

Key lines of enquiry, prompts and ratings characteristics for healthcare services

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Notes on this updated assessment framework

CQC's inspection teams will use this updated framework to assess healthcare services, using the key lines of enquiry (KLOEs) and prompts where they are appropriate. This replaces the previous separate versions for different types of service, published in 2015, which duplicated many of the KLOEs and prompts. We have designed this to simplify the process for organisations that provide more than one type of service.

The changes to KLOEs and prompts are the result of feedback following our Next Phase consultation. We have merged previous versions, added new content to strengthen specific areas and reflect current practice, and made some changes to the wording to improve and simplify the language to aid understanding.

We have also aligned, as much as possible, the wording of KLOEs and prompts between the two assessment frameworks for healthcare services and adult social care services (referred to in this document as ASC). To help you update your own internal assessment and training materials, we have mapped the changes against the current frameworks and highlight them in the separate document.

We introduced the revised assessment frameworks at different times across settings as follows:

| | |
|--|---------------|
| NHS trusts: NHS acute hospitals, NHS acute and specialist mental health, NHS substance misuse services, NHS community and ambulance trusts | June 2017 |
| Community and residential adult social care services | November 2017 |
| NHS GP practices and GP out-of-hours services, NHS 111 services, independent doctor services (primary medical services) | November 2017 |

We will start to use this updated framework to assess the following types of provider on the dates shown below. In the meantime it can be used to prepare any changes to internal assessment and training systems in advance.

| | |
|--|---|
| Primary care dental services | April 2018 |
| Independent healthcare services: acute hospitals, single specialty acute services, independent ambulances, hospice services, independent specialist substance misuse services, independent doctor services (non-hospital acute services) | 2018/19 (to be confirmed in consultation 3) |

Notes:

Where we refer to ‘people’, we include adults, young people and children, where applicable.

Safe

By safe, we mean people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| S1 | How do systems, processes and practices keep people safe and safeguarded from abuse? | All health |
| S1.1 | How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? | All health |
| S1.2 | How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? | All health |
| S1.3 | How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. | All health |
| S1.4 | How is safety promoted in recruitment practice, arrangements to support staff, disciplinary procedures, and ongoing checks? (For example, Disclosure and Barring Service checks.) | All health |
| S1.5 | Do staff receive effective training in safety systems, processes and practices? | All health |
| S1.6 | Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? | All health |

Key lines of enquiry and prompts: SAFE

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|---|
| S1.7 | Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? | All health |
| S1.8 | How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? | NOT NHS 111 |
| S1.9 | Do the design, maintenance and use of facilities and premises keep people safe? | All health |
| S1.10 | Do the maintenance and use of equipment keep people safe? | All health |
| S1.11 | Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) | NOT NHS 111 |
| S2 | How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe? | All health |
| S2.1 | How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? | All health |
| S2.2 | How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? | All health |
| S2.3 | Do arrangements for using bank, agency and locum staff keep people safe at all times? | All health |
| S2.4 | How do arrangements for handovers and shift changes ensure that people are safe? | NOT: ambulance services, GP practices, GP out-of-hours, NHS 111 |
| S2.5 | Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? | All health |

Key lines of enquiry and prompts: SAFE

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| S2.6 | How do staff identify and respond appropriately to changing risks to people, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations? | All health |
| S2.7 | How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? | All health |
| S3 | Do staff have all the information they need to deliver safe care and treatment to people? | All health |
| S3.1 | Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? | All health |
| S3.2 | Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) | All health |
| S3.3 | When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? | All health |
| S3.4 | How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) | All health |
| S4 | How does the provider ensure the proper and safe use of medicines, where the service is responsible? | All health |
| S4.1 | How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) | All health |

Key lines of enquiry and prompts: SAFE

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| S4.2 | Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? | All health |
| S4.3 | Do people receive specific advice about their medicines in line with current national guidance or evidence? | All health |
| S4.4 | How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? | All health |
| S4.5 | Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care? | All health |
| S.4.6 | Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? | All health |
| S4.7 | Are people's medicines regularly reviewed including the use of 'when required' medicines? | All health |
| S4.8 | How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? | All health |
| S5 | What is the track record on safety? | All health |
| S5.1 | What is the safety performance over time? | All health |
| S5.2 | How does safety performance compare with other similar services? | All health |
| S5.3 | How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)? | All health |
| S6 | Are lessons learned and improvements made when things go wrong? | All health |

Key lines of enquiry and prompts: SAFE

| Code | Key line of enquiry / prompt | Applies to |
|------|--|------------|
| S6.1 | Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? | All health |
| S6.2 | What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations? | All health |
| S6.3 | How are lessons learned and themes identified, and is action taken as a result of investigations when things go wrong? | All health |
| S6.4 | How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? | All health |
| S6.5 | How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? | All health |

Notes:

Where we refer to ‘people’, we include adults, young people and children, where applicable.

Effective

By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

| Code | Key line of enquiry / prompt | Applies to |
|------|--|---|
| E1 | Are people’s needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? | All health |
| E1.1 | Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? | All health |
| E1.2 | What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? | All health |
| E1.3 | How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence? | All health |
| E1.4 | Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? | All health |
| E1.5 | How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? | NOT: GP practices, GP out-of-hours, NHS 111 |

Key lines of enquiry and prompts: **EFFECTIVE**

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|--|
| E1.6 | How is a person's pain assessed and managed, particularly for people who have difficulty communicating? | NOT: specialist mental health services, specialist substance misuse services |
| E1.7 | Are people told when they need to seek further help and advised what to do if their condition deteriorates? | All health |
| E2 | How are people's care and treatment outcomes monitored and how do they compare with other similar services? | All health |
| E2.1 | Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? | All health |
| E2.2 | Does this information show that the intended outcomes for people are being achieved? | All health |
| E2.3 | How do outcomes for people in this service compare with other similar services and how have they changed over time? | All health |
| E2.4 | Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes? | All health |
| E3 | How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? | All health |
| E3.1 | Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? | All health |
| E3.2 | How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training? | All health |

Key lines of enquiry and prompts: **EFFECTIVE**

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|---|
| E3.3 | Are staff encouraged and given opportunities to develop? | All health |
| E3.4 | What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) | All health |
| E3.5 | How is poor or variable staff performance identified and managed? How are staff supported to improve? | All health |
| E3.6 | Are volunteers recruited where required, and are they trained and supported for the role they undertake? | All health |
| E4 | How well do staff, teams and services work together within and across organisations to deliver effective care and treatment? | All health |
| E4.1 | Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? | All health |
| E4.2 | How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? | All health |
| E4.3 | How are people assured that they will receive consistent, coordinated, person-centred care and support when they use, or move between different services? | All health |
| E4.4 | Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? | NOT: GP practices, GP out-of-hours, NHS 111 |
| E4.5 | How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored? | NHS acute & independent hospitals only |

Key lines of enquiry and prompts: **EFFECTIVE**

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|-----------------|
| E5 | How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population? | All health |
| E5.1 | Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> • people in the last 12 months of their lives • people at risk of developing a long-term condition • carers | All health |
| E5.2 | How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary? | All health |
| E5.3 | Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? | All health |
| E5.4 | Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary? | All health |
| E5.5 | How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.) | NOT: ambulances |
| E6 | Is consent to care and treatment always sought in line with legislation and guidance? | All health |
| E6.1 | Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? | All health |
| E6.2 | How are people supported to make decisions in line with relevant legislation and guidance? | All health |
| E6.3 | How and when is possible lack of mental capacity to make a particular decision assessed and recorded? | All health |

Key lines of enquiry and prompts: EFFECTIVE

| Code | Key line of enquiry / prompt | Applies to |
|------|---|--------------|
| E6.4 | How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? | All health |
| E6.5 | When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? | All health |
| E6.6 | How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate and monitored way as part of a wider person-centred support plan? | NOT: NHS 111 |
| E6.7 | Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate? | NOT: NHS 111 |

Notes:

Where we refer to ‘people’, we include adults, young people and children, where applicable.

Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|------------|
| C1 | How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? | All health |
| C1.1 | Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? | All health |
| C1.2 | Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? | All health |
| C1.3 | Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? | All health |
| C1.4 | Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? | All health |
| C1.5 | Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? | All health |
| C1.6 | Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? | All health |

Key lines of enquiry and prompts: CARING

| Code | Key line of enquiry / prompt | Applies to |
|------------|---|------------|
| C.2 | How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible? | All health |
| C2.1 | Do staff communicate with people so that they understand their care, treatment and condition and any advice given? | All health |
| C2.2 | Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary? | All health |
| C2.3 | How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? | All health |
| C2.4 | Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? | All health |
| C2.5 | Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered? | All health |
| C2.6 | Are people's carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care? | All health |
| C2.7 | What emotional support and information is provided to those close to people who use services, including carers, family and dependants? | All health |
| C3 | How are people's privacy and dignity respected and promoted? | All health |
| C3.1 | How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? | All health |

Key lines of enquiry and prompts: CARING

| Code | Key line of enquiry / prompt | Applies to |
|------|--|------------|
| C3.2 | Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? | All health |
| C3.3 | How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information? | All health |

Notes:

Where we refer to ‘people’, we include adults, young people and children, where applicable.

Responsive

By responsive, we mean that services meet people’s needs.

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| R1 | How do people receive personalised care that is responsive to their needs? | All health |
| R1.1 | Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? | All health |
| R1.2 | Where people’s needs and choices are not being met, is this identified and used to inform how services are improved and developed? | All health |
| R1.3 | Are the facilities and premises appropriate for the services that are delivered? | All health |
| R1.4 | How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people’s consent to do so? | All health |
| R2 | Do services take account of the particular needs and choices of different people? | All health |
| R2.1 | How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? | All health |
| R2.2 | How are services delivered and coordinated to be accessible and responsive to people with complex needs? | All health |

Key lines of enquiry and prompts: RESPONSIVE

| Code | Key line of enquiry / prompt | Applies to |
|------|--|---|
| R2.3 | How are people supported during referral, transfer between services and discharge? | All health |
| R2.4 | Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? | All health |
| R2.5 | Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? | All health |
| R2.6 | Where the service is responsible, how are people encouraged to develop and maintain relationships with people that matter to them, both within the service and the wider community? | Community health services, specialist mental health services, specialist substance misuse services |
| R2.7 | Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate, to have access to education and work opportunities? | Community health services, specialist mental health services, specialist substance misuse services |
| R2.8 | How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? | All health Acute and community health services only where the health service includes end of life care |

Key lines of enquiry and prompts: **RESPONSIVE**

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|--|
| R2.9 | How are people who may be approaching the end of their life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed? | NOT: ambulance services, NHS 111, specialist mental health services Acute and community health services only where the health service includes end of life care |
| R2.10 | If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death? | NOT: NHS 111, specialist mental health services Acute and community health services only where the health service includes end of life care |
| R3 | Can people access care and treatment in a timely way? | All health |
| R3.1 | Do people have timely access to initial assessment, test results, diagnosis or treatment? | All health |
| R3.2 | Can people access care and treatment at a time to suit them? | NOT: ambulance services, NHS 111 |
| R3.3 | What action is taken to minimise the length of time people have to wait for care, treatment or advice? | All health |
| R3.4 | Do people with the most urgent needs have their care and treatment prioritised? | All health |
| R3.5 | Are appointment systems easy to use and do they support people to access appointments? | NOT: NHS 111 |

Key lines of enquiry and prompts: **RESPONSIVE**

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|-------------------------|
| R3.6 | Are appointments, care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? | All health |
| R3.7 | Do services run on time, and are people kept informed about any disruption? | All health |
| R3.8 | How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? | NOT: ambulance services |
| R4 | How are people's concerns and complaints listened and responded to and used to improve the quality of care? | All health |
| R4.1 | How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? | All health |
| R4.2 | How easy is it for people to use the complaints process or raise a concern? Are people treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint? | All health |
| R4.3 | How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? | All health |
| R4.4 | How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? | All health |
| R4.5 | To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement? | All health |

Notes:

1. Where we refer to ‘people’, we include adults, young people and children, where applicable.
2. The new framework for assessing the well-led key question has been developed jointly with NHS Improvement.

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|------------|
| W1 | Is there the leadership capacity and capability to deliver high-quality, sustainable care? | All health |
| W1.1 | Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? | All health |
| W1.2 | Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? | All health |
| W1.3 | Are leaders visible and approachable? | All health |
| W1.4 | Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? | All health |
| W2 | Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? | All health |
| W2.1 | Is there a clear vision and a set of values, with quality and sustainability as the top priorities? | All health |
| W2.2 | Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? | All health |

Key lines of enquiry and prompts: WELL-LED

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| W2.3 | Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? | All health |
| W2.4 | Do staff know and understand what the vision, values and strategy are, and their role in achieving them? | All health |
| W2.5 | Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? | All health |
| W2.6 | Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? | All health |
| W3 | Is there a culture of high-quality, sustainable care? | All health |
| W3.1 | Do staff feel supported, respected and valued? | All health |
| W3.2 | Is the culture centred on the needs and experience of people who use services? | All health |
| W3.3 | Do staff feel positive and proud to work in the organisation? | All health |
| W3.4 | Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? | All health |
| W3.5 | Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? | All health |
| W3.6 | Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? | All health |
| W3.7 | Is there a strong emphasis on the safety and wellbeing of staff? | All health |

Key lines of enquiry and prompts: WELL-LED

| Code | Key line of enquiry / prompt | Applies to |
|-----------|--|-----------------------------------|
| W3.8 | Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? | All health |
| W3.9 | Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? | All health |
| W4 | Are there clear responsibilities, roles and systems of accountability to support good governance and management? | All health |
| W4.1 | Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? | All health |
| W4.2 | Do all levels of governance and management function effectively and interact with each other appropriately? | All health |
| W4.3 | Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? | All health |
| W4.4 | Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? | All health |
| W4.5 | Are there robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Health Act 1983? | Specialist mental health services |
| W5 | Are there clear and effective processes for managing risks, issues and performance? | All health |
| W5.1 | Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? | All health |
| W5.2 | Are there processes to manage current and future performance? Are these regularly reviewed and improved? | All health |

Key lines of enquiry and prompts: WELL-LED

| Code | Key line of enquiry / prompt | Applies to |
|-----------|---|------------|
| W5.3 | Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? | All health |
| W5.4 | Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? | All health |
| W5.5 | Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? | All health |
| W5.6 | When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? | All health |
| W6 | Is appropriate and accurate information being effectively processed, challenged and acted on? | All health |
| W6.1 | Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? | All health |
| W6.2 | Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? | All health |
| W6.3 | Are there clear and robust service performance measures, which are reported and monitored? | All health |
| W6.4 | Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? | All health |
| W6.5 | Are information technology systems used effectively to monitor and improve the quality of care? | All health |
| W6.6 | Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? | All health |

Key lines of enquiry and prompts: WELL-LED

| Code | Key line of enquiry / prompt | Applies to |
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| W6.7 | Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches? | All health |
| W7 | Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services? | All health |
| W7.1 | Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? | All health |
| W7.2 | Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? | All health |
| W7.3 | Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic? | All health |
| W7.4 | Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? | All health |
| W7.5 | Is there transparency and openness with all stakeholders about performance? | All health |
| W8 | Are there robust systems and processes for learning, continuous improvement and innovation? | All health |
| W8.1 | In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? | All health |
| W8.2 | Are there standardised improvement tools and methods, and do staff have the skills to use them? | All health |

Key lines of enquiry and prompts: WELL-LED

| Code | Key line of enquiry / prompt | Applies to |
|------|---|------------|
| W8.3 | How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? | All health |
| W8.4 | Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? | All health |
| W8.5 | Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work? | All health |

Ratings characteristics for healthcare services

| Safe | | | |
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| <p>By safe, we mean people are protected from abuse* and avoidable harm.</p> <p>*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.</p> | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| <p>People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.</p> | <p>People are protected from avoidable harm and abuse. Legal requirements are met.</p> | <p>There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.</p> | <p>People are not safe or at high risk of avoidable harm or abuse. Normally some regulations are not met.</p> |
| S1: How do systems, processes and practices keep people safe and safeguarded from abuse? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| <p>There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems. People who use services are at the centre of safeguarding and protection from discrimination. Innovation is encouraged to</p> | <p>There are clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. These:</p> <ul style="list-style-type: none"> • are reliable and minimise the potential for error • reflect national, professional guidance and legislation | <p>Systems, processes and standard operating procedures are not always reliable or appropriate to keep people safe.</p> <p>Monitoring whether safety systems are implemented is not robust. There are some concerns about the consistency of understanding and the</p> | <p>Safety systems, processes and standard operating procedures are not fit for purpose.</p> <p>There is wilful or routine disregard of standard operating or safety procedures.</p> <p>There is insufficient attention to safeguarding</p> |

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| <p>achieve sustained improvements in safety and continual reductions in harm.</p> | <ul style="list-style-type: none"> • are appropriate for the care setting and address people’s diverse needs • are understood by all staff and implemented consistently • are reviewed regularly and improved when needed. <p>Staff have received up-to-date training in all safety systems, processes and practices.</p> <p>Safeguarding adults, children and young people at risk is given sufficient priority. Staff take a proactive approach to safeguarding and focus on early identification. They take steps to prevent abuse or discrimination that might cause avoidable harm, respond appropriately to any signs or allegations of abuse and work effectively with others, including people using the service, to agree and implement protection plans. There is active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations, including when people experience harassment or abuse in the community.</p> | <p>number of staff who are aware of them.</p> <p>Safeguarding is not given sufficient priority at all times. Systems are not fully embedded, staff do not always respond quickly enough, or there are shortfalls in the system of engaging with local safeguarding processes and with people using the service.</p> <p>There is an inconsistent approach to protecting people from discrimination.</p> | <p>children and adults. Staff do not recognise or respond appropriately to abuse or discriminatory practice.</p> <p>Care premises, equipment and facilities are unsafe.</p> |
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S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff.</p> <p>Staff are able to discuss risk effectively with people using the service.</p> | <p>Staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times. Any staff shortages are responded to quickly and adequately.</p> <p>Where relevant, there are effective handovers and shift changes to ensure that staff can manage risks to people who use services.</p> <p>Staff recognise and respond appropriately to changes in the risks to people who use services.</p> <p>Risks to safety from changes or developments to services are assessed, planned for and managed effectively.</p> | <p>There are periods of understaffing or inappropriate skill mix, which are not addressed quickly. Agency, bank and locum staff are not used in a way that ensures people's safety is always protected.</p> <p>There is a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.</p> | <p>Substantial or frequent staff shortages or poor management of agency or locum staff increases risks to people who use services.</p> <p>Staff do not assess, monitor or manage risks to people who use the services.</p> <p>Opportunities to prevent or minimise harm are missed.</p> <p>Changes are made to services without due regard to the impact on people's safety.</p> |
| <p>The following characteristics do not apply to GP practices, GP out-of-hours, and NHS 111 services</p> | | | |
| <p>People who use services and those close to them are actively involved in managing their own risks.</p> | <p>Risks to people who use services are assessed, monitored and managed on a day-to-day basis. These include signs of deteriorating health, medical emergencies or behaviour that challenges. People are involved in managing risks and risk assessments are person-centred, proportionate and reviewed regularly.</p> | <p>The approach to assessing and managing day-to-day risks to people who use services is sometimes focused on clinical risks and does not take a holistic view of people's needs.</p> | |

S3: Do staff have all the information they need to deliver safe care and treatment to people?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>The systems to manage and share the information that is needed to deliver effective care treatment and support, are coordinated, provide real-time information across services, and support integrated care for people who use services.</p> <p>People are able to transition seamlessly between services because there is advance planning and information sharing between teams.</p> <p>Innovative practice supports accurate and personalised information sharing.</p> | <p>Staff can access the information they need to assess, plan and deliver care, treatment and support to people in a timely way, particularly when people are referred or when they transition between services. When there are different systems to store or manage care records, these are coordinated. People understand the information that is shared about them and, if possible, they have a copy.</p> <p>Staff have involved partner agencies and carers when sharing information.</p> | <p>Systems to manage and share care records and information are cumbersome or uncoordinated, and there are delays in sharing information about people's care between staff or with carers and partner agencies.</p> <p>Staff do not always have the complete information they need before providing care, treatment and support. People have to repeat information or answer the same questions again.</p> | <p>The information needed to plan and deliver effective care, treatment and support is not available at the right time. Information about people's care and treatment is not appropriately shared between staff or with carers and partner agencies.</p> <p>People have to repeat information or answer the same questions again and be re-triaged.</p> |

S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?

| Outstanding | Good | Requires improvement | Inadequate |
|---|---|--|---|
| <p>Staff not only meet good practice standards in relation to national guidance, they also contribute to research and development of national guidance.</p> | <p>Staff meet good practice standards described in relevant national guidance, including in relation to non-prescribed medicines.</p> <p>People receive their medicines as prescribed. The service involves them in</p> | <p>People do not always receive their medicines as prescribed. The service does not always follow relevant national guidelines around storing medicines,</p> | <p>People are at risk because staff do not administer medicines safely or people do not receive them as prescribed.</p> <p>Medicines are not ordered,</p> |

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| Compliance with medicines policy and procedure is routinely monitored and action plans are always implemented promptly. | regular medicines reviews. Staff manage medicines consistently and safely. Medicines are stored correctly, and disposed of safely. Staff keep accurate records of medicines. | administering them, and disposing of them. This includes in relation to non-prescribed medicines. | transported or stored safely or securely. |
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S5: What is the track record on safety?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>The provider has a sustained track record of safety supported by accurate performance information.</p> <p>There is ongoing, consistent progress towards safety goals reflected in a zero-harm culture.</p> | <p>Monitoring and reviewing activity enables staff to understand risks and gives a clear, accurate and current picture of safety.</p> <p>Performance shows a good track record and steady improvements in safety.</p> | <p>Information about safety is not always comprehensive or timely. Safety is not improved over time.</p> | <p>Safety is not a sufficient priority. There is limited measurement and monitoring of safety performance. There are unacceptable levels of serious incidents, or significant or never events.</p> |

S6: Are lessons learned and improvements made when things go wrong?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>There is a genuinely open culture in which all safety concerns raised by staff and people who use service are highly valued as being integral to learning and improvement.</p> <p>All staff are open and transparent, and fully committed to reporting incidents and near misses. The level and quality of</p> | <p>Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses; they are fully supported when they do so.</p> <p>When something goes wrong, there is an appropriate thorough review or investigation that involves all relevant staff, partner organisations and people who use services. The service participates</p> | <p>Safety concerns are not consistently identified or addressed quickly enough.</p> <p>There is limited use of systems to record and report safety concerns, incidents and near misses. Some staff are not clear how to do this or are wary about raising concerns.</p> | <p>Staff do not recognise concerns, incidents or near misses.</p> <p>Staff are afraid of, or discouraged from, raising concerns and there is a culture of blame.</p> <p>When concerns are raised or things go wrong, the approach to reviewing and</p> |

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| <p>incident reporting shows the levels of harm and near misses, which ensures a robust picture of quality.</p> <p>Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local, national, and international safety programmes. Opportunities to learn from external safety events are identified.</p> | <p>in learning with other providers within the system.</p> <p>Lessons are learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected. Opportunities to learn from external safety events and patient safety alerts are also identified. Improvements to safety are made and the resulting changes are monitored.</p> | <p>When things go wrong, reviews and investigations are not always sufficiently thorough or do not include all relevant people. Necessary improvements are not always made when things go wrong.</p> <p>The service does not always review or act on patient safety alerts or learn from external safety events.</p> | <p>investigating causes is insufficient or too slow.</p> <p>There is little evidence of learning from events or action taken to improve safety.</p> <p>The service does not receive or comply with patient safety alerts.</p> |
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Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

| Outstanding | Good | Requires improvement | Inadequate |
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| Outcomes for people who use services are consistently better than expected when compared with other similar services. | People have good outcomes because they receive effective care and treatment that meets their needs. | People are at risk of not receiving effective care or treatment. There is a lack of consistency in the effectiveness of the care, treatment and support that people receive. Regulations may or may not be met. | People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise. Normally some regulations are not met. |

E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

| Outstanding | Good | Requires improvement | Inadequate |
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| There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs. The safe use of innovative and pioneering approaches to care and how it is delivered are actively | People's care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies. This is monitored to ensure consistency of practice. People have comprehensive assessments of their needs, which include consideration of clinical needs | Care and treatment does not always reflect current evidence-based guidance, standards, best practice and technologies. Implementation of evidence-based guidance is variable. Care assessments do not consider the full range of | People's care and treatment does not reflect current evidence-based guidance, standards, practice or technology. Care or treatment is based on discriminatory decisions rather than a full assessment of a person's needs, including those |

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| <p>encouraged. New evidence-based techniques and technologies are used to support the delivery of high-quality care.</p> <p>People who are detained under the Mental Health Act 1983 (MHA) understand and are empowered to exercise their rights under the Act. The provider supports staff to understand and meet the standards in the MHA Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the MHA.</p> | <p>(including pain relief), mental health, physical health and wellbeing, and nutrition and hydration needs. The expected outcomes are identified and care and treatment is regularly reviewed and updated, and appropriate referral pathways are in place to make sure that needs are addressed.</p> <p>Where people are subject to the Mental Health Act 1983 (MHA), their rights are protected and staff comply with the MHA Code of Practice. Any departure from the Code of Practice guidance is clearly justified.</p> | <p>people’s diverse needs, including those related to nutrition, hydration and pain relief.</p> <p>Staff do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</p> | <p>related to nutrition, hydration and pain relief.</p> <p>Staff fail to comply with the Mental Health Act Code of Practice or other legislation.</p> |
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E2: How are people’s care and treatment outcomes monitored and how do they compare with other similar services?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>All staff are actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. High performance is</p> | <p>Information about people’s care and treatment, and their outcomes, is routinely collected and monitored. This information is used to improve care. Outcomes for people who use services are positive, consistent and meet expectations.</p> <p>There is participation (that includes all relevant staff) in relevant local and national clinical audits and other monitoring activities such as reviews of</p> | <p>Outcomes for people who use services are below expectations compared with similar services. The outcomes of people’s care and treatment are not always monitored regularly or robustly. Participation in external audits and benchmarking is limited. The results of monitoring are not always used</p> | <p>There is very limited or no monitoring of the outcomes of care and treatment. People’s outcomes are very variable or significantly worse than expected when compared with other similar services. Necessary action is not taken to improve people’s outcomes.</p> |

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| <p>recognised by credible external bodies. Outcomes for people who use services are positive, consistent and regularly exceed expectations.</p> | <p>services, benchmarking and peer review and approved service accreditation schemes. Accurate and up-to-date information about effectiveness is shared internally and externally and is understood by staff. It is used to improve care and treatment and people's outcomes and this improvement is checked and monitored.</p> | <p>effectively to improve quality.</p> | |
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E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Where relevant, volunteers are proactively recruited and are supported in their role.</p> <p>The service regularly updates its policies and processes for using volunteers and innovative practice, and the use of volunteers helps to measurably improve outcomes for people.</p> | <p>All staff, including volunteers, are qualified and have the skills they need to carry out their roles effectively and in line with best practice. The learning needs of staff are identified and training is provided to meet these needs. Staff are supported to maintain and further develop their professional skills and experience.</p> <p>Staff are supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. Where relevant, staff are supported through the process of revalidation. There is a clear and appropriate approach for supporting and managing staff when their performance is poor or variable.</p> | <p>Not all staff have the right qualifications, skills, knowledge and experience to do their job. The learning needs of staff are not fully understood.</p> <p>Staff are not always supported to participate in training and development, or the opportunities that are offered do not fully meet their needs.</p> <p>There are gaps in management and support arrangements for staff, such as appraisal, supervision and professional development.</p> | <p>People receive care from staff who do not have the skills or experience that is needed to deliver effective care.</p> <p>Staff do not develop the knowledge, skills and experience to enable them to deliver good quality care.</p> <p>Staff are not supervised or managed effectively. Poor performance is not dealt with in a timely or effective way.</p> <p>There is a lack of coordinated recruitment, support and training of volunteers.</p> |

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| | The service has effective policies and processes for recruiting, training and supporting volunteers where necessary. These are implemented and volunteers feel supported and understand their roles and responsibilities. | Volunteers are recruited, but they are not given effective training or support. | |
| E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| <p>Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services.</p> <p>There is a holistic approach to planning people's discharge, transfer or transition to other services, which is done at the earliest possible stage.</p> | <p>When people receive care from a range of different staff, teams or services, it is coordinated. All relevant staff, teams and services are involved in assessing, planning and delivering people's care and treatment. Staff work collaboratively to understand and meet the range and complexity of people's needs.</p> <p>When people are due to move between services their needs are assessed early, with the involvement of all necessary staff, teams and services. People's discharge, transition and referral plans take account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. People are discharged at an appropriate time and when all necessary care arrangements are in place.</p> <p>Where unexpected discharges, transfers and transitions occur, processes are in</p> | <p>There is limited participation in multidisciplinary working. Teams do not include all necessary staff, are not coordinated or do not meet frequently enough to provide effective care. Discharge, transition and referral planning is undertaken but is not timely or does not consider all of the person's needs. There may be delays or poor coordination when people are referred or discharged or when they transition to other services.</p> <p>Unexpected discharges, transfers and transitions are not managed effectively and the provider does not consistently make sure that</p> | <p>Staff and teams provide care in isolation and do not seek support or input from other relevant teams and services. There are significant barriers to effective joint working between teams.</p> <p>The plans for people's discharge, transition or referral are incomplete or they do not reflect their needs. There are significant delays to discharge, transition or referral. The arrangements for discharge, transition or referral are unclear or discharge happens without having ongoing care arrangements in place.</p> |

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| | place that do not leave people unduly at risk, including communicating people's specific, individual needs. | unplanned departures or discharges do not leave people unduly at risk. | Unexpected discharges, transfers and transitions are not managed and may place people at risk. |
| E5: How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population, where necessary? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| Staff are consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so. | Staff are consistent and proactive in supporting people to live healthier lives. There is a focus on early identification and prevention and on supporting people to improve their health and wellbeing. | There is limited focus on prevention and early identification of health needs and staff are not proactive in supporting people to live healthier lives. | There is no focus on prevention and early identification of health needs. Staff are reactive, rather than proactive in supporting people to live healthier lives, and those who need extra support are not identified. |
| E6: Is consent to care and treatment always sought in line with legislation and guidance? | | | |
| Outstanding | Good | Requires Improvement | Inadequate |
| Practices around consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Engagement with stakeholders, including people who use services and those close to them, informs the development | Consent to care and treatment is obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People are supported to make decisions and, where appropriate, their mental capacity is assessed and recorded. When people aged 16 and over lack the mental capacity to make a decision, best | Consent is not always obtained or recorded in line with relevant guidance and legislation. There is a lack of consistency in how people's mental capacity is assessed and not all decision-making is informed or in line with guidance and legislation. | Consent to care and treatment has not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. There are instances where care and treatment is not provided in line with |

Ratings characteristics: EFFECTIVE

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| <p>of tools and support to help people give informed consent.</p> | <p>interests decisions are made in accordance with legislation. The process for seeking consent is appropriately monitored.</p> <p>The use of restraint is understood and monitored, and less restrictive options are used where possible.</p> | <p>Decision-makers do not always make decisions in the best interests of people who lack the mental capacity to make decisions for themselves, in accordance with legislation.</p> <p>Restraint (where relevant) is not always recognised, or less restrictive options used where possible.</p> | <p>people’s decisions about consent.</p> <p>Where appropriate, people’s mental capacity has not been assessed and recorded. When people aged 16 and over lack the mental capacity to make a decision, best interests decisions have not been made in accordance with legislation.</p> <p>Restraint (where relevant) is not recognised and no attempts are made to find less restrictive options to provide necessary care and treatment.</p> |
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The following characteristics do not apply to ambulance services, GP practices, GP out-of-hours, and NHS 111 services

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| | <p>Deprivation of liberty is recognised and only occurs when it is in a person’s best interests, is a proportionate response to the risk and seriousness of harm to the person, and there is no less restrictive option that can be used to ensure the person gets the necessary care and treatment.</p> <p>The Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person’s liberty, are used appropriately.</p> | <p>Applications to authorise a deprivation of liberty using the Deprivation of Liberty Safeguards or through the Court of Protection are not always made appropriately or in a timely way.</p> | <p>Applications to authorise a deprivation of liberty using the Deprivation of Liberty Safeguards or through the Court of Protection are not made appropriately or in a timely way.</p> |
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Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.</p> | <p>People are supported, treated with dignity and respect, and are involved as partners in their care.</p> | <p>There are times when people do not feel well-supported or cared for or their dignity is not maintained. The service is not always caring. Regulations may or may not be met.</p> | <p>People are not treated with compassion or involved in their care. There are breaches of dignity and significant shortfalls in the caring attitude of staff. Normally some regulations are not met.</p> |

C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations.</p> <p>There is a strong, visible person-</p> | <p>Feedback from people who use the service, those who are close to them and stakeholders is positive about the way staff treat people. People are treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive. People feel supported and say staff care about them.</p> <p>Staff respond compassionately when</p> | <p>Some people who use the service, those who are close to them and stakeholders have concerns about the way staff treat people.</p> <p>People are sometimes not treated with kindness or respect when receiving care and treatment or during other</p> | <p>People do not feel cared for and feedback about staff interactions is negative.</p> <p>Staff are rude, impatient, judgemental, disrespectful or dismissive of people using their services or those close to them. People do not know how to seek</p> |

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| <p>centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people’s dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.</p> <p>Staff recognise and respect the totality of people’s needs. They always take people’s personal, cultural, social and religious needs into account, and find innovative ways to meet them.</p> <p>People’s emotional and social needs are seen as being as important as their physical needs.</p> | <p>people need help and they support them to meet their basic personal needs as and when required. They anticipate people’s needs.</p> <p>Staff support people and those close to them to manage their emotional response to their care and treatment. People’s personal, cultural, social and religious needs are understood. People are supported to maintain and develop their relationships with those close to them, their social networks and the community.</p> | <p>interactions with staff.</p> <p>People’s emotional, social, cultural or religious needs are not always viewed as important or reflected in their care, treatment and support.</p> | <p>help or are ignored when they do. Their basic needs are not met.</p> <p>People’s preferences and choices are not heard or acted on. People feel isolated and disconnected from their lives. They do not receive support to cope emotionally with their care and condition.</p> |
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C2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each</p> | <p>People who use services, carers and family members are involved and encouraged to be partners in their care and in making decisions, and receive any support they need. Staff spend time talking to people, or those close to them.</p> | <p>There is a paternalistic approach to providing care. Some staff do not consider involving people, carers and their families as an important part of care. People say that</p> | <p>People do not know or do not understand what is going to happen to them during their care. People do not know who to ask for help. They are not involved</p> |

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| <p>person.</p> <p>Staff always empower people who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.</p> <p>Staff recognise that people need to have access to, and links with, their advocacy and support networks in the community and they support people to do this. They ensure that people's communication needs are understood, seek best practice and learn from it.</p> | <p>Staff communicate with people and provide information in a way that they can understand. People understand their condition and their care, treatment and advice. People and staff work together to plan care and there is shared decision-making about care and treatment.</p> | <p>staff do not always explain things clearly or give them time to respond or help them to understand. Some people are not supported to understand the information they are given about their care and condition. This includes during referral, discharge, transition or transfers.</p> <p>The service is not prioritising a caring environment. People are not given information, access to advocacy or helped in other ways to be involved in their care and treatment.</p> | <p>in their own care or treatment and neither are carers or family members.</p> <p>People's preferences and choices are not considered in their care, support and treatment.</p> <p>The service does not support a caring environment and approach to people's care, treatment and support.</p> |
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C3: How is people's privacy and dignity respected and promoted?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>People are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do, including awareness of any</p> | <p>People who use services, those close to them and staff all understand the expectations of the service around privacy and dignity.</p> <p>Staff recognise the importance of people's privacy and dignity, respect it at all times and they challenge behaviour and practices that fall short of this. Staff</p> | <p>Staff do not see people's privacy and dignity as a priority. They do not always understand the need to make sure that people's privacy and dignity is maintained. While this may not be intentional, it results in</p> | <p>People's privacy, dignity and confidentiality are not respected. There is a demonstrable lack of understanding of privacy, dignity and confidentiality.</p> <p>The routines and preferences of staff take</p> |

Ratings characteristics: CARING

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| <p>specific needs as these are recorded and communicated.</p> <p>Staff find innovative ways to enable people to manage their own health and care when they can and to maintain independence as much as possible.</p> <p>People feel really cared for and that they matter.</p> <p>Staff are exceptional in enabling people to remain independent.</p> <p>People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.</p> | <p>develop trusting relationships with people.</p> <p>People's confidentiality is respected at all times. Legal requirements about data protection are met. When people's care and support is provided by a mix of different providers, the service minimises risks to privacy and confidentiality.</p> <p>People are enabled to manage their own health and care when they can, and to maintain independence.</p> <p>People have free access to their family, friends and community. Any restrictions to this are unavoidable or demonstrably in their best interests.</p> | <p>people not always feeling they are respected or valued.</p> <p>Staff do not always respect people's privacy and confidentiality.</p> <p>Staff may focus on the task rather than treating people as individuals.</p> <p>Services are inconsistent at times, and people do not always know who will be helping them.</p> <p>People are not encouraged to manage their own care.</p> | <p>priority and they have little understanding of the impact of this approach on the wellbeing and needs of people using the service.</p> <p>Not treating people, including those that matter to them, with kindness, respect and compassion is usually serious and widespread.</p> <p>People are not involved in their own care or treatment.</p> |
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Responsive

By responsive, we mean that services meet people’s needs.

| Outstanding | Good | Requires improvement | Inadequate |
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| Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. | People’s needs are met through the way services are organised and delivered. | Services do not always meet people’s needs. Regulations may or may not be met. | Services are not planned or delivered in a way that meets people’s needs. Normally some regulations are not met. |

R1: How do people receive personalised care that is responsive to their needs?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>People’s individual needs and preferences are central to the delivery of tailored services.</p> <p>There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.</p> <p>The services are flexible, provide informed choice and ensure continuity of care.</p> | <p>The importance of flexibility, informed choice and continuity of care is reflected in the services. People’s needs and preferences are considered and acted on to ensure that services are delivered in a way that is convenient.</p> | <p>Services are not delivered in a way that focuses on people’s holistic needs.</p> <p>There is some flexibility to take account of individual needs as they arise, but the service does not meet the needs of all the people who use it.</p> <p>Services are delivered in a way or at a time that is inconvenient and disruptive to people’s lives.</p> | <p>Services are planned and delivered without consideration of people’s needs and preferences.</p> <p>Some people are unable to use the service because it does not meet their needs.</p> |

| The following characteristic does not apply to NHS 111 services | | | |
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| Facilities and premises are innovative and meet the needs of a range of people who use the service. | Facilities and premises are appropriate for the services being delivered. | People find it hard to access services because the facilities and premises are not appropriate for the services being provided and action is not taken to address this. | The facilities and premises do not meet people's needs or are inappropriate. |
| R2: Do services take account of the particular needs and choices of different people? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This includes people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs. | <p>The needs and preferences of different people are taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, people who may be approaching the end of their life and people who are in vulnerable circumstances or who have complex needs.</p> <p>Care and treatment is coordinated with other services and other providers. This includes liaising with families and carers and ensuring that all services are informed of any diverse needs that need to be addressed.</p> <p>Reasonable adjustments are made and action is taken to remove barriers when people find it hard to use or access services.</p> | <p>There are shortfalls in how the needs and preferences of different people are taken into account, for example on the grounds of protected characteristics under the Equality Act and for people who may be approaching the end of their life, who are in vulnerable circumstances or who have complex needs.</p> <p>Reasonable adjustments are not always made.</p> <p>Information is not always accessible to all people.</p> | People are unable to access the care they need. Services are not set up to support people who may be approaching the end of their life, who have complex needs, who may need accessible information or people in vulnerable circumstances. |

| R3: Can people access care and treatment in a timely way? | | | |
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| Outstanding | Good | Requires improvement | Inadequate |
| <p>People can access services and appointments in a way and at a time that suits them.</p> <p>Technology is used innovatively to ensure people have timely access to treatment, support and care.</p> | <p>People can access the right care at the right time. Access to care is managed to take account of people’s needs, including those with urgent needs.</p> <p>The telephone or online system is easy to use and supports people to make appointments, bookings or obtain advice or treatment.</p> <p>Waiting times, delays and cancellations are minimal and managed appropriately.</p> <p>People are kept informed of any disruption to their care or treatment.</p> | <p>People find it difficult to use the appointment system to access services, either by telephone or using the online system.</p> <p>Some people are not able to access services for assessment, diagnosis or treatment when they need to. There are long waiting times, delays or cancellations.</p> <p>Action to address this is not taken quickly enough or is not effective.</p> | <p>People are frequently and consistently not able to access services in a timely way for an initial assessment, diagnosis or treatment. People experience unacceptable waits for some services.</p> |
| R4: How are people’s concerns and complaints listened and responded to and used to improve the quality of care? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| <p>People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews and that learning is shared with other services.</p> | <p>People know how to give feedback about their experiences and can do so in a range of accessible ways, including how to raise any concerns or issues.</p> <p>People who use the service, their family, friends and other carers feel confident that if they complain, they will be taken seriously and treated compassionately. They feel that their complaint or concern will be explored thoroughly and</p> | <p>People do not find it easy to raise concerns or complaints, or are worried about doing so. Complaints and concerns cannot be made in completely accessible ways.</p> <p>When people raise complaints or concerns, the service may not always take</p> | <p>People are not invited to express their views about their care and support. Complaints and concerns cannot be made in accessible ways.</p> <p>Complaints are not dealt with in an open, transparent, timely and objective way. The</p> |

Ratings characteristics: RESPONSIVE

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| <p>Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective approach.</p> | <p>responded to in good time because the service deals with complaints in an open and transparent way, with no repercussions.</p> <p>The service uses the learning from complaints and concerns as an opportunity for improvement. Staff can give examples of how they incorporated learning into daily practice.</p> | <p>their views fully on board, investigate them thoroughly and in a timely way, or change practice to improve.</p> <p>The complaints system may be managed inconsistently and there is little evidence of the learning applied to practice within the service.</p> <p>People sometimes suffer discrimination, detriment and harassment if they complain.</p> | <p>service's response to complaints suggests a defensive attitude.</p> <p>People suffer discrimination, detriment and harassment if they complain.</p> |
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Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

| Outstanding | Good | Requires improvement | Inadequate |
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| The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care. | The leadership, governance and culture promote the delivery of high-quality person-centred care. | The leadership, governance and culture do not always support the delivery of high-quality person-centred care. Regulations may or may not be met. | The delivery of high-quality care is not assured by the leadership, governance or culture. Normally some regulations are not met. |

W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

| Outstanding | Good | Requires improvement | Inadequate |
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| There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership | Leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed. Leaders at every level are visible and approachable. Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning. | Not all leaders have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. Staff do not consistently know who their leaders are or how to gain access to them. The need to develop leaders is not always identified or action is not always taken. | Leaders do not have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. There is no stable leadership team, with high unplanned turnover and/or vacancies. Leaders are out of touch with what is happening on the front line, and they cannot identify or do not understand the risks |

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| <p>represents the diversity of the workforce.</p> <p>Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.</p> | <p>The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and acts to address them.</p> | <p>Leaders are not always aware of the risks, issues and challenges in the service. Leaders are not always clear about their roles and their accountability for quality.</p> | <p>and issues described by staff.</p> <p>There is little or no attention to succession planning and development of leaders. Staff do not know who their leaders are or what they do, or are unable to access them. There are few examples of leaders making a demonstrable impact on the quality or sustainability of services.</p> |
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W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable. Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.</p> <p>There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.</p> | <p>There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant. The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population.</p> <p>Progress against delivery of the strategy</p> | <p>The strategy and plans have some significant gaps or weaknesses that undermine their credibility, and do not fully reflect the health economy in which the service works. They may not have been recently created or reviewed. Staff do not always understand how their role contributes to achieving the strategy. The statement of vision and guiding values is incomplete, out of date, or not fully credible. Results of stakeholder consultation are</p> | <p>There is no current strategy, or the strategy is not underpinned by detailed, realistic objectives and plans for high-quality and sustainable delivery, and it does not reflect the health economy in which the service works. Staff do not understand how their role contributes to achieving the strategy.</p> <p>There is no credible statement of vision and guiding values. Key</p> |

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| <p>Plans are consistently implemented, and have a positive impact on quality and sustainability of services.</p> | <p>and local plans is monitored and reviewed and there is evidence of this. Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place. Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.</p> | <p>not always taken into account in strategies or plans. Staff are not always aware of, support, or do not understand the vision and values, or have not been fully involved in developing them. Progress against delivery of the strategy and plans is not consistently or effectively monitored or reviewed and there is no evidence of progress. Leaders at all levels are not always held to account for the delivery of the strategy.</p> | <p>stakeholders have not been engaged in the creation of the strategy. Staff are not aware of or supportive of, or do not understand, the vision and values, or they were developed without staff and wider engagement. There is no effective approach to monitoring, reviewing or providing evidence of progress against delivery of the strategy or plans. The strategy has not been translated into meaningful and measurable plans at all levels of the service.</p> |
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W3: Is there a culture of high-quality, sustainable care?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is</p> | <p>Leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There are processes to support staff and promote their positive wellbeing. Leaders at every level live the vision and embody shared values, prioritise high-quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the</p> | <p>Staff satisfaction is mixed. Improving the culture or staff satisfaction is not seen as a high priority. Staff do not always feel actively engaged or empowered. There are teams working in silos or management and clinicians do not always work cohesively. Staff do not always raise concerns or</p> | <p>There is no understanding of the importance of culture. There are low levels of staff satisfaction, high levels of stress and work overload. Staff do not feel respected, valued, supported or appreciated. There is poor collaboration or cooperation between teams and there are high levels of conflict.</p> |

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| <p>equality and inclusion across the workforce.</p> <p>Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.</p> <p>There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.</p> | <p>organisation and focus attention on the needs and experiences of people who use services.</p> <p>Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns and those who do (including external whistleblowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.</p> <p>Behaviour and performance inconsistent with the vision and values is identified and dealt with swiftly and effectively, regardless of seniority. There is a culture of collective responsibility between teams and services. There are positive relationships between staff and teams, where conflicts are resolved quickly and constructively and responsibility is shared.</p> <p>There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations. Equality and diversity are</p> | <p>they are not always taken seriously, appropriately supported, or treated with respect when they do.</p> <p>People do not always receive a timely apology when something goes wrong and are not consistently told about any actions taken to improve processes to prevent the same happening again.</p> <p>Staff development is not always given sufficient priority. Appraisals take place inconsistently or are not of high quality. Equality and diversity are not consistently promoted and the causes of workforce inequality are not always identified or adequately addressed. Staff, including those with particular protected characteristics under the Equality Act, do not always feel they are treated equitably.</p> | <p>The culture is top-down and directive. It is not one of fairness, openness, transparency, honesty, challenge and candour. When something goes wrong, people are not always told and do not receive an apology. Staff are defensive and are not compassionate.</p> <p>There are high levels of bullying, harassment, discrimination or violence, and the organisation is not taking adequate action to reduce this. When staff raise concerns they are not treated with respect, or the culture, policies and procedures do not provide adequate support for them to do so. The culture is defensive. There is little attention to staff development and there are low appraisal rates.</p> |
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| | actively promoted and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably. | | |
| W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management? | | | |
| Outstanding | Good | Requires improvement | Inadequate |
| Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes. | The board and other levels of governance in the organisation function effectively and interact with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective. Staff are clear about their roles and accountabilities. | The arrangements for governance and performance management are not fully clear or do not always operate effectively. There has been no recent review of the governance arrangements, the strategy, or plans. Staff are not always clear about their roles, what they are accountable for, and to whom. | The governance arrangements and their purpose are unclear, and there is a lack of clarity about authority to make decisions and how individuals are held to account. There is no process to review key items such as the strategy, values, objectives, plans or the governance framework. Staff and their managers are not clear on their roles or accountabilities. There is a lack of systematic performance management of individual staff, or appropriate use of incentives or sanctions. |
| The following characteristic only applies to specialist mental health services | | | |

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| | <p>CQC’s Mental Health Act (MHA) reviewer reports are reviewed by non-executive members and the board is aware that any required action has been taken to address identified issues. Statistical information on MHA operation is monitored and statistical information on patterns of admission and length of stay is considered and compared with national data.</p> <p>The board receives reports on the performance of the MHA managers in reviewing detention and on second opinion appointed doctor (SOAD) requests and activity. Action is taken as required. The board makes sure that relationships with stakeholders, such as local authorities and the police, raise issues about MHA implementation.</p> | <p>Mental Health Act (MHA) reviewer reports are not routinely reviewed and statistical information on the MHA is not always monitored and compared with national data. There are relationships with stakeholders around the MHA, but they are not formalised to address any issues of implementation.</p> <p>Reports on the performance of MHA managers are compiled, but not reviewed at board level. Second opinion appointed doctor (SOAD) requests and activity are not routinely reported to the board.</p> | <p>Mental Health Act (MHA) reviewer reports are not reviewed by the board. Information relevant to monitoring the MHA, including performance of MHA managers and SOAD activity, is not robustly collected, not reviewed appropriately or action is not taken as a result.</p> |
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W5: Are there clear and effective processes for managing risks, issues and performance?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>There is a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to</p> | <p>The organisation has the processes to manage current and future performance. There is an effective and comprehensive process to identify, understand, monitor and address current and future risks. Performance issues are escalated to the appropriate committees and the board through clear structures and processes.</p> | <p>Risks, issues and poor performance are not always dealt with appropriately or quickly enough. The risk management approach is applied inconsistently or is not linked effectively into planning processes. The</p> | <p>There is little understanding or management of risks and issues, and there are significant failures in performance management and audit systems and processes. Risk or issue registers and action plans,</p> |

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| <p>use those systems and processes effectively. Problems are identified and addressed quickly and openly.</p> | <p>Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns. Financial pressures are managed so that they do not compromise the quality of care. Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood.</p> | <p>approach to service delivery and improvement is reactive and focused on short-term issues. Clinical and internal audit processes are inconsistent in their implementation and impact. The sustainable delivery of quality care is put at risk by the financial challenge.</p> | <p>if they exist at all, are rarely reviewed or updated. Meeting financial targets is seen as a priority at the expense of quality.</p> |
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W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>The service invests in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant.</p> <p>There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.</p> | <p>Integrated reporting supports effective decision making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people with quality, operational and financial information. Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary. Performance information is used to hold management and staff to account. The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address any</p> | <p>The information used in reporting, performance management and delivering quality care is not always accurate, valid, reliable, timely or relevant. Leaders and staff do not always receive information to enable them to challenge and improve performance. Information is used mainly for assurance and rarely for improvement.</p> <p>Required data or notifications are inconsistently submitted to external organisations. Arrangements for the</p> | <p>The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out of date or not relevant. Finance and quality management are not integrated to support decision making.</p> <p>There is inadequate access to and challenge of performance by leaders and staff. There are significant failings in systems and processes for the management or sharing of data.</p> |

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| | <p>weaknesses.</p> <p>Data or notifications are consistently submitted to external organisations as required. There are robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems are used effectively to monitor and improve the quality of care.</p> | <p>availability, integrity and confidentiality of patient identifiable data, records and data management systems are not always robust</p> | |
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W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

| Outstanding | Good | Requires improvement | Inadequate |
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| <p>There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.</p> <p>Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people</p> | <p>A full and diverse range of people’s views and concerns is encouraged, heard and acted on to shape services and culture. The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.</p> <p>The service is transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.</p> | <p>There is a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders, or insufficient attention to appropriately engaging those with particular protected equality characteristics. Feedback is not always reported or acted on in a timely way.</p> | <p>There is minimal engagement with people who use services, staff, the public or external partners. The service does not respond to what people who use services or the public say. Staff are unaware or are dismissive of what people who use the service think of their care and treatment.</p> <p>Staff or patient feedback is inappropriately filtered or sanitised before being passed on.</p> |

| <p>who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.</p> <p>The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.</p> | | | |
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| <p>W8: Are there robust systems and processes for learning, continuous improvement and innovation?</p> | | | |
| <p>Outstanding</p> | <p>Good</p> | <p>Requires improvement</p> | <p>Inadequate</p> |
| <p>There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. Improvement is seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.</p> <p>Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of</p> | <p>There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.</p> <p>There is knowledge of improvement methods and the skills to use them at all levels of the organisation. There are organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work.</p> <p>The service makes effective use of internal and external reviews, and learning is shared effectively and used to make improvements. Staff are encouraged to use information and</p> | <p>There is weak or inconsistent investment in improvement skills and systems among staff and leaders. Improvements are not always identified or action is not always taken.</p> <p>The organisation does not react sufficiently to risks identified through internal processes, but often relies on external parties to identify key risks before they start to be addressed.</p> <p>Where changes are made, the impact on the quality and sustainability of care is not fully understood in advance</p> | <p>There is little innovation or service development, no knowledge or appreciation of improvement methodologies, and improvement is not a priority among staff and leaders. There is minimal evidence of learning and reflective practice. The impact of service changes on the quality and sustainability of care is not understood.</p> |

Ratings characteristics: WELL-LED

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| care. There is a strong record of sharing work locally, nationally and internationally. | regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements. | or it is not monitored. | |
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