UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

Quality Review Process for Support Units: Guidelines and QMS Framework

Revision 1

Approved by Governing Authority Strategic Planning & Quality Assurance Committee (GASPQA)

26 January 2016

Contents

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

The periodic quality review of functional units (academic and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for support units[1].

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 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 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 policy
- 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] Divisions or departments

1.2.2 Ethos

The ethos of the quality review process is that participants would proactively engage in a mutually supportive and constructive spirit and that the process would 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.

1.2.3 Background

UL's quality review process, as applied to both academic and support units, was developed and continues to evolve in order to satisfy university quality policy and meet legislative QA requirements. UL complies with the Qualifications and Quality Assurance (Education and Training) Act 2012, 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.

1.2.4 Process authorisation

The UL quality review process is approved by (i) the Executive Committee and (ii) the Governing Authority Strategic Planning and Quality Assurance (GASPQA) subcommittee. The current process was approved by the Executive Committee on 13 January 2016 and by Governing Authority on 25 February 2016.

1.2.5 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.

This document is maintained by the Quality Support Unit (QSU), and periodic minor updates are approved by the Director of Quality. Updates that reflect major changes to the quality review process require approval by the Executive Committee and GASPQA. The most up-to-date version of this document can be downloaded from the QSU website.

2 The review process for support units

2.1 Overview

UL's quality review process for support units is broadly based on the ISO 9001:2015 concept of improved management structures, traceability and thorough procedural documentation. The focus of the quality review is on the state of development of the unit's quality management system and its impact on the delivery of services. The scope of the review encompasses only the unit under review and does not extend to other units or to the university as a whole, which is subject to a cyclical institutional-level quality review process. The review of the unit is conducted by an independent quality review group (QRG) comprising peers, stakeholders and quality experts.

2.2 The UL QMS framework

2.2.1 What is a quality management system?

UL requires all support units to develop, implement and continually review and update a quality management system (QMS). A QMS is a set of documented policies and procedures that, together, provide a formal framework describing the way a unit conducts its activities (its 'business'). A QMS is an evidence-based mechanism for planning, implementing, documenting and assessing the work performed by a unit.

2.2.2 Scope and requirements of the QMS

The UL QMS is based on seven quality management principles specified in the ISO9001:2015 quality management standard (see section 2.2.4). The QMS should help the unit to:

- Repeatedly provide services that meet customer and applicable statutory and regulatory requirements
- Enhance customer satisfaction and promote continual improvement within the unit

The QMS must include:

- A quality manual, which outlines how the unit adheres to the seven quality management principles
- A quality policy, which specifies the unit's commitment to quality and continual improvement
- A customer charter: a statement that outlines the level of service the customer can expect)
- QMS objectives: plans for improving the QMS
- Key business processes: a documented process for each of the main functions of the unit
- QMS processes:
    - Audit/self-assessment process, which specifies how the unit schedules and conducts internal audits
    - Communications process, which specifies how the unit communicates with customers and stakeholders
    - Documentation control process, which specifies how the unit controls all elements of the QMS
    - Training and development process, which specifies how training and development is managed for all staff
- A quality improvement plan, which outlines plans for improvement, including timelines and responsibilities.

The QMS must be published on the unit's website to give clear visibility of the unit's evidence-based approach to QA/QI. The QMS must be reviewed by the unit's management team at least annually but preferably on a quarterly basis.

2.2.3 Quality team

Each unit must have a quality team to take responsibility for developing and maintaining the QMS. The quality team typically comprises a small group of individuals, one of whom takes the role of quality team leader. The quality team must follow a schedule of quality meetings.

2.2.4 The seven quality management principles

The UL QMS framework for support departments (appendix A) is broadly based on seven quality management principles specified in the ISO9001:2015 quality management standard. The quality review process seeks to review and evaluate the extent to which the unit under review has adopted these principles and integrated them into its day-to-day activities. The seven principles, which are described in greater detail in appendix A), are:

- **Principle 1: Customer Focus**: The primary focus of quality management is to meet customer requirements and to strive to exceed customer requirements.
- **Principle 2: Leadership**: Leaders at all levels establish unity of purpose and direction and create conditions in which people are engaged in achieving the quality objectives of the unit.
- **Principle 3: Engagement of People**: Recognition, empowerment and enhancement of skills and knowledge facilitate the engagement of people in achieving organisational objectives.
- **Principle 4: Process Approach**: Process approach is a strategy to manage and control processes, the interactions between the processes, and the inputs and outputs that tie these processes together as a coherent system.
- **Principle 5: Continual Improvement**: Continual improvement is the ethos underpinning quality management systems. Continual improvement should be a permanent objective of every unit.
- **Principle 6: Evidence-Based Decision Making**: Facts, evidence and data analysis lead to greater objectivity and confidence in decision making.
- **Principle 7: Relationship Management**: Sustained success is more likely to be achieved when an organisation manages relationships with its interested parties to optimise their impact on its performance.

2.3 Phases of the review process

The review process has three distinct phases:

1. Pre-review phase, which includes:
   i. A gap analysis conducted by the QSU
   ii. A self-evaluation exercise conducted by the unit
   iii. The production of a self-assessment report (SAR) by the unit
   iv. 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 and publication of a QRG report
3. Post-review phase, which is recorded in a quality improvement plan (QIP) template document. Stages in this phase include:
   i. Consideration of recommendations by unit and formulation of plan to implement them
   ii. Ongoing implementation of recommendations
   iii. Interim progress report to GASPQA
   iv. Implementation review meeting

1. Pre-review phase	Gap analysis by QSU	12 months prior to visit
	↓	
	Self-evaluation exercise	9 months prior to visit
	↓	
	Self-assessment report (SAR)	Start drafting 6 months prior to visit for completion 6 weeks prior
	↓	
	Inter-departmental audits	2 to 3 months prior to visit
	↓	
2. Review	Site visit by QRG	3 days
	↓	
	Publication of QRG report	Approx. 2 to 4 weeks after site visit
	↓	
3. Post-review phase	Consideration of recommendations and formulation of plan to implement them	Within 8 weeks of receipt of QIP template from QSU
	↓	
	Ongoing implementation of recommendations	Ongoing over the remainder of the post-review phase
	↓	
	Presentation by head of unit to GASPQA	Approx. 6 months after unit receives QIP template
	↓	
	QIP implementation review meeting	Approx. 12 months after unit receives QIP template

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 focus group activity to be organised by the unit under review during the pre-review phase
  - Participating in stakeholder group meetings with the QRG during the site visit

  The Director of Quality must satisfy him/herself 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 four activities:

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

3.1 Gap analysis

Approximately 12 months before the review date, the QSU contacts the unit to arrange for a gap analysis audit to be conducted. The purpose of the gap analysis is to assess the current state of development of the unit's QMS with respect to the UL QMS framework. The QSU Quality Officer uses the QMS Benchmark template document to record the unit's progress to date under each of the seven principles of the framework (as listed in section 2.2.4).

The outcome of the exercise is a gap analysis report that rates each component of the QMS and includes commendations and recommendations for improvement. The unit should incorporate the recommendations into its quality improvement plan and should prioritise their implementation because this will help to close gaps in preparation for the quality review.

3.2 Self-evaluation exercise

3.2.1 General

Led by the unit's self-evaluation team, the self-evaluation exercise should be thorough, should involve all the unit's staff, sections and stakeholder groups and should focus on all activities and services of the unit.

The use of an external facilitator with relevant experience of QMSs can be beneficial to the unit when conducting the exercise. The cost of such external expertise will be refunded by the QSU to the unit subject to categorised limits specified by the QSU.

3.2.2 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.

3.2.3 Self-evaluation activities

The self-evaluation activities will vary from one unit to another. Advice and guidance is available from the QSU. Units may wish to engage the services of a quality consultant to plan the self-evaluation activities. These include, but are not limited to:

- A SWOT analysis
- Focus groups (compulsory)
- Customer surveys

3.2.3.1 SWOT analysis

Conducting a SWOT (strengths, weaknesses, opportunities and threats) analysis is a recommended part of the quality review process and an excellent way of getting the self-evaluation exercise underway. It makes sense to use the gap analysis report as a starting point for the SWOT analysis.

3.2.3.2 Focus groups

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 external consultants.

The unit proposes focus group topics and participant lists, which will be finalised with input from the QSU. The number of focus groups to be held and the topics to be discussed should be informed by the SWOT analysis and from the results of survey or other feedback instruments. The QSU's role provides transparency and independent assurance that the focus group invitee list is balanced, drawn from an appropriate range of customers and likely to provide an evidence-based, independent view of the unit concerned. As part of this responsibility, the QSU will inform the campus community of upcoming reviews and of opportunities to participate in focus groups and will coordinate a process whereby (a) interested parties can make written submissions for inclusion in the unit's self-evaluation process and (b) can register their interest in participating in focus groups and/or stakeholder sessions during the review itself.

3.2.3.3 Customer surveys

Customer feedback plays an integral role in the review process, and support units should regularly survey their customers. Actions taken as a result of customer feedback should be communicated back to the unit's customers. While the unit may wish to conduct tailored customer surveys, it should, where possible, use survey-type customer feedback already gathered as part of its ongoing QMS activities so as to avoid contributing to survey fatigue.

3.3 Self-assessment report (SAR)

3.3.1 General

Five to six months prior to the review, the SET writes an analytical, evidence-based self-assessment report (SAR) on the status of each of the seven principles of the QMS with respect to the UL QMS framework. 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 QMS. The SAR is confidential to the unit and will not be seen by persons other than staff members of the unit, QRG and QSU without the prior consent of the unit.

The structure of the SAR is given in the next section. The layout, formatting and 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 early in the planning process.[2]

3.3.2 Structure

The SAR should be about 34 pages (approx. 12,500 words) and should not exceed 40 pages (approx. 15,000 words). The SAR has nine sections: section 1 introduces the unit, section 2

[2] Costs will be covered (within a predefined limit) by the QSU.

provides an overview of the unit's QMS and sections 3 to 9 report on the status of the seven principles of the QMS.

1 The Unit	4 Leadership	7 Continual Improvement
2 Overview of the QMS	5 Engagement of People	8 Evidence-Based Decision Making
3 Customer Focus	6 Process Approach	9 Relationship Management
	Appendices	

Each section should be concise and clear. No one section should exceed five pages. A guidelines document for writing the SAR is available on the QSU website.

3.3.3 Content

Section 1 should briefly describe the unit for the benefit of the reviewers, many of whom will not be familiar with UL. This section should also highlight key aspects of the unit's mission and how this relates to UL's strategic plan. Section 2 should describe in broad terms the nature of the unit's QMS, its constraints and the history of its development. Where a unit has numerous sections or departments, it is important to acknowledge any variations in progress.

For each of the sections 3 to 9, the SAR should clearly outline, in an evidence-based manner, how the department meets the requirements of the seven quality management principles. The report should identify remaining gaps or weaknesses in the QMS and should provide clear plans, including timelines, for resolving outstanding issues. It is essential that plans for improving each component of the QMS be clearly summarised at the end of the relevant section.

The QRG will expect to see evidence that the unit regularly consults with its stakeholders. The details of surveys, focus groups and other measures, including results and actions arising, should be described in the relevant section and supported by appendices. Appendices can also be used to present material such as strategic plans, business plans, quality manuals, gap analysis and audit reports, customer feedback logs and quality improvement plans. Where such supplementary material is publicly available on the internet, web links can be inserted into the text instead of giving appendices.

3.3.4 Consensus

The SAR should reflect the opinions of all unit staff and must be available to all unit staff for comment during the final drafting stages.

3.3.5 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.

3.3.6 Distribution

At least six 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 only accessible to the unit, such as SharePoint or a shared drive.

Five 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.

3.4 Inter-department audits

Prior to the review, the QSU Quality Officer schedules and oversees inter-department audits of the unit's QMS. The purpose of the audit process is to ensure that all components of the unit's QMS are audited for compliance with the UL framework. The process allows for a sharing of best practice and 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.

3.5 Pre-review phase timeline

It is recommended that planning for the self-evaluation exercise commence approximately nine months (36 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 weeks***	**Self-assessment report (SAR) [optional items in square brackets]**
Put in place a self-evaluation team (SET) and start to plan self-evaluation activities	–36	
Liaise with Director of Quality on identifying potential QRG members	–36	
Finalise plans for self-evaluation and SAR	–32	
[Engage and brief quality consultants]	–30	[Engage and brief technical writer]
Implement recommendations from gap analysis report	–30	
Gather data and design customer surveys etc.	–28	
Finalise analysis of customer feedback	–24	
Prepare support documents and data	–23	Start drafting SAR
	–20	Finalise and brief QRG (QSU responsibility)
	–17	Finalise SAR and appendices
	–16	Draft SAR and appendices to technical writer
	–12	Circulate draft SAR in department
	–10	[Draft SAR to QRG chair for review]
	–8	[SET leader and QRG chair discuss draft]
	–6	Deliver final draft of report and files to QSU
	–5	SAR to QRG (from QSU)
	–2	Respond to requests for additional data
Date >		Visit of the QRG

* Number of weeks prior to QRG visit.

Note: The gap analysis is conducted approximately 12 months prior to the site visit. Inter-department audits are generally conducted two to three months before the site 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 explore areas not adequately covered in the SAR, to investigate issues identified in the SAR and to reassure themselves that the SAR is a true and accurate reflection of the way the QMS is integrated into the unit's operations. One of the most important aspects of the visit is to enable the QRG to meet the staff, stakeholders and partners of the unit and UL senior management.

The outcome of the visit is a concise, comprehensive, evidence-based QRG report, which includes commendations and recommendations relating to the unit's QMS.

4.2 Role of the QRG

The QRG is appointed with the primary goals of:

- Reviewing the unit's QMS to assess the extent to which it aligns with the UL QMS framework
- Evaluating and reporting on the impact of the QMS on service delivery and customer/stakeholder satisfaction levels
- Commenting on the depth, scope and content of the self-evaluation exercise and the clarity of the report
- Making commendations and recommendations on the unit's QMS

While conforming to the ethos of the quality review process (section 1.2.2), the QRG achieves these goals by studying the SAR prior to the visit and then, during the visit, meeting with a representative of UL's senior management, members of the unit's SET, staff, students (if applicable) and other stakeholders and visiting the unit's facilities. A detailed overview of the role of individual QRG members is provided in appendix B. The details of the visit schedule are arranged between the QRG chair and the Director of Quality in advance of the visit.

4.3 Composition and appointment of the QRG

The QRG typically comprises six 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 President, 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 five members; this decision will be taken by the Director of Quality in consultation with the QRG chairperson.

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

4.4 Preparatory steps

Five 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 the following headings:

- 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
- Opportunities that the unit has identified for further enhancement

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.

4.5 Visit schedule

The visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 15h00. (A sample visit schedule is provided in appendix C.) A briefing meeting between the QRG and a member of the QSU and/or the VPA&R 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 QMS 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.

Much of the material for the QRG report takes shape during the discussions and is based on the preliminary findings documented in the preparatory steps. Individual members of the QRG begin drafting their own sections of the report on Wednesday afternoon and complete their sections on Wednesday evening. Thursday morning is spent sharing the drafts and finalising the report while working as a team. At lunchtime or shortly thereafter, the finalised report is read back to the unit's staff; no further changes to content are expected after this point.

4.6 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 customers or to enhance the compliance of its QMS with the UL QMS framework.

Immediately after the review visit, the QSU inserts introductory pages into the QRG report. Refer to appendix D for further details on the QRG report, and refer to the QRG Reports page of the QSU website for access to previous reports.[3]

4.7 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 two 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 it available to the unit strictly to check for factual errors.

4.8 Finalisation and publication of the QRG report

The QSU sends the QRG report to the Executive 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 its publication on the QSU and unit websites. Should issues arise as a result of the verification process, the QSU brings these to the attention of the QRG chair, who then works with the QRG to respond or amend the report appropriately. The final report is then published on the QSU and unit's websites.

5 The post-review phase

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

1. Consideration of recommendations by unit and formulation of implementation plan
2. Ongoing implementation of recommendations
3. Interim progress report to GASPQA
4. Implementation review meeting

5.1 QIP template

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template (appendix E). Within one week following the site visit, the QSU copies the recommendations from the QRG report into sections 1 and 2 the QIP template. Once the QRG report has been published, the QSU forwards the template to the unit for consideration and follow up.

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 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

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

5.2 Consideration of recommendations and formulation of implementation plan

Approximately four to six weeks after receiving the QIP template from the QSU, the unit meets to formally consider and respond to each recommendation. The unit records its response by completing section 3 of each page of the QIP. At that meeting or as a follow-up action, the unit develops 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 by when.

5.3 Ongoing implementation of recommendations

Over the next few months, the unit works to implement the recommendations. Four to five 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.

5.4 Presentation to GASPQA

Approximately six months after the unit was given the QIP template, the QSU submits the partially complete QIP and the QRG report to GASPQA for consideration at the committee's next meeting. The head of unit, who is responsible for project managing the implementation of the QIP, is invited to deliver a short presentation at this 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 GASPQA committee members.

5.5 QIP implementation review meeting

Following the GASPQA presentation, the unit continues to implement the planned QIP recommendations. Approximately 12 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the head of unit, Director of Quality and VPA&R (chair). 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 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 VPA&R. A final QIP implementation summary report is prepared by the QSU (appendix F) and, after the unit has checked for factual errors, is published on the QSU and unit's websites.

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 ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations.

This concludes the quality review process for support units.

5.6 The unit's obligations

The Director of Quality must satisfy him/herself that the unit has engaged fully, constructively and in accordance with the ethos of the quality review process over all of its stages. In particular, s/he must be satisfied that the unit has genuinely made all reasonable efforts to pursue the quality improvement plan and provides a sufficiently compelling justification in cases where a recommendation has been rejected.

Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the unit fails to satisfy the above obligations, s/he must discuss this with the VPA&R. In consultation with the VPA&R 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 GASPQA to discuss the concerns.
- Referral to Executive Committee for appropriate action.
- 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 normal 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, self-evaluation team (SET) and quality team leader and the ongoing monitoring of key timelines by the QSU.

7 Revision history

Rev. no.	Date	Approved by	Details of change	Process owner
1	Jan 2016	Executive: 13 Jan 2016 Governing Authority: 25 February 2016	Initial release of combined guidelines and framework	Director of Quality

Appendices

Appendix A: UL QMS framework for support units

The overall purpose of a quality review of a UL support unit is to assess the status of the unit's QMS. The QMS must show compliance with the ISO-based seven principles of quality management. Collectively, these principles provide the framework that defines the scope and ethos of the QMS, which is then operationalised in practice by the unit through its policies, documents and processes (section 2.2.2).

In this appendix, each of the seven principles of quality management is outlined individually. For each principle, a brief statement that outlines the rationale behind the principle is given. Evaluation criteria, which can be used by the QRG to assess the unit's conformance to the principle, are specified. Finally, questions for self-evaluation, which can be used by the unit and auditors when making an in-house assessment of the status of the QMS and when preparing for a quality review, are listed.

Principle 1: Customer Focus

"The primary focus of quality management is to meet and strive to exceed customer requirements. Sustained success is achieved when a unit attracts and retains the confidence of customers and other interested parties on whom it depends. Every aspect of customer interaction provides an opportunity to create more value for the customer."

Evaluation Criteria

- The extent to which customer requirements and applicable statutory and regulatory requirements are determined and met.
- Evidence that risks and opportunities that can affect service delivery and the ability to enhance customer satisfaction are determined and addressed.
- The extent to which the unit focuses on enhancing customer satisfaction.
- The establishment of a two-way customer communications process.
- Objective evidence of obtaining and acting on customer feedback (opinion surveys, focus groups, compliments, complaints).
- The publication of a customer charter for the unit.

Self-Evaluation Questions

- Have you defined your customer base in the quality manual?
- How do you ensure that customer requirements are met?
- How do you ensure that statutory and regulatory requirements are met (if applicable)?
- Have you written and published a customer charter?
- Do you have a documented communications process?
- How do you manage relationships with customers to achieve sustained success?
- Is customer feedback used as an input to your QMS?
- Do you have a process in place to monitor and review customer feedback?
- Do you report back to customers on actions taken?
- Do you publish customer feedback reports?
- How do you ensure that customer satisfaction is maintained?

Principle 2: Leadership

"Leaders at all levels establish unity of purpose and direction and create conditions in which people are engaged in achieving the quality objectives of the unit. By establishing a common purpose, leaders can ensure that all strategies, policies, processes and resources are aligned and being used to pursue a common direction and to achieve a common set of objectives."

Evaluation Criteria

- Evidence that the unit's management team has ensured that the quality policy and objectives are established for the QMS and are compatible with the strategic direction of the university.
- The extent to which the quality policy is embedded in the ethos of the unit.
- The identification of risks and of the necessary actions to be taken to address these (risk register).
- The identification by management of the resources required for the establishment, maintenance and continual improvement of the QMS and the extent to which the responsibilities and authorities for relevant roles are assigned, communicated and understood.
- The extent to which management determines, provides and maintains the appropriate infrastructure (buildings, equipment, etc.) and environment (physical, social, psychological) for the operation of the unit's processes.
- When addressing changing needs and trends, the extent to which management considers the unit's current knowledge and determines how to acquire or access any necessary additional knowledge.
- An evidence-based approach to reviewing the QMS, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness.
- The extent to which the integrity of the QMS is maintained when changes are planned and implemented.

Self-Evaluation Questions

- How does management demonstrate its commitment to quality management?
- How do you identify risks and opportunities that could influence performance?
- What measures are taken to address the identified risks and opportunities?
- How do you assess the effectiveness of actions taken to address risks and opportunities?
- What records are kept of planning for quality management?
- How do you ensure that the quality policy is compatible with the strategic direction and context of the unit?
- Are strategic objectives set in line with university objectives?
- How is progress on objectives reviewed?
- How do you ensure the integration of the QMS requirements into your key business processes?
- Do you capture lessons learned from successes and failures?
- How do you address changing needs and trends?
- How does management review the ongoing suitability, adequacy and effectiveness of the QMS?
- How do you ensure a unit-wide commitment to quality?

Principle 3: Engagement of People

"It is essential for the university that all staff be competent, empowered and engaged in delivering value. To manage a unit effectively and efficiently, it is important to involve all staff at all levels and to respect them as individuals. Recognition, empowerment and enhancement of skills and knowledge facilitate the engagement of people in achieving organisational objectives."

Evaluation Criteria

- The extent to which the unit ensures that employees are competent on the basis of education, training and/or experience.
- Evidence that annual Performance Development Review System (PDRS) meetings are conducted with all staff.
- Maintenance by the unit of training evaluation records.
- The identification by management of the responsibilities and authorities for all relevant roles and the extent to which these are assigned, communicated and understood.
- The extent to which staff are made aware of the value of their individual contribution to the effectiveness of the QMS.
- The encouragement of teamwork to invoke an ethos of inclusiveness and collaboration.

Self-Evaluation Questions

- How do you ensure that staff have the competencies and skills required to perform their work tasks?
- What actions are taken to ensure that staff acquire the required competencies if there is a shortfall?
- Do you conduct regular PDRS meetings?
- Do you evaluate the effectiveness of training undertaken by staff?
- How do you share information about ongoing changes and development of the QMS with staff?
- How do you encourage staff to contribute to making the QMS more effective?
- How are staff suggestions for improvement recorded?
- Are staff notified of outcomes relating to their suggestions for improvement?
- Are teams used for quality improvement initiatives?
- How is collaboration encouraged within the unit?
- How do you facilitate open discussion and sharing of knowledge and experience?

Principle 4: Process Approach

"Consistent and predictable results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes that function as a coherent system. Process approach is a management strategy. When managers use this approach, it means that they manage and control their processes, the interactions between these processes, and the inputs and outputs that tie these processes together as a coherent system. Understanding how results are produced by this system allows for performance optimisation."

Evaluation Criteria

- The extent to which units establish, implement, maintain and continually improve all the processes outlined in the QMS.
- The identification of the sequence and interaction of the processes, which clearly outline process inputs and outputs.
- The identification, review and control of changes to processes.
- An evidence-based approach to risk identification and management by the unit to give assurance that the QMS can achieve its intended results.
- The documentation and publication of the following QMS processes:
  - Internal Audit
  - Communications
  - Documentation Control
  - Training and Development
- Publication on the web of the scope and content of the QMS.

Self-Evaluation Questions

- What is the scope of your QMS?
- How do you plan for changes or modifications to the QMS?
- Do you determine process inter-dependencies and analyse the effect of changes on individual processes and on the QMS as a whole?
- What are the key outputs of your QMS?
- How do you ensure that customer requirements feed into your business processes?
- Does your unit have a risk register?
- How do you address business risks?
- How do you evaluate the effectiveness of actions taken to address risk?
- Have you identified the records that are needed to maintain your QMS?
- How are QMS objectives set for the unit?
- How are actions against objectives reviewed?
- How do you ensure the QMS is embedded into daily work practices?
- How do you review processes for effectiveness?
- Is your QMS published on the web?

Principle 5: Continual Improvement

"Continual improvement is the ethos underpinning quality management systems. To achieve success, there must be an ongoing focus on improvement. Improvement is essential for a unit to maintain current levels of performance, to react to changes in its internal and external conditions and to create new opportunities. Continual improvement is a recurring activity to enhance performance. Continual improvement should be a permanent objective of every unit."

Evaluation Criteria

- The extent to which the unit determines and selects opportunities for improvement and implements the actions needed to meet customer requirements and enhance customer satisfaction.
- Evidence that the unit continually improves the suitability, adequacy and effectiveness of the QMS.
- The publication of an annual audit schedule.
- The extent to which audits take into consideration the quality objectives, the importance of the processes concerned, customer feedback, changes affecting the unit and the results of previous audits.
- The documentation and publication of a complaints process that outlines how complaints are received, who is responsible for responding, how corrective and preventive actions are recorded and how the process is reviewed for effectiveness.
- The extent to which the unit considers the outputs of analysis and evaluation and the outputs from management review to check for under-performing areas or opportunities that will be addressed as part of the continual improvement process.
- Evidence of corrective actions taken to address any deficiencies identified in the QMS.
- The selection and utilisation of applicable tools and methodologies for investigating the causes of under-performance and for supporting continual improvement.

Self-Evaluation Questions

- How are opportunities for improvement identified by the unit?
- How are corrective actions identified?
- Does the unit have an audit schedule?
- Does the unit have a panel of trained auditors?
- Do auditors participate in the audits of other support units?
- How are audit findings reviewed for effectiveness?
- What tools and methodologies are used to support improvement?
- How often does management review the effectiveness and ongoing improvement of the QMS?
- Does the unit have a quality improvement plan?
- How often is this plan reviewed?
- Are metrics in place for process improvement?
- Is trend data gathered and analysed?
- Does the quality policy include a commitment to continual improvement?

Principle 6: Evidence-Based Decision Making

"Decisions based on the analysis and evaluation of data and information are more likely to produce desired results. Decision making can be a complex process and may involve a degree of uncertainty. It is important to understand cause and effect relationships and potential unintended consequences. Facts, evidence and data analysis lead to greater objectivity and confidence in decision making."

Evaluation Criteria

- The extent to which the unit outlines what needs to be monitored and measured, when the monitoring and measuring will be performed and when the results from monitoring and measurement will be analysed and evaluated.
- The extent to which the unit evaluates the resources required to ensure valid and reliable monitoring and measuring of results.
- The extent to which the unit ensures that data and information are accurate, reliable and secure.
- The extent to which the output from monitoring and evaluation is used to (i) assess and enhance customer satisfaction; (ii) ensure the QMS conforms to standards and is effective; (iii) demonstrate that planning has been successfully implemented; and (iv) determine opportunities for improving the QMS.
- Documented evidence that the unit evaluates the performance and effectiveness of the QMS at defined intervals.

Self-Evaluation Questions

- What quality-related data are measured by the unit?
- What metrics are in place to measure business performance?
- How do you use outputs from measuring to demonstrate that requirements are being met?
- How do you evaluate the performance of your QMS?
- What data are used as inputs for the management review process?
- How do you demonstrate that planning has been successfully implemented?
- How do you know that your processes are achieving their intended results?
- What trend data are gathered by the unit?
- Are records of problems kept by the unit?
- What key performance indicators (KPIs) have been defined by the unit?
- Is benchmarking being undertaken by the unit?
- How do you ensure that monitoring and measurement is adequately resourced?
- How are the results from monitoring and measurement analysed and evaluated?
- How do you ensure that the data you use are accurate, reliable and secure?
- What documented evidence is retained by the unit that your monitoring and measurement strategies are fit for purpose?

Principle 7: Relationship Management

"Sustained success is more likely to be achieved when an organisation manages relationships with its interested parties to optimise their impact on its performance. Due to the impact or potential impact on the unit's ability to consistently provide services that meet customer and applicable statutory and regulatory requirements, the unit should monitor and review the information about these interested parties and their relevant requirements."

Evaluation Criteria

- The extent to which the unit monitors and reviews information about all interested parties and their relevant requirements.
- The establishment of criteria to select and evaluate external service providers.
- The extent to which the unit's communications process clearly outlines the methods of communication with both internal and external stakeholders.
- Inclusion in the quality manual of details of relationships within UL and with the wider community and professional bodies.
- Identification by the unit of collaborative working relationships with suppliers, partners and other interested parties.

Self-Evaluation Questions

- Who are the interested parties relevant to the QMS?
- How do you determine these interested parties' requirements?
- What processes are in place to manage the unit's relationship with these interested parties?
- Are any of your services provided by external companies?
- How do you think externally provided services could potentially affect your unit's ability to meet customer requirements?
- Do you have service level agreements (SLAs) with external providers?
- How do you ensure that outsourced services remain within the scope of your QMS?
- Does the unit have a communications process for both internal and external stakeholders?
- How is the campus community informed of services provided by the unit?
- Are details of relationships with the wider community and professional bodies outlined in the quality manual?
- Do you engage in collaborative development and improvement activities with suppliers, partners or other interested parties?

Appendix B: QRG composition, appointment and roles

QRG composition

The QRG usually comprises six persons. The profile of the membership is as follows:

- **Chairperson**: The chairperson is an external person, usually from outside Ireland and with knowledge of quality management systems (QMSs) generally and quality assurance processes in a higher education context. The chairperson does not need to be familiar with the work of the unit being reviewed.
- **Two cognates**: These persons are typically directors or senior members of a similar unit in a university or comparable educational institution outside Ireland. They will have experienced similar operational issues to the unit under review and will appreciate the challenges of adopting a QMS.
- **A quality expert**: This person should have practical expertise in QMSs, not necessarily in the context of the university sector. The person may work as a quality consultant or may have extensive knowledge of the use of a QMS in an environment other than that in which the unit under review operates.
- **A student representative**: This person is chosen to represent one of the student customer groups served by the unit under review. Selected on the basis of their experience relevant to the student group, the person can be a recently graduated alumnus (typically graduated within the last three years), a current student within or external to UL or an officer of the UL Students' Union.
- **Internal reviewer**: This person is usually a member of academic staff, a quality team leader or a trained QMS auditor from another UL unit.
- **Deputy chairperson(s)**: For the purpose of providing induction training, the Director of Quality may include in the QRG a newly appointed standing chair as deputy chair to the group. With the agreement of the chairperson, the deputy chair may chair one or more sessions and assist with the work of the QRG in any manner deemed appropriate by the chairperson.

In addition to the above positions, the Quality Support Unit (QSU) appoints a recording secretary to the group. This role is usually fulfilled by an external technical writer.

QRG appointment

The Director of Quality consults with the head of unit and/or independently identifies potential QRG candidates. The Director of Quality exercises 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 President, who then appoints the group. Letters of invitation are issued from the President's office. Once appointed and prior to the site visit, any required communication between the unit and members of the QRG should be facilitated by the QSU.

The chairperson is selected by the Director of Quality and may be drawn from a panel of standing chairpersons or appointed on a once-off basis. Standing chairpersons are appointed by the President for a four-year term, extendable by one year. Typically, a chairperson chairs no more than one quality review per year.

QRG roles and responsibilities

The university takes due care to ensure that the members of the QRG are independent and impartial and, accordingly, attributes particular importance to the independence and impartial nature of the QRG report. The overall role of the QRG is presented in section 4.2. The following sections outline the specific roles and responsibilities of (i) all members; (ii) the chairperson; (iii) members other than the chairperson; and (iv) the recording secretary.

Roles of all QRG members

The university asks each member of the QRG to:

- Commit to the four-day site visit (i.e., Monday evening to Thursday afternoon)
- Read the SAR and supporting documentation prior to the site visit
- Attend the opening briefing meeting on Monday
- Arrive promptly for all meetings during the site visit
- Participate in the discussions on Thursday morning when the report is being finalised
- Attend the report read-back session with the unit at 14h00 on Thursday
- Respond in a timely manner to any post-visit communication
- Complete and submit the QRG feedback survey after the visit

In addition, in accordance with the QSU's travel and expenses policy, the QSU asks the members of the QRG to make their own travel arrangements to Limerick and to submit their travel expenses to the QSU in a timely manner after the review.

Specific role of chair

The primary roles of the chairperson are:

- To project manage the QRG site visit meetings and reporting process
- To ensure that the QRG review and reporting process is conducted in accordance with the review guidelines and QMS framework document (this document) and that the process is independent, impartial and evidence-based
- To act as a liaison person between the QRG and the QSU or other stakeholders

On a practical level, the chairperson will typically carry out the following tasks:

- Approximately eight weeks before the review, read the SAR and offer feedback to the unit head or quality team leader.
- Assign to individual QRG members one or two sections of the SAR for which they will act as topic coordinator during the site visit.
- Prior to the site visit, outline roles and responsibilities to each member of the QRG.
- Give a verbal briefing to the QRG at the opening meeting on Monday evening.
- Coordinate the three-day site visit: ensure that all meetings are conducted according to the schedule.
- Encourage reviewers to draft their commendations and recommendations after each session.
- Write the introductory section of the QRG report.
- Facilitate the completion of commendations and recommendations for the QRG report on Thursday morning.
- Read out in its entirety the QRG report or assign sections of the report to members of the QRG to read out at the final meeting with the unit on Thursday afternoon.

- In the days following the visit, read and approve the QRG report after it has been finalised by the technical writer.
- In the days following the visit, communicate any suggested changes in the report to the QRG (if necessary).

Roles of QRG members other than the chair

The university asks each member of the QRG other than the chair to:

- Prepare a one-page, pre-visit report using the template provided for each assigned topic.
- Within the required timeframe, email the one-page report to the chairperson, copying the QSU.
- Act as topic coordinator for the specific sections of the SAR that have been allocated by the chair. Being the coordinator of a topic involves:
  - Leading the questioning for that topic during the site visit
  - Consulting with other members of the QRG to gather opinions and ideas
  - Preparing first-draft commendations and recommendations relating to that topic
- Submit completed commendations and recommendations to the recording secretary and the QSU on Wednesday afternoon/evening, as appropriate.

Role of the recording secretary

The recording secretary generates summary notes during the quality review site visit meetings to serve as a memory aide to the group during its deliberations. The notes are confidential to the QRG and are destroyed at the conclusion of the visit in line with UL's Records Management and Retention Policy.

The recording secretary helps to collate and finalise the QRG report.

Documentation

All documentation and knowledge shared with and by the QRG must be treated in strict confidence by all members of the QRG. Documentation received for the review must be returned at the end of the review for confidential disposal by the QSU.

Appendix C: Sample site visit schedule

This sample schedule is based on previous reviews. The final schedule is decided by the chairperson of the quality review group (QRG) in consultation with the Director of Quality.

Mins	***Day 1***	***Monday***		
	Time	**Parties**	**Agenda**	**Location**
15	19h15	QRG, QO	Introductory meeting and briefing	Castletroy Park Hotel (CPH)
	19h30	QRG, QO	Dinner	CPH

Note – the unit brings appropriate persons to each meeting.

Mins	***Day 2***	***Tuesday***		
	Time	**Parties**	**Agenda**	**Location**
5	08h30	QRG, VPA&R, DQ, QO	Welcome	Board Room, Plassey House
65	08h40–09h45	QRG	Planning session. Brief overview by each of the QRG members of their findings from the self-assessment report, focusing on any big issues. Planning for morning and lunchtime session.	Board Room
40	09h50–10h30	QRG + SET	Discussions and questions • **Introductions** • **Brief discussion about the unit and its mission** • **Quality Management System** (topic 1)	Board Room
15	10h30–10h45	QRG, SET, DQ, QO	Coffee break	East Room, Plassey House
40	10h50–11h30	QRG + SET	Discussions and questions • **Customer Focus** (topic 2)	Board Room
40	11h40–12h20	QRG + SET	Discussions and questions • **Leadership** (topic 3)	Board Room
40	12h20–12h55	QRG private session	QRG review of morning's activities.	
55	13h05–13h55	QRG, Stakeholder Group 1	Buffet lunch with key stakeholders – a chance to meet the customers and find out about their perspectives (max. 18)	Board Room
30	14h00–14h30	QRG + SET	Tour – brief visit of unit	Unit and other facilities
40	14h40–15h20	QRG + SET	Discussions and questions • **Process Approach** (topic 5) Coffee served at 15h20 to QRG in Board Room	Board Room
30	15h30–16h45	QRG + SET	Brief recap on day's activities. Review of day's findings in each area and draft commendations and recommendations	Board Room
	19h30	QRG, Head of Unit, Quality Team Leader	Informal dinner	CPH

Mins	***Day 3***	***Wednesday***		
30	08h30–09h00	QRG	Private meeting of QRG – planning for morning topics	Board Room
40	09h00–09h40	QRG + SET	Discussions and questions • **Engagement of People** (topic 4)	Board Room
40	09h50–10h30	QRG + SET	Discussions and questions • **Continual Improvement** (topic 6)	Board Room
25	10h30–10h55	QRG	Coffee, private session – time to catch up on notes	Board Room
40	11h00–11h40	QRG + SET	Discussions and questions • **Evidence-Based Decision Making** (topic 7)	Board Room
40	11h50–12h30	QRG + SET	Discussions and questions • **Relationship Management** (topic 8)	Board Room
40	12h20–12h50	QRG	Private time to catch up on notes and draft commendations and recommendations	
55	13h00–13h55	QRG, Stakeholder Group 2	Buffet lunch with staff representatives (4-8 persons)	Board Room
120	14h00–16h00	QRG private session	Brief recap on day's activities. Review of key findings in each area. Presentation by individual QRG members of their key findings in each area of responsibility. Coffee served in Board Room at 15h00	Board Room
30	16h00–16h30	QRG, Head of Unit & Quality Team Leader	Closing session, discussions and questions • **Final questions of clarification on all issues**	Board Room
	18h30	QRG	Email draft commendations & recommendations to technical writer	
	19h30	QRG, QO	Dinner – a chance to relax	A local restaurant
	Day 4	***Thursday***		
120	08h30–10h30	QRG, DQ, QO	Finish drafting the QRG report Overview of status of report and identification of commendations and recommendations	Board Room
150	10h30–13h00	QRG, DQ, QO	Coffee break and finalisation of the QRG's commendations and recommendations. Prepare for verbal feedback to unit.	Board Room
60	13h00	QRG, VPA&R, DQ, QO	Light lunch served in Board Room: Salad	Board Room
30	14h00–14h30	QRG and all staff of unit	**QRG report read out** to unit staff and others	Wood Room, Plassey House
15	14h30–14h45	QRG and all staff of unit	Coffee served following report read-out	Reception, Plassey House
	14h45		Conclusion of visit	

Key:

CPH	Castletroy Park Hotel	QRG	Quality review group
DQ	Director of Quality	SET	Self-evaluation team
QO	Quality Officer	VPA&R	Vice President Academic & Registrar

Appendix D: QRG report

Structure

The QSU provides the QRG with a QRG report template in which to record their findings. The template comprises four sections and appendices, as follows:

1. Background (to UL's quality review process)
2. The Unit (a brief description of the unit, its roles, etc.)
3. Preliminary Comments of the QRG
4. QRG Commendations and Recommendations
5. Appendices – Membership of the QRG and SET

Section content

Section 1 is a standard introduction to UL's quality review process. Section 2 is a brief description of the unit by the unit itself, usually prepared in advance of the visit. Sections 3 and 4 are written by the QRG, and these are the sections that are read back to the unit at the conclusion of the site visit. Appendices specify the members of the QRG and the unit's SET. It is the responsibility of the QSU to complete sections 1 and 2 and the appendices after the visit has been concluded.

Section 3, which is typically one or two pages in length, provides the QRG with an opportunity to report upon:

- The extent to which the unit has implemented a quality management system (QMS) in accordance with UL's QMS framework
- The extent to which the unit engaged enthusiastically, honestly and effectively in the self-evaluation exercise
- The unit's openness during the visit
- The quality of the self-assessment report (SAR)
- Stakeholders' feedback relating to the unit and the extent to which the unit is fulfilling the needs of its customers

Section 4.1 lists the QRG's commendations to the unit. Commendations should be clear, concise, evidence-based and, as far as possible, single issue. Sample commendations from previous reports include:

- The biannual strategy planning days to evaluate service delivery and prioritise project and output delivery.
- The wide range of effective communication channels used, including regular divisional meetings, monthly staff updates and informal team discussions.
- The very obvious commitment to customer focus, both in policy and practice.
- The introduction of different modes of communication with students to ensure they engage effectively.

The total number of commendations included is at the discretion of the QRG and will be driven by the review findings but, as a general guideline, 5 to 15 could be appropriate.

Section 4.2 lists the QRG's 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

customers or to enhance the compliance of its QMS with the UL QMS framework. Level 1 recommendations may be more expansive than level 2 recommendations; the QRG must include a short narrative with each level 1 recommendation. The commentary should provide a context, rationale or any other elaboration that might help the unit to effectively interpret, implement and monitor the recommendation. (The inclusion of commentary with level 2 recommendations is optional.)

The QRG lists the recommendations as follows:

4.2.1 Level 1 recommendations

No.	Recommendation	Commentary
1.		
2.		
3.		
4.		
5.		

4.2.2 Level 2 recommendations

No.	Recommendation	Commentary (optional)
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

The total number of recommendations given (i.e., level 1 and level 2) is at the discretion of the QRG and will be driven by the group's findings but, as a general guideline, 15 to 25 could be appropriate. The inclusion of in excess of 25 recommendations should be considered carefully by the QRG in terms of practical implementation.

Recommendations should be clear, concise, evidence-based and, as far as possible, single issue. Each recommendation should ideally start with a verb. Sample recommendations from previous reports include:

- **Develop** a training plan to support the department's strategic plan.
- **Embed** risk management at a departmental level.
- **Review** the scope for making more use of internal feedback channels such as focus groups and student representative groups and relying less on quality survey mechanisms.
- **Prioritise** the development of a more user-friendly website as a key tool for communicating with customers.

In writing recommendations, the QRG should bear in mind that the review is of the unit in question and not of other units or the university as a whole. Therefore, recommendations should be addresses solely to the unit under review. However, resolving some recommendations may require cooperation from individuals, committees or organisational units outside of the unit under review. The head of unit is responsible for ensuring that all recommendations are considered for implementation. Therefore, an appropriate wording of such recommendations could be along the lines of:

- **Work** with senior management to ensure that all staff across UL (academic, management and administrative) 'own' the UL international strategy and promote the use of appropriate KPIs by relevant units within the university.
- **Liaise** with senior management to ensure that long-term strategic goals and current funding models are better aligned to reflect the fact that some investment projects may have the characteristics of capital projects.

Appendix E: QIP template

The quality improvement plan (QIP) template document includes an inside cover page (shown immediately below) and a single page dedicated to each recommendation (one sample page given on the next page).

Quality Improvement Plan (QIP) Template

QIP Implementation Record
(to be completed by the head of unit as each milestone is reached)

Unit: _____

Head of Unit: _____
(*responsible for QIP implementation*)

1. Date on which QIP received from QSU:
2. Date on which unit met to discuss and ratify the QIP:
3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU:
4. Date on which QIP progress was presented to GASPQA:
5. Date on which implementation review meeting with DQ and VPA&R was held:

_____ _____
Head of Unit Date

Notes:

- + denotes time after the unit receives the QIP template from the Quality Support Unit (QSU)
- DQ = Director of Quality; GASPQA = Governing Authority Strategic Planning and Quality Assurance
- Sections 5 and 6 to be completed <u>for level 1 recommendations only.</u>

<table>
<tr><td colspan="6">Sections 1 and 2 to be completed by the QSU</td></tr>
<tr><td>1</td><td>n/a</td><td colspan="4">Rec. no. _ (Level _)</td></tr>
<tr><td>2</td><td>n/a</td><td colspan="4">Recommendation:</td></tr>
<tr><td colspan="6">Sections 3 and 4 to be completed by unit</td></tr>
<tr><td>3</td><td>+ 1 to 2 months</td><td colspan="4">Unit response to recommendation: (e.g. accepted in full, accepted in part/modified form, rejected. Include succinct justification if recommendation not accepted in full)</td></tr>
<tr><td rowspan="6">4</td><td rowspan="6">+ 1 to 2 months</td><td colspan="4">Action planned by unit (add more rows as required)</td></tr>
<tr><td>Action item</td><td>Action item description</td><td>Person responsible</td><td>Target completion date</td></tr>
<tr><td>a.</td><td></td><td></td><td></td></tr>
<tr><td>b.</td><td></td><td></td><td></td></tr>
<tr><td>c.</td><td></td><td></td><td></td></tr>
<tr><td>d.</td><td></td><td></td><td></td></tr>
<tr><td colspan="6"><u>Sections 5 and 6 to be completed for level 1 recommendations only</u>. Both sections to be completed by unit and copied back to QSU prior to presentation by head of unit to GASPQA</td></tr>
<tr><td rowspan="5">5</td><td rowspan="5">+ 4 to 5 months</td><td>Action item</td><td>Progress made</td><td colspan="2">Outstanding matters</td></tr>
<tr><td>a.</td><td></td><td colspan="2"></td></tr>
<tr><td>b.</td><td></td><td colspan="2"></td></tr>
<tr><td>c.</td><td></td><td colspan="2"></td></tr>
<tr><td>d.</td><td></td><td colspan="2"></td></tr>
<tr><td>6</td><td>+ 4 to 5 months</td><td colspan="4">Self-evaluation by unit of progress to date
Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved, underline the most appropriate score:
0 1 2 3 4 5
Any additional comments if appropriate:</td></tr>
</table>

Head of unit makes presentation to GASPQA approx. + 6 months				
Section 7 to be completed by unit and copied back to QSU prior to implementation review meeting				
7	+ 11.5 months	Action item	Progress made for level 2 recommendations and further progress made for level 1 recommendations	Outstanding matters
		a.		
		b.		
		c.		
		d.		
Section 8 to be completed by DQ immediately prior to implementation review meeting				
8	+12 months	Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved: 0 1 2 3 4 5 Comments as appropriate:		
Review implementation meeting between head of unit, DQ and VPA&R approx. + 12 months				
Section 9 to be completed by DQ immediately after implementation review meeting				
9	+ 12 months	Actions arising from the implementation meeting (including person responsible & timeframe for completion):		
Section 10 to be completed by unit and copied back to QSU				
10	+ 13-15 months	Description of actions taken since implementation review meeting:		
Section 11 to be completed by DQ on receipt of QIP from unit				
11	+ 13-15 months	Final status of recommendation (Closed, Open, Rejected):		

Appendix F: QIP implementation summary report

Unit: _____

Head of Unit: _____
(*responsible for QIP implementation*)

1. Date on which QIP received from QSU:
2. Date on which unit met to discuss and ratify the QIP:
3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU:
4. Date on which QIP progress was presented to GASPQA:
5. Date on which implementation review meeting with DQ and VPA&R was held:
6. Summary status of recommendation implementation:

Rec no. (level)	Recommendation	Closed	Open	Rejected

_____ _____
Director of Quality Date

Appendix G: List of acronyms used in this document

Acronym	Meaning
DQ	Director of Quality
GASPQA	Governing Authority Strategic Planning and Quality Assurance
ISO	International Standards Organization
KPI	Key performance indicator
PDRS	Performance and Development Review System
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QMS	Quality management system
QO	Quality Officer
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
SAR	Self-assessment report
SET	Self-evaluation team
UL	University of Limerick
VPA&R	Vice President Academic & Registrar