



University College Dublin

**Guidelines for the Preparation and Implementation
of the Quality Improvement Plan (Support Unit)**

June 2014

Guidelines for the Preparation and Implementation of the Quality Improvement Plan

Follow-up is an integral part of the quality review process. The decisions on improvement, which are made in the follow-up to self-assessment and review, provides a framework within which each unit can continue to work towards the goal of developing and fostering a quality culture in the University. Each unit under review is also required to implement the recommendations of the Review Group Report having regard to the resources available, or unless it would be unreasonable or impractical to do so.

Quality Improvement Plan (QIP)

1. The Head of the unit, on receipt of the Review Group Report, will establish a Quality Improvement Committee, with appropriate staff to assist with progressing the Report recommendations. The Quality Improvement Committee will arrange to have a Quality Improvement Plan (QIP) drafted within twelve weeks, based on the Review Group Report findings. Two QIP template formats are available (see Appendix 1 and 2). Either format may be used. Examples of QIPs may be found on the UCD Quality Office website: www.ucd.ie/quality. The QIP should usually take the form of short summaries of the action taken/planned, or if actions are not being taken, an explanation provided – see example below.

In addressing each recommendation the Unit should ensure that its response and planned action should be SMART i.e.

S – Specific
M – Measurable
A – Achievable
R – Realistic
T – Timed

A vague or imprecise response will be insufficient, it must be succinct, but with a sufficient level of detail.

Example:

Category 1(b)

Recommendation: *The unit should review its service provision with a view to streamlining the range of services offered (SAR reference/Review Group Report reference)*

Action Planned *A Unit sub-committee will be established by [month/year] and will meet on a monthly basis to review service provision. Proposals will be prepared for consideration by the Unit Management Committee on [date].*

Service rationalisation will be initiated in [month/year] and be completed by [month/year].

Responsibility for action will be the Head of Unit and the Unit Management Committee.

The sub-committee will evaluate the effectiveness of the module rationalisation at the end of academic year [X].

The recommendations, with the associated actions taken or planned, should be structured as follows:

- (i) Service aspects/functions, organisational, administrative and other matters which are completely under the control of the unit
 - (ii) Shortcomings in services, facilities or procedures which are outside the control of the unit
 - (iii) Inadequate staff levels, facilities and other resources which require capital or recurrent funding. Realistic estimates of the capital and recurrent costs to implement recommendations/ planned action should be included.
2. It is the unit's responsibility to compile an appropriate response to each recommendation. This means that if necessary, the unit must obtain a response to each of those recommendations which relates to other areas of the University, to which actions arising from the report were directed. For example, if the report recommended that a lecture theatre needed to be refurbished, it is the unit's responsibility to find out from the Head of Buildings and Services what action has, or will/will not be taken, in response to this recommendation. A realistic assessment of available resources (both at unit and institutional level) should be borne in mind when formulating plans.
3. It is important that all recommendations in the Review Group (RG) Report be addressed. Some recommendations for improvement may appear in the text of the RG Report narrative. Please ensure these are included for consideration. Some recommendations may not be explicitly stated but are implied as consequences of a concern, for example, "the unit has no mechanism to feedback action taken, in response to issues raised by students". These too, should be included in the Quality Improvement Plan. The Quality Improvement Plan should address all recommendations in the Review Group Report (and implied and/or other suggestions) and should include:
- (a) recommendations already implemented
 - (b) a list of goals which can be realistically achieved in the following year
 - (c) a list of longer term goals to be achieved, for example, over five years
 - (d) recommendations which the Quality Improvement Committee consider to be unreasonable or impractical to implement or where insufficient resources are available: in such instances, the Committee should give reasons for such a conclusion, and should, if possible, suggest alternative strategies for quality improvement to address the issue
4. Upon completion, the QIP should be considered by the relevant University Officer. If satisfied that each recommendation is being addressed appropriately, and that there is sufficient detail in the response, the QIP, with the relevant University Officer's endorsement and/or comments should be sent to the UCD Quality Office.

5. Upon receipt of the QIP, the UCD Quality Office will arrange to have the QIP considered, normally by the Chair of the Review Group. Other staff may be co-opted as required.
6. Units submitting QIPs should ensure that there is sufficient (brief) detail in the planned actions or actions taken under each recommendation, to allow the QIP Group to make a reasonable judgement as to whether or not that action addresses the recommendation. Responses should not be vague.
7. The QIP Group will consider the QIP to determine whether the action taken or planned is appropriate in order to address each of the Review Group Report recommendations, and as appropriate will (i) accept the QIP or (ii) seek additional information from the unit. Upon acceptance, the QIP will be published on the UCD website (www.ucd.ie/quality) alongside the relevant Review Group Report.
8. The QIP should also be used, as appropriate, to inform resource planning activities.
9. If reasonable progress is not made to address the Review Group Report recommendations within the agreed timeframe, the matter will be referred to the Academic Council Committee on Quality to determine what further action should be taken.

Request for Extension of Time

10. A request for an extension of time (with reasons) to complete the QIP may be made to the UCD Quality Office, and will be considered as follows:
 - (i) Extension of up to 6 weeks – UCD Quality Office will consider request
 - (ii) Extension of more than 6 weeks - Sub-group of Academic Council Committee on Quality will consider requests

Each request for an extension of time will be considered on its individual merits.

11. ACCQ will monitor the completion of QIPs.
12. A report on QIPs accepted; that have had extensions of time; and those that remain outstanding in a stated period, will be made to the UMT (Executive) and ACCQ, at least twice per year.

Progress Review

13. Approximately twelve months after the QIP has been accepted, each unit will be asked to prepare a progress report on the implementation of the QIP actions. The Progress Report should normally be considered by the relevant University Officer or Vice-President who will prepare a brief commentary on the progress that has been made regarding the implementation of the QIP. The commentary, with the Unit's Progress Report, should be forwarded to the Director/Deputy Director of Quality.
14. Upon receipt of the commentary and Progress Report, the Director/Deputy Director of Quality will convene a progress review meeting. The QIP Progress Report forms the basis of the dialogue at the Progress Review Meeting, however, it will not be published.

15. The progress review meeting will normally be chaired by the Registrar and Deputy President (or nominee) and will normally include a representative from the Quality Office, a member of the Academic Council Committee on Quality (ACCQ), one of the UCD reviewers involved in the original unit review, and normally a maximum of four representatives from the unit reviewed (one of whom will normally be the Head of Unit) plus, typically, the relevant University Officer.
16. The meeting will consider the actions taken by the unit, and where appropriate, other University units, to address the Review Group Report recommendations. In addition, the Progress Review Panel will agree further follow-up meetings as required. The aim is to confirm that all recommendations for improvement arising from the review process, have been or will be, dealt with appropriately, formally bringing to conclusion the review process.
17. If, at the Progress Review Meeting, it is deemed that insufficient progress has been made against the Review Group Reports' recommendations for improvement, the following actions may be considered:
 - a. A revised QIP Progress Report will be required within a stated deadline, to reflect a modified action plan recommended at the Progress Review Meeting – the UCD Quality Office will sign-off the revised report, as appropriate;
 - b. A revised QIP Progress Report will be required as set out in 18a above, and a further Progress Review meeting held;
 - c. A report of the lack of progress made to implement the Review Group Report recommendations will be made to the Academic Council Committee on Quality (ACCQ) and University Management Team, with recommendations for further action.

It should be noted that the Progress report and meeting is the last formal step in the quality process, but it is not the last step for the Unit in progressing the Review Group Report recommendations. The Progress Report will act as a starting point for the next review.

21. The outcome of the progress review meeting for units will be reported to UMT and ACCQ. An Annual Report is also made to UMT, UCD Governing Authority and UCD Academic Council.

Appendix 1



University College Dublin

TEMPLATE 1

Quality Improvement Plan

Insert Unit Name Here

Date

Contents

1. Introduction
2. Recommendations for Improvements - Follow-Up Action Taken and/or Planned
3. Prioritised Resource Requirements

1. Introduction

Give a very brief introduction to the approach taken in the development of the Quality Improvement Plan, including the dates of the original review and the names of the Quality Improvement Committee.

2. Recommendations for Improvements – Follow-Up Action Taken and/or Planned

Please outline the Unit response using the template contained in this section (see below).

CATEGORY 1:

Recommendations concerning academic, organisational and other matters which are entirely under the control of the unit

- **Category 1(a)**

Recommendations already implemented

1. Recommendation:

Action taken:

2. Recommendation:

Action taken:

- **Category 1(b)**

Recommendations to be implemented within one year

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 1(c)**

Recommendations to be implemented within five years

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 1(d)**

Recommendations which will not be implemented

1. Recommendation:

Reason for not implementing:

2. Recommendation:

Reason for not implementing:

CATEGORY 2:

Recommendations concerning shortcomings in services, procedures and facilities which are outside the control of the unit

- **Category 2(a)**

Recommendations already implemented

1. Recommendation:

Action taken:

2. Recommendation:

Action taken:

- **Category 2(b)**

Recommendations to be implemented within one year

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 2(c)**

Recommendations to be implemented within five years

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 2(d)**

Recommendations which will not be implemented

1. Recommendation:

Reason for not implementing:

2. Recommendation:

Reason for not implementing:

CATEGORY 3:

Recommendations concerning inadequate staffing, and/or facilities which require recurrent or capital funding

- **Category 3(a)**

Recommendations already implemented

1. Recommendation:

Action taken:

2. Recommendation:

Action taken:

- **Category 3(b)**

Recommendations to be implemented within one year

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 3(c)**

Recommendations to be implemented within five years

1. Recommendation:

Action planned:

2. Recommendation:

Action planned:

- **Category 3(d)**

Recommendations which will not be implemented

1. Recommendation:

Reason for not implementing:

2. Recommendation:

Reason for not implementing:

3. Prioritised Resource Requirements

This section should only contain a list, prioritised by the Quality Improvement Committee, of recommendations outlined in the Review Group Report, which require additional resources. The planned action to address each recommendation with an estimate of the cost involved should also be included:

1. _____

2. _____

Note: The Quality Improvement Plan should be used to inform School/Support Unit and College level academic, support service and resource planning activities.

Appendix 2



University College Dublin

TEMPLATE 2

Quality Improvement Plan

Insert Unit Name Here

Date

1. Introduction

Give a very brief introduction to the approach taken in the development of the Quality Improvement Plan, including the dates of the original review and the names of the Quality Improvement Committee.

Categories

1. Recommendations concerning academic, organisational and other matters which are entirely under the control of the unit
2. Recommendations concerning shortcomings in services, procedures and facilities which are outside the control of the unit
3. Recommendations concerning inadequate staffing, and/or facilities which require recurrent or capital funding

Timescale

- A. Recommendation already implemented
- B. Recommendations to be implemented within one year
- C. Recommendations to be implemented within five years
- D. Recommendations which will not be implemented

| Report | RG Recommendation | Category (see list above) | Action Taken/Action Planned/Reason for Not Implementing | Timescale (see list above) |
|--|-------------------|------------------------------|---|-------------------------------|
| INTRODUCTION AND DETAILS OF THE UNIT | | | | |
| Para. # | Recommendation | e.g. 1 | | e.g. A |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| PLANNING, ORGANISATION AND MANAGEMENT | | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| FUNCTIONS, ACTIVITIES AND PROCESSES | | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |

| | | | | |
|---|----------------|--|--|--|
| Para. # | Recommendation | | | |
| MANAGEMENT OF RESOURCES | | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| USER PERSPECTIVE | | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES – OVERALL ANALYSIS AND RECOMMENDATIONS FOR IMPROVEMENT | | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |
| Para. # | Recommendation | | | |

3. Prioritised Resource Requirements

This section should only contain a list, prioritised by the Quality Improvement Committee, of recommendations outlined in the Review Group Report, which require additional resources. The planned action to address each recommendation with an estimate of the cost involved should also be included:

1. _____

2. _____

3. _____

Note: The Quality Improvement Plan should be used to inform School/Support Unit and College level academic, support service and resource planning activities.