaluate how the unit publishes information about its key activities.
- Describe and evaluate how staff members are kept informed of changes in policies and procedures.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.

**3.4 Chapter 4: Quality management system**

- Describe and evaluate the scope of the unit's quality management system (QMS).
- Describe and evaluate how the QMS is reviewed for effectiveness.
- Describe and evaluate how the unit supports the development of a quality culture.
- Provide details on the unit's quality team.
- Provide details on the unit's audit team.
- Provide a link to the unit's audit schedule.

- Provide sample audit recommendations from recent audits and a copy of the last five audit reports.
- Provide an overview of the unit's quality improvement plan and how it is reviewed.
- Describe and evaluate the extent to which staff are made aware of the value of their individual contribution to the effectiveness of the unit.
- Provide an example of a recent quality improvement initiative (a case study).
- Provide copies of the unit's three most recent annual quality reports.
- Describe and evaluate the extent to which the QMS is fit for purpose.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.

#### **4 Distribution of material to QSU**

Seven weeks in advance of the QRG visit, soft copies of the final submission (SAR and appendices) must be submitted to the QSU. The QSU will create an interactive file directory comprising the SAR and a table of contents hyperlinked to the appendices on OneDrive for Business / SharePoint. Six weeks prior to the site visit, each member of the QRG will be given access to these files on OneDrive for Business / SharePoint.

It is very important that everyone in the unit has free access to the final SAR and appendices well before the QRG visit. The head of unit should arrange for the documents to be made available to all unit staff.

## Appendix B: List of acronyms used in this document

<b>Acronym</b>	<b>Meaning</b>
CO	Chief Officer
DQ	Director of Quality
ISO	International Standards Organization
KPI	Key performance indicator
PDRS	Performance and Development Review System
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QMS	Quality management system
QO	Quality Officer
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
SAR	Self-assessment report
SET	Self-evaluation team
UL	University of Limerick
PDP	Provost / Deputy President