



Quality Review Process for Plassey Campus Centre Group

Revision 1
30 March 2022

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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, support and affiliate) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for affiliate units 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

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 PCC Group review include the following:

1. To consider and advise on the mission, strategy and principal activities undertaken by PCC Group
2. To consider and advise on all aspects of the structure, governance, management and operation of PCC Group and its individual entities (Plassey Campus Centre, UL Sport and University Concert Hall)
3. To consider and advise on the linkages, relationships and interactions between the PCC Group and its individual entities; PCC group and the University; PCC Group and its own stakeholders and PCC Group and the University's stakeholders
4. To consider and advise on the overall effectiveness of the PCC Group and its individual entities and how this could be enhanced

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 academic, support and affiliate 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. These tailored guidelines were approved by the Chief Corporate Officer on 23 February 2022 and by the PCC Chief Operating Officer on 30 March 2022. The guidelines were presented to all three boards for noting (PCC, UL Sport and UL Concert Hall) in May 2022.

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 of Plassey Campus Centre Group

2.1 Plassey Campus Centre Group

Plassey Campus Centre (PCC) Group is a subsidiary of the University of Limerick and manages the core commercial activity at the University. The PCC Group operates UL Accommodation, UL Events, University Concert Hall, UL Sport, UL Visitor Centre and other commercial activity on campus such as catering and retail. The PCC Group has a subsidiary development company Plassey Campus Developments however this subsidiary is resourced by UL employees and its activities are not managed by the PCC Group COO or PCC Group employees.

Areas of Activity:

Plassey Campus Centre was established in 1985 to develop residential, social and recreational facilities for UL on a self-funding basis. PCC was developed as an autonomous entity trading as a company limited by guarantee and reporting to its own board of directors, who are drawn from UL, the UL Students' Union (UL Student Life), the University of Limerick Foundation and externally. The PCC directors are nominated by the members of their respective entities. There are currently seven directors, four of whom represent UL, one of whom represents UL Student Life and two are external appointments made by UL Governing Authority. The board's chairperson is an external appointment on recommendation of the UL President and appointed by the Governing Authority.

While PCC's primary role is to develop and manage residential accommodation on a self-funding basis, the company also takes responsibility for developing and managing outsourced retail services, restaurant cafés, club bars and the main catering contract. The company is required to put innovative and dynamic funding mechanisms in place for capital projects and to be entrepreneurial in the generation of additional revenue to support facilities and services under its management. While operating under strict financial controls, the company is driven by market forces and has a strong customer focus.

UL Accommodation: The largest part of the company's activity is the management of seven village residences comprising 2,840 rooms in housing and modern apartment-style complexes. A key element of the company's strategy is to develop a distinctive student living experience and to add value to services. The focus on campus living has resulted in vibrant residential communities where the needs of students are served from first years to mature and international students. A number of activities and events are organised as part of our Campus Life Programme. The programme of activity promotes engagement between residential communities through extra-mural activity such as sporting events, social events and events of interest.

UL Events: From the end of May to the end of August, the company aims to maximise occupancy in residences and catering revenue by promoting the University and all its facilities and services for conferences and events. The benefits include:

- Additional income to support capital investment and refurbishment
- Sustainability of services for the campus community throughout the summer as restaurants, shops and cafés can remain open
- Additional income to subsidiary organisations, e.g. UL Sport and the University Concert Hall
- Employment of contract service staff on 12-month rather than on 9-month contracts; additional employment for up to 75 local students
- Additional income for the Limerick/Shannon region by providing the capacity to host international events of up to 5,000 participants

Catering Services Development: The University's policy is to outsource all catering and bar services. Plassey Campus Centre recruits all café, restaurant and bar services for the University in association with the Procurement Office as appropriate. Bar restaurants are operated under club licences, and an operator is appointed to manage the service. More recently Plassey Campus Centre developed The East Room Restaurant, a Michelin accredited and double AA Rosette fine dining venue located in Plassey House.

Retail Services: The company co-operates with UL Student Life and the University in identifying and developing required retail services. A partnership approach based on investment has been put in place to manage the Student Centre, where most of the retail services are located. Based on the scale of investment, the partnership consists of UL Student Life, the University and Plassey Campus Centre. The partnership works to identify needs, tender retail services and develop the agreements, which take the form of a licence agreement. The processes are managed by Plassey Campus Centre. In 2015, Plassey Campus Centre developed the **UL Visitor Centre** which retails a full range of UL merchandise and local arts and crafts located in the Student Centre.

Financial Management Services: Plassey Campus Centre provides financial management services to four separate entities, the University of Limerick Foundation, UL Sport, University Concert Hall and UniJobs.

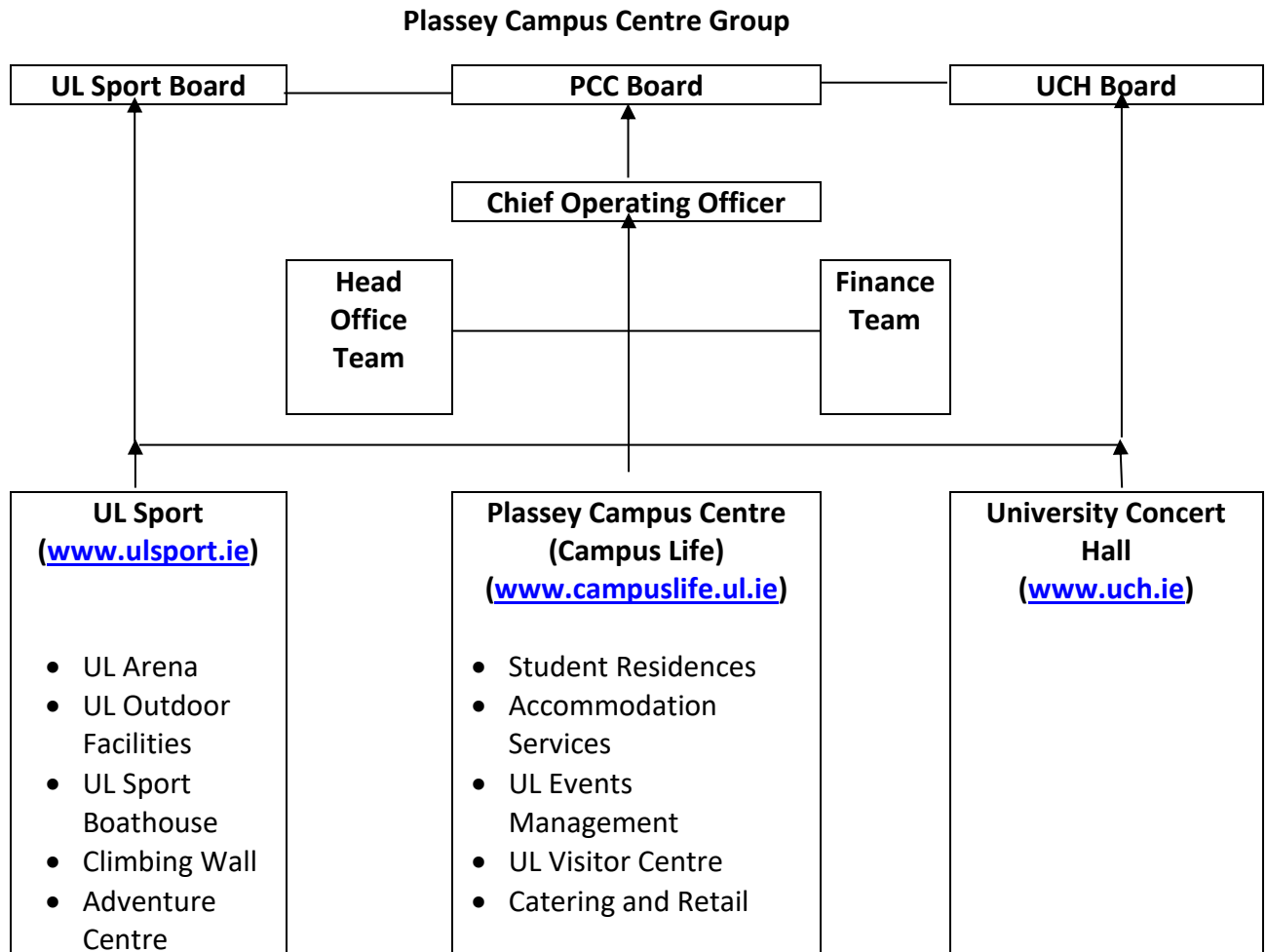
UL Sport was established in 1999 to manage, operate and develop the Sports Facilities at the University of Limerick. UL Sport is part of the Plassey Campus Centre Group (PCC Group), a subsidiary of the University of Limerick and is led by its own Board. UL Sport operates the UL Arena, incorporating the National 50m Pool, a 25m Diving Pool, a large multi-purpose hall area and fitness studios, the North Bank All weather pitches, the UL Adventure Centre, UL Boathouse, Irelands highest Climbing Wall and a large portfolio of all- weather outdoor pitches. UL Sport is the brand that heralds 'Irelands Sporting Campus' and encapsulates over 40 years of dedicated professional service that has changed the face of sport in Ireland. UL Sports Arena brings world class sports facilities making it an obvious destination of choice for sporting teams and training camps across multiple disciplines. The activities of UL Sport came under the direct management of the PCC Group management structure in late 2019 pre-pandemic. A key development since this structural change is the completion of a comprehensive peer benchmark review of all UL Sport activities. More information on UL Sport facilities is available at www.ulsport.ie.

University Concert Hall (UCH)

UCH provides a superb performing arts amenity for the region with the capacity to host major international and national artists and provide an outstanding community/festival venue and conference centre. UCH brings a wide range of entertainment genres to local audiences. UCH

operates as a subsidiary of Plassey Campus Centre and is led by its own Board. The core mission of UCH is to provide a Mid-West performance and entertainment centre of national and international standing which contributes to the cultural and social life of the region. More information on UCH facilities is available at www.uch.ie

The overall mission of the Plassey Campus Centre Group is to support UL by delivering an excellent and distinctive campus experience and by establishing and sustaining an outstanding campus environment.



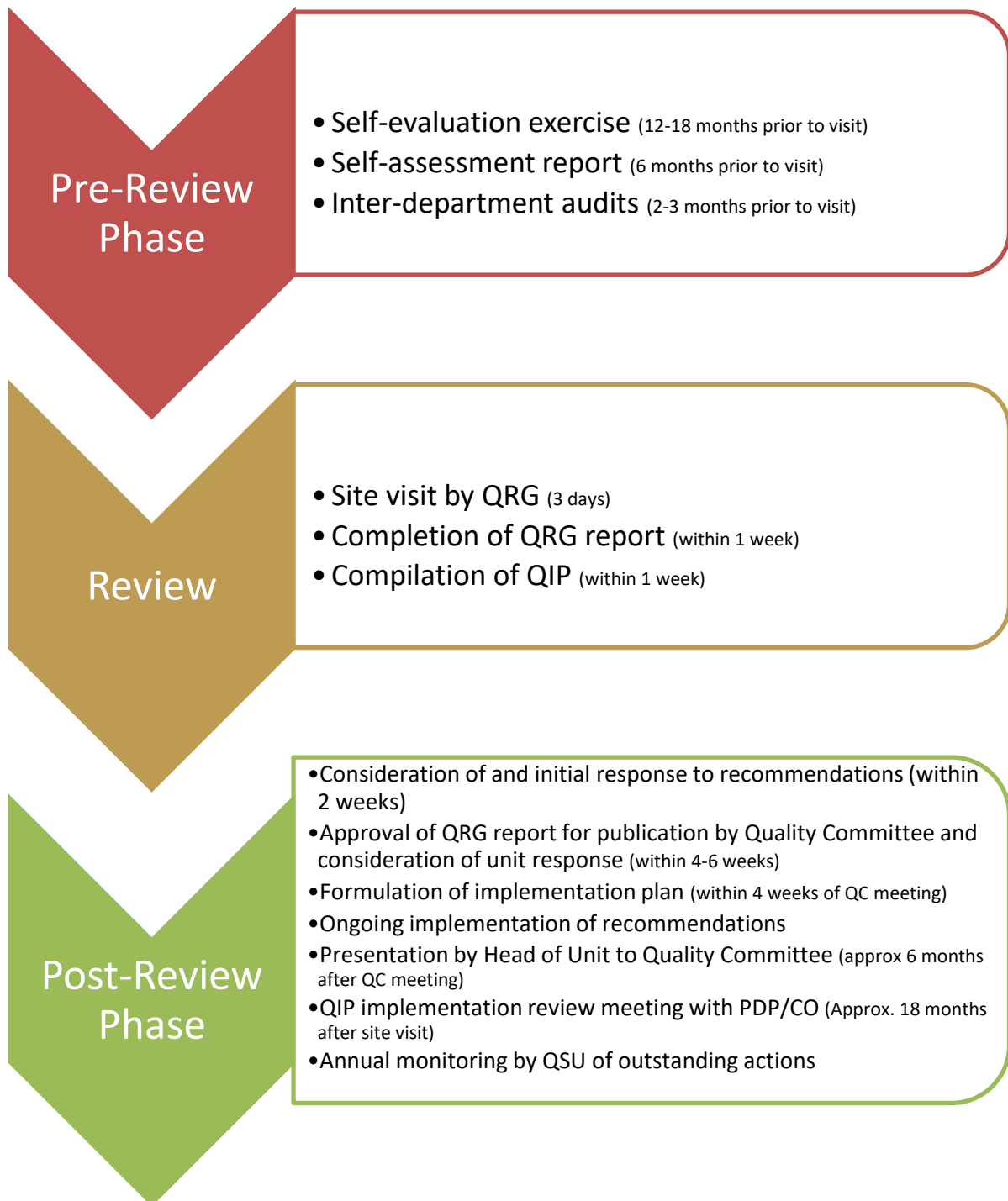
2.2 Phases of the review process

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

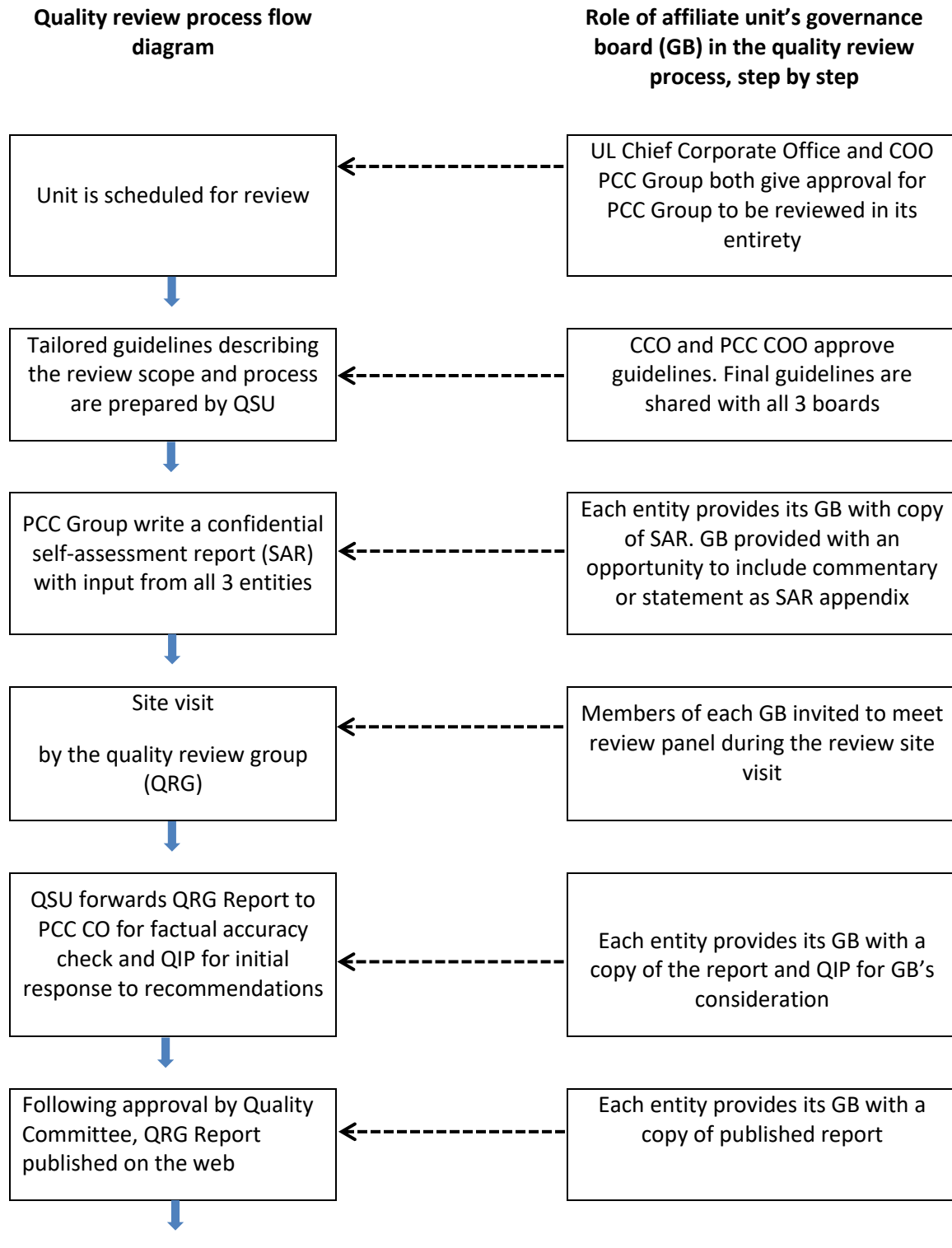
- iii. Formulation of implementation plan by unit
- iv. Ongoing implementation of the recommendations
- v. Presentation by Head of Unit to Quality Committee on level 1 recommendations
- vi. Implementation review meeting with PDP/CO
- vii. Publication of summary outcome on the web

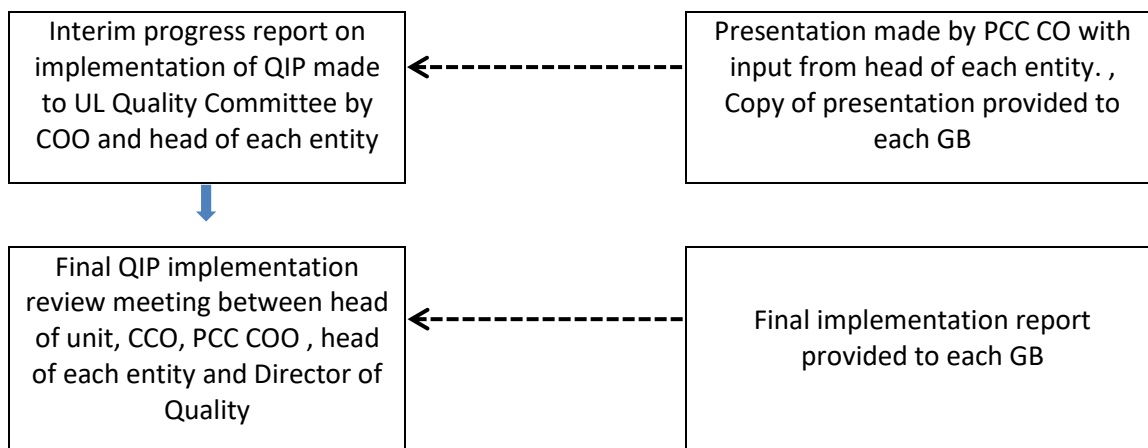
Quality Review Process – Key Timelines



2.3 Role of PCC Governance Boards

The quality review process for affiliate units is very similar to that for core units. However, because an affiliate unit is a distinct legal entity, the unit’s governance board (GB) (or a subgroup appointed by the governance board) is required to play a role in the review process. The stages of the review process requiring action by the PCC governance board are outlined below. For the purpose of this quality review, the PCC governance body comprises three individual boards.





2.4 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, its governing body, the PDP/CO 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: PCC Group overview: mission, strategy, governance and management
- Chapters 2-4: Organisational structure, management and governance for each entity (PCC – Chapter 2, UL Sport – Chapter 3 and University Concert Hall – Chapter 4)
- Chapters 5-7: Functions, activities, processes, feedback and performance for each entity (PCC – Chapter 5, UL Sport – Chapter 6 and University Concert Hall – Chapter 7)
- Chapter 8: Quality Management for PCC Group.

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, if required by PCC, the QSU Quality Officer will schedule and oversee 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
	-7w	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.

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.

4.3 Preparatory steps

Seven 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 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 the [Support Unit Reports](#) page of the QSU website for access to previous reports¹.

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.

¹ QRG reports prior to 2016 followed a slightly different structure to the current structure in terms of presentation of recommendations.

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.

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. 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 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	23 Feb '22 30 Mar '22	CCO PCC COO	Initial release of tailored guidelines for PCC Group review.

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 for a typical review, but given that three separate units will have input, the size may vary but should not exceed 50 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: PCC Group overview: mission, strategy, governance and management
- Chapters 2-4: Organisational structure, management and governance for each entity (PCC – Chapter 2, UL Sport – Chapter 3 and University Concert Hall – Chapter 4)
- Chapters 5-7: Functions, activities, processes, feedback & performance and quality management for each entity (PCC – Chapter 5, UL Sport – Chapter 6 and University Concert Hall – Chapter 7)

- Chapter 8: Quality Management for PCC Group

The default SAR template can be modified only with the express agreement, in writing, of the Director of Quality.

As a point of clarification, Chapters 1 and 8 will apply to PCC Group. Chapters 2 and 5 will be compiled by Plassey Campus Centre, Chapters 3 and 6 by UL Sport and Chapters 4 and 7 by University Concert Hall.

3.1 Chapter 1: PCC Group overview: mission, strategy, governance and management

- Provide a brief overview of the PCC Group (for context).
- The PCC Group organisational structure/flowchart/reporting lines and an evaluation of how the structure supports the PCC Group management and decision-making processes
- Provide an overview of the PCC Group mission and strategy.
- How the mission and strategic plan complement the UL mission and strategic plan
- 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 group's overall performance against its key implementation success indicators.
- Governance (including financial governance) and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which the PCC Group has clear leadership and direction and how the PCC Group's statutory obligations are met
- Overall evaluation of the PCC Group fitness for purpose and impact on customers and the University and how it ensures sustainability
- 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 Chapters 2-4: Organisational structure, management and governance for each entity

- Evaluation of the unit's fitness for purpose and impact on customers and the University and how it ensures sustainability
- Describe and evaluate how risks and opportunities are identified and managed.
- Describe and evaluate how the unit identifies, develops, approves, communicates, reviews and monitors the enforcement of 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.
- Identify key stakeholders and partners, both internal and external to the unit, and briefly outline the nature of this relationship.
- 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.
- Provide a brief overview of key recommendations from the 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.

3.3 Chapters 5-7: Functions, activities, processes, feedback and performance for each entity

Guidance note:

For most units, this chapter (and in particular section 1 thereof) will likely be by far the most expansive SAR chapter. A separate sub? Chapter should be written by each of the three entities in the PCC Group (PCC, UL Sport and UCH). 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 © '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.

Chapters 5-7, section 1: For each service/cluster of services within each entity?, 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*)?

Chapters 5-7, section 2: For the individual entity'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 8: Quality Management for PCC Group

- Describe and evaluate how quality is managed for the PCC Group as a whole and within each individual entity.

- Describe and evaluate the scope of the s quality management system(s) (QMS) and provide a link(s) to the published QMS.
- Describe and evaluate how quality management for the PCC Group is reviewed for effectiveness.
- Describe and evaluate how PCC Group supports the development of a quality culture.
- Provide an overview of the 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.
- Describe and evaluate the extent to which the QMS is fit for purpose.
- Provide an example of a recent quality improvement initiative (a case study).

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

Acronym	Meaning
CO	Chief Officer
CCO	Chief Corporate Officer
DQ	Director of Quality
ISO	International Standards Organization
KPI	Key performance indicator
PCC	Plassey Campus Centre
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
UCH	University Concert Hall