

Support Services Annual Reporting 2011/2012 (1 October-30 September)

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Part 1: Introduction

The table below groups the key achievements and challenges and is followed by supporting commentary.

	Achievements	Challenges
Customer experience	<ul style="list-style-type: none"> Improved LibQual service rating, up from 6.38 to 6.52, with better scores in 21 of 22 criteria Customer charter launched Zendesk ticketing software implemented 	<ul style="list-style-type: none"> LibQual ratings still lagging the UK/Irish average in 21 of 22 criteria Additional effort needed to embed customer charter Faster agent response time
Capacity development	<ul style="list-style-type: none"> Approval of senior posts to enable progression of priority areas Appointment to three approved posts Increased staff capacity to answer information queries via a mentoring initiative Over 30 sessions run by training group 	<ul style="list-style-type: none"> Retirement of eight staff at end of February 2012 with particular impacts at Customer Services Desk and Medical Library Non-implementation of PMDS, increased working week
Physical environment	<ul style="list-style-type: none"> AHSSRB recommenced Approval of funding for study of Library building Major upgrade of Reading Room facility Establishment of Silent Zones 	<ul style="list-style-type: none"> Limited input to development of AHSSRB facilities Library building study deferred Poor user ratings of physical environment via surveys Lack of access control system
Online access	<ul style="list-style-type: none"> IReL STM funding secured for 3-year cycle 1.8M Library-mediated article downloads New catalogue, with extra functionality Library website attracting highest web traffic to University after NUIG homepage 	<ul style="list-style-type: none"> Management of faster shift from book borrowing to online downloads Delivering and resourcing both print and online models in parallel
Online publishing	<ul style="list-style-type: none"> Establishment of Abbey Theatre archive digitisation project Almost 500 more research publications, including nearly 100 doctoral theses, published on open access 	<ul style="list-style-type: none"> Delivery of largest theatre archive digitisation project worldwide Limited researcher engagement with/leveraging of Open Access relative to total University output of publications
Self-service initiatives	<ul style="list-style-type: none"> Full implementation of book sorter technology, accounting for c85% of book returns and enabling faster reshelving Initial configuration of book dispensing machine for high-demand material, reducing staff intervention 	<ul style="list-style-type: none"> Considerable staff effort to configure and support the relevant technologies Migration of staff and users from mediated services
Information resources	<ul style="list-style-type: none"> Addition of new archival collections Consolidation of low-use journal collections at Snipe Avenue, realising improved storage and easier retrieval. 	<ul style="list-style-type: none"> Low academic submission of reading lists Budgetary pressure exerted by rising journal costs Withdrawal of Inter-Library Loans service from undergraduates due to reduction in service from British Library
Information skills	<ul style="list-style-type: none"> Increased provision of, and engagement with, information skills training Successful transitioning of management of Academic Writing Centre to Library 	<ul style="list-style-type: none"> Meeting user demand Lack of mainstream funding for Academic Writing Centre

The Library developed a **one-page operational plan** for 2011/12, setting a number of measurable goals based in many cases on data generated by the international LibQual survey and annual submissions to the SCOUNL statistical database for university and national libraries in the UK and Ireland. This approach has worked well for tracking service performance, both in terms of inputs and outputs. It has also supported the development of the operational planning process, identifying areas for improvement as well as creating awareness of the prevailing standard at other libraries.

The outstanding achievement for the year was the **improvement in customer rating of Library services** from a score of 6.38 to 6.52, as measured by the LibQual methodology. This represented a major team effort as LibQual measures satisfaction with a wide range of services through its 22 standard criteria. Having run the LibQual survey for the first time at the end of 2010 the aim was to improve our score to 6.5 and this target was slightly exceeded, a fine achievement in a year when unprecedented staffing losses were sustained. There is still plenty of scope for improvement and the aim is to bring our service ratings into line with the average for UK and Irish university libraries.

As annual operational planning becomes embedded we are also learning to set more realistic targets and to factor in the impact of changes in resourcing or other circumstances. In 2011/12 the Library experienced a **loss of eight staff** at the end of February, while the **Abbey Theatre** archive digitisation project emerged early on as a major commitment which had not featured in the operational plan. Both developments impacted significantly on performance relative to targets in the plan. They also provided opportunities to orient service in new directions in line with the University's strategic priorities and the increasing role of academic libraries as creators and publishers of digital resources as well as enablers of access to unique and distinctive collections for research and teaching in a range of disciplines.

Digitisation of collections has flourished in the past year but one area of online publishing which remains slow to reach its potential is **open access to University research outputs**. There are opportunities to expose University research more widely and to increase citation of our publications but progress remains slow here, the main bright spot being the embedding of policies to secure open access publishing of PhD theses subject to embargo periods where requested.

A sharper shift than previously has taken place in 2011/12 in the balance between borrowing of printed books and downloading of online information resources. The former has declined by 14% to 319,308 loans and the latter has increased by 11% to 1,796,788 full-text article requests. The signs are that this trend, coupled with equally noticeable increases in self-service uptake, will continue, with implications for deployment of resources and development of capacities.

A real change in what the Library needs to deliver in order to **add maximum value** is becoming apparent. New or increasing responsibilities and projects include large-scale and multimedia digitisation; mediation of archives and special collections for research; embedded information skills programmes; management of the Academic Writing Centre; online helpdesk access; off-campus support; new or reconfigured physical environments; and extended partnerships on campus, nationally and regionally.

The Library needs the **capacity to deliver new types of service** to a diverse range of users who expect to be able to do more for themselves but require functional and robust online and physical environments, unique collections and access to higher-level help and advice, increasingly delivered online. These considerations were foremost in a submission to the Establishment Control Group in early 2012 which sought to address the losses sustained by the retirement of eight Library staff at the end of February 2012. The emphasis in that submission was on the introduction of new capacities to reflect evolving needs and posts approved will strengthen delivery in terms of planning and projects, digital library development, archives and special collections cataloguing and online access to medical information resources and services.

Despite changes in usage patterns, **the need remains strong to support more traditional user needs** such as access to printed material, in-person enquiry services, physical space and sufficient opening hours. Challenges in meeting demand include optimal deployment of staffing resources and new methods of delivery. The lack of an operational University PMDS scheme has been a frustration in this regard. Budgetary provision for information resources is also a challenge, with **reduced purchasing power** in the face of journal costs which continue to increase, albeit more slowly than previously. Achievement at national level of stable funding for the Irish Research eLibrary (IReL) for the years 2012 and 2013 has been a very welcome development.

A similar mix of good and bad news is evident with regard to the Library's **physical environment**. The LibQual data on "Library as Place", along with the findings of the International Student Barometer in which we ranked 204th of 238 universities in terms of physical library, make grim reading and reflect strong user dissatisfaction. The Working Group for the Implementation of the Capital Programme did, however, approve funding for a study of the Library building earlier in the year but progress in its execution has been delayed due to the pressures of the campus building programme. Achievement of progress in this area will be a priority in 2012/13. The recommencement in January 2012 of construction of the Arts, Humanities and Social Sciences Research Building was a definite highlight and this building will provide an excellent home for archives and special collections, digitisation and related research services.

Part 2: Performance metrics and KPIs 2011/12

Note: NUI Galway Library annual data cover period 1 October to 30 September inclusive

KPI	2011/12	2010/11	% Change
<i>Book loans/renewals</i>	319,308	372,452	-14%
<i>Online journal article downloads</i>	1,796,788	1,611,414	+11%
<i>Hours open: Main Library</i>	3,893	3,893	0%
<i>Hours open: Medical Library</i>	2744.5	2,744.75	0%
<i>Study places</i>	1,937	1,954	-1%
<i>Stock utilization: books reshelved*</i>	402,273	400,232	+1%
<i>Total catalogued book stock</i>	479,547	468,937	+2%
<i>Books acquired</i>	11,107	12,435	-11%
<i>Information skills: user training hours received</i>	7,013	6,536	+7%
<i>Research papers published in ARAN</i>	462	523	-11%

*Includes repeat use of same book

SCONUL UK and Irish National and University Libraries, 2010/11 database: selected benchmarking data summary

	NUI Galway	UCD	UCC	UL	UK Mean
<i>Books per FTE student</i>	33	40	52	29	59
<i>Journals per 100 FTE students</i>	506	348	Not returned	588	249
<i>Information resources expenditure per FTE Student**</i>	€119	€88	€102	€162	€174
<i>Book loans per volume in stock</i>	0.8	0.56	0.32	0.58	0.87
<i>Total loans per FTE student</i>	26	23	17	17	56
<i>Article downloads per FTE user</i>	98	Not returned	Not returned	Not returned	77
<i>Cost per article download**</i>	€0.39	Not returned	Not returned	Not returned	€0.74
<i>Information skills: hours attended per 100 FTE users</i>	40	Not returned	81	61	69
<i>Enquiries per 100 FTE users</i>	22	Not returned	19	12	14
<i>FTE students per FTE library staff</i>	201	221	216	239	202
<i>FTE academics per FTE library staff</i>	16	10	19	17	16
<i>Library as % of total institutional expenditure</i>	2.8%	Not returned	3.1%	Not returned	2.6%

**does not take account of national IReL expenditure

LibQual Survey Data Summary, March 2012

AS= Affect of Service (Staff Delivery of Service); IC = Information Control (Access to Information); LP = Library as Place; red text = perceived service below minimum acceptable

ID	Question Text	Perceived Service	Minimum Acceptable Service	Desired Service
AS-1	Employees who instill confidence in users	6.60	6.19	7.47
AS-2	Giving users individual attention	6.11	5.39	6.66
AS-3	Employees who are consistently courteous	6.99	6.46	7.84
AS-4	Readiness to respond to users' questions	7.00	6.67	7.83
AS-5	Employees who have the knowledge to answer user questions	7.21	6.58	7.81
AS-6	Employees who deal with users in a caring fashion	6.97	6.43	7.80
AS-7	Employees who understand the needs of their users	6.92	6.60	7.76
AS-8	Willingness to help users	6.95	6.39	7.62
AS-9	Dependability in handling users' service problems	6.78	6.46	7.60
IC-1	Making electronic resources accessible from my home or office	6.48	6.61	8.01
IC-2	A library Web site enabling me to locate information on my own	6.80	6.63	8.02
IC-3	The printed library materials I need for my work	6.66	6.10	7.59
IC-4	The electronic information resources I need	6.52	6.14	7.74
IC-5	Modern equipment that lets me easily access needed information	6.67	6.64	7.94
IC-6	Easy-to-use access tools that allow me to find things on my own	6.60	6.31	7.76
IC-7	Making information easily accessible for independent use	6.71	6.46	7.85
IC-8	Print and/or electronic journal collections I require for my work	6.65	6.62	7.92
LP-1	Library space that inspires study and learning	5.76	6.16	7.83
LP-2	Quiet space for individual activities	5.97	6.47	7.89
LP-3	A comfortable and inviting location	6.31	6.14	7.73
LP-4	A haven for study, learning, or research	6.14	6.43	7.80
LP-5	Community space for group learning and group study	5.75	5.39	6.75
		Perceived Service	Minimum Service	Desired Service
	Service Dimension			
	Affect of Service	6.87	6.36	7.64
	Information Control	6.60	6.37	7.83
	Library as Place	5.91	6.15	7.69
	Overall	6.52	6.32	7.72

Part 3: Assessment against 2011/12 Operational Plan

JH Library		2011/2012 performance self-assessment Please provide a score with the range 1 – 5, where 1 = Not at all; 2 = A little; 3 = Somewhat; 4 = Mostly; 5 = Fully		
2011/12 Goals	2011/12 Targets	Level of achievement against targets (range 1–5)	Please elaborate on your stated level of achievement against 2011/12 targets. <i>In so doing, please comment on whether the targets set were too ambitious / not ambitious enough / or if changed circumstances affected levels of achievement.</i>	
Improve service rating for staff delivery of services	LibQual survey score	6.84	5	Up from 6.74 to 6.87 but still lagging behind UK/Irish libraries average of 7.07
	LibQual dependability rating	6.65	5	Score of 6.78 achieved
	Roving interactions	10,000	2	Roving interactions happened but were not formalised within workflow.
	LiveChat interactions	2,500	2	Some interest from customers but service suspended due to staffing shortages.
	Service delivery training sessions	30	5	Target fully met
Improve service rating for access to information	LibQual survey score	6.6	5	Hit the target exactly.
	LibQual website rating	6.6	5	Exceeded target, scoring 6.8%
	Information skills hours received	6,900	5	Exceeded target, with 7013 hours of training received by students.
	% Modules submitting reading lists	50%	1	Target was over-ambitious as we are fully reliant on academic staff to provide us with their reading lists. Lists were submitted for only 19% of modules.
	Stock utilization via items reshelfed	408,236	4	1.5% short of target, with 402,273 items reshelfed. This reflects a reduction in book circulation during 2011/12 and a shift in student behaviour towards e-resources.
Improve service rating for quality of Library environment	LibQual survey score	6.0	4	Achieved a score of 5.91 up from 5.7 in 10/11. Target realistic but lack of funding limited us to small cosmetic changes to help boost our rating.
	€ invested in physical environment	€1m	2	Funding secured for scoping project in respect of a complete JHL Refurbishment Project. Target was over-ambitious given staffing losses in the Buildings Office which impacted the progressing of the project and in light of the current financial climate.
	Open access workstations	152	5	Target was fully achieved, resulting in 15 additional open access workstations
	Study places	1,974	3	Retained a steady state with 1,954 study spaces but did improve considerably the study facilities and services on offer in the Library Reading Room. Target somewhat

	Metres of open access shelving	11,814	5	over-ambitious given impact of staff losses on project work needed to achieve it. Target was fully achieved and exceeded by the reduction in metres of open access shelving from 12,055 to 11,257.
Understand, document and resolve users' service issues under Library control	# Issues reported	Not Known	4	4198 issues reported; includes some spam/spurious reports 88.6% 84% (of those closed) 16% (of those closed), ie closed between one and four weeks Good initial implementation of Zendesk system, with strong staff engagement and potential for further enhancement
	% closed		4	
	% closed within week		4	
	% closed within month		4	
Measure service performance, resourcing and usage	Overall LibQual survey score	6.5	5	Target realistic and slightly exceeded (6.52)
	Library non-pay budget	€2.333M	5	Actual budget was €2.405M
	Loans/Renewals	379,901	4	Big change in usage patterns meant 14% drop to 319,308
	SFX Fulltext article requests	135,000	5	Target exceeded by 159%, at 349,666, reflecting better embedding of e-journal links within the catalogue and an increasing trend towards use of e-resources
Develop the service, its staff and its partnerships	# PMDS reviews	Not Known	1	No University PMDS scheme operational
	Training expenditure	€25,000	4	Figure of €18308 was 25% below target, impacted by lack of PMDS
	# New partnership activities	75	4	An ambitious target but almost 60 new partnerships as well as many existing ones
	# ARAN papers added	750	3	Target realistic but lack of mandate to deposit limited to 462 new additions
	# Public events	20	5	21 public events hosted or presented

Part 4: Self-assessment against the Performance Management Framework

Below are 12 criteria against which you are asked to assess your performance, by ticking in the right hand column, the level to which your unit most closely corresponds (in respect of each criterion). You should arrange for your assessment to be reviewed and signed off with your line manager before you submit it. Although this is largely a self-assessment process your proposed ratings will be discussed with you and may be adjusted upwards or downwards in the light of the available evidence.

Criterion 1: Strategic and Operational Planning		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit does not yet have a strategic plan which has developed and agreed within the University's current strategic planning cycle. The unit cannot yet demonstrate that it has a well embedded operational planning process, with cascading to service and team plans	
2	The unit can demonstrate that it is currently engaged with the process of developing both a strategic plan and an annual operational plan and can show good evidence that the process will produce plans which will be fit for purpose	
3	A recognisable and recently agreed strategic plan exists, explaining the unit's mission, how it is to be delivered, and how the work will be taken forward. Annual operational plans are produced which are derived from strategy and which meet the University requirements. There is evidence that the plans are cascaded within the unit to support team and individual planning	
4	A strategic plan exists which has been agreed with stakeholders and with the University. There is clear evidence that there has been stakeholder consultation in its development and that it takes account of current University strategic plans. An annual operational plan is produced through a clearly established annual planning and review process. The unit can demonstrate that the plan is in active use in the unit to drive the construction of annual work plans	
5	The unit has a current strategic plan. It has realistic and achievable goals which are clearly linked to the University Strategy and the ISSSP. It has been presented to, reviewed and signed off with the unit's stakeholders. It informs the development of a concise annual operational plan which includes clear performance and development targets for the year ahead. The operational plan is produced under a transparent planning process takes clear account of external changes, changes in the University's strategic targets, customer needs, prior-year performance and the outcome of benchmarking. Operational plan targets are cascaded through the unit and provide the basis for developing individual work plans	✓

Criterion 2: Internal Resource Management (Capacity Planning)		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit does not yet have an established practice of linking internal resource allocations (people, money, space, technology) to the goals and targets defined by its strategic and operational plans	
2	The unit is taking steps to develop its practice of linking its internal resource allocation to its strategic and operational plans	
3	The unit is building its internal resource allocation practice. There are demonstrable efforts to link planned outputs to the internal allocation of people, money, space and technology. The planning information influences the development of team plans and individual PMDS goals.	✓
4	The unit demonstrably undertakes internal resource planning, possibly not on an annual cycle. Planning takes account of published strategic and operational plans, and drives the internal allocation of people, money, space and technology. The planning information is used to prepare team plans and to set individual PMDS goals. Planned service outcomes take account of unit KPIs.	
5	The unit has an established planning process on an annual cycle which directly links its operational plan to the internal allocation of people, money, technology and other resources in order to demonstrate how service and development outcomes will realistically be delivered and targets achieved. This information is used to prepare team plans and to set individual PMDS goals. Outcomes are specified by reference to a stable set of KPIs which have been discussed and validated with stakeholders. Plans are freely available.	

Criterion 3: Service Specification and SLAs		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	Services are provided by the unit without formal service specification or definition. Development of SLAs is minimal	
2	The unit can demonstrate that it is developing definitions for the services which it provides, of the expected service outcomes, and of the standards to be achieved (SLAs). There is a demonstrable commitment to ensuring management accountability for service provision and to engaging with stakeholders to agree on what is to be provided	✓
3	Some of the services provided by the unit have written definitions, supported by some statements of the outcomes to be delivered and the service levels to be achieved. There is evidence that the unit has engaged with stakeholders to agree on what is to be provided. The unit can clearly demonstrate that each specified services has a named individual accountable for providing it.	
4	Most of the services provided by the unit have written definitions which have been agreed with service users and which are generally supported by statements of outcomes to be delivered and service levels to be achieved. There is a named individual who is accountable for providing each service. The service definitions are readily available.	
5	All the services provided by the unit are all well defined. It is clear who is responsible and accountable for providing them and how to influence service development. Current written service definitions and SLAs are readily and openly available and are subject to regular review. Definitions are demonstrably linked to University objectives and policies and have been demonstrably agreed with stakeholders.	

Criterion 4: Benchmarking		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit has no structured means of assessing its performance against other organisations (It is taken as read that units make informal comparisons with other Irish Universities)	
2	The unit can provide evidence that it has identified published benchmarks and/or comparator organisations (beyond informal comparisons with Irish third level peers) and that it has explored comparative performance.	
3	The unit has undertaken significant work to compare its performance against external benchmarks. It is developing, but has not yet established, a regular practice of benchmarking.	
4	The unit has an established practice of using benchmarking exercises from time to time to assess its performance. Comparisons are based on comparator organisations and/or published industry benchmarks	
5	The unit aligns its KPIs with its external benchmarks. The choice of benchmarks has been validated in consultation with stakeholders and is reviewed from time to time. Benchmarking takes place regularly on a planned basis and the findings are published	✓

Criterion 5: Financial Management		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit operates on an annual rollover budget. Expenditure and income are monitored from time to time. Variances are dealt with after they have been identified.	
2	The unit can demonstrate that it is developing procedures for tracking and reviewing expenditure on a regular month on month basis	
3	The unit has procedures in place for tracking and reviewing expenditure on a regular basis. Income and expenditure are systematically planned and tracked against plan	
4	The unit can demonstrate that it has internal budget management procedures in place which are demonstrably fit for purpose, and which provide for costing of the services provided by the unit. The annual budget submission is linked to service plans and targets. Expenditure is reviewed monthly and reconciled against University systems. Corrective action is taken before significant variances arise.	✓
5	The unit can demonstrate that it has robust and well embedded internal budget management procedures in place which are demonstrably fit for purpose, and which provide for costing of the services provided by the unit. The annual budget submission is linked to service plans and targets, Expenditure is reviewed monthly and reconciled against University system. Controls are in place which make it unlikely that significant variances will arise. Financial information is routinely used in constructing the unit's KPIs and the unit can demonstrate how it provides value for money	

Criterion 6: Safety Management		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit does not yet have a well developed safety management system.	
2	The unit can demonstrate that it is actively working on its Safety Statement and that it is producing risk assessments. Heads of Unit can demonstrate that they assign time to their safety responsibilities. A Safety Co-ordinator has been appointed. There is active engagement with the Safety Office.	
3	The Unit's Safety Statement and required risk assessments are largely in place. The unit has a Safety Management plan which is updated annually. The Safety Co-ordinator's PMDS recognises specific objectives under the Safety Management plan, and appropriate resources have been allocated.	
4	The Unit can demonstrate that it is fully compliant with legal requirements for safety management. It has a safety management plan and a current Safety Statement including required risk assessments. A safety training needs assessment has been completed and staff safety training is up to date. There is evident consultation and clear information. Staff roles in safety are defined and incorporated into planning and performance management. Safety is annually audited.	✓
5	The Unit has a comprehensive safety management system. This includes a formal safety plan, audits and annual reviews, an established Safety Coordinator role, risk assessments; safety training attendance; staff consultation; It can demonstrate best practice against comparable workplace settings.	

Criterion 7: Risk Management		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit has not yet developed its approach to risk management.	
2	The unit can demonstrate that it is actively working on risk management, that it is undertaking risk assessments for the services which it provides, and that it has started to develop a risk register	✓
3	The Unit has completed at least one cycle of documented risk review, and has a Risk Register and Risk Management Plan largely complete. The risk register has been reviewed and updated within the past 12 months.	
4	The Unit can demonstrate that it has implemented a system of risk management, that it is undertaking annual risk reviews and that there is a risk register which is being annually reviewed and updated.	
5	The Unit has a complete and well embedded approach to risk management, fully consistent with the University system. This includes a current risk register which is annually reviewed and which includes credible risk mitigation plans to the extent that these are required. Managers in the unit are trained in the risk management methodology, and routinely consider risk management as part of their management practice.	

Criterion 8: Structured use of KPIs		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit does not yet have an established practice of using KPIs to assess its work	
2	The unit can demonstrate that it is identifying appropriate KPIs, finding ways to measure them, and considering how to apply them in its management practice	
3	The unit can demonstrate that it has a practice of using KPIs to assess and manage important parts of its work.	
4	The unit can demonstrate regular and consistent use of a set of KPIs, spanning most of its work and with a demonstrable focus on outputs and outcomes.	
5	The unit has an agreed and stable small set of KPIs which form the basis of its planning and reporting. The KPIs measure and/or assess outputs and outcomes delivered as well as inputs. The choice of KPIs has been made in consultation with stakeholders and using benchmarks valid in comparator organisations. The choice has been validated with the Institutional Research Office and is reviewed annually.	✓

Criterion 9: Customer service, feedback and communication		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit has a relatively unstructured approach to communication with its service users. Feedback and complaint mechanisms might be informal or non-existent. When complaints are received there is no documented procedure to ensure that they will be dealt with and that progress will be tracked..	
2	Some effort has been applied by management to ensure that inputs from customers and service users are systematically listened to, recorded, tracked, and taken into account. Customer communication procedures recognise and cater for the possibility of customer dissatisfaction.	
3	There is evidence that management practice in the unit clearly recognises and values customer communication, and is actively committed to delivering it. The mechanisms for two way communications may not yet be fully planned and managed, but examples of good practice can be cited. Complaints are dealt with when they arise and management ensures that a timely and open response is provided to the complainant	✓
4	An appropriate range of two way communication mechanisms with service users is in use in the unit. There is a body of management practice in the unit which demonstrably tracks and considers such feedback and uses it to drive service improvement. There is a website and/or other appropriate communication mechanisms which are demonstrably designed with the needs of service users in mind. Management practice in the unit is fully open to the possibility of complaints, and to the learning which they bring. There is a good set of procedures for dealing with complaints	
5	The unit has identified its service users. It has a plan for communicating with them and has formally with them on two way communication mechanisms. Meetings take place regularly and are formally documented. There are documented procedures for managing feedback including a published record of the unit's response to feedback. Communication mechanisms include some or all of user-oriented and actively maintained websites, published and well maintained service descriptions which define access mechanisms, outputs, SLAs and service standards (where appropriate), help desks, defined contact points, user groups, and feedback mechanisms. There is a published complaints procedure which includes published contact points, well defined procedures, clear timescales for dealing with complaints, and a clearly defined escalation procedure	

Criterion 10: PMDS Implementation and Individual Performance Management		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	Management in the unit is unable to demonstrate that it is undertaking PMDS as a matter of regular practice, or that it is taking action to introduce the regular use of the University PMDS scheme	
2	Management in the unit has made demonstrable efforts to implement the University PMDS scheme but has not yet succeeded in sustaining it as a matter of regular practice	
3	Management practice in the unit recognises the value of PMDS. The University scheme is demonstrably being introduced. There is evidence of informal or formal reviews designed to look at progress against objectives set under PMDS. However it cannot yet be said that the use of PMDS is embedded in the unit	✓
4	PMDS is embedded in the unit. Although there may be gaps in its full implementation most staff go through PMDS every year. This is supported by regular structured reviews to look at progress against objectives set under PMDS. The objectives set under PMDS are cascaded from the University strategy, the ISSSP, and unit and team operational plans.	
5	The uses of PMDS is fully embedded in the unit. Everybody has received the necessary training. All staff routinely expect to participate in the full PMDS procedure every year, and expect to cover all aspects of the procedure, including performance feedback, objective setting and development needs analysis. Objectives are set on the basis of a cascading process from the University strategic plan	

Criterion 11: Staff development		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	Staff development is not formally managed in the unit. Individual training may take place on an unstructured basis, and in response to staff expressions of interest.	
2	The unit can demonstrate that it is considering its own staff development needs, and that it is directing training and development investment towards meeting these needs.	
3	The unit can demonstrate that it has analysed and documented the skills which it needs and that it has put in place a systematic approach to meeting the skills need. This is reflected in training and development programmes made available to staff.	✓
4	Training and development are formally planned. The unit uses PMDS (or an equivalent analysis mechanism) to identify individual development needs, and takes account of University strategic goals in planning staff training and development. The unit maintains a record of the training and development activity undertaken by each team member	
5	Managers and leaders in the unit have short and medium term training and development plans appropriate to their current role and to their anticipated future development. Their needs have been explicitly discussed and identified through PMDS or otherwise. Individual development needs are explicitly aligned with University strategic goals. The unit maintains a record of the training and development activity undertaken by each team member	

Criterion 12: Internal Team Communication		Please tick (✓) the level to which your unit corresponds
Level	Level definition	
1	The unit brings together its senior team from time to time. Team briefings (or other team communication) generally take place only when critical issues arise.	
2	The unit can demonstrate that it is developing a systematic and managed approach to internal communication.	
3	The unit can demonstrate that it has implemented a systematic approach to internal communication activity. This is characterised by regular documented and tracked senior team meetings, regular team briefings, staff team emails, and other measures designed to ensure that the team is aware of issues which affect it and has a chance to provide feedback on them.	✓
4	The unit conducts regular senior team meetings and team briefings on a structured basis and consistently across the unit. Most aspects of an internal communications plan are demonstrably in place.	
5	The unit conducts internal communication on a planned basis. Regular documented and tracked senior team meetings take place, as do operational team meetings to an extent commensurate with the size and structure of the unit. The unit head takes appropriate steps to inform themselves of relevant change and development in the University, and ensures that there is appropriate briefing and discussion in the unit. Team members are supported and encouraged in expressing their views and opinions and receive appropriate feedback.	