Quality Enhancement Review

Wrexham University

Review Report
February 2025

Contents

About the Quality Enhancement Review method

The QAA website explains the method for [Quality Enhancement Review (QER)](#) and has links to the QER handbook and other informative documents.1 You can also find more information about the [Quality Assurance Agency for Higher Education (QAA)](#).2

About this review

This is the report of the QER conducted by QAA at Wrexham University (the University). The Review Visit took place between 11 and 14 February 2025, and was conducted by a team of four reviewers:

- Ms Stella Diamantidi (Reviewer)
- Dr Osian Rees (Reviewer)
- Dr Harry Williams (Reviewer)
- Dr Nina di Cara (Student Reviewer)

QAA reviews are evidence-based processes. Review judgements result from the documents review teams see, the meetings they hold, and drawing upon their experience as peer reviewers and student reviewers. In advance of the review visits, the provider submitted a self-evaluative document (the Self-Analysis), contextual information about the nature of their provision and students, and a range of materials about the provider's arrangements for managing quality and academic standards.

In this review, the QER team makes judgements on:

- the requirements of the European Standards and Guidelines (ESG) Part 1 for internal quality assurance
- the relevant baseline requirements of the Quality Assessment Framework for Wales.

It is possible for the judgements to be expressed in three levels which indicate whether the provider 'meets these requirements', 'meets these requirements with conditions', or 'does not meet requirements'. More detail on these categories is provided in the QER Handbook.

The QER review also makes a statement about the provider's strategic approach to enhancing the student learning experience.

About this report

The judgements for this review can be found on page 6, followed by commendations, areas of ongoing development and recommendations made by the review team. This is followed by detailed findings of the review.

These reports provide an information base for the production of thematic reports that identify findings across providers in Wales.

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1 About QER: https://www.qaa.ac.uk/reviewing-higher-education/types-of-review/quality-enhancement-review.

2 About QAA: https://www.qaa.ac.uk/about-us.

In 2022, a number of concerns were raised in relation to Wrexham University (then Wrexham Glyndŵr University) which resulted in an investigation being initiated by the Higher Education Funding Council for Wales (HEFCW) (now Medr, the Commission for Tertiary Education and Research) and passed to QAA for a Stage 2 Investigation under the Concerns Investigation Process Wales. It was agreed between the University, Medr and QAA that the review team undertaking the University's 2025 QER would consider, as part of the QER process, whether the action plan ([Concerns review outline action plan](#)) resulting from the Concerns Investigation ([Report-to-HEFCW-on-a-Concerns-Investigation-Wales-Wrexham-Glyndwr-University-January-2023.pdf](#)) had been successfully completed.

1. Contextual information about the provider, student population and the review

Summary information about the provider, including strategic framework, organisational structure

1.   Wrexham University (the University) has a history dating back to the nineteenth century but was more recently established as Wrexham Glyndŵr University in 2008, before receiving its current title from the Privy Council in 2023. The University aspires to be a supporter of the economic and social development of its immediate region and beyond, with a focus on graduate employability. It is primarily located in Wrexham itself, but has specialist outposts in St Asaph, Northop in Flintshire and Broughton dealing with subjects including nursing and healthcare, veterinary nursing, technology and materials research.

2.   In addition to its campus-based undergraduate provision, the University has an academic partnership with the University of Chester for postgraduate research provision. It also operates with a wide range of academic partners both in the UK and overseas.

3.   The strategic framework and organisational structure begin with the Board of Governors supported by a range of sub-committees operating through an established scheme of delegation. This was recently augmented by an Academic Quality and Standards Committee (AQSC) which works in alignment with the Academic Board and its sub-committees to strengthen oversight of academic quality.

4.   Management resides with the Vice-Chancellor, supported by the Vice-Chancellor's Executive Team (VCET) and the Senior Leadership Team (SLT). The latter has been augmented in recent years by the specific appointments of Pro Vice-Chancellors for Research and for External Engagement and Partnerships, together with an Associate Pro Vice-Chancellor for Academic Development. Operationally there are two faculties, with mirrored leadership and management arrangements.

Composition, key trends and anticipated changes in the student population, including information on retention, progression and outcomes

5.   The University's overall strategy places due emphasis on widening access and opportunities for lifelong learning, and this is underpinned by focused strategies for teaching, learning and assessment. This strategic approach is reflected in the spread of provision, and the concurrent and strategically planned growth in student numbers, including through part-time, online and partner-based routes.

6.   In 2023-24, the total student population was 14,382 comprising 2,436 home undergraduate (UG) students, 637 home postgraduate taught students (PGT), 51 home postgraduate research students (PGR) and 2,499 on campus international students. Also included in the overall number of enrolments are 2,684 online students, 2,966 TNE students, 1,717 UK partner students and 1,392 short course home students.

7.   The period 2018-19 to 2023-24 saw an increase of 108% in total student numbers, primarily through growth in partnership arrangements and online learning – online student numbers grew by 7,154%, transnational education students by 239% and UK partners by 459%. There was also a substantial increase in the numbers of international students on campus – up by 2,708% from 2018-19 to 2023-24. Over the same period, undergraduate home student numbers decreased by 17%.

8.   The current portfolio review process seeks to reverse the decline in undergraduate home students over the next few years. Planned growth in full-time UK undergraduate student numbers is also designed to offset the (national) decline in international student numbers.

9.   Retention and progression outcomes were impacted by the Covid pandemic, and the recovery has been gradual. The University has seen an improvement in retention, from a low of 79.1% in the middle of pandemic in 2021-2022, rising to 86.3% in 2023-24, which is close to the pre-pandemic level.

10.   A similar pattern is evident for progression and continuation with declines evidenced during Covid impacted years, and a subsequent slow recovery rate. In 2023-24, progression was 80.6% and continuation 74.2%.

Commentary on how the provider supports national priorities

11.   The University aligns its strategy and provision to, and is informed by, a range of national priorities (see also paragraphs 37-38). The first of these incorporates systems and processes to prepare students for a dynamic and changing economy, and to enable them to get relevant skills and knowledge. These systems and processes operate within a wider environment which aims to maintain and redouble efforts by the University to continue its mission to widen and broaden participation in education at this level, and to place due emphasis upon students' experience and wellbeing. The University's updated Employability Strategy and Skills Framework and 2024 Graduate Outcomes Survey show the University currently ranks third in Wales for the proportion of graduates in paid employment, and it is a member of relevant bodies including the North Wales Economic Ambition Board (NWEAB). The University had a recent successful bid through the NWEAB for £8.35m under the North Wales Growth Deal for a new engineering building on campus which it hopes will strengthen its research contribution.

12.   The second of these priorities is to maintain and enhance the quality of the tertiary system, continue and intensify work on widening participation, and take steps to ensure a more equitable and excellent system for all, building upon the recognition of the quality of teaching recognised in the National Student Survey. In this context, the University has ambitions to maintain its position as the most socially inclusive University in England and Wales (The Times and The Sunday Times Good University Guide, 2025).

13.   The third priority is to put the learner 'at the heart of the system', by putting in place strategies for supporting student health and wellbeing and expanding its Welsh medium provision through the Cymraeg 2050 initiative.

Commentary on the preparation for the review, including how provider and students worked in partnership in review preparation

14.   The University advised the review team that it approached this review as an enhancement process, basing its preparation on existing arrangements for ongoing quality assurance and enhancement.

15.   Preparation for Quality Enhancement Review (QER) began in Autumn 2023 with the establishment of a QER Steering Group, meeting monthly under the leadership of the Deputy Vice-Chancellor, with students and staff within its membership. To ensure the arrangements were embedded from the outset, the steering group reported through established governance structure to both the Learning and Teaching Quality Committee (LTQC) and the Academic Board.

16.   To underpin these arrangements, a communication plan was developed to further strengthen staff and student engagement, supported by a series of presentations and information sessions to provide background and context to the approach. Ultimately, the self-evaluation document was produced with input from both student representatives and from staff, both in academic and professional support roles.

Summary of the nature and rationale for the enhancement priorities identified for the review and in the self-analysis

17.   The University's enhancement priorities are focused on Academic Development, Academic Partnerships, and Monitoring and Review. These are informed by external reviews, learning from experience and feedback from data.

18.   University staff were able to provide cogent reasons as to why these enhancement priorities had been selected, and for two of them - academic partnerships and monitoring and review - advised that a Concerns Investigation (see page 1) had been the predominant driving factor.

19.   To implement the strategic enhancements, the University has put in place annual action plans, including a specific plan for supporting student learning and achievement which is monitored by the LTQC. In addition, the University's Quality Enhancement Framework (QEF) explicitly states that students must be involved in the implementation stage through their usual student voice systems, including programme (re-) validation.

Summary of the provider's follow-up to the previous review

20.   The University received a positive outcome from the most recent QER in 2019, which identified two commendations, one affirmation and one recommendation. In response, actions were taken forward through a working group and the LTQC. The University has built on the recommendation to evaluate the postgraduate student experience and continues to seek feedback from these students with increased participation. It has also introduced Students' Union officer representation on relevant committees in addition to a doctoral student representative. There are now three student representatives on the Research committee and a standard agenda item is student representative feedback and reporting from the Students' Union.

2. Review judgements and findings

Based on the information presented, the review team judges that:

- Wrexham University **meets** the requirements of the ESG Part 1 for internal quality assurance.

- Wrexham University **meets** the relevant baseline regulatory requirements of the Quality Assessment Framework for Wales.

This is a positive judgement, which means the provider has robust arrangements for securing academic standards, managing academic quality and for enhancing the quality of the student experience.

Commendations

The QER has identified two commendations, which are summarised below.

- The strategic approach of the University to meeting the needs of the region, including the emphasis on inclusivity and widening access, and promoting the Welsh language, culture and economy (paragraph 48).

- The work being done across the University to integrate inclusive and trauma and adverse childhood experience-informed practices across academic, pastoral and learning support, to enable all students to fulfil their potential (paragraph 58).

Recommendations

The QER makes one recommendation which is summarised below.

- Ensure that personal tutoring arrangements are implemented consistently for the benefit of students (paragraph 55).

Areas of ongoing development

The QER has identified areas of ongoing development which are summarised below.

- The steps being taken to collect students' views consistently and proportionately to maximise student engagement and feedback (paragraph 40).

- The steps being taken to continue reviewing the provision of digital and physical library materials for students (paragraph 53).

- The actions being taken to ensure all marks for short courses are submitted to, and subsequently considered by, an assessment board within the scheduled timeframe (paragraph 70).

- That the role of the Board of Governors in the approval and oversight of academic partnership arrangements is kept under review (paragraph 82).

- The steps being taken to ensure effective arrangements for approving new partnerships and the effective oversight of quality and standards within academic partnerships (paragraph 84).

- The actions being taken to monitor and oversee the arrangements in place to safeguard academic standards, quality assurance, and the student experience while collaborative provision programmes are in teach-out or being discontinued (paragraph 86).

Concerns

21.   The team confirmed that the action plan for the Concerns Investigation process has been successfully completed (paragraphs 91-133).

3. Statement on the provider's strategic approach to enhancement

22.   The University's approach to the enhancement of the student learning experience encompasses initiatives and priorities grouped around three enhancement priorities: Academic Development, Academic Partnerships, and Monitoring and Review. The underpinning approach to delivering on these priorities is based upon experiential learning, using data and feedback, and informed by external reviews. The team evaluated the approach and discussed with the Head of Provider and Senior Team its impact on the work of the University.

23.   The review team found that the University's current Quality Enhancement Framework (QEF) 2024-2028 provides for a strategic, cyclical and continuous approach to enhancement, with explicit focus on student engagement, and oversight within its governance structure. The driver for this work is the Academic Development Team (ADT), which operates with core members augmented by staff from across the university in an Associates Network aligned to specific projects. An example of such a project is Collaboration for Reviewing and Enhancing Assessment and Teaching Excellence (CREATE), which champions enhancement in Welsh Language and Equality and Diversity across the curriculum.

24.   Feedback to inform enhancement is collected through a variety of media, including student voice fora, module evaluations, student surveys and a bespoke computer package which collects and collates student feedback. Students are members of all significant committees within the university's governance structure. The review team noted that this evidence-informed approach to enhancement has led, for example, to the development of guidance on the appropriate use within the university of generative artificial intelligence in assessment.

Commentary on the strategic approach taken to planning enhancements to the student experience

25.   The review team found that the QEF is based upon a fundamental commitment to continual improvement of the student experience. It is based on five principles, involving a strategic and cyclical approach, with clear opportunities for student engagement. Oversight is provided by the Academic Board and the Learning and Teaching Quality Committee (LTQC), with regular reports to the Board of Governors. The QEF gives examples of activities that might be taken at each stage and student involvement in these stages, with staff describing student involvement in quality systems as an essential part of identifying both future enhancement areas and areas of good practice.

26.   The ADT comprises a core team consisting of the Associate Pro Vice-Chancellor, Associate Deans and other senior staff, as well as an extensive Associates Network made up of academic, professional services staff, external members and students. This core team is responsible for a set of projects using a distributed model of ownership which enables different individuals to take ownership of, and responsibility for, tasks. They report to the LTQC. The projects are designed to address one or more of the three Enhancement Priorities (see paragraph 28).

27.   The review team concluded that the strategic approach adopted by the University in respect of enhancements to the student experience is demonstrably collegiate in nature, involving students as an integral part of the enhancement process and priorities.

Commentary on the actions taken to ensure effective implementation of enhancement priorities

28.   The team noted that of the three enhancement priorities (see paragraph 17), work in relation the Academic Development (Enhancement Priority 1) is at an advanced stage and embedded through the Academic Learning Framework (ALF), which is a specific approach to the development of blended learning initiatives (see paragraph 45). The Academic Development Team and Associates Network (formed in 2016) is well-established across the University and supports, develops and embeds a culture of enhancement. For example, students advised that the Assessment and Feedback strand has led to the co-creation of student-friendly guidance on the use of generative artificial intelligence in assessment. Furthermore, the work done with the Trauma and Adverse Childhood Experience (TrACE) project, which seeks to widen participation for this cohort of students, informs teaching and learning practices across the institution. Case studies have been developed as part of the project which have been used to disseminate the work to a wide audience.

29.   Academic Partnerships (Enhancement Priority 2) (see paragraph 17) builds on some of the concerns raised within the 2023 QAA Concerns Investigation (see also section 7). Strategic emphasis has been placed on re-defining leadership roles, evaluating governance structures, strengthening due diligence and decision-making processes and encouraging partner student engagement with the university. Students in partner institutions commented positively about their involvement with the University and the Students' Union to help them understand the significance of the student voice. The University operates a range of methods to collect feedback from its student population which include their student representative system, student surveys, a bespoke feedback app, and the embedding of student representation in the deliberative committee structure.

30.   Monitoring and Review (Enhancement Priority 3) covers the introduction of Continuous Monitoring and Enhancement (CME) processes, which replaced the previous arrangements, and also covers developments to the programme approval and reapproval process (see paragraph 29). Authentic assessment was recognised as good practice in the CME for Engineering in 2022-23 and was shared across the University. External examiner reports also include positive reference to the use of industry-based case studies and the provision of industry-standard equipment and tools. Student feedback is consolidated through the CME process, and incorporated where appropriate into action plans, along with details of progress or completion.

31.   The review team concluded that a range of actions have been taken to meet the University's enhancement priorities, albeit they are at different stages of maturity. In the case of Academic Development (Enhancement Priority 1), it was clear that the actions have already had a positive impact on the student experience in terms of their engagement with the development of the curriculum. Academic Partnerships (Enhancement Priority 2) and Monitoring and Review (Enhancement Priority 3) are at an earlier stage, but there is some evidence of positive impacts in both, including in the external examiner reports referred to above.

Commentary on the process of evaluation and reporting on the results of enhancement priorities, and how this informs future progress and enhancement activities

32.   To implement strategic enhancements, the University puts in place annual action plans, such as the action plan of the Strategy for Supporting Student Learning and Achievement (SSSLA), which is monitored by the LTQC. The QEF is clear that students should be involved in the implementation of action plans through their usual student voice systems.

33.   The University uses its CME process that feeds through from module to programme then subject level review. A subject-level review report is then discussed at faculty level, allowing for the identification of any common themes which can then be reported as part of the end of year Faculty Oversight Report to the LTQC, which is in turn accountable to the Academic Board. The review team heard how the CME process supported the identification of areas of good practice and areas for enhancement, as well as evaluating progress against current priorities. For several key strategies, such as the SSSLA, specific action plans are maintained to evaluate and report on progress.

34.   In response to the QAA Concerns Investigation (see Section 7 below), the Annual Quality Assurance Audit (AQAA) process was created, to identify areas of good practice and areas for improvement. As part of this, an internal annual quality report is produced by the Head of Quality for the Academic Board. The most recent is a reflection on quality assurance processes in 2023-24 and the report makes recommendations for the current (2024-25) academic year. Additionally, a report on student procedures is produced for Academic Board which includes comments on effectiveness of student procedures and again makes recommendations for the next academic year.

35.   The review team concluded that arrangements for evaluating and reporting upon enhancement priorities is effective, with appropriate oversight from the Academic Board, and the highest levels of the organisation including the Vice-Chancellor. The use of specific priorities gave focus to the University's approach, and this in turn enabled the review team to conclude that the arrangements are effective.

4. Commentary on the provider's support and enhancement of the student learning experience

36.　The review team is confident that the University has effective arrangements in place to support and enhance the student learning experience. The team considered a range of documents including minutes from meetings of key institutional committees with responsibilities for quality and academic standards, learning and teaching, and the wider student experience. In addition, the team met with staff and students.

Use of external reference points to support and enhance the student learning experience

37.　The review team considered how the University makes use of external reference points throughout the process of design, validation and re-validation of their programmes. Reference points such as the Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ), the Credit and Qualifications Framework for Wales (CQFW) and Subject Benchmark Statements are used to inform programme development and thereby ensure that students are being taught in line with current standards for the subjects and that courses are designed in line with current quality guidelines. External examiners are also required by the University to comment on alignment with these reference points (see paragraph 30). The University's Annual Quality Report considers how external benchmarks have been consulted in any changes to regulations, policy or procedure as part of the Annual Quality Assurance Audit (AQAA).

38.　Outside of formal quality processes, the team also considered a range of ways by which the University uses externality to bring depth and relevance to the student learning experience. For instance, extensive external engagement was used in the redevelopment of the BA (Hons) Youth & Community work programme to ensure alignment with the needs of the community and the profession. These arrangements also extend to the University's involvement in the North Wales Economic Ambition Board and the Reaching Wider North and Mid Wales Programme. Additionally, initiatives such as the 'Outside In' group bring practitioners directly into the student learning environment through teaching as well as feeding into programme design and validation events. 'Outside In' is a focus group formed in 2006, whereby people share real-life experiences of neurodiversity, sensory impairments health conditions and care giving with students studying relevant degrees. Overall, the team concluded that the University demonstrably uses external reference points to support and enhance the student learning experience.

Views and feedback from students

39.　The review team appraised a range of ways in which the University collects and considers student feedback. This included Student Evaluation of Modules (SEMs) which serve as in-module feedback points, external student surveys, a student feedback app which can be accessed by staff and student representatives, a student representative system and regular Student Voice Forums at the University and at partner institutions. The University works with the Students' Union to ensure that students are represented in the deliberative committee structure, with the President of the Students' Union appointed to represent student views on the Board of Governors in 2023. These systems are formalised in the Student Engagement in Quality Assurance and Enhancement Policy and Framework, which was jointly developed by the Students' Union and the University.

40.　Staff described how the CME process allows them to consolidate student feedback from the multiple mechanisms available, and the review team saw evidence that student

feedback is integrated and summarised in CME reports at programme and faculty level. Students also said that they generally felt confident in talking to staff directly about any concerns they have. However, during the review visit, students also raised that the breadth of student voice methods can be confusing, and that having multiple routes to provide feedback sometimes made it unclear whether issues had been followed up. The review team noted that reviewing student voice and surveys is a focus for the University's Academic Development Team (ADT) in the current academic year. The review team identified as an **area of ongoing development** the steps being taken to collect students' views consistently and proportionately to maximise student engagement and feedback.

41.   To strengthen the student voice at partner institutions, officers of the Students' Union have accompanied University representatives on in-person visits made as part of the ongoing review of academic partners. The review team heard from partner students that this has been effective in increasing awareness of student voice mechanisms, and that the University plans to continue supporting future visits to continue strengthening the student voice at their partners. The team concluded that arrangements to collect feedback from students are in place, and operating effectively.

Developments to enhance learning and teaching arranged through partnerships with students

42.   The Student Engagement in Quality Assurance and Enhancement Policy and Framework, along with the Strategy for Supporting Student Learning and Achievement (SSSLA) are the University's main guides for the development of learning and teaching and include 'students as partners' as a theme. In practice, this is achieved in a number of ways including the involvement of students in the majority of validation and re-validation events in the last academic year, a culture of open dialogue and discussion with students and involvement of students in initiatives such as the Academic Development Team, of which students can be associate members alongside academic and professional services staff representatives. For example, there are currently 30 students across the University acting as 'Champions' for the Trauma and Adverse Childhood Experience (TrACE) project, and students are involved in presenting this work at national events.

43.   The University's partnership with the Students' Union has also enabled the involvement of students in key reviews and quality processes. For example, Students' Union officers and student reviewers were involved in a recent review of the Programme Life Cycle Procedure. As a result of the review, student engagement with Programme Lifecycle Reviews will be recognised on Student Transcripts through a zero-credit module called "Recognition of Engagement in HE Enhancement and Quality Assurance". The Students' Union Vice-President has also joined the Assessment and Feedback strand of the Academic Development Team, which has led to changes to the evidence required for short term extensions for the benefit of students. The team felt that the arrangements in place for students to work in partnership with the university to enhance learning and teaching were effective.

Effectiveness of the teaching and learning strategy in improving the quality of learning opportunities

44.   The University has a SSSLA and an action plan that is reviewed on an annual basis through the Learning and Teaching Quality Committee which monitors implementation of enhancement initiatives and achievement of targets. The SSSLA is linked to the University's Vision and Strategy, focusing upon 'Teaching that Inspires', where learning is informed by and is relevant to the applied world of work, producing graduates who are skilled,

knowledgeable and entrepreneurial. The SSSLA articulates five priority actions: 'a relevant curriculum', 'great teaching', 'innovative assessment', 'personalised support' and 'students as partners'.

45. The Academic Learning Framework (ALF) sits at the heart of the SSSLA and embraces accessible, engaging and flexible approaches to learning, teaching and assessment in order that students are afforded a variety of opportunities to engage with their learning. The ALF is a teaching and learning approach which puts the student experience at its core, creating a sense of belonging through flexible and accessible blended learning provision. The ADT underpins the development of the SSSLA and supports the University in developing and embedding a culture of positive change and enhancement to learning and teaching. The ADT has several projects that further facilitate the implementation of the SSSLA including Collaboration for Reviewing and Enhancing Assessment and Teaching Excellence (CREATE) which supports programme design and development in the areas of employability, Welsh language and equality and diversity, to ensure the University continues to have a relevant curriculum. This strategic approach was noted by the review team as also responding explicitly to the express needs of the local area and wider region. The review team was presented with several examples that clearly demonstrated how ADT projects connect data-informed analysis to whole University actions in a consistent approach that includes both professional services and academic staff. For example, the ADT Digital Skills project has considered the rise of generative artificial intelligence chatbots; while the ADT Welsh Medium strand supports the development of Welsh-medium provision, in line with the University's Welsh Medium Academic Strategy.

46. The team noted that the University has several widening participation initiatives in place. Collectively, these approaches aim to improve the quality of the learning opportunities for a broad cohort and include:

- CLASS Cymru, specifically targeted at vulnerable young adults, including children and young people in care, kin-care, care leavers and those who are estranged from their families.
- Projects linked to priority postcodes within the hardest to reach communities, both rural and urban.
- Participation in the 'Reaching Wider' initiative which also focuses on groups of people who are currently under-represented in Higher Education, including those who wish to study through the medium of Welsh.

47. The University has also adopted Welsh in the Workplace pathways so students, including non-native Welsh speakers, are equipped to work in bilingual essential public sector roles such as policing, thereby supporting the University's civic mission work. The work within the ADT TrACE strand is another example of how the ADT works to further both the University's civic mission and to engage students as active partners (see also paragraph 53).

48. Overall, the team considered the University to have an effective approach to improving the quality of learning opportunities. The impact of the approach on the day-to-day enhancement of learning and teaching at the University was clear, evidenced through documents and in meetings with staff and students. The review team **commends** the University for its strategic approach to meeting the needs of the region, including the emphasis on inclusivity and widening access, and promoting the Welsh language, culture and economy.

Effectiveness and evaluation of initiatives to enhance learning and teaching

49.   The SSSLA is a key driver in evaluating the University's approach to enhancing the student experience in relation to learning and teaching. The SSSLA is monitored and reviewed regularly through the Learning and Teaching Quality Committee (LTQC). Additionally, the Continuous Monitoring and Enhancement (CME) process underpins the University's approach to quality assurance and continuous enhancement. The University consider the CME to be a 'live', evidence-informed process with ongoing reflections from programme teams focusing initially on programme level, leading to an annual faculty oversight report.

50.   The review team was provided with clear examples of forward-looking action plans within the CME process, where feedback from students can be traced through to action plans, along with details of progress or completion. This promotes timely responses to student feedback and helps to resolve any delivery issues to enable implementation of enhancements as soon as data and evidence become available (see paragraphs 30 and 72).

51.   Student feedback mechanisms, student participation in committees and student involvement in programme design and development, are all key elements of the University's Quality Enhancement Framework (QEF). These mechanisms serve to ensure that the student voice is appropriately used to further reflect on learning and teaching initiatives enabling timely actions and improvements. In addition, an annual quality report is submitted to the Academic Board reflecting on quality assurance processes and activities and making recommendations for further improvements or adjustments. The review team concluded that the initiatives to enhance learning and teaching are effective.

Academic, pastoral and learning support for students

52.   The review team considered a wide variety of mechanisms through which students are provided with academic, pastoral and learning support. The University's commitments to its students are presented as part of the Student Charter.

53.   Students have access to a wide range of physical learning spaces and a Virtual Learning Environment (VLE). The University offers opportunities, such as an annual Major Incident Day, that bring students from relevant disciplines together for a simulated learning experience of multi-agency working; and nursing and allied-health inter-professional days to learn about working across agencies. Recent investment into digital resources, formalised through the University's Digital Strategy has also seen improvements to Wi-Fi access on campus. During the review, some students raised concerns about library resources, citing inconsistent access to journals and books, both digitally and physically, which were needed for their studies, but other students were positive about the library resources available to them. Evaluating the provision of library and digital resources is part of the University's National Student Survey action plan for this year. The review team recognises as an **area of ongoing development** the steps being taken to continue reviewing the provision of digital and physical library materials for students.

54.   Students expressed a variety of views about assessment and feedback. Some students were positive about their feedback and cited clear marking guidelines, staff being available to discuss further, and that the feedback helped them to develop their work. However, some students also reported feedback which was not detailed enough to help them understand their marks, or not understanding how they were assessed against marking criteria, and in some cases not receiving assessment rubrics until near the next submission

dates. While external examiner feedback from across the University was broadly positive, there were a small number of instances where feedback was not seen to sufficiently identify areas for improvement or to confirm that learning outcomes were met.

55.   The University offers a personal tutoring scheme whereby all students are offered three meetings per year and are made aware of this at their induction. While all students are allocated a personal tutor, and an audit system is in place to ensure that appointments are being offered through the VLE, several students that met the team were not aware of their personal tutors or had not been offered an appointment to their knowledge. Others noted that the templates used for meetings were focused on first year students, and so personal tutoring felt ineffective for them in subsequent years. The review team **recommends** that the University ensures that personal tutoring arrangements are implemented consistently for the benefit of students.

56.   The review team recognised that the University offers a strong student support service, coordinated by Student and Campus Life Services. There is a single point of access for students, which since 2022 has offered a 24-hour duty service for urgent concerns. Students agreed this service was highly visible and easy to access both online and on campus. Particularly noteworthy are the range of initiatives offered for autistic students by Inclusion Services, including transition workshops, a member of staff being trained as a Disabled Student Allowance (DSA) Specialist Mentor for Autism Spectrum Conditions, and joint work with the local Integrated Autism Service and the National Autistic Society to enable better internal understanding of autism and improved referral pathways for students. Student support services have benefited from recent investment in case management software which allows for automated responses to common queries, hence a more streamlined offer for callers to the helpline.

57.   The review team also considered the University's work towards becoming a TrACE-informed institution, co-ordinated by the ADT. Example of the outcomes of this work can be seen across the University, with examples of which include: some programmes delivering feedback in the middle of the day so that students can access support services immediately afterwards if needed; consideration of the design of the physical environment and a recent review of how policies are written accessibly for students who might be in distress.

58.   The review team **commends** the work being done across the University to integrate inclusive and trauma and adverse childhood experience-informed practices across academic, pastoral and learning support, to enable all students to fulfil their potential.

Recruitment and training of staff including staff development

59.   The University has a People and Culture Strategy which is aligned with the University's Strategy and Vision and is intended to support and underpin its aims to 'attract, develop, retain and engage' staff, and includes strategic objectives and an action plan to support implementation. The effectiveness of the People and Culture Strategy is in part monitored through the biannual Staff Engagement Survey, the most recent results of which are from 2022 and show high levels of positive engagement with University policies by staff. The University also has a recruitment policy for academic positions that requires teaching staff to hold, or commit to working towards completing, a doctoral degree. The 2024 Staff Engagement Survey has been put on hold until 2025 to allow the new Vice-Chancellor and Deputy Vice-Chancellor time to settle into their roles and to allow time for the new Vision, Values and Strategy to become embedded.

60.   During meetings with academic staff, the review team heard positive comments about institutional support relating to their professional development, including support for doctoral study, teaching and fellowship qualifications and recognition, and support for staff membership of relevant Professional Statutory and Regulatory Bodies.

Dissemination of good practice

61.   Two staff development conferences are held each year focusing on particular themes of good practice. The most recent conference concentrated on Quality Enhancement, with reference to Academic Regulations, the ALF and CME as well as developments in authentic assessment and generative artificial intelligence.

62.   Academic staff gave further examples of the methods used to disseminate good practice. They included collaborative research networks, bitesize learning sessions focusing on themes emerging through the ALF and CME process and research training and development programmes. Staff felt these to be helpful in sharing good practice. Additionally, informal opportunities for sharing good practice include Learning Lunches sessions arranged by the ADT team, and programme leaders sharing good practice that has emerged through the CME process thus enabling further connections between subject areas to be formed. These present an opportunity to take time out of the day-to-day job and share good practices. Within the University's quality systems, subject-level reviews of CME themes allow for the identification and sharing of good practice arising from individual programmes.

Summary of the arrangements for the support and enhancement of the student learning experience

63.   The review team considers that the University has established appropriate mechanisms to drive improvement and enhancement. For example, there are a wide range of mechanisms to engage students in the development, assurance and enhancement of the quality of their educational experience.

5. Academic standards and quality processes

64.   The review team considered the arrangements in place at the University to manage the academic standards and quality processes, examined the relevant documentation, and triangulated findings in meetings with staff and students.

Developments in the provider's approach to managing quality and standards

65.   Predominantly as a response to the Concerns Investigation in 2023 (see Section 7), there have been a number of developments to the University's approach to managing quality and standards. These include the establishment of the Academic Quality and Standards Committee (AQSC) as a committee of the Board of Governors to replace the previous Quality and Standards Panel, and the appointment of a Head of Quality and Head of Partnerships. In addition, an effectiveness review of the Academic Board and its sub-committees was undertaken by an external consultant in 2024. Developments in the University's quality assurance processes include the introduction of the Continuous Monitoring and Enhancement (CME) process to replace the previous annual monitoring process, and changes made to the programme life cycle systems.

66.   The University's academic regulations were reviewed in 2023, resulting in changes being proposed. Following the completion of this work, the amended regulations were approved by Academic Board in September 2023. The regulations were subsequently brought back to Academic Board in November 2023 to agree some clarifications and amendments. The academic regulations are kept under review by the Quality and Regulations Team and feedback is collated throughout the academic year. An Academic Regulations Oversight Group has been established as a permanent group to review the regulations on an annual basis and propose amendments as required based on the feedback received. Any proposed amendments are considered for approval and adoption by Academic Board.

67.   Under the Academic Quality arrangements, an in-depth review of each of the University's partner institutions is being carried out through the Academic Partnership Internal Review project. This is being undertaken in four 'waves', starting with partners where risks have been identified, and is due to complete by summer 2025. Each review team includes a senior academic member of staff and a member of the Quality and Regulations Team. The process has enabled common themes to be identified.

The use of quality processes to confirm the continued effectiveness of the provider's management of standards

68.   The processes for programme validation and revalidation have been amended to ensure that programmes are benchmarked against external reference points, including the Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ), the Credit and Qualifications Framework for Wales (CQFW), relevant Characteristics Statements, and relevant Subject Benchmark Statements. Validation and revalidation processes include an external panel member to ensure academic standards and comparability with programmes nationally. Validation reports viewed by the review team confirmed that these requirements are being met.

69.   The review team learned that the University has identified, through its Assessment Board Annual Overview, that there are issues in relation to assessment boards, in particular in the timeliness of submission of marks. For a number of short courses comprising 10 or 20

credits, none of which are aligned to degree programmes, the Annual Overview identified that there were instances of students not receiving confirmation of their grades and transcripts not awarded due to marks not being submitted. The Annual Overview was considered by the Academic Board in October 2024, where it was agreed that a task and finish group would be established to address the identified issues. At the time of the review, some initial meetings had been held, and arrangements for the submission of marks and the timings of assessment boards were being considered more widely.

70.   The review team recognised that the issues in relation to assessment boards have been identified by the University using its quality processes, and that it is in the process of taking action to address the relevant issues. The review team considered **an area of ongoing development** the actions being taken to ensure all marks for short courses are submitted to, and subsequently considered by, an assessment board within the scheduled timeframe.

The use of quality processes to confirm the continued effectiveness of the provider's management of quality

71.   The Quality Enhancement Framework at Wrexham University is composed of the University's Academic Regulations and Academic Policies and Procedures and quality assurance and enhancement processes. The review team considered that these provide detailed and comprehensive guidance on quality processes, are implemented effectively and are accessible to staff and students.

72.   The introduction of the CME process is described by the University as underpinning its approach to quality assurance and continuous enhancement. The intention is to provide ongoing self-analysis, to respond to issues over the course of the year as data and evidence become available. It is described as a 'live' process and there is an expectation that programme action plans are created and reviewed and discussed at monthly programme team meetings.

73.   As part of these processes, programme teams are expected to consider a range of relevant sources, for example module evaluation reports; external examiners' reports; Professional, Statutory and Regulatory Body (PSRB) reports; student statistics; feedback from students; outcomes of quality assurance; feedback from employers and other stakeholders and issues arising from collaborative arrangements. Staff were positive about the CME process viewing the live action plan as a key differentiator from the previous process, enabling concerns to be addressed in a timelier manner. Staff also expressed the view that it was a more collaborative process compared to the previous annual report that was prepared by the programme leader, and that one effect of this enhanced collaboration was greater opportunity to share good practice (see also paragraph 30).

74.   There is an expectation that an end-of-year report is produced at the programme level and the team was provided with a range of examples. Reports are submitted to the Faculty Annual Programme Monitoring Board, and Faculty CME overview reports are then prepared, which are received by the University's Academic Programmes Sub-Committee and Learning and Teaching Quality Committee (LTQC). The latter identifies any issues of concern regarding a specific subject area, programme or group of programmes. It also agrees actions to disseminate good practice; to enhance learning and teaching and the student experience and to address issues of common concern.

75.   The University has undertaken a review of its programme life cycle processes, including validation, re-validation, modification, suspension and withdrawal. The review, which included extensive consultation with staff and students on the programme lifecycle

consultation group, resulted in changes being made to the University's validation and re-validation processes, which are now set out in the Programme Life Cycle Procedure. The review team heard one change is a move from programme level to subject level validation and revalidation. Staff told the team that this change would enable a more holistic view to be taken, along with clearer timescales for implementation. Another change is arranging a revised in-person programme development workshop at the beginning of the academic year for programmes undergoing validation and re-validation. These workshops include all strands of the work of the Academic Development Team (ADT), including Trauma and Adverse Childhood Experience (TrACE) and the Welsh Medium Strategy. Staff were enthusiastic about the Collaboration for Reviewing and Enhancing Assessment and Teaching Excellence (CREATE) approach, expressing the view that the process acted as a 'critical friend' and enabled programme teams to see things differently due to the involvement of staff from other disciplines, thereby sharing ideas and best practice.

76.   There is also an expectation that the University programme team proposing the change demonstrates an appropriate level of external engagement, and externality is embedded in the programme design stage of the process to ensure engagement from relevant stakeholders. Staff provided examples of consultation with external stakeholders, including industry and PSRB representatives being used to inform the development of new programmes.

The contribution of the provider's quality processes to ensure improvement and enhancement of the student learning experience

77.   The University, through its Quality Enhancement Framework, has implemented new systematic and integrated continuous ways of monitoring its processes to ensure improvement and enhancement of the student learning experience. There is a formal structure of student representation that includes student participation in decision-making bodies, such as the Academic Board and the Board of Governors as well as Quality and Programme committees. Students confirmed that their feedback is often considered, and changes can be implemented quickly and responsively, for example in relation to the operation of the complaints recording system, and the operation of the enrichment week.

78.   The University has implemented a data-driven approach to evaluating and improving the student learning experience, for example, in relation to the risk-based review of collaborative partners. This involves continuous monitoring using a range of data sources, including recruitment, retention, progression, attainment, and student satisfaction surveys (both internal and external). This ensures that self-evaluation and improvements are informed by a comprehensive understanding of student performance and experience.

A summary of the effectiveness of the arrangements for securing academic quality and standards

79.   Following the Concerns Investigation, significant changes have been made to the University's arrangements for securing quality and standards. The QEF includes appropriate processes for programme validation and revalidation, and mechanisms to ensure that programmes are continually monitored. Measures are in place to safeguard standards, including the use of external reference points and externality in the form of external examiners and the use of external panel members. Overall, the review team is confident that the University has effective mechanisms in place for securing academic standards and ongoing enhancement.

6. Collaborative provision

Information on the extent and nature of collaborative provision and plans for change (including work-based learning)

80.   The University has a long history of delivering higher education in collaboration with partners, and this focus on collaboration and partnership remains a strategic priority. At the time of this review, the University had 29 collaborative partners listed in its Collaborative Provision Register, based in the UK, Africa, and Asia. The University set out that its approach to managing its collaborative provision is undergoing significant change. This shift was partly driven by the recent QAA Concerns Investigation (see Section 7), which focused at least in part on how the University approved and provided ongoing oversight of its collaborative partners, as well as recent changes to the University's SLT. The review team heard that, following this change in leadership, the University's appetite to risk in collaborations with partners had considerably decreased. Consequently, the University aims to pursue fewer, larger and more mature collaborative partners going forward. This strategic direction will be led by two newly appointed postholders: the University's Pro Vice-Chancellor for External Engagement and Partnerships and Head of Academic Partnerships.

81.   Additionally, the University is conducting an in-depth review of all collaborative partners and anticipates discontinuing approximately 10-12 partnerships as a result. While the University expects to discontinue several existing partnerships, it is planning to expand in key areas such as nursing, life sciences, and further education. These areas align more closely with the University's growth strategy and its civic mission in North Wales.

Developments in the provider's approach to quality and standards

82.   The University's Academic Partnerships Procedure outlines the approval and management of collaborative provision. It involves two key steps: partner approval and programme approval. Initially, faculty-level discussions determine if a prospective partner's size, structure, and curriculum are suitable. Following this, the University's Partnerships Office and Quality Office complete any necessary due diligence. If satisfactory, the Academic Partnerships Committee reviews and endorses the partner to the Vice-Chancellor's Executive Team for final approval. Currently, the Board of Governors must approve new partners, but starting in 2025-26, it is planned that the Academic Quality and Standards Committee (AQSC) will approve low-to-medium risk partners on behalf of the Board of Governors under delegated powers, while high-risk partners will still require full Board approval (see paragraph 123). These steps mean that the relevant recommendation in the Concerns Investigation has been addressed. However, the review team considered as an **area of ongoing development** that the role of the Board of Governors in the approval and oversight of academic partnership arrangements is kept under review.

83.   The approval of a new programme begins with the completion of the University's Academic Partnerships Programme Proposal Form. Once complete, the proposal is reviewed by the relevant committee, which clarifies questions about finances and the programme's deliverability. Having completed this, the process moves forward to the validation stage, starting with input from CREATE, a cross-university initiative supporting the development of new programmes, followed by a validation panel. Previously, the University's Academic Programmes Sub-Committee (APSC), Academic Partnerships Committee (APC), and Academic Board were required to formally approve validation outcomes. However, validation panels now have delegated authority under the scheme of delegation to approve new programmes once all conditions have been met. The process for programme modifications varies depending on the nature of the modification, but generally, the partner

and the Academic Link Tutor collaborate to prepare the necessary paperwork for the University's Quality Office. Final approval is provided by the Academic Quality and Standards Committee.

84.   As a new partner proposal had not yet been through the whole process for the approval of new partners and programmes, complete end-to-end testing could not be finalised. However, the review team understands that two prospective new partners had been through the due diligence process, which was presented to the Vice-Chancellor's Executive Team, who did not approve the proposals. This suggested that, at least in these cases, the processes in place were working well. Further, in meetings with senior staff, the review team heard these rejections demonstrated the University's change in risk appetite. Overall, the review team was of the view that the University had brought about significant developments in its approach to quality and standards in response to the Concerns Investigation and considered as an **area of ongoing development** the steps being taken to ensure effective arrangements for approving new partnerships and the effective oversight of quality and standards within academic partnerships.

The use of quality processes to confirm continued effectiveness of provider's management of collaborative provision

85.   The University has processes in place to ensure the effectiveness of its collaborative provision. This includes a new annual partner internal review process, which consists of three major elements: financial, quality, and legal. Following recent changes in senior leadership, the University decided to review all existing collaborative provision. In the future, the University will select a random subset of providers to be audited. Staff employed at the University's collaborative partners expressed that they found this process to be useful in enhancing and strengthening the collaborative work with the University.

86.   As a result of the audit process, the review team learned that the University had decided to discontinue some partnerships, with several programmes already in the process of teach-out. Although the review team noted that some plans were in place to address the discontinuation of these programmes, the team emphasised the importance of maintaining close oversight of these arrangements. The review team recognises as an **area of ongoing development** the actions being taken to monitor and oversee the arrangements in place to safeguard academic standards, quality assurance, and the student experience while collaborative provision programmes are in teach-out or being discontinued.

87.   The management of collaborative provision is largely overseen by Academic Link Tutors. These faculty members possess subject-specific expertise relevant to the collaborative provision and often have experience in supporting off-site delivery. Training is provided for those unfamiliar with the role. During the review visit, senior and academic staff indicated that the University's workload allocation model sets aside time for Academic Links, scaled according to the number of providers assigned to them, ensuring they have adequate time to support delivery teams at partner institutions.

88.   Collaborative partners must submit annual reports at both provider and programme level. These require partner institutions to reflect on their overall performance and specifically on the programmes they deliver. Annual programme reports are developed in collaboration with the institutions' assigned Academic Link and ultimately feed into the University's quality processes, being considered first at Faculty Boards. The outcome includes an overview report from all providers, which is currently used only internally. Representatives from some of the University's collaborative partners expressed interest in accessing these general findings, particularly where good practice is identified.

89.   In October 2023, the University established partner-staff conferences. These conferences serve as one of several mechanisms to promote engagement from staff employed at collaborative partners. Topics covered include the role of the Academic Link, the use of the app for students to contact the University, and the planned shift from annual monitoring to continuous monitoring and evaluation.

A summary of the effectiveness of the approach to managing collaborative provision including arrangements for securing academic standards and enhancing the student learning experience

90.   The team concluded that the changes the University is making and implementing should strengthen and enable an effective approach to managing its collaborative provision. This includes detailed approval and due diligence processes, which require the involved teams to assess the risk associated with each partner. There is substantial oversight of partner approval within the University's governance structures. Monitoring occurs at both the programme and partner levels, with day-to-day support provided by Academic Links. Moreover, the newly established audit process introduces an additional layer of assurance. Overall, the review team considered these measures appropriate, proportionate, and effective in maintaining academic standards and enhancing the student learning experience.

7. Concerns

91.   As noted in the introduction, a number of concerns were raised in 2022 in relation to Wrexham University (then Wrexham Glyndŵr University) which resulted in an investigation being initiated by the Higher Education Funding Council for Wales (HEFCW) (now Medr, the Commission for Tertiary Education and Research) and passed to QAA for a Stage 2 Investigation under the Concerns Investigation Process Wales. The focus of the investigation was the robustness of quality assurance systems; the extent to which the University was meeting the needs of students; the development and monitoring of partnerships and oversight of quality through the University's governance structure. QAA published a report in January 2023: Report-to-HEFCW-on-a-Concerns-Investigation-Wales-Wrexham-Glyndwr-University-January-2023.pdf, concluding that serious issues had been found, and made 12 recommendations, five of which arose from what were deemed serious issues of concern (recommendations A, C, F, H and I). An action plan was subsequently prepared by the University to implement these recommendations, along with a review of factors contributing to QAA's conclusions. Minutes show that it was reported to the University's Academic Board in October 2024 that the actions in the plan had been completed, and to the Academic Quality and Standards Committee (AQSC) in November 2024.

92.   It was agreed between the University, Medr and QAA that the review team undertaking the University's 2025 QER would consider, as part of the QER process, whether the action plan has been successfully completed. Accordingly, during the QER, the review team evaluated the steps taken by the University in relation to each individual recommendation. This included considering relevant evidence provided by the University. In addition, the review team spoke to senior staff and members of the governing body during the review visit in February 2025, which included a meeting dedicated to the Concerns Investigation. The findings of the team in relation to each recommendation are set out below, along with the context for the recommendation, and details of the actions undertaken by the University.

Recommendation A: The University should ensure that all relevant external reference points are taken into account fully during the programme development and approval process

93.   During 2018 and 2019, the University developed a range of master's of research programmes. However, concerns were raised by HEFCW in relation to these programmes, including that the structure of some of the programmes better reflected a master's by research. To consider whether the programmes aligned with the requirements for taught programmes, the investigation team noted that the programme and module specifications made no reference to the Master's Characteristics Statements as an external reference point, and that internal scrutiny showed no evidence of discussion of alignment of the programmes with the requirements of a taught master's of research award. The investigation team found that some of the relevant programmes reflected master's by research whereas others reflected master's of research programmes. The investigation team concluded that there had been 'a failure to take into full account all of the relevant external reference points at the time of design and development, and subsequently at the time of programme approval'.

94.   The team was informed that, in response to this recommendation, a list of external reference points is now included in the template validation and revalidation report, along with a checklist to confirm whether they have been considered, and there is an expectation for benchmarking to take place in validation events under the Programme Life Cycle Procedure 2024-25. The team was provided with examples of validation reports with the completed checklists showing that the relevant factors had been considered as part of the validation events. Validation panels include a chair with experience of engaging in quality assurance processes, an internal member who has had appropriate training and an external panel member.

95.   Because of the evidence outlined above, **the team is satisfied that Recommendation A has been successfully completed.**

Recommendation B: The University should carry out revalidations of the MRes in Applied Clinical Research and the MRes in Applied Biomedical Sciences Research at the earliest opportunity

96.   Due to the issues identified in relation to the master's of research programmes, the Concerns Investigation team also recommended 'that the relevant programmes should be revalidated at the earliest opportunity'. The QER review team was informed that revalidations of the relevant programmes had been undertaken in 2023. It is apparent from the reports that specific consideration was given to the QAA Characteristics Statement for Master's Degrees and to ensure that the aims and structures of the programmes reflect that they are taught programmes and that they align with the requirements of a taught master's of research award.

97.   Based on the evidence outlined above, **the team is satisfied that Recommendation B has been successfully completed.**

Recommendation C: The University should ensure that academic regulations are implemented consistently in order to make certain that academic standards are maintained

98.   An issue was identified by the Concerns Investigation team concerning the operation of the Assessment Board relating to the University's MSc Computing with Advanced Practice programmes. The investigation team was informed that, following the release of assessment

outcomes in July 2021, several complaints had been made by students relating to their marks and other matters. These complaints were referred to the Deputy Vice-Chancellor and a small panel of senior staff was convened to resolve the issues. Following this process, the assessment outcomes were amended, and the investigation team was informed that this resulted from a decision made by a senior member of staff outside the Assessment Board, and in breach of the University's academic regulations.

99.   Since the Concerns Investigation, the QER review team learnt that the University has undertaken a review of its academic regulations and amended regulations were initially approved by the Academic Board in September 2023, before being further amended and further approved by Academic Board in November 2023. The academic regulations are kept under review by the Quality and Regulations Team, and feedback is collated throughout the academic year. An Academic Regulations Oversight Group has been established as a permanent group to review the academic regulations on an annual basis, and to propose amendments as required based on the feedback received. Decisions relating to final approval are made by the Academic Board.

100.   An Academic Quality Assurance Audit process has been developed to audit internal processes and practices. At the time of the QER review, two audits are underway, one being a review of the University's regulations through the Regulations, Policies and Procedures project. A number of policies and procedures have been updated and published as a result of the audit, with some in progress and some awaiting review.

101.   The QER review team learned that the Academic Regulations were reviewed in 2023-24 and steps taken to streamline and remove unrelated information. In addition, an Academic Regulations Oversight Group has been established to keep the regulations under review, collate feedback and review them annually.

102.   The University states that key changes introduced in the 2023-24 regulations were communicated to staff by a variety of means, including e-mail, newsletters, all staff briefing sessions and the staff conference. Changes were also communicated to staff in partner institutions at the annual partner conference as well as being communicated to academic partners through e-mail and the partnership newsletter.

103.   When questioned by the QER review team on how they are assured that the regulations are implemented effectively, senior staff emphasised the role of the Academic Board in receiving relevant reports, as well as the use of different feedback mechanisms. This includes reports and direct feedback from those involved in implementing regulations, for example staff taking part in academic integrity panels. The team was also informed that the tone of the regulations is now more 'user friendly', and that as part of the University's Trauma and Adverse Childhood Experience (TrACE) objectives, towards becoming a Trauma and Adverse Childhood Experience-informed institution, wording is less legalistic. In addition, training on the regulations is also provided for those undertaking relevant roles, including chairing exam boards. The team was satisfied that these cumulative steps should significantly reduce the possibility of decisions being taken in breach of the academic regulations, and if a potential breach were to occur, for it to be identified and rectified.

104.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation C has been successfully completed**.

Recommendation D: The University should review the roles and responsibilities of the Director and Chair of the Extenuating Circumstances Panel to ensure clarity of roles and its effective operation

105.   When the Concerns Investigation was undertaken in 2022, the University's

Extenuating Circumstances Panel included both a Chair and a Director - the Director of Strategic Planning and Student Administration. In the terms of reference of the Panel, it was stated that the Director, '…will provide advice, arbitration and monitoring, as required'. However, the investigation team heard that, when in attendance, the Director of the Extenuating Circumstances Panel was senior to the Chair of the Extenuating Circumstances Panel and was empowered to approve or deny an extenuating circumstances claim. Since this part of the role was not set out in the terms of reference of the Extenuating Circumstances Panel, the investigation team recommended that the University reviews the role and responsibilities of the Director and Chair of the Extenuating Circumstances Panel to ensure clarity of roles and its effective operation.

106. In response, the Extenuating Circumstances Policy was reviewed as part of the Annual Quality Assurance Audit (AQAA) Regulations, Policies and Procedures project. As part of the process, a consultation was undertaken. Under the revised Policy, Directors no longer take part in extenuating circumstances panels, which now consist of two academic staff members with appropriate expertise, one of whom will be Chair and the other Vice-Chair, along with an officer from Strategic Planning and Student Administration with appropriate expertise.

107. On the basis of the evidence outlined above, **the team is satisfied that Recommendation D has been successfully completed.**

Recommendation E: The University should establish and consistently implement reporting and oversight arrangements for extenuating circumstances in line with its stated policy

108. The Concerns Investigation team found that, despite the University's Extenuating Circumstances Policy stating that an annual report containing 'statistical information on the numbers of claims received, upheld and rejected and any recommendations in respect of the review of the policy and procedure' should be submitted to the Learning and Teaching Quality Committee (LTQC), there was no evidence in LTQC minutes of an annual report being considered. In addition, the investigation team found a 'lack of clarity' as to where oversight was provided at an institutional level, and that analysis on numbers, themes and outcomes were not being considered by any board, group or committee. As a result of this, the investigation team concluded that the University's processes in respect of oversight of arrangements for considering students' extenuating circumstances were not being securely implemented.

109. As stated above, the Extenuating Circumstances Policy was reviewed and revised as part of the AQAA Regulations, Policies and Procedures project. Section 7.1 of the revised policy states that 'an annual report containing statistical information on the numbers of claims received, upheld and rejected and any recommendations in respect of the review of the policy and procedure or that might enhance the quality of provision will be provided at least annually to the Learning and Teaching Quality Committee.' An annual report was submitted to LTQC and Academic Board in autumn 2024, and prior to that several interim reports were submitted to LTQC during the 2023-24 academic year. These reports include statistical information on the numbers of claims received, upheld and rejected, as well as recommendations in respect of the process.

110. On the basis of the evidence outlined above, **the team is satisfied that Recommendation E has been successfully completed**.

Recommendation F: The University should strengthen the reporting of key datasets relating to student success to enable more effective institutional oversight

111.   The investigation team found that while there was close tracking of student applications and enrolment, retention and attainment data, the 'retention reports' provided to the Vice-Chancellor's Executive Team (VCET) did not identify institutional oversight of other key datasets, such as cohort progression between years of study. More broadly, the team found that the minutes of relevant boards and committees failed to show that key datasets, other than data relating to enrolments and retention, were being robustly and routinely interrogated. The investigation team formed the view that there was 'inadequate oversight' of student success data by the University's management and academic committees.

112.   In 2023-24, a committee reporting matrix was developed for key datasets and included within the Academic Board Handbook. The matrix includes details of the type of data, where it is reported, and how frequently. A review of reporting was undertaken in autumn 2024. This found that the reporting of data was aligned to the requirements of the matrix, but that some changes were necessary, which led to the matrix being revised for 2024-25 with the intention of a further review being undertaken at the end of the academic year.

113.   In the 2023-24 committee reporting matrix, it states that new reports on progression to go to LTQC, Academic Board, AQSC and the Board of Governors, and extenuating circumstances go to Faculty Boards and Academic Board. A progression report was prepared for Academic Board in July 2024. AQSC noted in November 2024 that further work may be required. The QER review team was informed, including by means of a demonstration, that the University is beginning to use data dashboards and that this is expected to 'significantly strengthen governor oversight, academic business planning, and the ability to make informed decisions'.

114.   Based on the evidence outlined above, **the team is satisfied that Recommendation F has been successfully completed**.

Recommendation G: The University should ensure that the monitoring and oversight arrangements for complaints and academic appeals are fully implemented in line with university policy

115.   In relation to student complaints and academic appeals, the investigation team learned that there was an expectation to produce an annual report which was to 'provide statistical and comparative data, comment on the effectiveness of the procedure and make recommendations in respect of good practice and improvements to the student experience'. However, the investigation team found that the annual reports failed to include all the required information and also contained errors. The recommendations within the reports were related to the reporting process itself rather than to the identification of opportunities for quality enhancement. Minutes of bodies considering the 2022 report 'failed to show evidence of robust interrogation of, or challenge to, the report'; and minutes from LTQC in 2020-21 and 2021-22 showed 'little evidence that its members analysed complaint themes, causes and outcomes'. On this basis, the investigation team concluded that 'the expectation of monitoring and oversight articulated in the student complaints and academic appeals policy, is not functioning in an effective manner, and that as a result, the University cannot reliably use student complaints or academic appeals to enhance the student experience'.

116.   In response to the findings, the University's Complaints and Academic Appeals Procedures were reviewed as part of the AQAA Regulations, Policies and Procedures project. Monitoring and oversight were included as part of the review. Section 12 of the Procedure states that 'Monitoring of the process will be undertaken through the recording of

individual cases and the preparation of an anonymised Annual Report for consideration by the University Academic Board and/or appropriate committee of the Academic Board. This report will analyse case data and include recommendations for enhancement, including identification of further training opportunities.' The action plan states that 'the interim and annual reports to Academic Board (including the Student Procedures Annual Report) contain statistical information on the numbers of claims received, upheld and rejected and any recommendations in respect of the review of the processes. Feedback on all regulations, policies and procedures related overseen will be collated and reviewed annually. Where changes are made the relevant regulations, policies and/or procedures will be submitted to the relevant committee for consideration and approval'. The Student Procedures Annual Report for 2023-24, including interim reports, was made available to the QER team, along with minutes showing that the report had been appropriately discussed at faculty level, and in LTQC and the Academic Board.

117.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation G has been successfully completed**.

Recommendation H: In order to ensure that the stated procedures in relation to high-risk partnerships are implemented fully and consistently, the University should define and document what constitutes a high-risk partnership

118.   The investigation team was informed that when considering new partnerships, the University did not define or document what constitutes high risk. The University has subsequently defined its risk definitions related to academic partnerships and has incorporated these definitions into its due diligence procedure. High-risk partnerships are defined as those with 'a significant level of uncertainty and the potential for substantial negative consequences'. Characteristics include partners with 'significantly different goals or expectations to the University'; partners with no prior experience of collaborating using similar models; or where there is 'substantial financial and reputational risk'. The definitions were reviewed by key stakeholders and the Board of Governors. The updated definitions and revised due diligence process are set out in the new Academic Partnerships Procedure. Since the implementation of the process, two proposed partnerships have been rejected by the Vice-Chancellor's Executive Team following due diligence on the basis of risk.

119.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation H has been successfully completed**.

Recommendation I: In considering and approving partnerships, the University should ensure wider consideration within the approval process of the partner's ability to deliver programmes of study of the required quality

120.   In reviewing the documentation relating to a new partnership, the Concerns Investigation team noted from the validation report that discussions at the validation event, consistent with the validation process, were largely confined to consideration of the programmes under scrutiny rather than any wider issues relating to the partner's ability to deliver programmes and maintain quality. The investigation team also confirmed that, while the documentation contained information about quality and standards, there was 'no routine input into the process from those bodies in the University with responsibility for overall cross-institutional oversight of quality and standards'.

121.   The QER review team was informed that a wider range of staff now review proposed partners, including the Head of Quality and the Partnerships Quality Manager, and that revisions to the Academic Partnerships Procedure have led to 'a wider consideration' of proposed partners (see paragraph 84). For 2024-25, there is an expectation for the Board of

Governors to provide approval for the commissioning of new academic partners before they move forward to the validation stage. The team was informed by senior staff and governors that this particular arrangement remains under review, but that it is currently envisaged that AQSC will approve low-to-medium risk partners on behalf of the Board of Governors from mid-2025 onwards, with high-risk partners requiring direct approval from the Board of Governors.

122.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation I has been successfully completed**.

Recommendation J: The University should ensure that all risks considered as part of the partner approval process are recorded along with the proposed mitigation of that risk

123.   The investigation team found that, in relation to one partnership, consideration of a risk relating to an Office for Students requirement imposed on the proposed partner was not evidenced in the proposal documentation, but that senior staff had discussed these issues with the partner and were not convinced that the risks were significant. As noted with regard to recommendation H above, the University's due diligence processes have now been revised. The Academic Partnerships Procedure includes descriptions of various categories of risk, along with details of potential mitigating actions. As noted above (paragraph 84), the review team was informed that two partners were rejected on the basis of risk in August 2024 during the VCET's stage of the commissioning process.

124.   Based on the evidence outlined above, **the team is satisfied that Recommendation J has been successfully completed**.

Recommendation K: In relation to the management and oversight of partnerships, the University should revise roles and procedures, including the extent of delegated authority to Chairs of committees, in order to ensure rigorous scrutiny, internal challenge and oversight through the academic governance structure

125.   At the time of the Concerns Investigation, the University's Academic Partnership Committee was chaired by the Pro Vice-Chancellor (Partnerships). The terms of reference provided the Committee with the ability to 'authorise the Chair to take such executive action as may be necessary to expedite urgent business in between meetings, provided that the Chair is content that the full Committee would approve the decision and that a report of such action is provided to the committee'. The investigation found that 'extensive use' was being made of Chair's actions, including for a partnership involving programmes involving non-standard credit tariffs and for which the validation panel had made various recommendations. The Concerns Investigation team formed the view that the use of the Chair's action to approve this partnership was 'indicative of lack of rigour in the approval process'. In considering the levels of independence between roles and processes in relation to the management of partnerships, the investigation team noted that the Pro Vice-Chancellor (Partnerships) considered initial proposals for partnerships with their related documentation, presents such proposals to the VCET, chairs Academic Partnerships Committee (APC), and through its delegated authority is enabled to take a substantial number of Chair's actions in relation to partnership matters. The team formed the view that 'this multiplicity of roles was suggestive of insufficient independence in the structures and processes relating to academic partnerships'.

126.   In response, the terms of reference for APC have been reviewed by the University, and the Committee is now chaired by the Associate Pro Vice-Chancellor or the Academic Dean for Academic Development. In relation to the use of Chair's actions, the QER team

was informed that the Academic Board Handbook has been reviewed and changes agreed by Academic Board 'clarifying how and under what circumstances Chair's actions were to be used, as well as making the reporting of such actions more transparent'. In addition, the University's position is that Chair's actions will be carried out 'in exceptional circumstances only unless otherwise stated within the Academic Board Handbook'.

127.   Allied to this, a tracking process has been developed to document when Chair's actions are made, which is maintained by committee secretaries. Each agenda also has a Chair's action standing item to ensure that any Chairs actions or actions by circulation taken between meetings are captured and reported to the relevant committee. An annual report setting out details of Chair's actions taken during the preceding academic year is reported to Academic Board and included as evidence within the Annual Quality Assurance Statements to Medr.

128.   In relation to roles, the Pro Vice-Chancellor Partnerships has been replaced by the Associate Dean Academic Development as the Chair of APC, and the post of Head of Partnerships established, alongside the Head of Quality. In relation to procedures, the Academic Partnerships Procedure has been established, along with revised templates for relevant processes. These were considered by a number of Committees, including the Board of Governors.

129.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation K has been successfully completed**.

Recommendation L: The Board of Governors should continue to strengthen its arrangements for the effective oversight of quality and standards including in relation to academic partnerships

130.   The Concerns Investigation team considered the operation of the Board of Governors. At the time of the Concerns Investigation, the Board had a Quality and Standards Scrutiny Panel (QSSP) which had the role of overseeing the University's quality assurance arrangements. The investigation team found that, while the minutes of the QSSP's meeting of November 2021 showed evidence of thorough consideration and evaluation of the University's quality assurance arrangements, the minutes of the meeting of November 2022 were indicative of discussion which was 'only at high-level, and largely descriptive of the assessment process with no evaluation of challenge or interrogation of the reports presented to it, and with no recommendations or other outcomes'. Accordingly, the investigation team concluded that QSSP's consideration of evidence to support the HEFCW quality assurance statements in 2022 'was not thorough and effective in its consideration of university reporting'. The investigation team formed the view that 'there is mixed evidence in relation to the effectiveness of the QSSP's scrutiny of the University's quality assurance arrangements'.

131.   Following the Concerns Investigation, the AQSC was established as a standing Committee of the Board of Governors. It was previously the QSSP. It has revised Terms of Reference and an increased membership. Minutes of AQSC show detailed consideration of relevant quality matters, and the team met with members of the committee. It should be noted that no partnerships have gone to the committee for consideration due to the only proposed partnerships having been rejected at the VCET stage (see paragraph 123 above), so the team was not in a position to test the effectiveness in this specific respect. However, with other matters, minutes show that the committee is fulfilling its terms of reference, so the team had no reason to doubt that this would also be the case with partnerships.

132.   On the basis of the evidence outlined above, **the team is satisfied that Recommendation L has been successfully completed**.

Overall conclusions

133.   The QER team considered in detail the evidence provided by the University in relation to the Concerns Investigation, including the wider evidence provided for the QER, as well as meetings with senior staff and members of the governing body which took place during the course of the QER visit. It was apparent to the team that a significant amount of work had been undertaken, and that the University had adopted a thorough and purposeful approach to addressing the various concerns. Accordingly, the team is satisfied that all the recommendations stemming from the Concerns Investigation have been successfully completed, and that no further follow-up action is necessary.