



University of  
Chester

## Quality and Standards Manual

### Handbook D: Academic Planning, Monitoring and Review

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## 1. Introduction

The University's approach to the monitoring, evaluation and review of its academic portfolio is risk-based and comprised of several interlinked elements:

1. **Continuous Monitoring of Enhancement (CME):** Programme Leaders are responsible for maintaining a quality improvement action plan in response to a wide range of quantitative and qualitative data. Faculties and Schools, through the Education and Student Experience Committee, are responsible for the monitoring the effectiveness and impact of the action plans.

To support the CME process, programme teams and academic departments must engage in an on-going process of impact analysis to satisfy themselves that their students are receiving an excellent academic experience and that the outcomes they achieve are positive. Programme teams and academic departments can choose how to do this in their own context, however they must:

- a. Use the **mid-term review** process to track the progress of individual students and cohorts.
  - b. Follow the process to make available **module evaluation questionnaires** as set out in this handbook.
  - c. Support the process for electing and engaging with **Student Voice Representatives**.
  - d. Ensure that students have formal opportunities to provide regular feedback through **Student Voice Meetings**.
  - e. Raise awareness of and encourage participation in **student surveys** as directed by the Dean of Faculty.
2. **Programme Summary Data (PSD):** Linked to the strategic planning process, the programme summary data includes measures across recruitment, proxies for quality and student outcomes. The dataset is published annually for all programmes.

In order to take a balanced view of the data, initial judgments on quality and outcomes are made at subject (CAH3) level. The section below on [data aggregation](#) explains what this means in practice.

The initial judgement on quality, based on the PSD, will be one of:

- a. Q1 routine monitoring
- b. Q2 elevated monitoring
- c. Q3 enhanced monitoring

Although not subject to separate initial judgements, the key metrics at programme level will also be reviewed. This means that if a programme within a CAH3 subject area with an initial judgement of Q1 is nevertheless below an acceptable threshold

in one or more of the key metrics, that programme may individually be subject to further investigation and/or intervention.

3. **Quality Monitoring:** subject areas that perform well against the proxy measures for quality and the student outcomes measures (Q1) have only to maintain their CME quality improvement action plan which is reviewed periodically in Faculty. Subject areas that pose a slightly elevated risk of not achieving the required outcomes (Q2) are scrutinised more closely. Where a subject area appears to pose a high risk to quality and outcomes (Q3), its performance is monitored at an institutional level.
4. **Department Portfolio Reports:** Heads of Department are responsible for convening meetings of their teams to consider the programme summary data. An overall evaluation of recruitment, quality and outcomes in the department is undertaken and recommendations about the shape of the academic portfolio over the next three years are submitted to the Faculty Management Group.
5. **Faculty Portfolio Plans:** based on the outputs from the department portfolio reports, the Faculty Management group maintains a three-year plan, prioritising the development of its academic portfolio. These plans are scrutinised by the Portfolio Development and Management Committee and, where necessary, are subsequently revised before being submitted as part of the strategic planning process.

This routine monitoring activity is augmented by other monitoring and compliance activity, coordinated centrally by Academic Services. This includes:

1. **General Monitoring:** collation of indicators, by Academic Services, on the academic experience of students through, for example, the receipt of minutes from Student Voice Committees, academic appeals and complaints, external examiner reports, student engagement information, module evaluations and assessment outcomes. This approach will also be used for oversight of the effectiveness of Faculty and School Education and Student Experience Committees and their quality-management mechanisms.
2. **Internal Quality Assessment:** bespoke reviews of academic provision either where there is a concern about the standard of the academic experience of students and the outcomes being achieved, or where periodic or regulatory review is required (e.g., provision that is inspected by Ofsted).
3. **Programme Management Committees:** programmes that require close and detailed monitoring, either because of regulatory requirements, or because outcomes are below acceptable minimums may be managed by a dedicated committee overseen by Academic Services.

### Level of monitoring, subject groupings and data aggregation

The University may choose to monitor its provision at any level (module, programme, subject, department and faculty). However, its primary monitoring activity is conducted at programme and subject level. If the University decides to conduct monitoring at any of the other levels, the method and underpinning data will be described separately.

#### Data aggregation

The University produces data at programme and subject level. As explained above, initial judgement about the quality of provision are formed at subject level.

In some instances, it may not be possible to produce data at programme level. This usually happens when there are insufficient students to report on. In these cases, the University will assume that the programme level outcomes mirror those at subject level.

**Example:** Nationally, all HE programmes are assigned a HECoS code (Higher Education Classification of Subjects). The HECoS codes can be aggregated to give three levels of detail (Common Aggregation Hierarchy); CAH1 being the broadest and CAH3 being the most granular.

In the National Student Survey, a programme did not receive enough responses for data to be published. However, the combined responses to all programmes in its CAH3 group did meet the threshold. Therefore, the University will attribute the outcome achieved by the CAH3 group to the programme.

#### CME groups

Historically, at the request of each Faculty, a number of related programmes might have been formed into a single CME group and therefore one action plan may cover more than one programme. However, the programme summary data reports on the status of each programme individually and at subject level.

No further amendments to the CME groups are possible at this time and no new groupings will be applied in the future.

### Quality Compliance Framework

The University maintains a framework which outlines its overarching methodology for the development, monitoring and review of its academic portfolio in alignment with the Conditions of Registration of the Office for Students and, where applicable, the requirements of the Education and Skills Funding Agency. This handbook should be read in conjunction with the Quality Compliance Framework.

### Academic Collaborative Provision

This handbook explains how all academic provision that leads to a University of Chester award is monitored and reviewed. This includes provision that is delivered through an academic partnership. The relevant Faculty or School Education and Student Experience

Committee is responsible for monitoring the quality of provision that is delivered in partnership; however, University Centre Reaseheath has responsibility for monitoring its own provision through its Education and Student Experience Committee. For this reason, throughout this handbook, references to the Faculty and School Education and Student Experience also apply to University Centre Reaseheath.

Processes to monitor the overall effectiveness of each academic collaborative partnership are described in Handbook C. Where there are concerns about the effectiveness of an academic collaborative partnership or the quality of provision being delivered in a partnership arrangement, an Internal Quality Assessment Panel (Partnerships), described in part 3 of this handbook might be commissioned to investigate further.

Academic collaborative partners, including University Centre Reaseheath, do not take part in the Education Planning processes which are covered in part 4 of this handbook.

## 2. Continuous Monitoring of Enhancement

All programmes of study leading to a University of Chester award (excluding postgraduate research degrees) are required to maintain a Continuous Monitoring of Enhancement (CME) action plan. This plan explains how the quality of the programme will be improved and high-quality maintained. All CME action plans are hosted online at <https://cme.chester.ac.uk/>.

The Programme Leader is the recognised author of the CME action plan, but in practice the responsibility for maintaining the action plan rests with the whole programme team. This is done through the continuous evaluation of qualitative and quantitative data that is generated for, by and with the programme team and their students throughout the academic year. This enables programme teams to objectively consider whether their provision is academically rigorous, innovative and is meeting student and stakeholder expectations.

Help and support for using the online CME system and training on how to write a good CME action plan has been put together by Academic Services and can be found on [Portal](#).

### Responsibilities for CME

All parts of the University have a role to play in operating CME; yet the process itself is secondary to the outcome it seeks to achieve: the development and maintenance of a high-quality learning experience for our students. The process is designed to work across the year and mesh with the self-reflection and analysis that programme teams will naturally undertake as learning, teaching and assessment activity progresses. In this way, critical evaluation by the programme team is, as a starting point, already assumed and the focus is, instead, on the actions being taken and their impact.

- The **programme team** is responsible for gathering and considering data relating to the quality of the educational experience they are providing and the outcomes their students are achieving. Based on this, they devise, update and evaluate actions to enhance and maintain high-quality and positive outcomes.
- The **academic department or school** is responsible for having oversight of the programme action plan and for supporting the programme team to deliver a high-quality academic experience. Opportunities for sharing best practice, identifying and helping to address barriers to improvement and fostering a collegial environment are all key requirements of the department.
- The **Faculty** and, in some cases, **School**, through its **Education and Student Experience Committee** is responsible for the quality of the provision. With reference to data published by the University and the lead indicators available to it, the Faculty scrutinises action plans and constructively challenges the assumptions of the programme team.



- Through the **Education Committee** and its subcommittees (primarily **Quality and Standards Subcommittee**), the University makes judgements on the overall quality of provision and intervenes in instances where minimum thresholds are not achieved.

### Review of CME action plans

Formal review of CME action plans is conducted twice by the Faculty or School Education and Student Experience Committee (FESEC); a main review takes place in the autumn (during November and December) and an interim review takes place in the spring (between March and May). This section explains the process of review.

### Programme summary data and risk profile

The programme summary data is produced by the end of October in each academic year. It gives key data for individual programmes and groups of programmes aggregated to subject level (CAH3). Within this dataset, the University has selected proxies for quality:

- **Continuation:** the proportion of students who are registered on a programme 12 months following their first registration.
- **Completion:** the proportion of students who successfully complete the qualification that they had originally registered for.
- **Progression:** the proportion of graduates who progress to highly skilled employment.
- **Student satisfaction:** (taken from NSS and PTES), the proportion of students who express a positive opinion of their experience of the University.

The University sets minimum thresholds for each of these proxy measures which are published alongside the programme summary data.

At subject level, each of the proxy measures is first assessed and scored separately as follows:

- Performance at or below the threshold, and up to three points above it: **2**.
- Performance between four and nine points above the threshold: **1**
- Performance ten points or greater above the threshold: **0**

The score for each of the proxy measures is then weighted:

	Continuation	Completion	Progression	Student satisfaction
Undergraduate	1.7	1.15	1.15	1.0
Postgraduate	2.255 (combined measure)		1.755	0.99

The weighted scores are then totalled:

- A score of 0 – 5.0 gives a risk profile Q1 (routine monitoring)
- A score of 5.1 – 8.0 gives a risk profile of Q2 (elevated monitoring)

- A score of 8.1 - 10 gives a risk profile of Q3 (enhanced monitoring)

The calculated score is intended to give an overall view of the performance of the programmes in each subject group. However, where any one of the proxy measures is observed as being particularly close to or below a threshold, either at programme or subject level, the Academic Leadership group might, on the advice of the Academic Registrar (or nominee), determine a different risk profile to that suggested by the calculated score.

#### Faculty Education and Student Experience Committee main review (November – December)

During the main review point, the Faculty or School Education and Student Experience Committee (ESEC) must review the CME action plans of all programmes, irrespective of its risk profile. If it wishes, the Board may decide to set up subgroups to undertake this work.

The ESEC has discretion in how it chooses to conduct the review, but it must do so with reference to the programme summary data. However, at a minimum, the outcomes of the review must align with the following, based on the subject risk profile:

- **Q1 (routine monitoring)**
  - At programme level, the CME action plan should continue to be updated as and when needed.
  - At Faculty level, Faculty Management Group (or equivalent for Dean-led Schools) should take steps to assure itself that all programmes in the subject group are performing well. As long as this is the case, no further review/intervention is required.
  - Academic Services is empowered to randomly sample action plans to ensure that the approach to general quality monitoring set out in this Handbook is being maintained.
- **Q2 (elevated monitoring)**
  - At programme level, the CME action plan should be strengthened as required with reference to the programme summary data.
  - At Faculty and School level, the ESEC should request a report on progress against the CME action plan at each meeting for the remainder of the academic year.
- **Q3 (enhanced monitoring)**
  - At programme level, the CME action plan should be strengthened as required with reference to the programme summary data.
  - At Faculty and School level, the Faculty Management Group (or equivalent for Dean-led Schools) should take steps to assure itself that immediate and impactful action is being taken to address the issues identified in the data. This might include, for example, setting reporting requirements with intervals more frequent than meetings of the ESEC.

- The Head of Department must also prepare a critical analysis of the performance of the subject group which will be considered by the Academic Leadership Group. The date by which this is required will be published alongside the programme summary data.

#### Faculty Education and Student Experience Committee interim review (March - May)

For the interim review point, the Education and Student Experience Committee (ESEC) must be assured that CME action plans continue to be evaluated and updated. At this point, the focus should be on the impact of the action plan with reference to lead indicators (see below). However, subjects with a risk-profile of Q3 do not need to be considered at the interim review point. This is because they will be subject to institutional level scrutiny.

#### Lead indicators

The programme summary data provides an annual snapshot of the health and performance of each programme and subject group across a range of key measures. However, the primary purpose of the CME is to capture incremental and impactful actions that each programme team takes *throughout the year* to respond to the changing needs of their students. As such, whilst the programme summary data is crucial to enabling faculties to evaluate the overall effectiveness of the actions taken by programme teams, there are a range of other, more frequently updated, data which must be used to measure the impact of actions in-year.

Some examples of the lead indicators that may be used are:

- Engagement data: attendance, interactions with online activities, assessment submission. Actions that address barriers to continuation and completion might be evaluated with reference to data on how students are engaging over a defined period.
- Career readiness survey: the extent to which students express confidence in planning for their future careers might give an insight into the effectiveness of actions to address progression to high-skilled employment.
- PAT intelligence and mid-term reviews: as a collective group, themes, issues and trends being identified by PATs and the wider programme team in their interactions with students. Getting PATs to ask specific questions on a particular topic might identify whether an action is having a positive impact.
- Student Voice Meetings and pulse surveys: the feedback gathered at SVMs and through data generated from very short, targeted surveys can indicate whether actions are having an impact.
- Module evaluations: both mid and end-point evaluations might be used to assess whether specific actions at module level are having the desired impact.

This list is not intended to be exhaustive and there will be other sources of data and information that can be obtained locally or through professional support services departments. The key is to identify the evidence that will be used to measure the success of an action at the outset and not to be too heavily reliant on the programme summary dataset. **It is important to remember that at the point the programme summary dataset is published it is too late to impact the experience and outcomes of the students counted within it.**

### 3. Institutional quality monitoring

The routine monitoring of academic quality rests with each Faculty as described in section 2. The University maintains broad oversight of all provision to ensure that acceptable levels of quality and student outcomes are achieved. It does this by adopting a risk-based approach and with reference to its Quality Compliance Framework.

#### Subject risk profiles

The risk-profile of each subject group is updated annually through the publication of the programme summary data. Subject groups with an outcome of Q1 (routine monitoring) and Q2 (elevated monitoring) are monitored and reviewed within the relevant Faculty. Specific institutional level monitoring in these cases is likely to be no more than as described in the section on the [general approach to monitoring](#). However, subject groups with an outcome of Q3 (enhanced monitoring) are given additional scrutiny at institutional level.

The risk profile can be amended, at any point in the academic year, in response to information gathered through the University's general approach to monitoring and following a report from an Internal Quality Assessment Panel.

**Example 1:** A subject group has an outcome of Q1 upon publication of the programme summary data. As part of the general monitoring activity, lead indicators for engagement indicate that a high proportion of students appear to be disengaged through non-attendance. This suggests a change in the risk profile which is considered by an Internal Quality Assessment Panel.

**Example 2:** A subject group has an outcome of Q3, but with a particularly heightened risk in relation to the progression metric. An Internal Quality Assessment Panel considers the approach being taken by the programme team(s) concerned, determines that outcomes are acceptable leading to a lower risk-profile being agreed.

#### Enhanced monitoring process

At meetings in November and January, the Academic Leadership Group (ALG) considers the data showing the performance of each programme and subject. At the November meeting, the programme summary data is received, themes and trends identified and the subject groups with an outcome of Q3 are noted. At this stage, an initial view is taken about the possible investigations and interventions that may be required.

At the January meeting, for each subject group with a Q3 outcome, the ALG will receive:

- The relevant extract of the programme summary data;
- A summary, prepared by Academic Services, which interprets the data;
- The relevant programme CME action plan(s); and

- A critical analysis from the Head of Department.

Following a review of this information, the ALG will confirm what, if any, further investigations and or interventions will be put in place:

- **Investigations** are carried out by a Panel conducting an Internal Quality Assessment and can be either desk-based or involve a review event. The purpose of an investigation is to either confirm or amend a subject (or programme) risk profile. The IQA Panel may make recommendations for interventions.
- **Interventions** are put in place on the basis of recommendations to support a programme team to improve the quality of its provision and/or student outcomes. The interventions will be tailored to address the areas of weakness identified through an investigation.

### Internal Quality Assessment

An internal quality assessment can be commissioned at any point in response to concerns about academic quality and standards and/or student outcomes being delivered in a programme, subject group or, where relevant, service department. An internal quality assessment can be commissioned by one of the following:

- Deputy Vice-Chancellor and Provost
- Academic Registrar
- Deputy Head of Academic Services
- Strategic Executive Team
- Senate
- Education Committee
- Quality and Standards Subcommittee

Where an internal quality assessment is commissioned by one of the named post-holders, rather than by the ALG or a committee, they will provide reasons for having done so to the Education Committee. The exception to this is the commissioning of an internal quality assessment for provision that is regulated by a PSRB and/or funded by ESFA and which is subject to external cyclical review. Such internal quality assessments will be commissioned routinely and no reasons for doing so are required.

### Internal Quality Assessment Panel

Internal quality assessments will be conducted by an academic panel (IQAP). Each IQAP will have one chair and at least one member. The Head of Academic Quality and Standards is a member of all IQAPs *ex-officio* although they may nominate a representative. The size and scope of the IQAP will be determined by Academic Services in liaison with the chair of the panel, based on the reason for it being commissioned. The IQAP may also include external members.

The IQAP may conduct its work through meetings and visits to the programme team or department being assessed or may be conducted as a desk-based exercise. It can request evidence and documentation, but programme teams or departments should not normally have to create new documentation specifically for the purpose of the internal quality assessment, beyond responding to questions or submitting a response to specific points. All internal quality assessments are conducted with reference to the University's Quality Compliance Framework.

At the end of its investigation, the IQAP will submit a report of its findings. The report may also make recommendations for interventions where appropriate. Reports are submitted to the Quality and Standards Subcommittee which will decide whether to accept the findings and authorise the interventions recommended or whether to refer the report to Education Committee for further consideration.

#### Academic Collaborative Provision

Where there is a concern about an academic partner organisation, an IQAP will be commissioned to investigate in substantially the same way as described above. However, there is an expectation that the relevant Faculty will make reasonable efforts to resolve any issues outside of this process.

An IQAP to investigate concerns about an aspect of academic collaborative provision can be commissioned by the Academic Registrar without needing to report reasons for having done so. Academic Services will write to the partner organisation to outline the nature of the concern and to explain how the investigation will be conducted.

The IQAP (Partnerships) submits a report of its findings to the Head of Academic Quality and Standards who will decide what action to take. The report and details of any actions required will be submitted to the Quality and Standards Subcommittee.

#### Programme Management Committees

In some instances, an Internal Quality Assessment Panel might recommend that a Programme Management Committee (PMC) is formed to support the programme team to enhance and maintain the quality of their provision. Programme Management Committees can also be formed even when the risk profile of a programme is low; this will be especially the case if programmes are undergoing a process of registration or accreditation with a professional body for the first time.

Programme Management Committees are chaired by a senior member of academic staff appointed by the Head of Academic Quality and Standards. The membership of the PMC and its terms of reference are decided based on the reason for forming the PMC and are bespoke in each case. In some instances, external experts are invited to support the work of the PMC.

### Periodic Evaluation (programmes)

Each programme that leads to an award of the University is subject to periodic evaluation. The purpose of this is to check that the programme meets the requirements set out in the University's Quality Compliance Framework; especially in relation to those requirements that are not easily checked by a proxy measure (e.g. currency, academic support etc.). The periodic evaluation is usually a desk-based exercise, although the programme team might be asked to produce a brief self-evaluation of the performance and health of the programme.

The period of time that can elapse before a periodic evaluation takes place will be determined when a programme is first approved.

If concerns are identified during the periodic evaluation process, Academic Services will attempt to resolve these with department and faculty managers as appropriate. However, if concerns persist, an internal quality assessment might be commissioned.

### General monitoring approach

The University, through Academic Services, may conduct general, low-level monitoring in relation to the quality of provision and student outcomes. The aim of this approach is to ensure that the requirements set out in the Quality Compliance Framework are being met without increasing the administrative burden on academic staff. Examples of how this monitoring activity might be conducted include:

- Representation on each Faculty Education and Student Experience Committee;
- Random sampling of documentation that University policies and procedures require the production of in the normal course of delivering high-quality teaching and learning;
- Informal conversations with Faculty and programme managers; and
- Reviewing University data and lead indicators.

Occasionally, as part of the general monitoring activity, External Examiners or External Quality Advisors might be asked to report on a specific area of activity within a subject group or department.

The purpose of the general monitoring approach is to support Faculty managers with the early identification of emerging threats to quality and student outcomes, as well as to provide University managers with an assurance that the policies and processes designed to ensure a high-quality learning experience are being adhered to.

There is an expectation that any issues or concerns identified through the general monitoring process will be resolved through collegial dialogue. However, if problems persist, it may become necessary to commission an internal quality assessment to investigate formally.



## 4. Quality of Academic Experience Indicators

Academic departments and Faculties are responsible for conducting defined evaluation processes to generate indicators of the academic experience of students. These may be used to create some of the [lead indicators](#) referred to in section 2.

### Module evaluation

All modules delivered as part of a programme leading to a University award must include an opportunity for students to evaluate them. The process in this handbook sets out the minimum expectation in this regard. Programme teams, departments and faculties may adapt this process, but should take advice from Academic Services, by contacting [enhancement@chester.ac.uk](mailto:enhancement@chester.ac.uk) to discuss their plans first.

A Module Evaluation Questionnaire (MEQ) should be made available to students normally between halfway and two thirds of the way through the module delivery. The MEQ must be available electronically via Moodle (there is a generic template available for use) and be open for around a week. Consideration should be given to making time within a timetabled lecture or seminar session for students to complete the MEQ.

The MEQ template sets out six questions as follows:

1. Do you understand what you are supposed to be learning on the module? (Yes/No)
2. Do you understand how you will be assessed? (Yes/No)
3. Do you know how to access learning resources? (Yes/No)
4. Do you know who to contact for help? (Yes/No)
5. Please highlight any good practice that you particularly liked. (Free text)
6. Is there anything that you would want to change? (Free text)
7. What aspects of the Essential Online Learning Activities in Moodle best supported your learning on this module and why? (Free text)

The Module Leader is responsible for collating and analysing the responses to the MEQ in conjunction with the module delivery team. A brief report summarising the main feedback points, any actions that will be taken as a result or reasons why action cannot be taken must be produced and made available via the Moodle site for the module within two weeks of the closure of the MEQ. The report should also be discussed at a Student Voice Meeting.

### Student Voice Meetings

Regular Student Voice Meetings must be convened at programme or department level to enable academic staff and students to engage in meaningful discussion about the quality of the provision. Full details of the requirements in relation to Student Voice Meetings is available in Handbook J.

### Peer observation of teaching

The University requires that all academic staff have their teaching practice observed annually. The University operates two procedures for this purpose. The Peer Observation of Teaching Guidelines should be used by staff who do not deliver teaching, learning and assessment activities on ESFA funded provision. For staff who do deliver these activities on ESFA funded programmes (primarily higher and degree apprenticeships) the Observation of Teaching Policy (apprenticeships) must be followed. Both of these are available in Handbook J.

### Student Surveys

The University makes available annually for all students an institutional level survey, inviting them to provide feedback on their experience. This includes the statutory National Student Survey which is offered to all final year undergraduate students. The University's approach to delivering these surveys is adapted and updated annually and it is important that all staff follow the requirements for communication and presentation of the survey options to students as communicated by University and Faculty managers.

## 5. Education Planning

Education planning is closely linked to the University quality monitoring and review activity and is intended to align with strategic planning. Through this process, academic departments and faculties analyse their strengths and weaknesses, in relation to recruitment and quality, and make proposals for future developments. For this reason, it is very important that the outputs from the Faculty reviews of provision are used to shape proposals for new and changed provision.

### Department portfolio review and reporting

In the period between January and February each year, following the conclusion of the Faculty review of CME action plans, Heads of Department are responsible for compiling a report for the Dean.

The overall purpose of the department portfolio review is to make a critical appraisal of the department's academic offering by scrutinising the current performance of its programmes and conducting an evaluation of the quality and outcomes being secured. The output from this process should be a reflection on the need for substantial amendments or retirements of existing provision, as well as the development of new provision. In respect of this latter point, the management of the department portfolio with a review to maximising student recruitment, continuation and outcomes is key.

The department portfolio review will feed into the strategic planning process at the Faculty portfolio planning stage through recommendations to the Faculty Management Group in a templated report.

The template for the department portfolio review report will be circulated by Academic Services each year.

### Information to support Department Portfolio Reviews

The Department Portfolio Review must be conducted with reference to the programme summary data. Although a holistic review is required, the risk profile of each subject can be used to focus and guide the discussion. At this stage, the Department should also refer to the outcomes from the review of programme-level CME action plans (conducted by the Faculty in the autumn term), as well as the action plans themselves.

Additionally, Marketing Recruitment and Admissions (MRA) will provide 'State of Play' reports to support reflections on recruitment trends. Departments will also want to refer to other available data, such as contribution rates and SSRs to inform the review.

### Development of Department Portfolio Reviews

A departmental meeting should be convened to discuss the development of the Department Portfolio Review with reference to the available information. The way that this is conducted

is at the discretion of the Head of Department, who may choose to hold multiple meetings if needed.

The Department Portfolio Review template guides the required output from this process, but broadly, the purpose of the meeting is to:

- Scrutinise the programme summary data and make recommendations on programmes;
- Evaluate all programmes for quality and outcomes with decisions to be made on how to strengthen CME action plans subjects with a Q2 and Q3 risk profile;
- Consider the department's need to develop and deliver proposed new provision, and/or modify or merge existing provision, which may be created by proposals to withdraw provision;
- Ensure the Department Portfolio Review outcomes report covers all areas of concern highlighted in the available data; and
- Align appraisals with institutional strategic objective (e.g. the Citizen Student Strategy).

The Head of Department, in discussion with departmental colleagues, will need to consider the most appropriate course of action for each programme to propose to the Faculty Management Group. Each current programme must be logged in the Department Portfolio Review template as either requiring no change, modification or withdrawal. The Department Portfolio Review should consider the portfolio of programmes prospectively for a 3-year period. The outcomes of these discussions must be captured within the Department Portfolio Review template provided. Guidance on completing the template can be found embedded within the template itself.

#### [Access and Participation Plan](#)

The Department Portfolio Review template includes a section to report on activity that has been undertaken in the last 12 months, what impact this activity had and what future activity will be undertaken in relation to access and participation. The information requested in this section will support the University's reporting against its APP targets.

#### [Submission of Department Portfolio Reviews](#)

Completed Department Portfolio Reviews must be submitted to the Dean no later than the end of February in each year.

#### [Faculty portfolio planning](#)

Following the submission of the Department Portfolio Reviews, during April and May the Faculty Management Group is responsible for updating the Faculty Portfolio Plan.

The overall purpose of the Faculty Portfolio Plan is to take a strategic overview of the Faculty's curriculum portfolio and its current performance, and to develop ongoing plans for

its development and management with a view to maximising student recruitment, continuation and outcomes. This will then feed into the strategic planning process where the wider issues of resource allocation are considered.

The suggested template for the Faculty Portfolio Plan is available from Academic Services. However, the Faculty Management Group should update and amend its plan annually, rather than starting afresh each year.

#### Information to support Faculty Portfolio Plans

The development of Faculty Portfolio Plans should be informed by the programme summary data, 'State of Play' reports provided by Marketing, Recruitment and Admissions, and the outcomes of academic Department Portfolio Reviews. In particular, contribution rates and SSRs should be considered.

#### Development of Faculty Portfolio Plans

A meeting of the Faculty Management Group should be convened to discuss the development of the Faculty Portfolio Plan with reference to the available information.

Consideration should be given to:

- Capacity available within departments to develop and deliver proposed new provision, and/or created by proposals to withdraw provision;
- Resource implications for the development of new provision, major modification of existing provision and withdrawal of provision;
- Areas of duplication between Department Portfolio Review proposals and/or opportunities for inter-departmental collaboration which might enhance or make proposals more cost-effective;
- Gaps in the outcomes of Academic Department Portfolio Reviews suggested by the available data; and
- Alignment with strategic objectives (e.g. the Citizen Student Strategy).

The Dean, in discussion with the Faculty Management Group, will need to consider how proposals might be prioritised, resourced and sequenced over a period of 3 years in the Faculty Portfolio Plan. The outcomes of these discussions should be captured within the Faculty Portfolio Plan using the template provided. Guidance on completing the template can be found embedded within the template itself.

#### Higher and Degree Apprenticeships (Faculty level)

The Faculty Portfolio Plan template includes a section to report on the Faculty's strategic direction in relation to higher and degree apprenticeships. This should give a brief evaluation of the effectiveness of employer engagement in the development of the Faculty's provision and in relation to the overall experience of apprenticeship learners in the Faculty. The information requested in this section will be used to support the University's preparations for inspection by Ofsted.

### Quality and outcomes measures

The Faculty Portfolio Plan should include reference to the actions taken to maintain a high-quality academic experience for students and to secure excellent outcomes. The section on programme-level CME explains the process to be followed based on the risk profile of each subject. Subjects that have a risk profile of Q3 will be subject to institutional review in January. The Dean should ensure that they are fully briefed on the issues affecting these programmes and the steps being taken to address them in advance of this meeting. Even where a decision is taken to withdraw a programme, a clear plan to maintain (or improve) quality will be required.

### Portfolio Development and Management Committee

Completed Faculty Portfolio Plans should be submitted by the end of April for scrutiny by the Portfolio Development and Management Committee during May.

Following consideration of Faculty Portfolio Plans, detailed proposals for new programme developments, major modifications with resource implications, and programme withdrawals will be required to progress initiatives. These should be submitted to PDMC at an appropriate time in accordance with procedures set out in Quality & Standards Manual, Handbook B.