

# DRAFT Hospitals (secondary and specialist care) assessment framework

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# SAFE

You are protected from abuse and avoidable harm.

## I statements:

- ✓ I feel safe and am supported to understand and manage any risks.
- ✓ I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
- ✓ When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- ✓ I have considerate support delivered by competent people.
- ✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

## Safety culture

Is there a positive and equitable safety culture, where risks are proactively managed, concerns are listened to, incidents are thoroughly investigated, and lessons are learned to improve care?

### Scope of this key line of enquiry and topic areas include:

- Safe culture
- Raising safety concerns
- Closed cultures
- Duty of candour

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"><li>• There is a proactive, systematic approach to managing safety, which is everyone's top priority.</li><li>• All staff model and champion an exceptional culture of</li></ul>	<ul style="list-style-type: none"><li>• Safety is a top priority that involves everyone, including staff and people using the service.</li></ul>	<ul style="list-style-type: none"><li>• Safety is recognised as important but is not consistently prioritised and does not always involve staff and people who use the service.</li></ul>	<ul style="list-style-type: none"><li>• Safety is not prioritised within the service.</li><li>• Roles and responsibilities for safety are either not clear or do</li></ul>

<p>openness and psychological safety and they consistently seek out opportunities to increase learning. They prioritise reflection and learning from positive safety outcomes, as well as from safety incidents and near misses, to drive continuous improvements in delivering safe care.</p> <ul style="list-style-type: none"> <li>• Specialist safety roles are embedded and highly visible, acting as system leaders for safe practice. Staff feel genuinely empowered and trusted to raise safety concerns or propose improvements. Leaders demonstrate and reinforce that every safety concern is valued, responded to compassionately and used to strengthen collective learning.</li> <li>• People more likely to face safety risks are encouraged and enabled to participate in decisions about risk relating to their care.</li> <li>• Hazards and risks are identified proactively. These are thoroughly assessed and managed to avoid adverse outcomes. Solutions to risks are developed collaboratively with the right people and the effectiveness of the controls in</li> </ul>	<ul style="list-style-type: none"> <li>• There are clear roles and responsibilities for safety.</li> <li>• A culture of safety and learning is embedded throughout all levels of the service. This is based on openness, transparency and learning from events that potentially put people and staff at risk of harm, or that have caused them harm.</li> <li>• Care is monitored and assured to ensure its safety. Risks are proactively identified and mitigated to reduce the potential harm. They are not overlooked or ignored, but are dealt with willingly, as an opportunity to put things right, learn and improve.</li> <li>• There is a safety culture of speaking up. People and staff are encouraged and supported to raise safety concerns, they feel confident that they will be treated fairly, and will not be blamed, or treated negatively if they do so.</li> <li>• The review of safety information, including complaints and concerns, is prioritised to proactively identify, manage and control risks before safety incidents happen. The service takes</li> </ul>	<ul style="list-style-type: none"> <li>• Roles and responsibilities for safety are not clear to everyone and there may be gaps.</li> <li>• Safety and learning culture is not fully embedded throughout all levels of the service. There is limited or inconsistent learning from incidents that could potentially expose people and staff to the risk of harm, or that have caused them avoidable harm. Learning from safety incidents and complaints does not always result in changes that improve care for others.</li> <li>• There is limited monitoring of care to assure its safety. Risks of harm, including those in alerts and recalls, are inconsistently identified and managed.</li> <li>• There is limited analysis or understanding of safety risks that affect particular groups of people.</li> <li>• People and staff do not always feel supported to raise safety concerns. They do not always feel confident that they will be treated fairly and may have concerns that they will be blamed or treated negatively.</li> </ul>	<p>not exist, and there is no clear accountability for safety.</p> <ul style="list-style-type: none"> <li>• There is no effective culture of safety and learning. A lack of transparency and openness means that incidents may be ignored or not reported, and a closed culture is more likely to develop.</li> <li>• There is a lack of monitoring and assurance of the safety of care. Risks of harm, including those in alerts and recalls, are not identified and mitigated.</li> <li>• There is no analysis or understanding of safety risks that affect particular groups of people, leading to higher risks of harm for some groups.</li> <li>• People and staff do not feel supported to raise safety concerns and there is evidence that when they have done so, they have not been treated fairly and may have been blamed or treated negatively.</li> <li>• Information about safety, including complaints and concerns, is not adequately reviewed and safety risks are not identified or managed to prevent exposure to the significant risk of harm or actual harm.</li> </ul>
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<p>place is continuously monitored and measured. This includes solutions to hazards and risks more likely to affect particular groups of people, which would otherwise result in safety inequalities.</p> <ul style="list-style-type: none"> <li>• Intelligence about safety is treated as a critical asset. Safety data is reviewed continuously to enable safety risks to be identified proactively. These include concerns from staff and people using the service, incident reporting data, clinical outcomes, restrictive practice data and safeguarding concerns.</li> <li>• Systems and processes for reporting and learning from safety incidents are exemplary in their accessibility, responsiveness and fairness. All staff – including agency staff, temporary workers and volunteers – are trained and supported to use and engage with them. Responses to incidents are proportionate, well-resourced and focused on learning.</li> <li>• The service actively seeks out learning from other organisations, adapts this insight to improve its own</li> </ul>	<p>appropriate action to keep everyone safe.</p> <ul style="list-style-type: none"> <li>• Any safety risks that result from inequalities, or affect particular groups of people, are identified and acted on.</li> <li>• Patient safety data is analysed by equality characteristic to identify any inequalities. The service takes appropriate action to address these inequalities.</li> <li>• There is a proportionate approach to recording, investigating and responding to safety and safeguarding events. Lessons are learned, enabling good practice to be continually identified and embedded. Lessons are shared both internally and externally.</li> <li>• Staff have a good understanding of the duty of candour. The service is always open and transparent with people, those close to them, and staff. When a notifiable incident has occurred, people receive full details of what happened, why, and what has been learned. People receive the support they need.</li> <li>• Staff are aware of themes and trends in safety incidents and</li> </ul>	<ul style="list-style-type: none"> <li>• The review of safety information, including complaints and concerns, is inconsistent and safety risks are not always identified or mitigated to prevent harm.</li> <li>• Systems for reporting safety incidents and complaints may not be used consistently.</li> <li>• When a notifiable safety incident has occurred, the service is not consistently open and transparent with people, those close to them and staff. People may receive some support, but it is insufficient or inconsistently provided.</li> <li>• Staff have inconsistent awareness of themes and trends in safety incidents.</li> </ul>	<ul style="list-style-type: none"> <li>• Systems for reporting safety incidents and complaints are not used appropriately. As a result, the service does not learn from incidents and complaints.</li> <li>• When a notifiable safety incident has occurred, the service is not open or transparent with people, those close to them and staff. People do not receive the support they need.</li> <li>• Staff are unaware of themes and trends in safety incidents.</li> </ul>
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practice, and routinely shares its learning and innovations with partners to strengthen care provision.	there is a commitment to improving safety in the service.		
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## Managing risks during care and treatment

Is care for each individual person planned and monitored to identify and manage risks, emergencies, and deterioration?

### Scope of this key line of enquiry and topic areas include:

- Managing deterioration and emergencies
- NEWS, MEWS and PEWS
- Clinical risk (including risk assessments)
- Clinical records
- Restrictive practice
- Managing periods of increased demand
- Virtual wards and remote care

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service is an exemplar in consistently applying person-centred care, where risks for each individual person are understood and managed.</li> <li>• Staff work collaboratively within an exemplary culture to anticipate and expertly manage deterioration, emergencies and clinical risks safely. Identifying risk is proactive and continuous, using innovative</li> </ul>	<ul style="list-style-type: none"> <li>• Specific risks to an individual person are well understood, and each person's care is monitored and assured.</li> <li>• The service proactively identifies and manages deterioration, emergencies and clinical risks to reduce potential harm.</li> <li>• The service takes a balanced and proportionate approach to risk that supports people and respects the choices they</li> </ul>	<ul style="list-style-type: none"> <li>• Specific risks to individual people are only partially or not always understood, and people's care is not always well-monitored and assured.</li> <li>• Management of deterioration, emergencies and clinical risks to reduce risk of harm or exposure to the risk of harm may be inconsistent.</li> <li>• Risk assessments exist but may not be proportionate and do not always fully take into</li> </ul>	<ul style="list-style-type: none"> <li>• Risks to individual people are not understood or are ignored, leaving people exposed to avoidable harm.</li> <li>• Deterioration, emergencies and clinical risks are not well managed.</li> <li>• The service does not mitigate risks effectively or appropriately. Individual risk assessments are not always in place. People's choices about care and</li> </ul>

<p>and evidence-based approaches.</p> <ul style="list-style-type: none"> <li>• For people with more than one condition or diagnosis, risk assessments are consistently co-produced and strengthened by timely input from all relevant specialist disciplines. This ensures that complex and overlapping needs are understood and managed with exceptional rigour and compassion.</li> <li>• People, their families and carers are fully informed and enabled to take positive risks to maximise their control over their care and support. They are also actively involved in managing their own risks along with their families and carers.</li> <li>• Staff actively seek out people's concerns about the safety of their care. They listen to people, take appropriate steps to address the concern, and keep them fully informed throughout.</li> <li>• The service proactively seeks out new and creative solutions to safely and effectively manage periods of increased demand.</li> <li>• Where applicable, remote care is used in an innovative and</li> </ul>	<p>make about their care and treatment. Individual risk assessments are complete, up-to-date and proportionate.</p> <ul style="list-style-type: none"> <li>• Where people have more than one condition, risk assessments are joined up.</li> <li>• People, their families and carers are informed about and involved in the delivery and management of their care and individual treatments, including the potential risks and side effects.</li> <li>• People, their families and carers feel listened to when they raise concerns about the safety of their care. Where applicable, arrangements are in place for people to escalate their concerns about deterioration and to seek a second opinion.</li> <li>• The service has procedures to mitigate the risks associated with increased demand. These are implemented effectively to reduce risks to people's care and treatment.</li> <li>• People's care plans and clinical records are accurate and kept-up-to date to allow the safe delivery of care and treatment. They reflect any foreseeable</li> </ul>	<p>account people's choices. This may lead to unnecessary restrictions or gaps in safety.</p> <ul style="list-style-type: none"> <li>• Where people have more than one condition or diagnosis, their risk assessments are not always joined up.</li> <li>• People, their families and carers do not always feel listened to when they raise concerns about the safety of their care. Where applicable, arrangements are not always in place for people to escalate their concerns about deterioration and to seek a second opinion.</li> <li>• Any procedures to mitigate the risks associated with increased demand are not always implemented effectively.</li> <li>• People's care plans and clinical records may be incomplete or generic and do not always cover foreseeable risks and how they should be managed. Where applicable, arrangements for remote care are not always managed safely and effectively to minimise risks and reduce potential harm.</li> <li>• The approach to imposing restrictions on people is not</li> </ul>	<p>treatment are not listened to or taken into account.</p> <ul style="list-style-type: none"> <li>• Where people have more than one condition or diagnosis, their risk assessments are not joined up.</li> <li>• People, their families and carers do not feel listened to when they raise concerns about the safety of their care. Their voices are ignored or dismissed. Where applicable, there are no arrangements for people to escalate their concerns about deterioration and to seek a second opinion.</li> <li>• There are no plans to mitigate the risks associated with periods of increased demand</li> <li>• Care plans and clinical records are missing, incomplete or inaccurate and do not predict foreseeable risks.</li> <li>• Where applicable, arrangements for remote care are not managed safely and effectively to minimise risks and reduce potential harm.</li> <li>• The approach to imposing restrictions on people is disproportionate. Restraint is used in place of other more appropriate options. Staff lack knowledge to identify unlawful</li> </ul>
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<p>creative way to minimise risks and promote person-centred care</p> <ul style="list-style-type: none"> <li>The service proactively seeks out new and creative solutions and best practice to ensure that people live with as few restrictions as possible and can provide evidence to support this. Where causes of deterioration lie elsewhere in the system, the service works with partners to resolve this.</li> </ul>	<p>risks and how these should be managed.</p> <ul style="list-style-type: none"> <li>Where applicable, remote care is managed safely and effectively to minimise risks and reduce potential harm.</li> <li>The service only ever uses restrictive practices as a last resort and only where it is lawful and legitimate. It reports any use of restrictive practices and has a strategy to reduce their use.</li> </ul>	<p>always proportionate and there may be examples of inappropriate use of restraint. Staff may lack knowledge to consistently identify unlawful restrictive practice, and their skills (where necessary) in de-escalation techniques may be limited.</p> <ul style="list-style-type: none"> <li>Staff do not always work to avoid the need for restrictive practices. The service does not consistently report use of restrictive practices and there is limited strategy to reduce their use.</li> </ul>	<p>restrictive practice and do not have skills (where necessary) in de-escalation techniques.</p> <ul style="list-style-type: none"> <li>Staff do not work to avoid the need for restrictive practices. The service does not report use of restrictive practices and there is no strategy to reduce their use.</li> </ul>
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## Safe systems, pathways and transitions

Are there systems to enable collaborative working across care pathways and services, to ensure that safety and continuity of care are prioritised?

### Scope of this key line of enquiry and topic areas include:

- Care co-ordination and information sharing
- Continuity and transitions of care (including from children to adult services)
- Referrals
- Admissions and discharges
- Handover and patient flow

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>Safety and continuity are embedded as core principles throughout the entire care journey. A fully integrated,</li> </ul>	<ul style="list-style-type: none"> <li>Safety and continuity are prioritised throughout the care journey through a collaborative, joined-up approach involving</li> </ul>	<ul style="list-style-type: none"> <li>Safety and continuity are acknowledged but not consistently prioritised throughout the care journey.</li> </ul>	<ul style="list-style-type: none"> <li>Safety and continuity are not prioritised throughout the care pathway. The approach to care is not joined up and there is</li> </ul>

<p>collaborative approach unites people, their families and carers, staff teams, and partner organisations to ensure a safe, seamless experience across referrals, admissions, transitions, and discharge, including when people interact with multiple services.</p> <ul style="list-style-type: none"> <li>• There is a collaborative, multidisciplinary approach to comprehensively identify and mitigate shared risks to ensure the delivery of safe care. This has led to enhanced standards of treatment and care at each step of a person's care journey.</li> <li>• Plans for transition to other services, handover, referral and discharge are co-produced with people, carers and staff to reflect their individual needs and personal preferences in managing their risk. Plans are continuously reviewed to ensure they are up-to-date and include appropriate support for people and carers.</li> <li>• Plans for people's care during transition between services are in place</li> </ul>	<p>people, staff, and partners. This includes referrals, admissions and discharge, and where people are moving between or accessing multiple services.</p> <ul style="list-style-type: none"> <li>• People's care pathways are joined-up, easy to navigate and efficient because of the cohesion and continuity between services.</li> <li>• There is a collaborative approach with clear accountabilities to proactively manage shared systems and processes for safe care. This includes identifying risks, ongoing monitoring and shared learning and improvement.</li> <li>• Multidisciplinary teams work together effectively to support safe delivery of care and to ensure effective handover between services.</li> <li>• Plans for people's care during transitions between services are established beforehand to eliminate any avoidable risks and to ensure they receive continuity of care.</li> <li>• Staff work well with other services and providers to ensure the sharing of timely and appropriate information when people are moving between services. This informs their understanding of people's needs</li> </ul>	<p>Joined-up working is not embedded or consistently applied.</p> <ul style="list-style-type: none"> <li>• People's care pathways can be fragmented, disjointed and slow due to a lack of cohesion and continuity between services.</li> <li>• Collaboration between people, staff, and partners is variable, with some gaps in communication at key transition points.</li> <li>• Multidisciplinary teams do not always work together effectively to support safe delivery of care. Handovers between services are not always safe and effective.</li> <li>• There are shared systems and processes for safe care, but collaboration across care pathways may be limited and processes are not fully embedded or used consistently.</li> <li>• Plans for people's care during transitions between services are not always established beforehand and continuity of care may be inconsistent.</li> <li>• Staff do not always have timely access to the information they need when people are moving</li> </ul>	<p>little or no collaboration between people, staff and partners. Points of transition, including referrals, admissions and discharge, are likely to be chaotic or unsafe.</p> <ul style="list-style-type: none"> <li>• There is no effective collaborative approach to managing shared systems and processes to ensure safe care. Accountabilities across care pathways are unclear and there is no ongoing monitoring and sharing of learning and improvement.</li> <li>• Multidisciplinary teams do not work together effectively to support safe delivery of care. Handovers between services are often unsafe and ineffective.</li> <li>• Plans for people's care during transitions are not established before they move between services. This results in avoidable risks and means that people do not experience continuity of care.</li> <li>• Staff do not have timely access to the necessary information when people are moving between services. This means they often do not understand people's needs and are unable to appropriately assess, plan</li> </ul>
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<p>beforehand, enabling risks to be identified and mitigated and for continuity of safeguarding arrangements.</p> <ul style="list-style-type: none"> <li>• Children and young people and their parents (or those with parental responsibility) are empowered and supported to navigate services confidently. They experience well-co-ordinated, developmentally sensitive transitions into adult services, underpinned by clear, consistent ways of working between teams, settings, and partner agencies, which result in exceptional outcomes.</li> <li>• The service continuously reviews and develops its admission and discharge processes to ensure seamless patient pathways and flow through the system. It works with partners to alleviate pressure points and to find creative solutions for optimal continuity of care and transitions at a local, neighbourhood and system level.</li> </ul>	<p>and enables them to appropriately assess, plan and deliver their care and treatment.</p> <ul style="list-style-type: none"> <li>• The service plans and delivers handovers and referrals safely. They consider a person's individual circumstances, co-occurring conditions, long-term needs and expected outcomes.</li> <li>• The service works collaboratively with other services and system partners to ensure that admission and discharge processes are safe and effective, to facilitate optimal patient flow and timely discharge. People's discharge from the service is smooth, and they are confident about the arrangements for their ongoing care.</li> <li>• Children and young people and their parents (or those with parental responsibility) are involved and supported to navigate the different care settings. Their transition into adult services is properly co-ordinated with clear ways of working between teams and services.</li> </ul>	<p>between services. This means they do not always understand people's needs and are not always able to appropriately assess, plan and deliver their care and treatment.</p> <ul style="list-style-type: none"> <li>• Plans for handover, referral and discharge are inconsistently completed and do not always consider people's individual needs, circumstances, co-occurring conditions, ongoing care arrangements and expected outcomes.</li> <li>• Discharge processes can sometimes lack in timeliness or effectiveness, and the service may experience issues with patient flow. People's discharge from the service can be disorganised, which leaves them uncertain about the arrangements for their ongoing care.</li> <li>• Children and young people and their parents (or those with parental responsibility) are not always involved and supported to navigate care settings, and do not always experience properly co-ordinated transitions into adult services.</li> </ul>	<p>and deliver their care and treatment.</p> <ul style="list-style-type: none"> <li>• Plans for handover, referral and discharge are deficient, unsafe, or do not consider people's individual needs, circumstances, ongoing care arrangements and expected outcomes.</li> <li>• Discharge processes are inconsistent and ineffective, resulting in issues with patient flow and delayed discharges. People's discharge from the service is disorganised, rushed and sometimes premature. This may be due to bed shortages and pressures on other services.</li> <li>• Children and young people and their parents (or those with parental responsibility) are not involved or supported to navigate care settings, and experience poorly co-ordinated transitions into adult services which can result in worse outcomes.</li> </ul>
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## Safeguarding

Are there systems and processes in place to safeguard people from abuse and improper treatment and support their right to live safely?

### Scope of this key line of enquiry and topic areas include:

- Safeguarding systems, processes and practices
- Protection of human rights
- Discrimination, including in relation to protected equality characteristics
- Harassment and victimisation
- Sexual safety
- Mental capacity
- Deprivation of Liberty Safeguards (DoLS) (Liberty Protection Safeguards)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Safeguarding people is at the core of service delivery. There is a rigorous safeguarding system, with clear roles and responsibilities, through which safeguarding risks are proactively identified, managed, actioned and reduced.</li> <li>• There is a strong and proactive commitment to taking immediate action to keep people safe from abuse and neglect. This includes building strong relationships with partners and developing clear processes to work together across services.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a strong commitment to taking immediate action to keep people safe from abuse, improper treatment and neglect. This includes working with partners in a collaborative way.</li> <li>• Staff have a good understanding of safeguarding, appropriate for their role, and know how to recognise and report signs of abuse, improper treatment and neglect. There are clear roles and responsibilities around safeguarding.</li> <li>• People are supported to understand what safeguarding and keeping safe mean. They</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not always take immediate action to keep people safe from abuse, improper treatment and neglect. They do not always work collaboratively with partners.</li> <li>• Staff have a limited understanding of the term 'safeguarding'. They are not always clear how to recognise abuse, improper treatment and neglect or who to report it to.</li> <li>• People are not always supported to understand what safeguarding and keeping safe mean. They don't always know how to raise concerns for</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding is not a priority. Staff do not recognise or respond appropriately to signs of abuse, improper treatment or neglect and they don't take necessary actions to keep people safe.</li> <li>• The service does not help people to understand what safeguarding means. They don't know how to raise concerns for themselves and others when they don't feel safe.</li> <li>• Safeguarding systems, processes and practices are not fit for purpose.</li> <li>• The service has no process for investigating allegations</li> </ul>

<ul style="list-style-type: none"> <li>• Staff seek innovative ways to ensure that people’s human and legal rights are respected.</li> </ul>	<p>understand how to raise concerns for themselves and others and are encouraged and empowered to do so.</p> <ul style="list-style-type: none"> <li>• The service has effective safeguarding systems, processes and practices, which protect people from abuse, neglect, harassment and potential breaches of their human rights. These are managed by appropriately trained staff, clearly communicated and accessible to people, staff and visitors to the service.</li> <li>• The service has a rigorous process for investigating any allegations against people employed in positions of trust. The service acts quickly to ensure there is no risk to people they care for.</li> <li>• People are protected from discrimination, harassment, and victimisation, including behaviour that may amount to abuse, psychological harm, or a hate crime. This includes discrimination related to protected equality characteristics. The service has effective processes in place to prevent discrimination,</li> </ul>	<p>themselves and others and are not encouraged to do so.</p> <ul style="list-style-type: none"> <li>• Safeguarding systems, processes and practices are not always reliable or appropriate to keep people safe. They are not always managed by appropriately trained staff and are communicated inconsistently across the service. They are not always accessible.</li> <li>• The service does not always have processes for investigating allegations against people employed in positions of trust is not rigorous and is used inconsistently. The service does not always act quickly to ensure there are no risks to people.</li> <li>• The service inconsistently protects people from discrimination, harassment, victimisation, psychological harm, or hate crimes. This includes discrimination related to protected equality characteristics. The service has processes in place to prevent discrimination, and promote equality, but they are inconsistently applied. Staff do not always act when discrimination occurs.</li> </ul>	<p>against people employed in positions of trust and the service does not act to ensure there are no risks to people.</p> <ul style="list-style-type: none"> <li>• People are not protected from discrimination, harassment, victimisation, psychological harm, or hate crimes during care and treatment provision. This includes discrimination related to protected equality characteristics. The service does not have processes in place to prevent discrimination and promote equality. Staff do not act when discrimination occurs.</li> <li>• Where children and young people use or visit the service, safeguarding arrangements do not align with national guidance and best practice.</li> <li>• Staff demonstrate little understanding of what constitutes a closed culture. The service does not have processes in place to prevent closed cultures from developing. Staff are not able to identify concerns or take appropriate action.</li> <li>• Where care and treatment is delivered remotely, the service does not consider online safety. People are not</li> </ul>
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	<p>promote equality, and to act when discrimination occurs.</p> <ul style="list-style-type: none"> <li>• Where children and young people use or visit the service, safeguarding arrangements are in line with national guidance and best practice.</li> <li>• Staff understand what constitutes a closed culture. Processes are in place to prevent closed cultures from developing. Staff are able to identify concerns and take appropriate action.</li> <li>• The service considers online safety and supports people to understand how they can protect themselves online.</li> <li>• Where relevant to the service, there is a clear understanding of the Deprivation of Liberty Safeguards (DoLS). These are used appropriately, in line with legislation (the Mental Capacity Act and Mental Health Act), and only when it is in a person's best interests.</li> </ul>	<ul style="list-style-type: none"> <li>• Where children and young people use or visit the service, safeguarding arrangements do not always align with national guidance and best practice.</li> <li>• Staff do not always understand what constitutes a closed culture. Processes to prevent closed cultures from developing may be inconsistent. Staff do not always feel confident to identify concerns and take appropriate action.</li> <li>• The service considers online safety inconsistently. This means that people are not always supported to understand how they can protect themselves online.</li> <li>• Where relevant to the service, there is a limited understanding of Deprivation of Liberty Safeguards (DoLS) and they are not always used appropriately, in the best interest of the person, and in line with legislation.</li> </ul>	<p>supported to understand how they can protect themselves online.</p> <ul style="list-style-type: none"> <li>• There is no understanding of Deprivation of Liberty Safeguards (DoLS) and they are not used appropriately or in a person's best interests.</li> </ul>
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## Safe environments and infection, prevention and control

Are the premises and equipment suitable and safe for delivering care, and are potential risks within the care environment detected and managed appropriately to keep people and staff safe?

### Scope of this key line of enquiry and topic areas include:

- Premises and buildings (including gas, electrical and fire safety)
- Equipment
- Infection prevention and control
- Environmental risks (adverse weather such as heatwaves and flooding)
- Digital systems/technology assurance
- Physical and psychological safety (e.g. sexual safety and awareness of sensory / communication needs)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is a culture of shared ownership for safety, where everyone feels empowered to identify and act on risks in the care environment, and improvements are celebrated and shared across the system.</li> <li>• Systems for managing facilities, premises, equipment and technology are exemplary, ensuring that risks are appropriately identified and managed across their life cycle.</li> <li>• The facilities, premises, equipment and technology are tailor-made and designed specifically to meet the needs of the people who use the service.</li> </ul>	<ul style="list-style-type: none"> <li>• People are cared for in safe environments that are designed to meet their physical and psychological needs.</li> <li>• There is a comprehensive system to proactively manage risks in the care environment. Where infrastructure risks are identified, the service responds to them appropriately.</li> <li>• The facilities, premises, equipment and technology systems are safe to use, well-maintained and consistently support the delivery of safe and effective care.</li> </ul>	<ul style="list-style-type: none"> <li>• Environments do not always meet people’s physical and psychological needs. The premises are not always suitable for the purposes for which they are being used.</li> <li>• Systems to detect and control potential risks in the care environment are inconsistent. As a result, the facilities, premises, equipment and technology systems are not always safe to use, well-maintained, stored safely, cleaned or used properly.</li> <li>• The arrangements to monitor the safety and upkeep of the facilities, premises, equipment and technology are not always clear. Some safety issues are</li> </ul>	<ul style="list-style-type: none"> <li>• The environment does not meet people’s needs and the premises are not suitable for the purposes for which they are being used.</li> <li>• Systems to detect and control potential risks in the care environment are ineffective. As a result, the facilities, premises, equipment and technology systems are unsafe.</li> <li>• The arrangements to monitor the safety and upkeep of the facilities, premises, equipment and technology are unclear. Safety issues are not identified quickly or addressed in a timely way.</li> </ul>

<ul style="list-style-type: none"> <li>• The service maintains an unwavering focus on assessing and managing the risk of infection. Systems and processes for infection prevention and control are tailored to the premises and deeply embedded within the service.</li> <li>• All staff take personal responsibility for infection prevention and control. Continuous learning and peer support are offered to all staff. Lead roles are clearly defined, highly skilled and visible in everyday practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment, including technology used for delivering care and treatment, is suitable for the intended purpose, stored securely and used properly.</li> <li>• There are arrangements, including clear roles and responsibilities, to monitor the safety and upkeep of the facilities, premises, equipment and technology. Any safety issues identified are quickly addressed.</li> <li>• The service acts on alerts, recalls and safety information in a timely way.</li> <li>• Staff carry out comprehensive risk assessments to consider how the environment can keep people safe from physical and psychological harm. For example, in relation to sexual safety or sensory needs.</li> <li>• The service manages changes to the environment effectively to reduce any associated risks, restrictions to people's liberty and distress.</li> <li>• There are effective fire safety procedures in place. All staff know what to do if there is a fire. Where the provider is not responsible for the premises, staff take reasonable action to</li> </ul>	<p>not identified quickly or addressed in a timely way.</p> <ul style="list-style-type: none"> <li>• The service does not always act on alerts, recalls and safety information in a timely way.</li> <li>• Staff do not consistently consider how environments can keep people safe from physical and psychological harm.</li> <li>• The service does not always consider how changes to the environment might affect people. It does not always mitigate risks associated with changing the environment, which occasionally results in restrictions to people's liberty and causes distress.</li> <li>• There are fire safety procedures in place, but they are not always effective. Staff do not always know what to do if there is a fire. Where the provider is not responsible for the premises, it does not always take reasonable action to appropriately escalate concerns.</li> <li>• Infection prevention and control is not always appropriately managed. Staff do not always follow good practice in relation to infection prevention and control and information about</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not act on alerts, recalls and safety information in a timely way.</li> <li>• The service does not consider how the environment can keep people safe from physical and psychological harm.</li> <li>• The service does not consider how changes to the environment might affect people. It does not mitigate risks associated with changing the environment, meaning that changes often result in restrictions to people's liberty and cause distress.</li> <li>• Fire safety procedures are either ineffective or do not exist. Staff do not know what to do if there is a fire. Where the provider is not responsible for the premises, it does not appropriately escalate concerns.</li> <li>• There is no system to assess and manage the risk of infection. Staff are not clear on their responsibilities around infection prevention and control. Information about the risk of infection is not known or shared.</li> <li>• The environment is not safe for staff to work in.</li> </ul>
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	<p>appropriately escalate concerns.</p> <ul style="list-style-type: none"> <li>• There is a rigorous system for assessing and managing infection risks, incorporating current national guidance and best practice.</li> <li>• Staff have clear roles and responsibilities around infection prevention and control. Information about the risk of infection is shared appropriately with relevant partners, including agencies, people using the service and visitors.</li> <li>• The environment is safe for staff to work in.</li> </ul>	<p>the risk of infection is not always shared with partners.</p> <ul style="list-style-type: none"> <li>• The environment is not always safe for staff to work in.</li> </ul>	
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## Safe staffing

Are there enough qualified, skilled and experienced staff to keep people safe and meet their needs, with strategies to manage demand and capacity safely?

### Scope of this key line of enquiry and topic areas include:

- Workforce capacity and capability
- Safe recruitment (including DBS)
- Staffing levels and skills mix
- Skills and qualifications/revalidation
- Learning, development and competency
- Support and supervision
- Performance management

- Agency staff, volunteers and unpaid carers

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service uses comprehensive and values-based recruitment practices to ensure that staff appointed are highly qualified and have demonstrable experience in delivering the highest standard of care. People with lived experience and carers routinely participate in recruitment, shaping decisions and strengthening the quality of the workforce.</li> <li>• Staffing levels and skill mix are proactively optimised using real-time intelligence on levels of demand, acuity tools specific to the service, and feedback from people. The service anticipates emerging pressures early and acts decisively to ensure staffing levels can deliver safe and personalised care. This results in safety and continuity for people using the service, including during periods of pressure on the system.</li> <li>• The service demonstrates exemplary foresight with regard to its workforce, using demand and capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment practices are rigorous and safe. This makes sure that all staff, including agency staff and volunteers, are suitably skilled, qualified, experienced and competent to carry out their role.</li> <li>• There are appropriate staffing levels and skill mix to meet people’s needs. Where there are not enough staff to meet required levels, the service makes short-term adaptations to ensure people continue to receive consistently safe, good quality care that meets their needs.</li> <li>• The service has a clear strategy to manage fluctuating demand and capacity. This is continuously reviewed and is used to anticipate changes in future demand.</li> <li>• The service takes action to protect staff from fatigue, and leaders understand its impact on the safety of those who use services.</li> <li>• Staff have the right qualifications, skills, knowledge and experience to deliver safe care.</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent recruitment practices result in staff not always being suitably skilled, qualified, experienced or competent to carry out their role.</li> <li>• There are periods of understaffing or inappropriate skill mix, which are not addressed quickly and effectively and result in people’s needs not being met. Agency, bank and locum staff are not always used in a way that protects people’s safety.</li> <li>• The service has a strategy to manage fluctuating demand and capacity, but it is infrequently reviewed and not always used effectively to anticipate changes in future demand.</li> <li>• There is limited understanding about how staff fatigue can affect patient safety.</li> <li>• Staff do not always receive appropriate and timely training. There are few opportunities for staff to learn and develop.</li> <li>• Systems to ensure staff receive adequate supervision,</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment practices are unsafe. Staff are not suitably skilled, qualified, experienced or competent to carry out their role.</li> <li>• Substantial staff shortages and inappropriate skill mix are common. Agency, bank and locum staff are not used effectively to make sure people continue to receive safe care.</li> <li>• The service does not have a strategy to manage fluctuating demand and capacity.</li> <li>• Staff fatigue is not considered.</li> <li>• Staff do not receive appropriate training.</li> <li>• Staff are not given opportunities to develop and they do not receive supervision or appraisal.</li> <li>• The service’s recruitment, disciplinary and capability processes do not ensure there is no disadvantage based on protected equality characteristics.</li> </ul>

<p>modelling, population trends, and escalation data to anticipate fluctuations and plan staffing well ahead of need</p> <ul style="list-style-type: none"> <li>• Staff development is a priority. Staff are proactively supported to acquire advanced specialist skills, and they are empowered to lead improvement, share learning and influence practice across the system.</li> <li>• Support, supervision and appraisal systems are exemplary. They are psychologically safe, reflective, restorative and embedded across all roles. Leaders prioritise wellbeing and emotional safety for staff, recognising the demands of delivering care and celebrating professional growth and innovation.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff receive training appropriate and relevant to their role. Staff at all levels have opportunities to learn and develop their practice.</li> <li>• Staff receive the support they need to deliver safe care. This includes supervision, appraisal, development and, where needed, professional revalidation.</li> <li>• Recruitment, disciplinary and capability processes are fair and are reviewed to ensure there is no disadvantage based on protected equality characteristics.</li> </ul>	<p>appraisal and development are deficient.</p> <ul style="list-style-type: none"> <li>• Although the service has recruitment, disciplinary and capability processes in place, they do not always ensure there is no disadvantage based on protected equality characteristics.</li> </ul>	
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## Safe delivery of medicines and treatments

Are medicines and treatments delivered safely and in a timely way, in line with people's needs and preferences?

### Scope of this key line of enquiry and topic areas include:

- Prescribing
- IV medicines / fluids / medical gasses
- Roles, responsibilities and delegation in relation to medicines

- Storage and disposal of medicines
- Controlled drugs
- Self-medication
- Consent / decisions / covert administration (including Mental Capacity Act and Mental Health Act)
- Antimicrobial stewardship
- STOMP / STAMP
- Innovative medicines and safe medical technology

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service has implemented creative, person-centred solutions to enable people (or their representatives) to participate in decision-making about their medicines and treatments.</li> <li>• Staff lead on quality improvement initiatives, innovative use of medicines and research.</li> <li>• Enhanced pharmacy roles, including pharmacist prescribers, have been embedded in clinical areas and multi-disciplinary teams to meet people's medicines needs.</li> <li>• Staff competently and consistently use tools to assess medicines-related risks to patients and prioritise clinical services accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>• Where possible, people (or their representatives) are active partners in decisions, assessments and reviews about their medicines and treatments. Information to support decision-making meets a person's needs and is clearly documented in their records.</li> <li>• The approach to medicines reflects current national guidance, best available evidence and relevant best practice.</li> <li>• People's medicines are prescribed, supplied and administered in a timely way and in line with relevant legislation, current national guidance and best practice. People are supported to self-administer their medicines, where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not always involved in decisions, assessments and reviews about their medicines and treatments, and these are inconsistently documented.</li> <li>• People's medicines are not always prescribed, supplied and administered in line with relevant legislation, current national guidance and best practice. People are given limited support to self-administer their medicines, where appropriate.</li> <li>• Staff do not always understand their responsibilities to support the safe optimisation of medicines, including the importance of medicines reconciliation, ongoing medicines reviews, audits and good record-keeping.</li> <li>• Information about medicines is not always accessible in different formats. People, or their</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not involve people when making decisions, assessments and reviews about their medicines and treatments, and these decisions are not recorded properly.</li> <li>• People are at risk because staff do not prescribe, supply and administer medicines safely, including controlled drugs. Legislation, current national guidance and best practice is not followed.</li> <li>• Staff are not clear about their responsibilities to support the safe optimisation of medicines.</li> <li>• Staff do not know what to do when a person lacks capacity to make decisions concerning their medicines,</li> </ul>

	<ul style="list-style-type: none"> <li>• The service has a comprehensive system and clear roles and responsibilities to promote the safe optimisation of medicines.</li> <li>• Staff at all levels are clear about their roles and responsibilities in relation to medicines and treatments. They are supported by a co-ordinated, multi-professional approach across the healthcare system to ensure effective use of medicines.</li> <li>• Where a person lacks capacity to make decisions about their medicines and treatments, formal processes (under the Mental Capacity Act 2005) and assessments are undertaken before administration. This includes exploring alternative ways to administer medicines.</li> <li>• Where a person is given treatment without their consent (under the Mental Health Act 1983), review processes are followed in line with the code of practice.</li> <li>• People’s behaviour is not controlled by excessive or inappropriate use of medicines.</li> </ul>	<p>representatives, can’t always access support with their medicines from a pharmacy or from a relevant healthcare professional.</p> <ul style="list-style-type: none"> <li>• There are inconsistent arrangements for the safe management, use and oversight of medicines, including controlled drugs. Systems are not always in line with legislation and best practice.</li> <li>• Medicines are not always stored safely, or in accordance with manufacturer’s instructions and national guidance.</li> <li>• The service does not contribute to medicines research. It does not consistently use benchmarking, learning and quality improvement initiatives to improve outcomes. Quality of life and equity are not always considered in outcome measures.</li> </ul>	<p>or to give consent to medicines being prescribed.</p> <ul style="list-style-type: none"> <li>• People’s behaviour is inappropriately controlled by excessive or inappropriate use of medicines.</li> <li>• Record-keeping in relation to people’s medicines and treatments is poor and medicines reconciliation is not completed at the point of admission. Information is poor, particularly when people move between healthcare settings.</li> <li>• Information about medicines is not accessible. People or their representatives receive limited support with their medicines.</li> <li>• Medicines are not stored safely, or in accordance with manufacturer’s instructions and national guidance.</li> <li>• The service does not meet targets for medicines reconciliation. Medicines reviews are not standard practice and medicines audits are not completed.</li> <li>• The service does not use benchmarking, learning and quality improvement initiatives to improve</li> </ul>
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	<ul style="list-style-type: none"> <li>• Accurate, up-to-date information about people's medicines and treatments is available, particularly when they move between healthcare settings.</li> <li>• There are appropriate arrangements for the safe management, use and oversight of medicines, including controlled drugs, in line with legislation and best practice.</li> <li>• Medicines are stored safely, in accordance with manufacturer's instructions and national guidance.</li> <li>• The service meets targets for medicines reconciliation. Medicine reviews are undertaken regularly and documented in care records. Medicines audits are completed and clearly documented, with action plans in place, where required. Staff understand the importance of this.</li> <li>• The service contributes to medicines research. It uses benchmarking, learning and quality improvement initiatives to ensure that people consistently experience positive and</li> </ul>		<p>outcomes from the use of medicines. Quality of life and equity are not considered in outcome measures.</p>
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	improving outcomes, in line with legislation, standards and evidence-based guidance. Quality of life and equity are considered in outcome measures.		
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## EFFECTIVE

Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

### I statements:

- ✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- ✓ I have care and support that is co-ordinated, and everyone works well together and with me.
- ✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

<b>Assessing needs</b>			
Are people's needs holistically assessed and reviewed with them to maximise the effectiveness of their care, treatment and support?			
<b>Scope of this key line of enquiry and topic areas include:</b>			
<ul style="list-style-type: none"> <li>• Assessing people's needs (including accessibility and communication needs)</li> <li>• Person-centred approach to assessment</li> <li>• Carer assessments and support</li> <li>• Care planning</li> <li>• Clinical assessment tools</li> </ul>			
<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<ul style="list-style-type: none"> <li>• The service has a determined focus on ensuring that people's needs, preferences and aspirations are fully recognised and met. Staff ensure that people, their families and carers are equal partners in the assessment of their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• People, their families and carers are actively involved in the assessment of their individual needs. They are confident that their needs have been assessed and are fully understood. They are supported to maximise their involvement.</li> <li>• Care plans reflect people's physical, mental, emotional,</li> </ul>	<ul style="list-style-type: none"> <li>• People are not consistently or meaningfully involved in the assessment of their needs. They are not confident that their individual needs have been appropriately assessed or they do not always understand the assessment process.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not routinely involved in the assessment of their needs, or assessments are not carried out in a way they understand.</li> <li>• Care plans do not reflect people's diverse needs and their right to fair treatment under the Equality Act 2010.</li> </ul>

<p>People are confident that what matters to them has been accurately captured and meaningfully reflected in their care plans. This creates a strong sense of trust and psychological safety.</p> <ul style="list-style-type: none"> <li>• The service demonstrates an exceptional and unwavering commitment to equity and inclusion. Care, treatment and support is personalised, fair, and meaningfully removes obstacles to participation and wellbeing.</li> <li>• People's needs, emotions and levels of distress are anticipated with insight and professional curiosity. Staff consistently demonstrate compassionate, attuned and person-centred care that mitigates the risk of deterioration. They recognise early warning signs, respond sensitively, and create a safe, calm environment where people feel valued and understood.</li> <li>• When reviewing and updating people's needs assessments, staff</li> </ul>	<p>sensory, communication, cultural and social needs, including those related to protected equality characteristics.</p> <ul style="list-style-type: none"> <li>• Staff use a range of assessment tools to assess and anticipate people's needs, emotions and level of distress to ensure these are understood and reflected in their assessment and care plans.</li> <li>• Assessments are person-centred and consider the person's physical, wellbeing, and communication needs, to enable them to receive care or treatment that has the best possible outcomes. Where people have more than one condition, this is reflected in assessments and care plans.</li> <li>• Assessments are accurate, timely, and kept up-to-date. They are reviewed regularly together with people, their families and carers.</li> <li>• The needs of people's carers are also assessed and met. This supports their health and wellbeing and helps them to provide safe and effective care to the people they support.</li> <li>• Risk assessments are person-centred, proportionate, and reviewed regularly together with people, their families and carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Care plans do not consistently reflect people's holistic needs or their right to fair treatment under the Equality Act 2010.</li> <li>• Care assessments do not consider the full range of people's diverse needs, including those related to communication, nutrition, hydration and pain relief.</li> <li>• People's needs, emotions or levels of distress are not consistently or routinely assessed, or there are no tools available to support staff to understand and reflect them in assessments and care plans.</li> <li>• Assessments are not consistently up-to-date, or there are delays in completing them. They are not always routinely reviewed.</li> <li>• The needs of carers are not consistently considered to help them provide safe and effective care. Risk assessments are not consistently person-centred or proportionate. They may not be reviewed regularly, or are not reviewed together</li> </ul>	<ul style="list-style-type: none"> <li>• Care and treatment decisions are not based on a full assessment of a person's needs, including those related to communication, nutrition, hydration and pain relief.</li> <li>• People's needs, emotions or levels of distress are not included in their assessment. Staff do not have the knowledge or tools available to support them to understand people's needs.</li> <li>• Assessments are delayed, not completed or not updated. They are not routinely reviewed.</li> <li>• The needs of carers are not considered, and they are not helped to provide safe and effective care to the people they support.</li> <li>• Risk assessments about care are not person-centred or proportionate. They are not reviewed regularly, or reviewed together with people, their families and carers.</li> </ul>
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<p>demonstrate real curiosity about what matters to them.</p> <ul style="list-style-type: none"> <li>• Carers are genuinely encouraged and actively supported to be active partners in people’s care. Their needs are holistically assessed and met, which enables them to provide safe, effective and compassionate care to the people they support.</li> <li>• People feel safe and empowered when making decisions about their care.</li> <li>• Risk assessments are collaboratively agreed, person-centred and proportionate. They allow for positive risk taking, where clinically appropriate.</li> </ul>		<p>with people, their families and carers.</p>	
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## Delivering evidence-based care and treatment

Is care and treatment delivered in line with current legislation, standards, evidence-based guidance and good practice?

### Scope of this key line of enquiry and topic areas include:

- Best practice guidance and standards
- Nutrition and hydration
- GIRFT (Getting it right first time) recommendations
- Clinical reviews / medical committees
- Service accreditation schemes
- Mental Health Act 1983 and Mental Health Act Code of Practice

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People receive a range of care and treatment options that are based on substantiated evidence and are responsive to their individual needs, preferences and aspirations.</li> <li>• There are rigorous, inclusive and evidence-driven systems that continually enhance people’s care and treatment.</li> <li>• The service is a leader in innovation.</li> <li>• Staff are empowered to participate in research programmes and to develop and share innovations with other services, both locally and nationally.</li> </ul>	<ul style="list-style-type: none"> <li>• People receive evidence-based care, treatment and support that aligns with good practice standards, guidance and technological advancements. People receive the right care, in the right place, and at the right time.</li> <li>• All staff understand current legislation, national standards and good practice guidance relevant to their service and apply these effectively. There are good systems to ensure they keep up-to-date and that they embed this in their service.</li> <li>• People are told about current good practice that is relevant to their care, and they, their families and carers are involved in how this is reflected in the care, treatment and support they receive.</li> <li>• Staff are encouraged to learn about new, evidence-based and innovative approaches that can improve how they deliver care.</li> <li>• The service has a clear, consistent, evidence-based approach to managing people’s</li> </ul>	<ul style="list-style-type: none"> <li>• People’s care, treatment and support does not always reflect current evidence-based guidance, standards, best practice and technological advancements. People do not always receive the right care, in the right place, at the right time.</li> <li>• 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 they receive.</li> <li>• The service’s systems do not always ensure that staff are up-to-date with national legislation, evidence-based good practice and required standards.</li> <li>• People are not always told about current good practice that is relevant to their care, and they are not always involved in how this is reflected in their care plan.</li> <li>• Staff are not routinely encouraged to learn about new evidence-based</li> </ul>	<ul style="list-style-type: none"> <li>• People’s care, treatment and support does not reflect current evidence-based guidance, standards, practice or technology. People do not receive the right care, in the right place at the right time. People receive ineffective care, or there is insufficient assurance to demonstrate otherwise.</li> <li>• The provider’s systems do not ensure that staff are up-to-date with national legislation, evidence-based good practice and required standards, or there are no systems to do so.</li> <li>• People are not told about current good practice that is relevant to their care, and they are not involved in how this is reflected in their care plan.</li> <li>• Staff are not supported or encouraged to learn about new evidence-based approaches to improve how they deliver care.</li> <li>• The service does not have a clear or evidence-based approach to managing people’s co-occurring</li> </ul>

	<p>co-occurring conditions and multiple diagnoses.</p> <ul style="list-style-type: none"> <li>• People’s nutrition and hydration needs are assessed and met, including their personal or cultural preferences.</li> <li>• Where relevant, services hold and maintain accreditation.</li> <li>• Where people are subject to the Mental Health Act 1983 (MHA), decisions made about care and treatment comply with the MHA and the MHA Code of Practice. Any departure from the Code of Practice guidance is clearly justified and risk assessed.</li> </ul>	<p>approaches to improve how the service can deliver care.</p> <ul style="list-style-type: none"> <li>• The service’s approach to managing people’s co-occurring conditions and multiple diagnoses is not always clear, consistent or based on evidence.</li> <li>• People’s nutrition and hydration needs are not consistently assessed or met. Personal or cultural preferences may not be included in assessments.</li> <li>• Decisions made about care and treatment do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</li> </ul>	<p>conditions and multiple diagnoses.</p> <ul style="list-style-type: none"> <li>• People’s nutrition and hydration needs are not assessed or met. Personal or cultural preferences are not included.</li> <li>• Decisions made about care and treatment do not comply with the Mental Health Act Code of Practice or other legislation.</li> </ul>
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## Outcomes

Does the service monitor outcomes and compare performance to improve the effectiveness of care for all?

### Scope of this key line of enquiry and topic areas include:

- Clinical audits
- Research and clinical trials
- Peer review
- Benchmarking
- Quality improvement initiatives
- Inequalities in outcomes

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Outcomes for people who use services are consistently better than expected, when compared with other similar services.</li> <li>• Approaches to monitor and improve people’s outcomes are rigorous and inclusive.</li> <li>• The service is an exemplar in its actions to improve outcomes for people likely to experience health inequalities and those with protected equality characteristics.</li> <li>• There are comprehensive, effective, and inclusive approaches to monitoring and improving, treatment and outcomes. People’s strengths, cultures and histories are recognised to achieve the best possible outcomes.</li> <li>• Staff work proactively to enable equally good outcomes for all by recognising barriers that prevent this. They act on information by taking purposeful steps to listen and respond to people’s experiences of discrimination or inequality. They</li> </ul>	<ul style="list-style-type: none"> <li>• People consistently experience positive outcomes from their care and treatment. Outcomes are in line with agreed expectations (as set out in legislation, standards and evidence-based clinical guidance) and are comparable with similar services.</li> <li>• The service continuously monitors and takes action to improve outcomes for people who are likely to experience health inequalities and those with protected equality characteristics.</li> <li>• Staff work proactively to achieve equitable outcomes. They do this by recognising barriers that prevent this, collecting and acting on relevant information, and allocating resources to reduce barriers and improve people’s outcomes.</li> <li>• The service continually participates in local and national clinical audit cycles and other monitoring activities such as reviews of services, benchmarking and peer reviews. The results are used to improve quality effectively.</li> <li>• The service monitors and evaluates the effectiveness of any improvement actions and initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• People’s outcomes are below expectations, when compared with similar services.</li> <li>• Delivery against expectations as set out in legislation, standards and evidence-based clinical guidance is variable.</li> <li>• Accurate and up-to-date information about people’s care and treatment and their outcomes is not routinely collected, monitored and shared.</li> <li>• The outcomes of people’s care and treatment are not monitored regularly or thoroughly. The results of monitoring are not always used effectively to improve the quality of care.</li> <li>• The service takes an inconsistent approach to monitoring and improving outcomes for people likely to experience health inequalities and those with protected equality characteristics.</li> <li>• Staff are not consistently aware of discrimination and inequality that could lead</li> </ul>	<ul style="list-style-type: none"> <li>• People’s outcomes are very variable or significantly worse than expected, when compared with other similar services.</li> <li>• People’s care is ineffective or there is insufficient assurance to demonstrate otherwise.</li> <li>• Monitoring of care and treatment outcomes is either very limited or does not happen at all. Necessary action is not taken to improve people’s outcomes, including for people likely to experience health inequalities</li> <li>• The service does not participate in external audits, benchmarking and peer review activities, aimed at improving quality.</li> <li>• The service does not monitor or take action to improve outcomes for people likely to experience health inequalities and those</li> </ul>

<p>allocate resources and embed continuous learning and innovation to reduce inequalities in outcomes.</p> <ul style="list-style-type: none"> <li>• The service uses audits, benchmarking, and quality improvement initiatives creatively and innovatively to support consistent improvement in outcomes.</li> <li>• Staff are empowered to initiate activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes.</li> <li>• The service's high performance is recognised by credible external bodies and is shared to inspire improvement on a local and national scale.</li> <li>• Continuous improvement and evaluation is embedded throughout the service.</li> </ul>		<p>to differential outcomes for people using their services.</p> <ul style="list-style-type: none"> <li>• Participation in external audits, benchmarking and peer reviews is limited. Results from these initiatives are not consistently used to improve quality.</li> </ul>	<p>with protected equality characteristics.</p> <ul style="list-style-type: none"> <li>• Staff are not aware of discrimination and inequality that could lead to unequal outcomes for people using their services, and this is not a focus in planning and delivering the service</li> </ul>
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## Supporting people to live healthier lives

Are people supported to manage their own health and wellbeing?

### Scope of this key line of enquiry and topic areas include:

- Population health and prevention (including health inequalities)
- Identification and early health interventions
- Healthier lives promotion
- Supporting access to healthcare services – GP, dentists, mental health, social care, etc
- Physical activity
- Care Education and Treatment Reviews

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service is an exemplar in empowering and supporting people to manage their own health, care and wellbeing needs.</li> <li>• Staff use proactive, equity-driven and fully inclusive approaches that recognise diverse needs, remove barriers to wellbeing and empower people to make healthier choices.</li> <li>• The service focuses on identifying preventative approaches to improve long-term health and wellbeing outcomes, embedding continuous learning and innovation to anticipate and</li> </ul>	<ul style="list-style-type: none"> <li>• People are empowered and supported to manage their own health, care and wellbeing by staff who understand their needs and preferences.</li> <li>• Staff foster an open and inclusive culture that supports people to access other healthcare services.</li> <li>• People are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• The service uses population health data to drive prevention and improve long-term health and outcomes. When risks to people’s health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• People are not consistently supported to manage their own health, care and wellbeing needs. Staff do not always understand their needs and preferences.</li> <li>• People do not always receive support to access other health or social care services.</li> <li>• People are not always encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• There is limited focus on prevention and early identification of health needs to improve long-term health outcomes. When risks to people’s health and wellbeing are detected, they are</li> </ul>	<ul style="list-style-type: none"> <li>• People are not supported to manage their own health, care and wellbeing needs. Staff do not know their needs and preferences.</li> <li>• People do not receive support to access other healthcare services.</li> <li>• People are not encouraged or supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• There is no focus on prevention and early identification of health needs. Staff are reactive, rather than proactive in</li> </ul>

<p>address risks before issues arise.</p> <ul style="list-style-type: none"> <li>• The service uses population health data to drive prevention and improve outcomes for its communities. It shares knowledge and insights across neighbourhoods and the system to make a positive difference for people, staff and their local community.</li> <li>• Staff build strong, proactive links with external health promotion partners, creating seamless opportunities for people to develop skills, improve wellbeing and engage with community resources that enhance recovery.</li> </ul>	<p>are detected, they are supported to prevent deterioration.</p> <ul style="list-style-type: none"> <li>• Approaches to health promotion and prevention are equitable and inclusive. The service considers health inequalities that people using the service may be experiencing and it acts to remove any barriers that prevent people from making healthier choices.</li> </ul>	<p>not always supported to prevent deterioration.</p> <ul style="list-style-type: none"> <li>• Population health data is inconsistently understood and used to prevent or improve outcomes.</li> </ul>	<p>supporting people to live healthier lives, and those who need extra support are not identified. Risks to people's health and wellbeing are not detected.</p> <ul style="list-style-type: none"> <li>• The service has no awareness of, or does not use, population health data to prevent or improve outcomes.</li> </ul>
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## Consent to care and treatment

Are people supported to understand and exercise their right to consent to care and treatment?

### Scope of this key line of enquiry and topic areas include:

- Right and capacity to consent
- Advocacy and support
- Information and communication about people's rights, including consumer rights
- Mental Capacity Act
- Mental Health Act
- DNACPR and ReSPECT

**Outstanding**

**Good**

**Requires improvement**

**Inadequate**

<ul style="list-style-type: none"> <li>• The service goes out of its way to ensure that people are meaningfully involved in decisions about their care and treatment. The result is that every person feels listened to, valued and fully involved.</li> <li>• Capacity to consent is assessed with compassion, curiosity and respect. The service has a culturally sensitive approach that enables people, their families and carers to fully understand their rights and play an active, empowered role in decisions about their care.</li> <li>• People receive information that is fully tailored to their individual needs, cultures and histories, and is presented in a way that they can fully understand and engage with. This ensures people can make genuinely informed decisions, even in complex or emotionally challenging circumstances.</li> <li>• Openness and integrity are embedded throughout all care and treatment processes. People receive honest, personalised explanations about all aspects of their care. The values-driven approach means staff consistently go</li> </ul>	<ul style="list-style-type: none"> <li>• People are supported to understand their rights to consent to care and treatment, including rights to advocacy. They understand they have the right to change their mind and withdraw their consent, and staff respect this.</li> <li>• Capacity to consent is assessed in a compassionate and inclusive way, and people (or their legal representatives) understand their rights and are involved in decisions about their care.</li> <li>• The laws and principles that apply to consent for children, young people and those with parental responsibility are understood and adhered to.</li> <li>• Information and advice about consent is accurate, up-to-date and tailored to meet people's diverse communication needs and to support informed decision making.</li> <li>• Where applicable, information provided on contracts and charges is clear and unambiguous.</li> <li>• Decisions are made in line with the Mental Capacity Act 2005, involving carers or advocates, when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not always supported to understand their rights to consent to care and treatment, or their rights to advocacy.</li> <li>• Capacity to consent is not consistently assessed in the appropriate circumstances. People (or their legal representatives) do not always understand their rights and are not consistently involved in decisions about their care and treatment.</li> <li>• The laws and principles that apply to consent for children, young people and those with parental responsibility are not always understood and adhered to.</li> <li>• Information and advice about care and treatment is not always accurate or up-to-date and does not always meet people's communication needs.</li> <li>• Where applicable, information about contracts and charges, is not always provided in a clear or unambiguous way that people can understand.</li> <li>• Decisions are not always made in line with the Mental</li> </ul>	<ul style="list-style-type: none"> <li>• People are not supported to understand their rights to consent to care and treatment, or their rights to advocacy.</li> <li>• Capacity to consent is not appropriately assessed. People (or their legal representatives) do not understand their rights and are not involved in decisions about their care and treatment.</li> <li>• The laws and principles that apply to consent for children, young people and those with parental responsibility are not understood or adhered to. This places children and young people at risk.</li> <li>• Information and advice about care and treatment is inaccurate or out of date and is not provided in a way that meets people's communication needs.</li> <li>• Where applicable, information about contracts and charges is unclear or difficult for people to understand.</li> <li>• Decisions are not made in line with the Mental Capacity Act 2005. Carers or</li> </ul>
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<p>beyond expectations to ensure people feel safe, respected and in control.</p> <ul style="list-style-type: none"> <li>• Staff are fully invested in supporting people to make informed and proactive decisions about their care, including on advance care planning. They consistently take the time and attention to provide genuinely person-centred care.</li> </ul>	<ul style="list-style-type: none"> <li>• Where people are subject to the Mental Health Act 1983 (MHA), consent to care and treatment provisions, rights to access independent mental health advocates and the MHA Code of Practice are complied with. Any departure from the Code of Practice guidance is clearly justified.</li> <li>• Advance care planning, including DNACPR and ReSPECT, is managed as a proactive and inclusive process. People are empowered to make informed decisions, and these are continuously reviewed.</li> </ul>	<p>Capacity Act 2005. Carers or advocates are inconsistently involved in decision making.</p> <ul style="list-style-type: none"> <li>• Staff do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</li> <li>• Systems for advance care planning decisions, including DNACPR and ReSPECT, are in place, but are applied inconsistently. Decisions are not always informed, clearly documented or reviewed in a timely way.</li> </ul>	<p>advocates are rarely or never involved in decision making.</p> <ul style="list-style-type: none"> <li>• Staff fail to comply with the Mental Health Act Code of Practice or other legislation.</li> <li>• There are no effective systems in place to ensure that decisions around advance care planning, including DNACPR and ReSPECT, take place in a consistent way. People do not feel empowered to make informed decisions and decisions may not be appropriately documented or reviewed.</li> </ul>
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# CARING

Staff involve and treat you with compassion, kindness, dignity and respect.

## I statements:

- ✓ I am treated with respect and dignity.
- ✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- ✓ I am supported to manage my health in a way that makes sense to me.
- ✓ I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- ✓ I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.

## Kindness, compassion and dignity

Are people treated with kindness, empathy, compassion and respect, and is their privacy and dignity maintained?

### Scope of this key line of enquiry and topic areas include:

- Respect and dignity
- Caring and compassion
- Privacy and confidentiality
- Emotional wellbeing
- Communication
- Anticipating need and responding quickly

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is an exceptional, visible and values-driven culture of person-centred and non-discriminatory care. Staff demonstrate deep cultural sensitivity and proactively challenge inequity, creating</li> </ul>	<ul style="list-style-type: none"> <li>• People are cared for with kindness, compassion, dignity and respect.</li> <li>• People from all backgrounds, including those with protected equality characteristics, report</li> </ul>	<ul style="list-style-type: none"> <li>• People are not always cared for with kindness, compassion, dignity and respect.</li> <li>• People do not always experience care and</li> </ul>	<ul style="list-style-type: none"> <li>• People are not cared for with kindness, compassion, dignity and respect.</li> <li>• People do not experience care and treatment in a</li> </ul>

<p>an environment where every person feels respected, understood and safe.</p> <ul style="list-style-type: none"> <li>• Feedback from people consistently indicates that they feel genuinely cared for, listened to and valued as unique individuals. People from all backgrounds, including those with protected equality characteristics, report equitable and compassionate treatment that exceeds expectations.</li> <li>• Staff are highly motivated, emotionally intelligent and deeply committed to delivering care that is kind, respectful and protective of people's dignity. Staff go the extra mile. Care and support exceeds expectations. Staff establish genuine connections with the people they care for.</li> <li>• Wherever possible, staff proactively anticipate instances in which people may be in discomfort and distress, and they take all practical steps to minimise those risks.</li> <li>• Feedback from people who use the service, their</li> </ul>	<p>equitable and compassionate treatment.</p> <ul style="list-style-type: none"> <li>• People experience care and treatment in a nurturing and supportive environment.</li> <li>• Staff communicate clearly, in a kind and respectful way. They listen actively to people to understand and respond to their individual needs and preferences. Families, carers and advocates are listened to, and communicated with, clearly and respectfully.</li> <li>• When people communicate their needs, emotions or distress, staff can manage this in a positive way that protects their rights and dignity. Staff learn what causes their distress in order to avoid it happening again. Feedback from families, carers and advocates is positive about the way staff treat people.</li> <li>• Staff understand and uphold people's human rights to ensure that their privacy, dignity and confidentiality are consistently maintained.</li> <li>• There is a culture of kindness and respect across the service. Staff display positive behaviours when they interact with people, including when they talk about</li> </ul>	<p>treatment in a nurturing and supportive environment.</p> <ul style="list-style-type: none"> <li>• Staff do not always communicate clearly or in a kind and respectful way. Families, carers and advocates are not always listened to, and communicated with, clearly and respectfully.</li> <li>• Staff do not always react in a positive way when people communicate their needs, emotions or distress. Feedback from families, carers and advocates is inconsistent about the way staff treat people.</li> <li>• Staff do not always understand the need to make sure that people's privacy, dignity and confidentiality is maintained at all times. While this may not always be intentional, it results in people not always feeling they are respected or valued.</li> <li>• Some people who use the service, those who are close to them and other stakeholders have concerns about the way staff treat people.</li> <li>• People, their families and carers are not always made</li> </ul>	<p>nurturing and supportive environment.</p> <ul style="list-style-type: none"> <li>• Staff are rude, impatient, judgemental, disrespectful or dismissive of people using their services or of those close to them.</li> <li>• Staff react in a negative way when people communicate their needs, emotions or distress. Feedback from families, carers and advocates about the way staff treat people is negative.</li> <li>• People's privacy, dignity and confidentiality are not respected. There is a demonstrable lack of understanding of privacy, dignity and confidentiality.</li> <li>• The lack of kindness, respect and compassion is usually serious and widespread.</li> <li>• People do not receive support to cope emotionally with their care and condition.</li> <li>• The routines and preferences of staff take priority, and they have little understanding of the impact of this approach on the wellbeing and needs of people using the service.</li> <li>• Where people are subject to the Mental Health Act 1983</li> </ul>
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<p>families, carers and stakeholders is consistently and strongly positive, reflecting the exceptional respect, compassion and dignity with which staff treat people.</p> <ul style="list-style-type: none"> <li>• Relationships between people using the service, their families and carers and staff are exceptionally strong and trusting. Staff value and protect these relationships, and leaders champion them as fundamental to high-quality health care.</li> <li>• People’s emotional, cultural and social needs are treated with equal importance to their physical health needs. Staff understand the whole person and provide support that reflects this holistic understanding.</li> <li>• Consideration of people’s privacy and dignity is consistently embedded in everything that staff do. Staff demonstrate real awareness of personal preferences and specific needs, ensuring they are recorded, understood and consistently upheld across the service.</li> </ul>	<p>them with other professionals and stakeholders.</p> <ul style="list-style-type: none"> <li>• Staff genuinely care about people’s wellbeing and show it in a thoughtful, meaningful way. They quickly anticipate and prioritise people’s comfort and wellbeing, using appropriate tools and communication to meet their needs effectively and avoid any preventable discomfort, concern or distress. When people show discomfort or distress or have urgent needs, staff respond quickly and in a positive way.</li> <li>• People, their families and carers are aware of support networks, community services, and the options for advocacy support to help them navigate their care journey.</li> <li>• Where people are subject to the Mental Health Act 1983 (MHA), care and treatment is provided with dignity and respect, and the MHA Code of Practice is complied with. Any departure from the Code of Practice guidance is clearly justified.</li> </ul>	<p>aware of support networks, community services, and the options for advocacy support to help them navigate their care journey.</p> <ul style="list-style-type: none"> <li>• Where people are subject to the Mental Health Act 1983 (MHA), care and treatment is not always provided with dignity and respect, and the MHA Code of Practice is not always complied with. In such cases, departure from the Code of Practice guidance is not always clearly justified.</li> </ul>	<p>(MHA), care and treatment is not provided with dignity and respect, and the MHA Code of Practice is not complied with.</p>
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## Person-centred care

Is care and treatment delivered in a person-centred way?

**Scope of this key line of enquiry and topic areas include:**

- Empowerment and decision-making
- Personal, cultural, social and religious needs

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People’s individual needs and preferences are at the heart of the service, which delivers a fully-tailored, holistic care experience.</li> <li>• 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.</li> <li>• 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 equality characteristics, people who may be approaching the end of their life, and people who are in vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• People can receive the most appropriate and personalised care and treatment as the service makes reasonable adjustments where necessary.</li> <li>• Staff treat people as individuals, considering any relevant protected equality characteristics. They ensure they understand and meet people’s personal, cultural, social and religious needs.</li> <li>• People’s communication needs are met to enable them to engage in decisions about their care and treatment, to optimise both their experience and outcomes.</li> <li>• There is a balanced and proportionate approach to supporting people and respecting the choices they make about their care and treatment.</li> <li>• People are supported to understand their rights and their understanding is reviewed</li> </ul>	<ul style="list-style-type: none"> <li>• Services are not delivered in a way that focuses on people’s holistic needs.</li> <li>• People’s emotional, social, cultural or religious needs are not always viewed as important or reflected in their care, treatment and support.</li> <li>• People feel excluded from care planning, with little involvement in treatment and decisions about medicines.</li> <li>• Staff may focus on the task rather than treating people as an individual person.</li> <li>• 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.</li> <li>• There are shortfalls in how the needs and preferences of different people are taken into account, for example on the</li> </ul>	<ul style="list-style-type: none"> <li>• People feel dismissed, belittled or ignored and not listened to. This contributes to deterioration, relapse, and re-admission where concerns are missed.</li> <li>• Services are planned and delivered without consideration of people’s needs and preferences.</li> <li>• People’s basic needs are not met.</li> <li>• People’s emotional, social, cultural or religious preferences and choices are not considered in their care, treatment and support.</li> <li>• Some people are unable to use the service because it does not meet their needs or preferences.</li> <li>• Staff fail to comply with the Mental Health Act Code of Practice or other legislation.</li> </ul>

<p>circumstances or who have complex needs.</p>	<p>throughout their care and treatment.</p> <ul style="list-style-type: none"> <li>• People, their families, carers and advocates, are regularly involved in planning, and are fully supported and empowered to make decisions about care and treatment, where appropriate.</li> <li>• The service makes sure that the technology used to deliver care, treatment and support meets the individual needs of the person using the service.</li> </ul>	<p>grounds of protected equality characteristics and for people who may be approaching the end of their life, who are in vulnerable circumstances or who have complex needs.</p> <ul style="list-style-type: none"> <li>• Staff do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</li> </ul>	
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**Independence, choice, and control**  
 Are people empowered to maintain their independence and to make choices about their care and plans for their future, where they are able to?

- Scope of this key line of enquiry and topic areas include:**
- Supporting communication and choice
  - Access to friends and family (visiting rights)
  - Specialist / adaptive equipment
  - Supporting independence activities and wellbeing
  - Complex care needs
  - End of life and palliative care

<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
<ul style="list-style-type: none"> <li>• People who use services, their families, carers and advocates are true, empowered partners in their care. Their expertise, lived</li> </ul>	<ul style="list-style-type: none"> <li>• People are supported to have choice and control over their own care and to make decisions about</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not always consider involving people, carers and their families as an important part of providing care.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not involved in their own care or treatment, and neither are their carers or family members.</li> </ul>

<p>experience and preferences meaningfully shape assessment, planning, treatment and review.</p> <ul style="list-style-type: none"> <li>• Co-production with people, their families and carers is embedded as a core value rather than an occasional practice, and people consistently describe feeling listened to, respected and central to all decisions.</li> <li>• Staff are fully committed to genuine partnership working. They actively create the conditions for shared decision-making – taking time to build trust, explain options in accessible ways, explore concerns, and support people to make choices that reflect their identity, culture, goals and recovery journey. Staff ensure families, carers and advocates are included in line with the person’s wishes, making personalised collaboration the norm for every individual person.</li> <li>• The service is flexible and personalised, fully committed to providing informed choice and ensuring a seamless</li> </ul>	<p>their care, treatment and wellbeing.</p> <ul style="list-style-type: none"> <li>• Staff work with people to support, empower and enable them to achieve their goals. This includes what matters to them about their future care preferences, their independence and care interventions.</li> <li>• Staff respect people as autonomous individuals. They understand their power as care givers and act accordingly to protect people’s human rights.</li> <li>• People are supported to receive visits from people they want to see and to be accompanied to appointments. This is done in accordance with relevant legislation, considering the appropriate balance between their right to a private and family life, their independence, choice and control, risk and safety. The laws and principles that apply specifically to protecting children are adhered to when making decisions about appropriate access and visiting.</li> <li>• There is a range of appropriate equipment and technology to support and maximise people’s independence and outcomes from care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not encouraged or enabled to manage their own care.</li> <li>• Information is not always accessible to all. People say that staff do not always explain things clearly, give them time to respond, or help them to understand the information they are given about their care and condition. This includes during referral, discharge, transition or transfers between services.</li> <li>• The service does not always take equality considerations into account and make reasonable adjustments in line with the Equality Act 2010.</li> <li>• People’s choices about their care and treatment, including in the context of care at the end of their life are not treated as a high priority.</li> <li>• Staff do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</li> </ul>	<ul style="list-style-type: none"> <li>• People do not know how to seek help or are ignored when they do so. Their basic needs are not met.</li> <li>• People do not know or understand what is going to happen to them during their care. They do not know who to ask for help.</li> <li>• 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, people who have complex needs, or those in vulnerable circumstances.</li> <li>• Services are not set up to provide accessible information, or reasonable adjustments in line with the Equality Act 2010.</li> <li>• The service does not support people to feel part of their local community. People may feel isolated and disconnected from their lives.</li> <li>• Staff fail to comply with the Mental Health Act Code of Practice or other legislation.</li> </ul>
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<p>experience, including in relation to continuity of care.</p> <ul style="list-style-type: none"> <li>• Staff always empower people to have a voice and to realise their potential.</li> <li>• Staff are exceptional at enabling people to manage their own health and care and to remain independent for as long as possible.</li> <li>• People are fully supported to maintain their social connections and to make significant life choices and choices at the end of their life.</li> <li>• The service plays an active part in the local community and as part of the neighbourhood agenda, which benefits both the people it cares for and the wider society.</li> </ul>	<ul style="list-style-type: none"> <li>• People who may be approaching the end of their life are identified to ensure their needs are met and the right support is provided. Where appropriate, end of life care planning is encouraged, including people's preferences and decisions about resuscitation. People are informed and assured that they can update their choices. This information is shared with other services and staff.</li> <li>• Where people are subject to the Mental Health Act 1983 (MHA), care and treatment follows the empowerment and involvement guiding principle, and the MHA Code of Practice is complied with. Any departure from the Code of Practice guidance is clearly justified.</li> </ul>		
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## RESPONSIVE

Services are organised so that they meet your needs.

### I statements:

- ✓ I have care and support that is co-ordinated, and everyone works well together and with me.
- ✓ I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- ✓ I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- ✓ I am supported to plan for important changes in my life that I can anticipate.

### Care provision, integration, and continuity

Is care co-ordinated and delivered in a flexible, joined-up way that reflects diverse needs and promotes choice and continuity?

#### Scope of this key line of enquiry and topic areas include:

- Availability and provision of services
- Eligibility and funding
- Continuity of care, treatment and support

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service actively champions equity, inclusion and personalised choice, embedding these principles in every aspect of care and treatment.</li> <li>• Teams work with curiosity and cultural awareness to ensure people's care, treatment and support honours their culture, history and identity. people experience seamless, responsive and consistent care, treatment</li> </ul>	<ul style="list-style-type: none"> <li>• The service understands the characteristics and needs of the population it serves and uses this insight to design and deliver flexible services that offer choice and continuity of care.</li> <li>• People can receive care and treatment from different services that are flexible and provide joined-up care. Care and treatment is co-ordinated</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not consistently reflect the needs of the population it serves. People's care and treatment may offer limited flexibility, choice or continuity of care, or the different services are not very well joined up.</li> <li>• People's care and treatment is not always co-ordinated, responsive or delivered in a</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not reflect the needs of the population it serves. People receive little or no flexibility, choice or continuity in their care and treatment. Services are not joined up.</li> <li>• People's care and treatment is not co-ordinated, responsive or delivered in a way that meets their assessed needs.</li> </ul>

<p>and support that honours their identity, preferences and circumstances.</p> <ul style="list-style-type: none"> <li>• Care and treatment is holistic and wholly centred on each person’s assessed needs, preferences, strengths, and aspirations. Staff understand the whole person, including the impact of discrimination and social context, and adapt care to achieve the best possible outcomes, recovery and wellbeing.</li> <li>• People’s care and treatment is exceptionally well co-ordinated, seamless, responsive and consistent. Any barriers that prevent access to and continuity of care are anticipated and removed wherever possible.</li> <li>• The service works in authentic partnership with its communities and takes proactive, sustained action to tackle health inequalities.</li> </ul>	<p>and responsive and delivered in a way that meets their assessed needs.</p> <ul style="list-style-type: none"> <li>• Co-ordinating and delivering services is multidisciplinary where appropriate, and considers the needs and preferences of different people and communities, including those with protected equality characteristics and those at most risk of a poorer experience of care.</li> </ul>	<p>way that meets their assessed needs.</p> <ul style="list-style-type: none"> <li>• The needs and preferences of difference people and communities, and those most at risk of a poorer experience of care are not consistently considered when delivering or co-ordinating services. People in these groups may describe poor experiences of care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• The needs and preferences of difference people and communities, and those most at risk of a poorer experience of care are not considered when delivering and co-ordinating services. People may experience discrimination or report unsatisfactory experiences of care and treatment.</li> </ul>
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**Listening and responding to feedback**

Are people supported to give feedback and raise concerns, and are they confident that action will be taken as a result?

**Scope of this key line of enquiry and topic areas include:**

- Feedback and complaints

- Advocacy and support to raise concerns
- Carer support

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There are consistently high levels of constructive engagement with people who use services, including people in all equality groups. Services are developed with their full participation as equal partners. Where children and young people use the service, they and their parents and carers are engaged in a meaningful way.</li> <li>• Rigorous and constructive challenge from people who use services, the public and stakeholders is actively encouraged and seen as a vital way of holding the service to account.</li> <li>• People, their families and carers are meaningfully and regularly involved in reviewing how the service manages and responds to complaints and concerns. Their lived experience, insights and expectations directly shape improvements, ensuring the complaints process is transparent,</li> </ul>	<ul style="list-style-type: none"> <li>• Staff take time to listen to people and give them the opportunity to share concerns.</li> <li>• People, their families, carers and advocates know how to give feedback about their experiences of care. They can do so in a range of accessible ways.</li> <li>• People, their families, carers and advocates feel confident that if they make a complaint or raise a concern they will be taken seriously and treated compassionately, with no fear of detriment.</li> <li>• The ability to raise concerns, make complaints and give feedback is supported through access to information, translation and interpretation. This could include making reasonable adjustments or supporting people in a culturally-informed way.</li> <li>• Staff investigate complaints and concerns openly and thoroughly, and within a suitable timeframe.</li> <li>• People are kept informed about how their feedback was acted on. Where improvements are required as a result, people</li> </ul>	<ul style="list-style-type: none"> <li>• People do not find it easy to raise concerns or make complaints, or are worried about doing so. Complaints and concerns cannot be made in completely accessible ways.</li> <li>• When people make complaints or raise concerns, the service may not always take their views fully on board, investigate them thoroughly and in a timely way, or change practice to improve.</li> <li>• The complaints system may be managed inconsistently and there is little evidence of the learning being applied in practice within the service.</li> <li>• Staff do not always readily give timely and accessible information about advocacy and further support.</li> <li>• People occasionally suffer discrimination, detriment and harassment if they complain.</li> <li>• There is insufficient engagement with people who use services, or insufficient attention to appropriately engaging those with particular</li> </ul>	<ul style="list-style-type: none"> <li>• People feel unable to express their views about the care and support they receive from the service. The provider's complaints and concerns system is unclear and inaccessible.</li> <li>• People, their families and carers are not given suitable information about, or access to, advocacy and support.</li> <li>• Complaints are not dealt with in an open, transparent, timely and objective way. The service's response to complaints suggests a defensive attitude.</li> <li>• People may suffer discrimination, detriment and harassment if they complain.</li> <li>• There is minimal or no engagement with people who use services, the public or external partners. The service does not respond any feedback.</li> <li>• Staff are unaware or are dismissive of what people think of their care and treatment.</li> </ul>

<p>accessible, culturally sensitive and continually strengthened. The service values this involvement as essential to learning, accountability and delivering the highest possible quality of health care.</p> <ul style="list-style-type: none"> <li>• The service uses innovative approaches to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.</li> <li>• The service is taking a leadership role in quality improvement, by seeking opportunities to learn from improvements made elsewhere, and by proactively sharing its learning with other services.</li> <li>• Investigations of incidents and complaints are comprehensive and the service uses innovative ways of looking into concerns, including the use of external professionals to make sure there is an independent and objective approach.</li> </ul>	<p>(including their families, carers and advocates) can be involved in shaping the solutions and measuring the impact.</p> <ul style="list-style-type: none"> <li>• Learning from complaints and concerns is seen as an opportunity to improve the service. The provider can demonstrate where improvements have been made as a result of learning from reviews, and staff can give examples of how they have incorporated learning into their daily practice.</li> <li>• Staff recognise that people need to have access to, and maintain links with, their advocacy and support networks in the community, and they support people to do this.</li> <li>• Leaders know of and act on any disproportionality in complaints and concerns by protected characteristics and/or themes, such as reasonable adjustments.</li> </ul>	<p>protected equality characteristics. Feedback is not always reported or acted on in a timely way.</p>	<ul style="list-style-type: none"> <li>• People’s feedback is inappropriately managed and acted on. The service is unable to provide examples of improvements made as a result of feedback and complaints.</li> </ul>
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## Timely and equitable access

Does the service ensure that everyone can access equitable and timely care, treatment and support?

**Scope of this key line of enquiry and topic areas include:**

- Access to services
- Accessible premises
- Waiting times / delays / cancellations
- Emergency unplanned care access / out-of-hours arrangements
- Access to post-treatment support
- Reasonable adjustments

Digital exclusion (communication barriers)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service displays a proactive approach to understanding the needs and preferences of different groups of people regarding access to the service, including those with protected equality characteristics.</li> <li>• The service far exceeds what is required in ensuring that it removes all barriers to accessing care. People more likely to experience barriers or delays in accessing care are key partners in developing services and their involvement is used to improve access for all.</li> <li>• The service has a relentless focus on identifying and addressing any delays to care,</li> </ul>	<ul style="list-style-type: none"> <li>• People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers and protects their rights.</li> <li>• Staff work proactively to achieve equitable and timely access to care and treatment in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, meeting information and communication needs, addressing communication</li> </ul>	<ul style="list-style-type: none"> <li>• People cannot always access care, treatment and support when they need to or in a way that works for them. This increases the risk of deterioration or harm.</li> <li>• When there are long waiting times, delays or cancellations, action to address this is not always taken quickly or is not always effective.</li> <li>• Staff have a limited understanding of how to ensure their service is accessible to all. The service is inconsistent in allocating resources to tackle inequalities in access.</li> </ul>	<ul style="list-style-type: none"> <li>• People are unable to access the care and treatment they need. Evidence shows that this has led to a deterioration in people's condition, or to actual harm.</li> <li>• The service is not set up in a way that supports people who may experience difficulties and barriers in accessing care and treatment.</li> <li>• People experience unacceptable waits and delays for some services.</li> <li>• Staff do not understand how to ensure their service is accessible to all. Barriers to accessing care are not understood or removed.</li> </ul>

<p>treatment or support. This includes working with external partners.</p> <ul style="list-style-type: none"> <li>• Innovative technology, including artificial intelligence and online services, is used to ensure people have timely access to care, treatment and support.</li> </ul>	<p>barriers, and having accessible premises and equipment.</p> <ul style="list-style-type: none"> <li>• The service takes action to minimise the length of time people wait for care, treatment and support. This includes monitoring abandonment rates. Waiting times are well-managed and risk-assessed to ensure people's needs are prioritised.</li> <li>• People are supported to access care and treatment from other services, including post-treatment support, local out-of-hours and emergency services.</li> <li>• Staff take action to address discrimination and inequality that may disadvantage different groups of people in accessing care, treatment and support, whether this is from the wider society, within the service's processes and culture, or from individuals.</li> <li>• The service uses feedback from people, their families, carers, advocates and communities, as well as other evidence, to improve access for people who are more likely to experience barriers or</li> </ul>	<ul style="list-style-type: none"> <li>• Information and advice about how to access other services, including post-treatment support, local out-of-hours and emergency services, is inconsistent.</li> <li>• The service is inconsistent in its use of feedback to improve access for people more likely to experience barriers or delays in accessing care.</li> <li>• Where people need it, there is limited flexibility in appointments or how care is provided, and alternative strategies are not always used.</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not give people any information or advice about how to access other services, including post-treatment support, local out-of-hours and emergency services.</li> <li>• The service does not seek feedback to improve access for people who are more likely to experience barriers or delays in accessing care.</li> <li>• There is no flexibility in appointments or how care is provided and alternative strategies are not considered.</li> </ul>
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	<p>delays in getting access to care and treatment.</p> <ul style="list-style-type: none"> <li>• The service uses technology to ensure people have timely access to care, treatment and support.</li> <li>• The service uses evidence and data to prioritise, allocate resource to and take action to tackle inequalities and achieve equity of access.</li> <li>• Children aged 18 and under have clear pathways to access care, and their parents and carers are able to be involved.</li> </ul>		
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## Equity in experience

Does the service tailor people's care, treatment and support effectively, to ensure equity in experience?

### Scope of this key line of enquiry and topic areas include:

- Benchmark of expectations
- Barriers to care, treatment and support
- Inequalities in experience
- People / communities whose voices are seldom heard
- Accessibility, transparency and communication
- Translation and interpretation
- Accessible Information Standard

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service is an exemplar in its approach to equity and</li> </ul>	<ul style="list-style-type: none"> <li>• The service empowers people to understand their legal rights to</li> </ul>	<ul style="list-style-type: none"> <li>• People do not always understand their rights,</li> </ul>	<ul style="list-style-type: none"> <li>• People do not understand their rights, including their</li> </ul>

<p>inclusivity. People feel their diversity is valued and that the service has a proven commitment to anti-racism, equity, and inclusion.</p> <ul style="list-style-type: none"> <li>• People feel empowered to understand their rights and give their views. The service genuinely understands people's needs, so is able to anticipate any necessary adjustments.</li> <li>• Staff actively seek feedback on people's experiences of discrimination and inequality. They can show evidence of improvements in people's experience and outcomes of care as a result.</li> <li>• The service models a commitment to identifying and addressing discrimination and inequality that could disadvantage different groups of people using their services. Staff foster a psychologically safe culture where these issues are addressed transparently.</li> <li>• Staff show a relentless focus on ensuring equally good experiences and achieving equity by recognising barriers, acting on information and allocating resources to</li> </ul>	<p>equity of care and their fundamental human rights. They expect that these rights will be met.</p> <ul style="list-style-type: none"> <li>• People's experiences of discrimination, inequality and infringement of their rights are listened to and acted on to improve care.</li> <li>• Staff are aware of how discrimination, whether societal or institutional, can disadvantage different groups of people using their services.</li> <li>• Staff work proactively to achieve equity. They do this by recognising barriers, collecting and acting on evidence (including people's experiences), and by allocating resources to reduce barriers and improve people's experiences and outcomes.</li> <li>• The service complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected equality characteristics and making reasonable adjustments to support equity in experience and outcomes.</li> <li>• People's information and communication needs are</li> </ul>	<p>including their equality and human rights.</p> <ul style="list-style-type: none"> <li>• People do not always feel that the service and staff welcome their views about their experiences. If they have experienced discrimination and inequality, they do not feel that their experiences are listened to or acted on.</li> <li>• People with protected equality characteristics do not always feel confident that their views about their experiences will be responded to effectively or compassionately.</li> <li>• Staff do not consistently understand what causes discrimination and inequality that could disadvantage groups of people using their services.</li> <li>• Staff work reactively to achieve equity in people's experiences. Systems and processes to gather, use and monitor information about equity in access and outcomes are not always effective. Where this information is available, it is not always used to recognise and respond to the experiences and outcomes of people and their communities.</li> </ul>	<p>equality and human rights, and are not supported to do so. Their experiences of discrimination and inequality are not listened to or acted on.</p> <ul style="list-style-type: none"> <li>• Positive experiences and outcomes of care are declining.</li> <li>• The service and staff do not welcome people's views about their experiences.</li> <li>• Staff are not aware of discrimination and inequality that could disadvantage groups of people using their services, and this is not a focus in planning and delivering the service. They have not established any links to local communities or made use of available data and research to help understand and respond to these barriers.</li> <li>• Staff do not recognise when experiences and outcomes are not equal. They do not identify or address barriers to equity, or act on information they receive to improve people's experiences and outcomes. People feel strongly that their protected equality characteristic, ethnicity or culture has a</li> </ul>
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<p>improve outcomes. A culture of continuous learning and innovation is embedded throughout the service.</p> <ul style="list-style-type: none"> <li>• People are confident that their information and communication needs have been identified and recorded in a way that is inclusive, continuously reviewed and shared to support person-centred care and treatment, and that information is tailored to these needs.</li> </ul>	<p>identified, met and reviewed to support their care and treatment.</p>	<ul style="list-style-type: none"> <li>• The service does not comply with all legal equality and human rights requirements. They may not necessarily be aware of non-compliance and be taking actions to address these areas.</li> <li>• People do not consistently receive information tailored to their needs, for example through culturally-sensitive reasonable adjustments, accessible information, interpretation and translation, and support to use digital services. These needs are not always identified, recorded, continuously met and reviewed.</li> </ul>	<p>negative impact on how they are cared for.</p> <ul style="list-style-type: none"> <li>• The service does not comply with all legal equality and human rights requirements and is not aware of where there is non-compliance.</li> <li>• People do not receive information tailored to their needs, for example the service does not provide culturally-sensitive reasonable adjustments, accessible information, interpretation and translation or support to use digital services. These needs are not identified, recorded, met, or reviewed.</li> </ul>
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## WELL-LED

The leadership, management and governance of the service make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

### Strategic direction

Is there a clear vision and strategy that addresses the changing needs of the population and communities it serves?

#### Scope of this key line of enquiry and topic areas include:

- Strategy and vision
- Values
- Organisational sustainability
- Addressing social impact
- Environmental sustainability: staff awareness and practice, carbon reduction practices – e.g. travel and transport, medicines and supply chain, estates and facilities, efficient service delivery with resource optimisation

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The vision, strategy and supporting objectives are clear, compelling and shared. These respond proactively to the changing needs of the population and communities. They are co-produced with staff, people, their families and carers and community partners. The vision, strategy and supporting objectives are well-understood, owned and embedded across the service.</li> <li>• The strategy delivers measurable improvements in population health, access to care and people's experience</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders ensure there is a clear shared vision and strategy that responds to the needs of the population and communities served. The vision and values are communicated effectively, and staff across the service understand them and how their role contributes to delivering them.</li> <li>• The vision, strategy and supporting objectives have been developed through a structured planning process, through meaningful engagement with staff, people who use services, carers, communities and</li> </ul>	<ul style="list-style-type: none"> <li>• The vision, strategy and plans have some significant gaps or weaknesses that undermine their credibility. They are either incomplete, out of date, not sufficiently clear or not well-understood.</li> <li>• Equality, diversity and inclusion principles, including tackling racism and stigma, are not consistently promoted and they are not necessarily central to the service's vision, values and strategy.</li> <li>• The strategy and vision may not have been co-developed with</li> </ul>	<ul style="list-style-type: none"> <li>• There is no credible statement of organisational vision and guiding values. These are either outdated or not underpinned by detailed and realistic plans and objectives.</li> <li>• Equality, diversity and inclusion considerations, including a commitment to anti-racism, are often neglected, or are not included at all in the service's strategy and vision.</li> </ul>

<p>and outcomes, including demonstrable reductions in health inequalities. Equality, diversity and inclusion are embedded as core strategic priorities, with anti-racism and stigma awareness integral to long-term care models, workforce strategies and service transformation.</p> <ul style="list-style-type: none"> <li>• An inclusive, culturally sensitive and non-discriminatory person-centred approach is engrained in the values of the service and is evident in everyday interactions with staff, people who use the service and the public. People feel respected, listened to and safe, and services are designed around what matters most to communities served.</li> <li>• Leaders provide visible, values-driven leadership, actively shaping and testing the strategic direction through curiosity, constructive challenge and learning. They analyse data, people's lived experience, insight from staff and research evidence to ensure that the strategy remains relevant, equitable and impactful.</li> <li>• Staff are proud of the service and consistently report high levels of engagement, pride and</li> </ul>	<p>external partners. Equality, diversity and inclusion are reflected within the strategy, with anti-racism and stigma awareness recognised as important strategic principles.</p> <ul style="list-style-type: none"> <li>• The strategy is credible and achievable, promoting high-quality, person-centred, culturally sensitive and non-discriminatory care. There is clear intent to reduce health inequalities supported by identified priorities and improvement actions. Progress in improving outcomes is evident, and further areas of work are allocated to leaders. There are clear plans to deliver further improvements.</li> <li>• Leaders provide effective oversight of the strategy through regular monitoring of progress against delivery plans, key performance indicators and risks. Leaders use data, insight and research to inform decision making and to understand the needs of the local population.</li> <li>• The service actively asks for feedback from staff and people who use services, including culturally-informed forms of feedback. It considers feedback in shaping and reviewing the strategy. Information about</li> </ul>	<p>staff, people who use services and other stakeholders, so there is no feeling of co-ownership among these groups.</p> <ul style="list-style-type: none"> <li>• Results of consultations with stakeholders and feedback from staff and people who use services are not always taken into account in developing or evaluating strategies or plans. Culturally rooted feedback is not always gathered, considered and made available in transparent and accessible ways.</li> <li>• The plan and strategy do not fully reflect the health economy in which the service operates. Use of engagement, data and research to help inform them is limited and not always effective.</li> <li>• System-wide collaboration with partnership agencies and community-led organisations, is inconsistent, and leaders are not always visible.</li> <li>• Leaders at all levels are not always held to account for the delivery of the strategy.</li> <li>• Staff do not always feel actively engaged or empowered. They do not always feel pride in their service and do not always trust its leadership. Some staff with protected equality</li> </ul>	<ul style="list-style-type: none"> <li>• Key stakeholders have not been engaged in creating the organisational strategy. Collaboration and co-production with people and local communities to gather feedback, including culturally rooted forms of feedback, is not happening.</li> <li>• Staff do not understand the vision and values and do not understand how their role contributes to achieving the strategy.</li> <li>• Strategies and plans are not aligned with the wider health economy in which the service operates.</li> <li>• There is no effective approach to monitoring, reviewing or providing evidence of progress against delivery of the strategy or plans.</li> <li>• Leaders at all levels are not held accountable for the delivery of the strategy.</li> <li>• Staff feel disengaged, disempowered and often feel no pride in their service. Staff with protected equality characteristics or from diverse ethnic and cultural</li> </ul>
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<p>trust in leadership. They report that the service is an inclusive, supportive and empowering place to work. Staff feel alignment with and ownership of the service's culture, vision and values.</p> <ul style="list-style-type: none"> <li>• Strategies and plans are fully aligned with those of the wider health and care system and actively shape it, and the service plays a strong role within the system. Through effective collaboration with system partners, community-led organisations and local stakeholders, the service contributes to shared priorities and continually improving outcomes.</li> <li>• The strategy and vision are ambitious, challenging and innovative, yet grounded in a clear understanding of risk, capacity and resources.</li> <li>• Feedback from staff and people using services includes culturally rooted forms of insight. This is systematically gathered, analysed and used to inform decision-making. The service demonstrates how learning from feedback leads to tangible improvement, and shares this transparently in</li> </ul>	<p>feedback and resulting actions is shared in accessible ways.</p> <ul style="list-style-type: none"> <li>• The strategy has clear, time-bound equity goals, with resourced plans and board level key performance indicators (KPIs).</li> <li>• Staff and leaders use data and research information to ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans.</li> <li>• Sustainability is actively considered, with actions taken to reduce the impact of care on the environment, to support sustainable practice, reduce waste and minimise energy use.</li> <li>• Staff are empowered to know how environmental sustainability relates to their role including through planning and delivering care, preventing diseases and good practice in the use of medicines.</li> </ul>	<p>characteristics or from diverse ethnic and cultural backgrounds feel they are treated differently.</p> <ul style="list-style-type: none"> <li>• Sustainability is not a primary consideration for the service.</li> </ul>	<p>backgrounds are treated differently.</p> <ul style="list-style-type: none"> <li>• Sustainability is either poorly or ineffectively communicated, or is completely missing from the strategy and vision.</li> </ul>
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<p>accessible ways with staff, people and communities.</p> <ul style="list-style-type: none"> <li>• There is strong collaboration and team working, and a common shared focus on improving the quality, experience and sustainability of care.</li> <li>• Environmental sustainability is embedded within strategic decision making and leaders recognise its role in improving population health, delivering value and ensuring the long-term sustainability of services. Staff understand how sustainability relates to their roles and take pride in initiatives that measurably reduce waste, minimise energy use and support greener models of care.</li> </ul>			
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## Workforce equity and culture

Is there an inclusive and fair culture that prioritises the safety and wellbeing of staff, supports speaking up and addresses workforce inequalities?

### Scope of this key line of enquiry and topic areas include:

- Workforce diversity
- Workplace discrimination and equitable treatment of staff
- Bullying, harassment and victimisation
- Gender pay gap
- Speaking up culture

- Staff feedback and surveys
- Freedom to Speak Up Guardian, whistleblowing
- Support and wellbeing of workforce
- Agency staff and volunteers
- Caseloads / workload and lone working
- Staff safety (including sexual safety)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Leaders and staff at all levels live the organisational values, which include a strong, shared commitment and effective action towards ensuring that equality, diversity and inclusion are embedded throughout the service.</li> <li>• Leaders and staff share a commitment to and relentless focus on ensuring high-quality and effective care for all people and communities served by the service.</li> <li>• Leaders at all levels are held to account for modelling inclusive behaviours and addressing poor culture, with clear consequences where expectations are not met. They demonstrate commitment to equality and diversity, leading by example to actively prevent discrimination and promote anti-racist principles and cultural awareness.</li> </ul>	<ul style="list-style-type: none"> <li>• The service prioritises equality, diversity and inclusion and proactively identifies and addresses workforce inequalities. Anti-racism practice, including cultural and stigma awareness, are core strategic principles and are reflected in the values of all staff and leaders.</li> <li>• The service fosters a culture of compassion, openness, trust, inclusiveness and continuous improvement. Processes for communication and sharing information are transparent and accessible.</li> <li>• Leaders are alert to and quickly address any examples of poor culture that may have a detrimental impact on staff and affect the quality of people’s care.</li> <li>• Recruitment, disciplinary and capability processes are fair and are reviewed to ensure there is</li> </ul>	<ul style="list-style-type: none"> <li>• Equality, diversity and inclusion are not sufficiently prioritised at this service. Anti-racism practice, including cultural and stigma awareness, are not core strategic principles and are not always reflected in the values of all staff and leaders.</li> <li>• Leaders do not always identify or adequately address the causes of workforce inequality.</li> <li>• The service is not sufficiently representative of its staff and local communities.</li> <li>• Processes for communicating and sharing information are not always transparent and accessible.</li> <li>• Staff, including those with protected equality characteristics, do not always feel they are treated equitably. Staff from different backgrounds feel their contributions are not valued.</li> </ul>	<ul style="list-style-type: none"> <li>• The principles of equality, diversity and inclusion are insufficiently embedded in the culture of the service. Inequality is not identified and addressed. Anti-racism practice, including cultural and stigma awareness, are missing from the core strategic principles and are not evident in the values of staff and leaders.</li> <li>• Staff, especially those with protected equality characteristics, do not feel they are treated equitably. Staff from different backgrounds report issues with cultural awareness, discrimination and racism.</li> <li>• There are high levels of bullying, harassment, discrimination or violence, and the service is not taking adequate action to reduce this.</li> </ul>

<ul style="list-style-type: none"> <li>• Leaders and staff across all levels engage, understand, and are representative of the communities they serve.</li> <li>• There is never any bullying, harassment and discrimination in the service's practices. All staff, regardless of background, feel equally valued.</li> <li>• There is an open, curious and transparent culture where staff feel psychologically safe to speak up about anything that gets in the way of providing high-quality care. The service uses innovative ways to ensure that processes for communication and sharing information are transparent and accessible.</li> <li>• Speaking up is embedded as a cultural norm. Leaders actively seek challenge, respond visibly and demonstrate through their actions that raising concerns leads to learning and improvement, not blame.</li> <li>• The service's open learning culture and the high morale and wellbeing of its staff are conducive to the positive experience and outcomes of people using its services and those close to them.</li> </ul>	<p>no disadvantage based on any specific protected equality characteristics. Recruitment processes and employment practices are lawful and free from exploitation.</p> <ul style="list-style-type: none"> <li>• The service takes active steps to ensure staff and leaders are representative of the people and communities it serves.</li> <li>• Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact. Leaders make reasonable adjustments to support disabled staff to carry out their roles well.</li> <li>• Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce in their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.</li> </ul>	<ul style="list-style-type: none"> <li>• There is insufficient reassurance that all staff and leaders do not tolerate bullying, harassment and discrimination.</li> <li>• Speaking up processes may be in place, but they are not sufficiently well advertised or understood.</li> <li>• Staff are apprehensive about speaking up and are not certain that their concerns will be listened to and acted on.</li> <li>• Feedback from staff, including complaints and concerns, is not always considered in a non-discriminatory way. There is insufficient reassurance that their feedback is used to make lasting improvements.</li> <li>• Levels of satisfaction among staff across the service vary and may be lower for those with protected equality characteristics.</li> <li>• The wellbeing of staff is not always sufficiently prioritised. Some staff do not feel psychologically safe. There are low levels of staff morale, pride and engagement across the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting systems may be in place, but they are inadequate. There is no reassurance that staff concerns will be listened to and acted upon.</li> <li>• The culture of the service is closed and processes for communicating and sharing information are not transparent and accessible. There is no reassurance that whistleblowers will be treated fairly, without fear of detriment.</li> <li>• Learning is not embedded in the organisational culture. There are high levels of defensiveness and lack of leadership accountability or ownership of staff feedback and concerns. Staff report feeling psychologically unsafe to raise concerns.</li> <li>• The wellbeing of staff is a very low priority and there are no measures to support flexibility and to improve staff morale and engagement.</li> <li>• Staff do not feel pride in their service and would not recommend it to others as a place to work or receive care.</li> </ul>
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<ul style="list-style-type: none"> <li>• Feedback from staff, including complaints and concerns, is continuously taken into account to improve services and people's satisfaction with them. These are seen as learning opportunities and leaders are held accountable for the commitments they make in this regard. Staff from all backgrounds are certain that their concerns will be listened to and acted on, without any fear of detriment.</li> <li>• There are consistently high levels of satisfaction across the workforce, including among those with protected equality characteristics. Staff are proud of the service as a place to work, feel psychologically safe and speak highly of its open, inclusive and non-discriminatory culture.</li> <li>• Staff wellbeing is a high priority for leadership. The service exceeds its statutory responsibilities for the health, safety and wellbeing of staff and is a modern employer with a variety of measures to support flexible ways of working to improve staff morale, retention and engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• There is zero tolerance for bullying, harassment and discrimination. The service supports staff who face discrimination, whether this comes from managers, colleagues or people using the service. There is a clear focus on supporting those with protected equality characteristics and those from excluded and marginalised groups.</li> <li>• Staff receive personalised culturally sensitive and non-discriminatory support and feel listened to, valued and involved in decision-making. Staff from different backgrounds feel they are treated equally.</li> <li>• The service meets its statutory responsibilities for the health and safety of staff. Steps are taken to support staff, and wellbeing is supported through resources, rest, and cultivating a positive work environment. There is culturally sensitive and non-discriminatory support for those who are struggling at work. This has a positive impact on the care they deliver to people.</li> <li>• There are processes to enable staff to speak up and raise concerns. All staff, including</li> </ul>		
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	<p>temporary colleagues, can easily access these processes.</p> <ul style="list-style-type: none"> <li>• There is a culture of speaking up as staff are empowered and supported to give feedback, raise concerns, and contribute to improvements. Staff actively raise concerns without fear of detriment. When they do, they are valued and supported and feel confident that they will be treated with compassion and understanding, and will not be blamed, or treated negatively, if they do so.</li> <li>• Where in place, Freedom to Speak Up Guardians have access to dedicated time for their role, up-to-date training and work proactively with the leaders to remove barriers to speaking up and to improve the speaking up culture. When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on</li> </ul>		
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## Capable and compassionate leaders

Do leaders at all levels have the capacity and capability to deliver high-quality care effectively, with accountability and empathy?

**Scope of this key line of enquiry and topic areas include:**

- Leadership competency, support and development

- Safe recruitment of leaders / Fit and proper persons requirement (FPPR)
- Role expectations and personal accountability
- Succession planning and talent management

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Leadership is collaborative, supportive and people-focused, with leaders at all levels empowered to act and work together to deliver excellent and sustainable care.</li> <li>• Leaders are proactively visible, accessible and responsive. They embody integrity, honesty and openness, and build strong, respectful relationships with staff, people and local communities through inclusive and transparent engagement. This results in demonstrable improvements in people's access to care, and their experience and outcomes, including for those in marginalised and under-served groups.</li> <li>• There is a deeply embedded system of leadership development and succession planning, aligned to strategic priorities and future risks. It reflects the diversity of the workforce and supports staff to</li> </ul>	<ul style="list-style-type: none"> <li>• There is compassionate, inclusive and effective leadership at all levels.</li> <li>• Leaders at all levels have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered.</li> <li>• Leadership is supportive, inclusive and people-focused, enabling the delivery of safe, effective and compassionate care. Leaders demonstrate empathy and act to champion high-quality care and improvement.</li> <li>• Leaders are held to account for delivering high-quality care and for modelling inclusive, compassionate behaviours, with clear expectations and consequences where expectations are not met.</li> <li>• Leaders at every level are visible and lead by example, modelling integrity, honesty and openness, and encouraging mutual trust</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders do not have all the necessary experience, capacity, capability or integrity to ensure the organisational vision can be delivered.</li> <li>• Staff do not consistently know who their leaders are or how to gain access to them. Leaders do not prioritise modelling integrity, openness and mutual trust between staff, other leaders, people and their communities, and the systems they work in.</li> <li>• Leaders are not always aware of the risks, issues and challenges in the service and do not always make effective use of engagement, performance data and research to do so.</li> <li>• Leaders are not always clear about their roles and their accountability for quality. Social and cultural contexts are not always considered as contributing</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders do not have the necessary experience, capacity, capability or integrity to lead effectively, including in a culturally sensitive and non-discriminatory way. The leadership team is not stable, and it is characterised by high unplanned turnover and/or vacancies.</li> <li>• Staff do not know who their leaders are or what they do or are unable to get access to them. Staff, people and communities lack trust in leaders and there are no external system relationships in place.</li> <li>• Leaders are out of touch with what is happening on the front line, and they cannot identify or do not understand the risks, issues and challenges described by staff. This includes wider social and cultural contexts that may be affecting the quality of care.</li> </ul>

<p>feel safe, speak up, and grow through learning and development opportunities.</p> <ul style="list-style-type: none"> <li>• Leaders operate confidently at system level, shaping shared priorities across the health system and modelling compassionate leadership beyond organisational boundaries. They embrace opportunities to have a positive impact on the wider health and care system.</li> <li>• There are comprehensive and successful leadership strategies to ensure and sustain service delivery. Leaders analyse feedback from staff, performance data, talent metrics and lived experience to develop these strategies. There is strong collaboration, team working and support across all functions. Staff are engaged, empowered and united by shared values, with a clear sense of belonging and a common focus on improving the quality of care and people's experiences.</li> <li>• Leaders actively create and sustain a culture of psychological safety, where staff feel confident to speak up, challenge and innovate.</li> </ul>	<p>between staff, leaders and the systems they work in.</p> <ul style="list-style-type: none"> <li>• Leaders are knowledgeable and use engagement, performance data and research to understand the issues and priorities for the quality of services, including social and cultural contexts that affect staff and people who use the service.</li> <li>• Leaders at all levels can identify and access appropriate support and development in their role.</li> <li>• High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning.</li> <li>• The service meets the requirements of the Fit and Proper Persons regulation.</li> <li>• Leaders encourage a culture of openness, learning and improvement, sharing lessons transparently with staff, people and partners to prevent recurrence.</li> </ul>	<p>factors to quality, or this is not embedded practice.</p> <ul style="list-style-type: none"> <li>• The need to develop leaders is not always identified. Action is not consistently taken to support high-quality leadership through safe, effective and inclusive recruitment and succession planning.</li> <li>• The service does not consistently meet the requirements of the Fit and Proper Persons regulation.</li> <li>• Leaders are not consistently supportive or empathetic, which has a negative impact on the quality of services.</li> <li>• Leaders do not consistently encourage a culture of openness, learning and improvement, sharing lessons transparently with staff, people and partners to prevent recurrence.</li> </ul>	<ul style="list-style-type: none"> <li>• There is little or no attention to succession planning and to the development of leaders.</li> <li>• The service fails to meet the requirements of the Fit and Proper Persons regulation.</li> <li>• There are few examples of leaders making a demonstrable impact on the quality or sustainability of services.</li> <li>• Leaders fail to encourage a culture of openness, learning and improvement, sharing lessons transparently with staff, people and partners to prevent recurrence.</li> </ul>
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Leadership behaviours enable continuous improvement and high levels of staff engagement and morale.			
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## Governance

Are there clear roles, responsibilities and systems of accountability to support good governance?

**Scope of this key line of enquiry and topic areas include:**

- Roles, responsibilities and accountability
- Governance, quality assurance and management
- Statutory and regulatory requirements

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Governance arrangements are clear, coherent and continuously tested, enabling effective decision-making, accountability and delivery of the organisational strategy. Governance systems are proactively reviewed to ensure they remain fit for purpose, proportionate and responsive to emerging risks, system changes and population needs.</li> <li>• Governance structures operate with clear purpose and are supported by well-defined authority to make decisions, escalation routes and accountabilities. These are consistently understood across</li> </ul>	<ul style="list-style-type: none"> <li>• There are clear and effective governance, management and accountability arrangements, including those to ensure compliance with any legal requirements and duties (including the Mental Health Act).</li> <li>• The board and other levels of governance function effectively and interact well with each other to support delivery of the organisational strategy.</li> <li>• Governance structures, roles and responsibilities are understood across the service and are regularly reviewed to maintain fitness for purpose.</li> </ul>	<ul style="list-style-type: none"> <li>• The service's governance, management and accountability arrangements are not clear or do not always operate effectively.</li> <li>• Governance, accountability and management arrangements to ensure compliance with any legal requirements and duties (including the Mental Health Act) are not always effective. There has been no recent review of the governance arrangements, organisational strategy, values, objectives or plans.</li> <li>• Staff are not always clear about their roles and responsibilities, what they are accountable for, and to whom. Managers and</li> </ul>	<ul style="list-style-type: none"> <li>• The service's governance arrangements and their purpose are unclear. There is a lack of clarity about authority to make decisions and how individual members of staff are held to account.</li> <li>• Governance, accountability and management arrangements to ensure compliance with any legal requirements and duties (including the Mental Health Act) are ineffective.</li> <li>• There is no process to review key items, such as the organisational strategy, values, objectives, and</li> </ul>

<p>the service and routinely tested through real-time issues and learning.</p> <ul style="list-style-type: none"> <li>• Governance systems are inclusive and empowering, enabling staff at all levels to identify risks, raise concerns and contribute to timely improvement. The service demonstrates a learning-focused governance culture, where insight from staff, people who use services and partners informs action and improvement.</li> <li>• Leaders are assured of service performance through analysis of quantitative data, qualitative insight, audit, lived experience and external assurance. Focus is on patterns, trends and root causes, rather than isolated metrics, and this intelligence is used to challenge, learn and improve.</li> <li>• Governance of partnerships, joint working arrangements and shared services is rigorous and mature, with clear shared objectives, defined accountabilities, and joint risk management. The service plays a leading role in the wider health and care system by supporting collaboration that</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Staff understand their roles and responsibilities. Managers and leaders are accountable for their own actions, behaviours and performance, and for those of their staff.</li> <li>• Governance arrangements support the delivery of safe, effective and equitable care, including implementing relevant quality frameworks, recognised standards and best practice. Leaders use these frameworks to address known risks and inequalities.</li> <li>• Leaders implement all relevant quality frameworks, recognised standards and best practice, to improve equity in experience and outcomes for people using services and to tackle known inequalities.</li> </ul>	<p>leaders cannot routinely account for their own actions, behaviours and performance, and for those of their staff.</p>	<p>plans, or the governance framework.</p> <ul style="list-style-type: none"> <li>• Staff and their managers are not clear on their roles or responsibilities.</li> <li>• Accountability mechanisms are weak. There is a lack of systematic performance management of individual members of staff, or appropriate use of incentives or sanctions.</li> </ul>
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<p>delivers improved health and care outcomes.</p> <ul style="list-style-type: none"> <li>• Governance arrangements explicitly support the delivery of high-quality, safe and equitable care. They enable early identification of risks to quality, safety and equity, and timely, proportionate action to address them. Relevant quality frameworks and recognised standards are implemented effectively and used to reduce inequalities in experience and outcomes.</li> </ul>			
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**Management of risk, performance and issues**  
 Are there clear and effective processes for managing risks, performance, and issues?

**Scope of this key line of enquiry and topic areas include:**

- Organisational risk management
- Emergency preparedness (including climate events) and business continuity
- Workforce planning
- Use of resources
- Records / digital records
- Data security / data protection and General Data Protection Regulation (GDPR)
- Cyber security and Data Security and Protection Toolkit (DSPT)
- Statutory notifications

<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
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<ul style="list-style-type: none"> <li>• The service demonstrates a mature, intelligence-led approach to managing risk, performance and issues.</li> <li>• The service assures itself that systems are effective through analysis of data and intelligence, focusing on patterns, trends and early warning signals, rather than retrospective reporting.</li> <li>• Staff are engaged, respected and supported to use performance and risk management systems effectively, with problems addressed openly and swiftly through collaborative and responsive leadership.</li> <li>• The service invests in innovative and best practice information systems and processes.</li> <li>• Emergency preparedness and business continuity plans reflect the needs of the service and wider system. Leaders work with other services in the system to achieve cohesive plans that support people and local communities, ensuring system resilience and continuity of care.</li> <li>• Workforce and contingency planning is rigorous and proactive. Times of increased demand are predicted, planned</li> </ul>	<ul style="list-style-type: none"> <li>• The service has clear and effective management and accountability arrangements that support the delivery of safe, high-quality and sustainable care. These processes are well-understood and used to maintain oversight of organisational performance.</li> <li>• Risk, performance, and outcome data are used to deliver high-quality, sustainable care. The data used in reporting and performance management is consistently found to be accurate, reliable, timely and relevant.</li> <li>• Systems for managing performance and risk support innovation while maintaining the quality of the service.</li> <li>• Relevant data and notifications are consistently submitted to external organisations, as required.</li> <li>• There are rigorous arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.</li> </ul>	<ul style="list-style-type: none"> <li>• The service's approach to service delivery and improvement is reactive and focused on short-term issues.</li> <li>• Risks, issues and poor performance are not always dealt with appropriately or quickly enough.</li> <li>• The risk management approach is applied inconsistently or is not linked effectively into planning processes.</li> <li>• Clinical and internal audit processes are inconsistent in their implementation and impact.</li> <li>• There are risks to sustaining good quality care because of financial challenges.</li> <li>• Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems are not always reliable.</li> <li>• The information used in reporting, performance management and delivering quality care is not always accurate, reliable, timely or relevant.</li> </ul>	<ul style="list-style-type: none"> <li>• The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out-of-date or not relevant.</li> <li>• Finance and quality management are not integrated to support decision-making.</li> <li>• There is inadequate access to information about the performance of leaders and staff, and ways to challenge this. There are significant failings in systems and processes to manage how this data is shared.</li> <li>• There is little understanding or management of risks and issues, and there are significant failures in performance management and audit systems and processes.</li> <li>• Risk or issue registers and action plans, if they exist at all, are rarely reviewed or updated.</li> <li>• Meeting financial targets is seen as a priority at the expense of quality.</li> <li>• Required data and notifications are routinely not</li> </ul>
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<p>for and addressed in a calm, cohesive and productive way. Leaders are dynamic in implementing resources and patient outcomes show improvements.</p> <ul style="list-style-type: none"> <li>• Cyber security and information governance are treated as strategic risks. Controls are routinely tested, and learning from incidents or near misses is used to strengthen systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce planning is thorough and proactive. It is regularly reviewed and monitored.</li> <li>• Leaders have a good oversight of workforce learning and development. They monitor completion rates for mandatory training across the service.</li> <li>• Emergency preparedness and business continuity plans are detailed, tested and sufficient for the size and capacity of the service.</li> <li>• There are resilient and reliable cyber security arrangements and systems to protect people's data and maintain secure data services.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Required data and notifications are inconsistently submitted to external organisations.</li> <li>• Workforce planning does not always achieve its purpose, and leaders are reactive to workforce challenges.</li> <li>• Leaders do not always have a good oversight of workforce learning and development. They do not consistently monitor completion rates for mandatory training across the service.</li> <li>• Emergency preparedness and business continuity plans are not always appropriate for the type of service or its capacity. They are not tested regularly.</li> <li>• Cyber security is managed reactively, and there are gaps in maintaining a secure service.</li> </ul>	<p>submitted to external organisations.</p> <ul style="list-style-type: none"> <li>• Workforce planning is inconsistent and fails to achieve its purpose.</li> <li>• Leaders have a poor oversight of workforce learning and development. They fail to monitor completion rates for mandatory training across the service.</li> <li>• Emergency preparedness and business continuity plans are inappropriate or insufficiently detailed for the type of service or its capacity. They are not tested and leaders do not understand their value.</li> <li>• Cyber security is not a priority and there are examples of breaches of cyber and data legislation.</li> </ul>
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## Partnerships and communities

Is the service working effectively with its population and partners to deliver high quality care and treatment that meet the diverse needs of the people who use them?

### Scope of this key line of enquiry and topic areas include:

- Sharing good practice and learning
- Integration of health and social care
- Partnership working and collaboration
- Involvement and co-production

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service takes a leading role, building on shared learning, to improve the broader health of its population and to tackle health inequalities across the local system, at neighbourhood level, regionally and nationally.</li> <li>• Collaboration with external partners is deeply embedded at every level, with co-designed services that are seamlessly integrated and responsive to evolving population needs.</li> <li>• Staff and leaders demonstrate sustained relationships within the local system, at neighbourhood level and beyond. They foster a culture of trust and respect, enabling dialogue and collaborative problem solving.</li> </ul>	<ul style="list-style-type: none"> <li>• The service openly shares good practice and learning across the local system, at neighbourhood level, regionally or nationally.</li> <li>• The service works well in partnership with others, sharing accurate and timely data in a transparent and accessible way, with the aim to improve care outcomes and experiences, and to make a positive difference to the local community and environment.</li> <li>• Staff and leaders work together with all relevant external stakeholders and agencies within the local system to deliver joined-up services that meet the needs of the population</li> <li>• Staff and leaders have good interpersonal relationships with partners. They communicate</li> </ul>	<ul style="list-style-type: none"> <li>• The service shares good practice and learning inconsistently or only within limited internal circles. Opportunities to contribute to wider system learning are missed, and there is limited evidence of proactive engagement with external partners.</li> <li>• Staff and leaders demonstrate limited or inconsistent relationships across partnerships. Relationship building is sporadic or reactive, leading to missed opportunities for working collaboratively.</li> <li>• Staff and leaders engage with external stakeholders and agencies inconsistently or superficially. Joint working is limited in scope or depth, and</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not share good practice or learning. There is little or no evidence of engagement with the wider system, and opportunities to contribute to collective improvement are routinely overlooked.</li> <li>• Staff and leaders do not actively support interpersonal relationships across partnerships. Communication is either poor or there is none at all. This undermines joint working, erodes trust and impedes progress across the system.</li> <li>• Staff and leaders do not work together meaningfully with external stakeholders or agencies. There is little or no recognition of</li> </ul>

<ul style="list-style-type: none"> <li>• People who use services, staff and local stakeholders are meaningfully involved as equal partners in the design, delivery, and evaluation of services. Co-production is embedded in the culture of the service, with diverse voices actively shaping decisions. Engagement is inclusive, culturally sensitive, non-discriminatory and sustained.</li> <li>• Feedback from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account. Leaders actively seek feedback, respond transparently, and use challenge as a driver for improvement and innovation.</li> </ul>	<p>openly, build trust and encourage collaboration.</p> <ul style="list-style-type: none"> <li>• People who use services, staff and local stakeholders are regularly involved in shaping the design and delivery of the service. Their views and experiences are actively sought and used to inform decisions. Co-production is encouraged, with efforts made to include a range of voices through tailored and accessible approaches to engagement.</li> <li>• Feedback from people who use services, the public, and stakeholders is accepted and used to inform development of the service. Feedback is responded to appropriately, and there is a clear commitment to accountability and continuous improvement.</li> </ul>	<p>interdependencies are not fully recognised or used.</p> <ul style="list-style-type: none"> <li>• There is a limited or inconsistent approach to seeking the views of people who use services, staff and local stakeholders. Engagement is limited in reach or depth and may not reflect the diversity of the local population. Opportunities for co-production are missed or under-developed, and there is little evidence that feedback meaningfully influences decisions.</li> <li>• Challenge from people who use services, the public, or stakeholders is inconsistently acknowledged or acted on. Feedback mechanisms may exist but are under-used or lack transparency.</li> </ul>	<p>interdependencies, and services operate in isolation.</p> <ul style="list-style-type: none"> <li>• People who use services, staff, and stakeholders are not meaningfully involved in the design or delivery of the service. Engagement is either minimal or does not happen. There is no clear approach to co-production, and services are developed without input from those they affect.</li> <li>• Challenge from people who use services, the public, or stakeholders is discouraged, ignored, or met with defensiveness. There are limited ways to give feedback, and accountability is either weak or there is none at all.</li> </ul>
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## Improvement, innovation and learning

Are there effective systems that enable continuous improvement, innovation and learning to drive high-quality, sustainable services?

### Scope of this key line of enquiry and topic areas include:

- Innovation
- Learning and improvement
- Research

Outstanding	Good	Requires improvement	Inadequate
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<ul style="list-style-type: none"> <li>• There is a fully embedded and systematic approach to continuous quality improvement, which leaders understand is key to delivering high-quality care.</li> <li>• Learning is a continuous process, embedded through reflection, collective problem-solving, and sharing both mistakes and good practice. Learning is systemically shared internally and with other organisations to support measurable improvement in the system and innovation in the sector.</li> <li>• People and communities, particularly those who are more likely to have poor health outcomes, are actively involved in research opportunities, and in developing and co-producing innovative concepts to improve care.</li> <li>• Leaders foster an open culture of trust, which is honest about challenges and mistakes, and uses these as opportunities for learning. Leaders actively listen to staff, monitor and assess improvement and innovations, and enable collective problem-solving and continuous improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and leaders understand how to make improvement and innovation happen. Their approach is consistent and includes measuring outcomes and impact. They are able to provide examples of where innovation and learning have resulted in demonstrable improvements to services.</li> <li>• Learning is a continuous process, where mistakes and good practice are openly discussed and shared internally and externally.</li> <li>• Innovations are monitored to support continuous improvement.</li> <li>• People using services, families, and carers are actively involved in shaping and evaluating improvement and innovation.</li> <li>• Leaders actively listen to staff and encourage collective problem-solving and innovative solutions.</li> <li>• Staff are supported and given sufficient time to develop their skills around quality improvement and innovation. They are consistently encouraged to contribute to improvement initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and leaders have limited understanding about how to make improvement happen. Their approach is often reactive and focused on short-term solutions.</li> <li>• Areas for improvement are not always identified, and action is not always taken to address deficiencies. Where changes are made, the impact may not be fully understood or monitored.</li> <li>• People using services are inconsistently involved in improvement and innovation.</li> <li>• Leaders don't always listen to staff or co-operate with them to improve the service. There is weak or inconsistent investment and insufficient time to develop the skills of staff around quality improvement and innovation.</li> <li>• Engagement with external partners to improve and innovate the service is limited.</li> </ul>	<ul style="list-style-type: none"> <li>• There is little innovation or service development.</li> <li>• There is minimal evidence of learning and reflective practice. The impact of service changes on the quality of care is not always understood.</li> <li>• People using the service are rarely involved in improvement and innovation.</li> <li>• Leaders do not work with staff to improve the service. There is minimal investment or insufficient time to develop the skills of staff skills around quality improvement and innovation.</li> <li>• There is no engagement with external partners to improve and innovate the service.</li> </ul>
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<ul style="list-style-type: none"> <li>• The service invests in its people to ensure quality improvement is embedded in the work of all its staff. There is a clear strategy for developing staff capabilities.</li> <li>• Staff are strongly encouraged to consider where innovation can improve outcomes, and are given the time and opportunity to learn, create and adopt these innovative ideas.</li> <li>• There are strong external relationships that support research, improvement and innovation. Staff and leaders regularly proactively engage with external partners, including those in research, and embed evidence-based practice into the service. The service leads on national improvement initiatives and research.</li> <li>• The service continuously innovates across multiple services, which results in demonstrable improvement in people's outcomes and to services.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and leaders engage with external partners, including those in research, and embed evidence-based practice into the service that can improve care and treatment.</li> </ul>		
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