



# Self-Assessment Guidance

How to Assess for Quality

## Well-Led

**TÚSLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency



# QUALITY IMPROVEMENT FRAMEWORK

## SELF-ASSESSMENT

When completing the self-assessment, any judgement relating to the presence of the required supporting criteria will need to be clearly based on evidence and recorded. This may be independently verified by staff from the QA Directorate. The robustness of the assessment process will depend on good team facilitation and familiarity with the Framework. The process will be most effective when supported by the nominated quality lead in each service.

It is important to answer comprehensively and provide as much detail as possible in relation to work which has commenced, or is planned, with expected timescales for completion.

The three self-assessment forms, one for each of the core principles and supporting criteria which underpin the QA framework, contain much more detailed questions in relation to what is expected to be in place to achieve a high quality and high performing service. The identification of gaps and deficits will inform a comprehensive quality improvement plan. Please note that the list of examples in the self-assessment forms is not exhaustive and if there is activity which is not reflected in the self-assessment questions, this should be noted and described.

# QUALITY IMPROVEMENT FRAMEWORK WELL LED

## WELL LED

There are governance, leadership and management systems in place that support staff to deliver consistent and accountable services for children and families.

The following is intended as a guideline, with prompts or questions which facilitate more detailed examination of the supporting criteria that reflect the characteristics of a well led service. It is designed to assist you in identifying areas of strength, but also understanding where there may be gaps and where service improvements are required. The criteria are defined as needing to reflect the following:

**In Place & Effective** – List **key areas of strength** and **good practice** which demonstrate that your service has strong evidence to indicate that this criteria is met and that the measures are effective. Link to relevant standards as appropriate.

**In Place but Needs Improving** – Some or limited systems are in place but with some weaknesses and may only be partially effective.

**Currently Being Established** – Indicate what measures have begun or are being planned, clearly indicating expected timescales for completion and implementation.

**Not in Place** – There is no evidence or actions being planned to meet the criteria which will indicate compliance with this particular criteria of the quality principle under review.

**Action required for Service Improvement Plan** – what is required to meet the requirements of the supporting criteria and how your service is planning to achieve this.

**Person Responsible** – Lead person identified to bring about the change in your service. Although the service manager has overall responsibility it is important to name the staff member who has been assigned responsibility for the development work required where this is appropriate.

**Due Date** – State the target date by which the service expects the identified action(s) to be completed

Date Completed:	In Place & Effective	In Place but Needs Improving	Currently Being Established	Not in Place	Action Required for Service Improvement Plan	Person Responsible	Due Date
Prompts	Provide Examples and Evidence (reference and attach HIQA, Ombudsman or other action plans with updated information as appropriate indicating the appropriate section)						

**DEFINED STRUCTURES AND CLARITY IN RELATION TO ROLES AND ACCOUNTABILITY FOR ALL STAFF ARE IN PLACE, AND STAFF ARE MADE AWARE OF THEM**

<p>1. All Staff have a written job description which outlines:</p> <ul style="list-style-type: none"> <li>(a) their responsibilities</li> <li>(b) level of accountability</li> <li>(c) reporting relationships</li> <li>(d) Garda Vetting up to date?</li> <li>(e) Children First Training up to date?</li> </ul>				
<p>2. Organisational chart setting out the management structures and accountability arrangements of staff is in place?</p>				

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Prompts	Provide Examples and Evidence (reference and attach HIQA, Ombudsman or other action plans with updated information as appropriate indicating the appropriate section)						
3. A clear statement of purpose and function or mission statement is in place for your service.							
4. Arrangements are clear for (a) evaluating individual staff performance and (b) managing under-performance?							
5. Where responsibility is delegated, a system is in place to ensure it is delegated to the most appropriate level/person(s)?							
6. Is there a process in place for the effective flow of information to and from the management of the service to all staff?							
7. Is there a process in place for escalation of concerns to your line manager and the Chief Executive/ Senior Management Team where appropriate?							

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**LEADERSHIP PROMOTES AND SUPPORTS A CULTURE OF QUALITY AT ALL LEVELS**

<b>8.</b> Is there an annual programme of audits for your function (where appropriate)?							
<b>9.</b> Is there a (a) process in place to manage communication and other interaction with external bodies e.g., Hiqa, Ombudsman for Children and (b) to ensure recommendations and actions are progressed?							
<b>10.</b> Planning for the implementation and dissemination of operational policies and procedures are developed and put in place?							

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<p><b>11.</b> Using feedback from staff and the management team, describe how leadership is reflected in how your service is managed (ie. Is there awareness of the types of leadership and what is most effective for the needs and requirements of the service?)</p> <p>Is there an appropriate balance between consultative/ collaborative leadership and being decisive?</p> <p>How could the principles of good leadership (as opposed to management) be introduced or improved?</p> <p>Are there mechanisms in place to receive 'upward' feedback from staff and to improve where needed?</p>							

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<p><b>12.</b> Are there processes in place to evaluate the quality of services provided and to make improvements?</p>							
<p><b>13.</b> Is there a process for regular team meetings with staff which includes opportunities for staff briefing and consultation?</p>							
<p><b>14.</b> If Yes to Question 13: Does each meeting have an agenda?</p> <ul style="list-style-type: none"> <li>▪ Is Quality and Service improvement a standing agenda item?</li> <li>▪ Are agendas set and circulated in advance of the meeting?</li> <li>▪ Are typed minutes circulated?</li> <li>▪ Do staff have the option of putting items on the agenda for team meetings?</li> <li>▪ Is there a process in place for following up on actions.</li> </ul>							

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<b>15.</b> Are the creation of committees / sub committees with clear terms of reference supported?							
<b>16.</b> If Yes to Question 15– <ul style="list-style-type: none"> <li>▪ Are the roles and responsibilities / terms of references of the committee(s) / sub-committee(s) set out in writing?</li> <li>▪ Are typed minutes maintained and circulated?</li> </ul>							
<b>17.</b> Is there an open and consistent approach to communicating with service users when things go wrong? (Open disclosure)							
<b>18.</b> Is a culture of learning and continuous improvement supported? Please describe							



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19. Staff are aware and there are processes in place to ensure that all incidents are reported in accordance with the Tulsa incident management policy and procedure? (state clearly how management are provided with assurance in this regard)?							

**EFFECTIVE SERVICE AND BUSINESS PLANNING TO MEET THE NEEDS OF CHILDREN AND FAMILIES IS EVIDENT**

20. Business plan with clear objectives is in place for the service– takes account of national strategic priorities (corporate plan and annual business plan) and informs the annual estimates process.							
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<p><b>21.</b> Is there an analysis of what needs to be in place to meet the requirements of:</p> <p>(a) legislation (b) policies and procedures (c) existing service demands</p> <ul style="list-style-type: none"> <li>▪ to inform targeted training</li> <li>▪ to amend policies and</li> <li>▪ to identify necessary additional resource allocation?</li> </ul>							
<p><b>22.</b> Are business cases put together for the development of services and additional resources further to Q20 &amp; 21?</p>							
<p><b>23.</b> Does population needs assessment, where applicable, inform strategic objectives and analysis of need?</p>							
<p><b>24.</b> Are there service arrangements in place with all externally provided services that are commissioned?</p>							



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25. If Yes to Question 24 –are there arrangements in place to monitor and review the quantum and quality of services provided?							

**DECISION MAKING IS UNDERPINNED BY AVAILABLE EVIDENCE AND INFORMATION**

26. Provide examples of decisions made based on evidence and any processes in place to ensure that best practice in this regard is adhered to.							
27. Is there a suite of performance metrics that are defined and monitored in line with the organisational priorities set for the team/service?							

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<b>28.</b> National reporting requirements in relation to the submission of performance data are met with responsibility assigned to ensure the timely return of required information. Please describe any difficulties.							
<b>29.</b> Is there a process in place for ensuring: (a) accurate and timely data are made available and (b) shared with staff for performance improvement purposes as appropriate.							

**HUMAN AND FINANCIAL RESOURCES ARE WELL MANAGED AND DEPLOYED BASED ON ANALYSIS OF NEED**

<b>30.</b> Is there a process in place for managing budget(s) assigned to you?							
<b>31.</b> Is there a process in place for processing and monitoring staff expenses? For annual leave and time returns?							

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<b>32.</b> Does the service: (a) endorse the Protected Disclosure Policy and (b) ensure staff are aware of it?							
<b>33.</b> Describe any processes in place to acknowledge the work undertaken by staff?							
<b>34.</b> Are there processes in place to ensure available staff resources are assigned to areas of greatest need in the service?							
<b>35.</b> Is quality, safety and risk a criterion against which financial or staff resource decisions are made?							
<b>SERVICES COMPLY WITH LEGISLATION, REGULATIONS, NATIONAL POLICIES AND STANDARDS</b>							
<b>36.</b> Is there a clear understanding of: <ul style="list-style-type: none"> <li>• All legislation</li> <li>• Standards</li> <li>• Relevant policies and procedures?</li> </ul>							

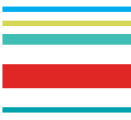
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Prompts	Provide Examples and Evidence (reference and attach HIQA, Ombudsman or other action plans with updated information as appropriate indicating the appropriate section)						
<b>37.</b> Are there processes and supports in place for ensuring that staff comply with: • All legislation • Standards • Relevant policies and procedures?							
<b>38.</b> Are there systems in place to ensure that all information, including personal information, is handled securely, efficiently, effectively and in line with legislation?							
<b>THERE IS A PROCESS IN PLACE FOR EFFECTIVE AND EFFICIENT STAFF RECRUITMENT, SELECTION AND INDUCTION</b>							
<b>39.</b> Is there a clear process in place for monitoring staff vacancy levels, including any maternity leaves, and making timely requests for replacements?							
<b>40.</b> Is an induction policy in place?							
<b>41.</b> Are new staff provided with mentoring and support?							

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<b>42.</b> Are all staff aware of additional support services, and have these been made know to them eg. occupational health?							
<b>43.</b> Are student placements encouraged and facilitated to provide staff with development opportunities and to attract new graduates to the service?							
<b>44.</b> Is there robust recruitment and selection procedures including professional credentialing and Garda vetting (where appropriate)?							

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**REGULAR SUPERVISION AND SUPPORT IS PROVIDED FOR STAFF AT ALL LEVELS FOCUSING ON STAFF DEVELOPMENT AND RETENTION**

45. Do supervision or 1:1 meetings take place between staff at all levels and their immediate line manager to jointly agree and sign off decisions and agree actions required?							
46. In relation to Q45, (a) Is the structure of these meetings clear in terms of realistic performance expectations, reviewing targets and joint ownership of decision making? (b) Are there processes in place to ensure that the necessary supports and organisational ownership of risk is taking place which supports front line service managers?							
47. Are decisions jointly signed off at the appropriate level re: finance, staff deployment and any necessary re-structuring to meet service need?							





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<b>48.</b> Is there evidence of collaborative working within the service at all levels where decisions are owned and front line managers are appropriately challenged and supported in decision making to ensure the best use of available resources?							
<b>49.</b> Is there a structured process for evaluating the performance / effectiveness of your function?							
<b>50.</b> Are regular updates provided to the relevant line manager/senior manager on the performance of the team/service?							
<b>51.</b> Is there a process in place for the effective flow of information to and from staff?							
<b>52.</b> Are there processes to address (a) staff development and (b) training (c) staff retention							

**TUSLA**

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Document reference number: PPPG 16/2016