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# Internal Quality Review

## SAR Template for Professional Support Units







# INTERNAL QUALITY REVIEW SAR TEMPLATE FOR PROFESSIONAL SUPPORT UNIT

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

## SAR TEMPLATE DOCUMENT CONTROL SHEET (To be completed by QEO)

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10 June 2020	Rev 4 Final	Change name to 'Professional Support Unit' New cover page Removed back cover page Changed 'College' to 'University' where appropriate

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## **OVERVIEW OF THE SELF-ASSESSMENT PROCESS UNDERTAKEN IN THIS REVIEW**

### **Professional Support Unit Co-ordinating Committee**

- List the name and grade of each member of the Co-ordinating Committee, Chair first.

### **Brief Methodology**

Provide a brief overview of the approach taken by the Unit in developing the self-assessment report. This should include, for example:

- Number of meetings held by the committee
- Allocation of tasks
- Level of communication with the Unit staff not on the Co-ordinating Committee



## **PROGRESS MADE SINCE THE LAST REVIEW**

(For units going through Cycle II of the Internal Quality Review process)

This section should include

- an outline of the progress and/or developments / enhancements made in the unit, and units reporting in, where relevant.
- an indication of how the Unit address the recommendations made by the Peer Review Group Report and Quality Improvement Plan in the last internal quality review and reflect on how well the recommendations were able to be addressed.

Where a Unit is reviewed by another process, including those relating to risk management, internal audit and external review of operations etc. an update on progress made outlining any subsequent relevant recommendations should be included here.

# 1 INTRODUCTION AND CONTEXT OF THE UNIT

The SAR should provide a brief introduction to the Unit and an overview of Unit's history, functions and activities. If appropriate describe how the Unit has grown and developed in recent years (this will help to provide greater context for the Peer Review Group). Details of the senior management structure, unit organisation chart and summary details of staff should also be included.

## 1.1 Benchmarking Exercise

Comment on the outcome of the benchmarking exercise undertaken for this review. This might include the rationale for your choice of benchmark institutions, the particular focus of the exercise and the main outcomes of your benchmarking activity. The full details of the benchmarking exercise should be provided as an Appendix.

## 1.2 Physical Facilities

This should include a list of rooms, offices etc. used by members of the Unit, with occupancy. Discuss adequacy of provision.

## 1.3 Senior Management Structure

Please provide details (perhaps a chart) of the management structure of your Unit, including core responsibilities.

## 1.4 Unit Organisation Chart

Please provide details of your Unit organisational chart.

## 1.5 Summary Details of Staff

Outline, in tabular form (see template example below – this may be inserted as an appendix) the summary details of staff in the unit with their job title/responsibilities. This analysis might include, for example, a commentary on the age distribution profile of the unit; succession planning issues and staff turnover.

Unit Staff

Name	Job Title	Key Responsibilities	Years in Current Post	Years at RCSI


## **2 PLANNING, ORGANISATION AND MANAGEMENT**

This might include a description and analysis of the following items:

### **2.1 Strategic Planning**

Outline the unit's Strategic Development Plan. International 'good practice' indicates that this should include the following:

- A carefully defined Mission Statement and a detailed description of the Unit's operations and goals in such areas as the services provided by the Unit, hiring, training and development, process documentation and improvement, quality measures, benchmarking etc. These goals should be consistent with RCSI's institutional objectives, and should take into account the needs of the users of the service and how these needs are identified, prioritised and translated into objectives;
- A Vision for the Unit which describes a desired status, or the achievement of some major goals over the next ten years.
- A Physical Resource Analysis, a stocktaking of the existing resources which identifies those which are essential for the future and those which might arise in connection with various strategic options;
- A Human Resource Analysis, which should identify the interests and strengths of its existing staff and deficiencies which could become priorities in impending recruitment.

Does your Unit regularly collect data on benchmarking, the performance of the internal processes/operations, supplier performance, user-related performance, and is this data used in planning and in day-to-day operations?

How do you plan for new services and innovations?

The aim of this section would typically include:

- Assessing the coherency of the Unit's strategy for the future
- Identifying factors which have contributed to the success of the Unit
- Identifying factors which have inhibited or are likely to inhibit the success of the Unit
- Commenting on the adequacy of the Unit's risk analysis processes and risk management
- Monitoring the implementation of the institutional strategies and policies
- Reviewing how the Unit's provision takes into consideration national and international guidelines for example, QQI Core Statutory QA Guidelines 2016 and European Standards and Guidelines (ESG) 2015, or equivalent local policy

## **2.2 Management Structure**

Describe and analyse the management structure in your Unit. How are tasks delegated and responsibilities assigned? What are the reporting structures?

Describe and analyse the formal decision making procedures in the Unit. For example are there regular meetings of staff, with agendas circulated in advance and with brief minutes of key decisions and action items? Who attends? Are key staff consulted on upcoming appointments, and if so which staff are consulted?

Information in this section typically includes committee structures within the Unit, workload measurement; a commentary on how the unit plans for new services and innovations.

The aim of this section would typically include:

- Assessing the performance of the Unit against its own planning statements and the RCSI strategic plan
- Assessing the effectiveness of the Unit's formal internal organisation and informal practices
- Could the organisation of the unit be improved? Are synergies realised?
- Are key staff roles and office functions clearly understood?
- Describe and analyse the management structure of the Unit. How are tasks delegated and responsibilities assigned? What are the reporting structures?
- Describe and analyse the formal decision-making procedures in the Unit.

## **2.3 Budgeting**

Describe and analyse the budgetary arrangements in the Unit. Is information from Administration timely and accurate?

## **2.4 Communication**

- What structures and processes are in place to ensure effective communication between staff in the Unit?
- How are staff members kept informed of changes in procedures, and of decisions taken in other parts of the University that may affect their work?
- Could most staff members list your unit's goals relevant to their activity, and are they familiar with the plans to achieve them in their areas?
- Are there formal procedures in place for dealing with staff concerns and differences?
- Reflect on the provision of information to key internal and external stakeholders
- How is communication assured externally, with other Service Units and users?

- Reflect on how the views of staff and other stakeholders are included in the planning and decision-making process
- In what way does the unit keep abreast of national and international best practice in their professional area?
- Can any of these processes be improved? If so, how?

### **3 FUNCTIONS, ACTIVITIES AND PROCESSES**

This section examines how the Unit manages its processes for the delivery of its key products and/or services.

It also examines the procedures for the control and improvement of these processes, and for documentation of the processes to confirm that they are used and are effective.

- a) Provide factual information on what you do and how you do it. Are the facilities and services appropriate and sufficient to fulfil the services Unit's objectives?
- b) Is there a comprehensive system for ensuring that user requirements are taken into account, and is there a comprehensive development plan for new products and services ensuring that all new activities, key performance and supplier requirements are identified and that the outcome is validated at key phases during development?
- c) Does the Unit have a system to ensure that all activities operate and are controlled, to the prescribed standards or requirements?
- d) Is there a process of continuous improvement based on identifying opportunities and needs through the analysis of operation and user data, and of external benchmarks?
- e) Does your Unit ensure that the audit and other findings, such as project records, or trend analysis, are always used to improve the systems through the implementation of root-cause cures (rather than 'quick-fixes'), so preventing the recurrence of the problem?
- f) Are the support activities provided by other units (e.g. Estates, Finance, IT, HR) satisfactory?
- g) Are routine actions taken to make suppliers aware of the Unit's current and future quality requirements? Is there a system for ensuring that these requirements are met, and are the suppliers regularly informed and made aware of their performance?
- h) Are the results of most product and service processes measured and known?
- i) Are they showing an improving trend?
- j) Review how the Unit's provision takes into consideration national and international guidelines for example, QCI Core Statutory QA Guidelines 2016 and European Standards and Guidelines (ESG) 2015, or equivalent local policy

## 4 MANAGEMENT OF RESOURCES

This section examines how the Unit's key resources such as staff, finance, IT, materials and new technologies are aligned with its quality aims, targets and values. The purpose of this section is to examine to what extent the key resources of the Unit are systematically aligned and utilised to ensure that the quality values and targets are actually achieved. Are the current resources adequate to ensure the delivery of services? Is there a planned staff development framework in place? It should also demonstrate that these key resources are being managed in a professional manner. Comment on the level of engagement with relevant University policies, such as widening access, Equality, Diversity, & Inclusion and Athena Swan Award.

- a) Does your Unit have an approach that ensures that the allocation and use of its financial resources reflects and supports its mission statement and its quality aims and values? Are budget limits communicated to appropriate staff?
- b) Does your Unit ensure that all relevant information including data on process performance, suppliers (including supplier performance) and users (including user satisfaction) is reliable and freely and quickly available and easily usable by any involved personnel (including users/suppliers) where appropriate? This will include the removal of obsolete data and documents.
- c) Does your Unit have an approach that continually improves its control and effective use of material resources and suppliers? This includes the reduction of scrap, wastage, obsolescence, inventories and the use of its fixed assets (e.g. space and equipment) and would also involve joint projects with suppliers to improve and identify new opportunities.
- d) Is there a routine method for ensuring that alternative and new technologies are identified and implemented?
- e) Are the staff plans (e.g. hiring, training, development) directly derived from the needs of the strategic plans and goals (rather than just activities or free-standing plans based on ad hoc needs)?
- f) Does your Unit have a process for regular staff development reviews and which includes training and career development needs?
- g) Does your unit have a process that involves all staff (both as individuals and groups) in generating improvements?
- h) Have effective two-way communications been achieved with the staff, and would the staff agree that they are well informed and that their opinions are valued?
- i) How many staff have participated in self-development programmes over the past three years?



## 5 SERVICE USERS AND FEEDBACK

This section examines the way the support service Unit identifies its various user groups and segments them. It is looking for the measures and results that indicate the levels of user satisfaction. It asks for both the actual perceptions of the user, which may be obtained through surveys etc., and also for measures and results that will tend to predict trends or influence user satisfaction such as complaint levels, late delivery of service etc. This section also examines whether the Unit is only looking at its own levels and trends, or whether it compares these with external benchmarks of the performance of comparable organisations.

- a) Does your Unit evaluate its management of the user relationship through measures that predict or influence user satisfaction, such as response accuracy, timeliness, returns, lost customers, etc., and does it regularly measure and know the results?
- b) Are there well-defined standards and service levels addressing key user requirements, and does your Unit routinely measure and know its performance in meeting these standards?
- c) Does your Unit have an accurate and realistic overview of the total complaint level (verbal and written) as received by all areas and functions within the Unit?
- d) Are the predictors of user satisfaction in a), b) and c) above showing an improving trend?
- e) Are the user satisfaction results (i.e. the actual perceptions of the user) regularly measured and known for both product and service attributes?
- f) Are these user satisfaction results showing an improving trend?
- g) Can you show that your results of user satisfaction are comparable with/better than those of comparable organisations in Ireland and abroad?
- h) Does your Unit have a method for routinely setting targets/goals for improvement in the performance of its predictors and perception measures of user satisfaction, and has it established the relevance of its measures and targets?
- i) How well does the Unit communicate with its users?
- j) What arrangements exist for promoting the Unit's facilities and services? Are these arrangements effective?

## **6 ONGOING QUALITY ENHANCEMENT**

This section should include an analysis of the ways in which a culture of quality improvement and enhancement is embedded within the unit. It should indicate ways in which quality is recognised and acknowledged with the unit as well as the way in which quality enhancement is supported within the unit.

## **7 ANALYSIS AND RECOMMENDATIONS FOR IMPROVEMENT**

This chapter should include an overall analysis of the Unit's activities.

The Unit is required to carry out an analysis of its strengths, weaknesses, opportunities and threats (SWOT) and to review its performance and the achievement of its objectives with reference to the SWOT analysis. Strengths should be emphasised, effective Unit responses to concerns and opportunities considered, and challenges discussed. Strategies for improvement should be formulated.

Since the goal of this process is quality improvement the formulation of strategies and the recommendations for improving the work of the Unit should be highlighted

## **8 APPENDICES**

These may include:

- RCSI Organisational Structures
- Unit Planning Documents
- Benchmarking Exercise Report
- RCSI/Unit Committee Structures
- Specimen Job Descriptions
- Survey Data
- Statistical Summaries
- Sample Questionnaires
- Key Performance Indicators

(See also Appendix 4 in Internal Quality Review Guidelines for Administrative/Service Units)

