

# Consultation

How CQC regulates:

**Ambulance services**

Provider handbook

## **Appendices**

November 2014

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# Appendix A: Core service definitions

## Emergency Operations Centre

The Emergency Operations Centre (EOC) receives and triages 999 calls from members of the public as well as other emergency services. It provides advice and dispatches an ambulance service to the scene as appropriate.

The EOC also provides assessment and treatment advice to callers who do not need an ambulance response, a service known as “hear and treat”.

The EOC also manages requests by healthcare professionals to convey people either from the community into hospital or between hospitals.

We are developing the way we inspect and regulate 111 services, as part of our approach to primary care services. This will take account of 111 services provided by ambulance services.

## Emergency and urgent care services

This covers the assessment, treatment and care of patients at the scene by ambulance crews with transport to hospital (‘see and convey’), as well as the assessment, treatment and discharge from the care of the service (‘see and treat’).

It includes transport by air when the air ambulance is itself run by the provider, or where its staff are supplied to another entity, such as an air ambulance charity.

Emergency response from other parties is included when that response is under the direction of the provider. Examples include community first responder schemes involving members of the public, and co-responder schemes with agencies such as fire and rescue or the armed forces.

High dependency and intensive care transport between hospitals or other care settings is included, as well as other specialist transport that requires an emergency ambulance. This might be from hospital for end-of-life care at home, or for mental health patients requiring specialist care.

## Patient transport service

Patient transport services (PTS) are the non-urgent and non-specialist services that transport patients between hospitals, home and other places such as care homes.

It includes the PTS control room and dispatch operation as well as any assessment of a patient’s eligibility for the service that is carried out by the provider.

It includes any volunteer driver scheme where it is provided under the direction of the ambulance service

## **Resilience planning**

This covers the provider's major incident planning and response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1), as well as planning for and responses to other major emergencies. It also includes preparedness for, and the support of events and mass gatherings.

Special operations such as serious and protracted incidents use many of the resources and techniques used in major incidents such as hazardous area response teams and these are considered as part of this core service.

This core service covers the business continuity management of the service – both when it is only the provider affected, such as loss of facilities, or as part of a wider event such as adverse weather.

## Appendix B: Key lines of enquiry

### Safe

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

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

	Key line of enquiry	Prompts
S1	What is the <b>track record</b> on safety?	<ol style="list-style-type: none"> <li>1. What is the safety performance over time, based on internal and external information?</li> <li>2. How does safety performance compare to other similar services?</li> <li>3. Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally?</li> <li>4. Have safety goals been set? How well is performance against these monitored using information from a range of sources?</li> </ol>
S2	Are <b>lessons learned and improvements made</b> when things go wrong?	<ol style="list-style-type: none"> <li>1. Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?</li> <li>2. When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation?</li> <li>3. How are lessons learned and is action taken as a result of investigations when things go wrong?</li> <li>4. How well are lessons shared to make sure action is taken to improve safety beyond the affected team / service?</li> </ol>

S3	<p>Are there <b>reliable systems, processes and practices</b> in place to keep people safe and safeguarded from abuse?</p>	<ol style="list-style-type: none"> <li>1. Are systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> <li>2. Do staff receive effective mandatory training in the safety systems, processes and practices?</li> <li>3. Is implementation of safety systems, processes and practices monitored and improved when required?</li> <li>4. Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?</li> <li>5. How are standards of cleanliness and hygiene maintained?</li> <li>6. Are reliable systems in place to prevent and protect people from a healthcare associated infection?</li> <li>7. Does the design, maintenance and use of facilities and premises keep people safe?</li> <li>8. Are patients, including children and bariatric patients, safely restrained while they are being conveyed?</li> <li>9. Does the maintenance and use of equipment and vehicles keep people safe?</li> <li>10. Do arrangements for managing waste keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)</li> <li>11. Do arrangements for managing medicines and medical gases keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.)</li> <li>12. Are people's individual care records written and managed in a way which keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely).</li> <li>13. Are staff suitably trained and assessed to carry out driving duties safely?</li> <li>14. Are staff suitably trained, assessed and equipped to safely carry out manual handling activities?</li> </ol>
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S4	How are <b>risks to people who use services</b> assessed, and their safety monitored and maintained?	<ol style="list-style-type: none"> <li>1. How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance where available?</li> <li>2. How do actual staffing levels compare to the planned levels?</li> <li>3. Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?</li> <li>5. How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges?</li> </ol>
S5	How well are potential risks to the service <b>anticipated</b> and <b>planned</b> for in advance?	<ol style="list-style-type: none"> <li>1. How are potential risks taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, planned public events and disruption to staffing or facilities?</li> <li>2. What arrangements are in place to respond to emergencies and major incidents including hazardous situations? How often are these practised and reviewed?</li> <li>3. How is the impact on safety assessed and monitored when carrying out service or staffing changes?</li> </ol>

## Effective

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

	Key line of enquiry	Prompts
E1	Are people’s needs assessed and care and treatment delivered in line with legislation, standards and <b>evidence-based guidance</b> ?	<ol style="list-style-type: none"> <li>1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from the National Institute for Health and Care Excellence (NICE), Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and other expert and professional bodies).</li> <li>2. Do people have their needs assessed and care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance?</li> <li>3. Is discrimination, including on grounds of age or disability, avoided when making care and treatment decisions?</li> <li>4. How are the nutrition and hydration needs of people who use services assessed and met?</li> <li>5. How is the pain of individual people assessed and managed?</li> <li>6. How is technology and equipment used to enhance the delivery of effective care and treatment?</li> <li>7. Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?</li> </ol>
E2	How are people’s care and treatment <b>outcomes monitored</b> and how do they <b>compare</b> with other services?	<ol style="list-style-type: none"> <li>1. Is information about the outcomes of people’s care and treatment routinely collected and monitored?</li> <li>2. Does this information show that intended outcomes are being achieved for people who use services?</li> <li>3. How do outcomes for people compare to other similar services and how have they changed over time?</li> </ol>

	Key line of enquiry	Prompts
		<ol style="list-style-type: none"> <li>4. Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials?</li> <li>5. How is information about people's outcomes used and what action is taken as a result to make improvements?</li> <li>6. Are staff involved in activities to monitor and improve people's outcomes?</li> </ol>
E3	Do <b>staff</b> have the <b>skills, knowledge and experience</b> to deliver effective care and treatment?	<ol style="list-style-type: none"> <li>1. Do staff have the right qualifications, skills, knowledge and experience to do their job when they are employed, take on new responsibilities and on an ongoing basis?</li> <li>2. How are the learning needs of staff identified?</li> <li>3. Do staff have appropriate training to meet their learning needs?</li> <li>4. Are staff encouraged and given opportunities for development?</li> <li>5. What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)</li> <li>6. How is poor or variable staff performance identified and managed? How are staff supported to improve?</li> </ol>
E4	How well do <b>staff, teams and services work together</b> to deliver effective care and treatment?	<ol style="list-style-type: none"> <li>1. Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering care and treatment for people who use services?</li> <li>2. How is care delivered in a coordinated way when different teams or services are involved?</li> <li>3. Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition?</li> <li>4. When people are discharged from a service, are all relevant teams and services informed?</li> </ol>

E5	Do staff have all the <b>information they need</b> to deliver effective care and treatment to people who use services?	<ol style="list-style-type: none"> <li>1. Is all information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.)</li> <li>2. When people move between teams and services, is all information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?</li> <li>3. How well do the systems that manage electronic and paper care records and information support staff to deliver effective care and treatment? This includes coordination between different systems and appropriate staff access to records?</li> </ol>
E6	Is people's <b>consent</b> to care and treatment always sought in line with legislation and guidance?	<ol style="list-style-type: none"> <li>1. Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Children Acts 1989 and 2004?</li> <li>2. How are people supported to make decisions?</li> <li>3. How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?</li> <li>4. When people lack the mental capacity to make a decision, do staff make "best interests" decisions in accordance with legislation?</li> <li>5. How is the way consent is sought monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance?</li> <li>6. Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?</li> <li>7. Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality, in line with legislation and action taken to minimise its use?</li> </ol>

## Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

	Key line of enquiry	Prompts
C1	Are people treated with kindness, <b>dignity</b> , <b>respect</b> and <b>compassion</b> while they receive care and treatment?	<ol style="list-style-type: none"> <li>1. Are people's personal, cultural, social and religious needs understood, taken into account and respected by staff?</li> <li>2. Do staff take the time to interact with people who use service and those close to them in a respectful and considerate manner?</li> <li>3. Do all staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?</li> <li>4. Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?</li> <li>5. How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care?</li> <li>6. When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way?</li> <li>7. Is confidentiality respected by staff at all times?</li> </ol>
C2	Are people who use services and those close to them <b>involved as partners</b> in their care?	<ol style="list-style-type: none"> <li>1. Do staff communicate with people so that they understand their care, treatment and condition?</li> <li>2. Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.)</li> <li>3. How do staff make sure that people who use services and those close to them are able to seek further information or ask questions about their care and treatment?</li> </ol>

	Key line of enquiry	Prompts
		4. Are people who use services and those close to them routinely involved in planning and making decisions about their care and treatment?
C3	Do people who use services and those close to them receive the support they need to <b>cope emotionally</b> with their care, treatment or condition?	<ol style="list-style-type: none"> <li>1. Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?</li> <li>2. Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition?</li> <li>3. What emotional support and information is provided to those close to people who use services, including carers and dependants?</li> <li>4. Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?</li> </ol>

## Responsive

By responsive, we mean that services are organised so that they meet people's needs.

	Key line of enquiry	Prompts
R1	Are <b>services planned</b> and delivered to meet the needs of people?	<ol style="list-style-type: none"> <li>1. Is information about the needs of the different local populations used to inform the planning and delivery of services?</li> <li>2. How are commissioners, other providers and relevant stakeholders involved in planning services?</li> <li>3. Do the services provided reflect the needs of the populations served?</li> <li>4. Where people's needs are not being met, is this identified and used to inform service planning and development?</li> <li>5. Are the facilities, premises, vehicles and equipment appropriate for the services that are planned and delivered?</li> </ol>
R2	Do services take account of the <b>needs of different people</b> , including those in vulnerable circumstances?	<ol style="list-style-type: none"> <li>1. How are services planned to take account of needs of different people, for example on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</li> <li>2. How are services delivered in a way that takes account of needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</li> <li>3. How are services planned, delivered and coordinated to take into account of people with complex needs, for example those living with dementia or learning disabilities?</li> <li>4. Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?</li> </ol>

	Key line of enquiry	Prompts
		5. How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?
R3	Can people access care and treatment in a <b>timely</b> way?	<ol style="list-style-type: none"> <li>1. Do people have timely access to initial assessment, diagnosis or urgent treatment?</li> <li>2. What action is taken to minimise the time people have to wait for treatment or care?</li> <li>3. Does the service prioritise care and treatment for the people with the most urgent needs?</li> <li>4. Where a booking system is in place, is it easy to use and does it support people to access bookings?</li> <li>5. Is care and treatment only delayed when absolutely necessary? Are delays explained to people, and are people supported during this time?</li> <li>6. Do services meet prescribed response time targets and are populations kept informed about any disruption?</li> </ol>
R4	How are people's <b>concerns and complaints</b> listened and responded to and used to improve the quality of care?	<ol style="list-style-type: none"> <li>1. Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?</li> <li>2. How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?</li> <li>3. Are complaints handled effectively and confidentially, with regular updates and a formal record?</li> <li>4. Is the outcome explained appropriately to the individual? Is there openness, transparency about how complaints and concerns are dealt with?</li> <li>5. How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care? Are lessons shared with others?</li> </ol>

## Well-led

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

	Key line of enquiry	Prompts
W1	Is there a clear <b>vision</b> and a credible <b>strategy</b> to deliver good quality?	<ol style="list-style-type: none"> <li>1. Is there a clear vision and a set of values, with quality and safety the top priority?</li> <li>2. Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care?</li> <li>3. How have the vision, values and strategy been developed?</li> <li>4. Do staff know and understand what the vision and values are?</li> <li>5. Do staff know and understand the strategy and their role in achieving it?</li> <li>6. Is progress against delivering the strategy monitored and reviewed?</li> </ol>
W2	Does the <b>governance</b> framework ensure that <b>responsibilities</b> are clear and that <b>quality, performance and risks</b> are understood and managed?	<ol style="list-style-type: none"> <li>1. Is there an effective governance framework to support the delivery of the strategy and good quality care?</li> <li>2. Are staff clear about their roles and do they understand what they are accountable for?</li> <li>3. How are working arrangements with partners and third party providers managed?</li> <li>4. Are the governance framework and management systems regularly reviewed and improved?</li> <li>5. Is there a holistic understanding of performance which integrates the views of people, with safety, quality, activity and financial information?</li> <li>6. Is there a process for systematically seeking and providing assurance, both up and down and across the organisation?</li> <li>7. Are there comprehensive performance measures which are reported, monitored and action taken to improve?</li> </ol>

	Key line of enquiry	Prompts
		<p>8. Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?</p> <p>9. Is there a systematic programme of clinical and internal audit that is used to monitor quality and systems, identifying where action should be taken?</p> <p>10. Are there robust arrangements for identifying, recording, managing risks, issues and mitigating actions?</p> <p>11. Is there alignment between the recorded risks and what people say is 'on their worry list'?</p>
W3	How does the <b>leadership</b> and <b>culture</b> reflect the vision and values, encourage openness and transparency and promote good quality care?	<p>1. Do leaders have the skills, knowledge and experience they need both at appointment and on an ongoing basis?</p> <p>2. Do leaders have the capacity, capability, and experience to effectively lead?</p> <p>3. Do the leaders understand the challenges to good quality care and can they identify the actions needed address them?</p> <p>4. Are leaders visible and approachable?</p> <p>5. Do leaders encourage appreciative, supportive relationships among staff?</p> <p>6. Do staff feel respected and valued?</p> <p>7. Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</p> <p>8. Is the culture centred on the needs and experience of people who use services?</p> <p>9. Does the culture encourage candour, openness and honesty?</p> <p>10. Is there a strong emphasis on promoting staff safety and wellbeing?</p> <p>11. Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care?</p>

	Key line of enquiry	Prompts
W4	How are <b>people</b> who use services, the <b>public</b> and <b>staff engaged</b> and <b>involved</b> ?	<ol style="list-style-type: none"> <li>1. How are the views and experiences of people gathered and acted on to shape and improve the services and culture?</li> <li>2. How are people who use services, those close to them and their representatives actively engaged and involved in decision-making?</li> <li>3. Do staff feel actively engaged so that their views are reflected in in the planning and delivery of services and in shaping the culture?</li> <li>4. How do leaders prioritise the participation and involvement of people who use services and staff?</li> <li>5. Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?</li> </ol>
W5	How are services <b>continuously improved</b> and <b>sustainability</b> ensured?	<ol style="list-style-type: none"> <li>1. When considering service development or efficiency changes, how is the impact on quality and sustainability assessed and monitored?</li> <li>2. Are there examples where financial pressures have compromised care?</li> <li>3. In what ways do leaders and staff strive for continuous learning, improvement and innovation?</li> <li>4. Are staff focused on continually improving the quality of care?</li> <li>5. How are quality improvement and innovation recognised and rewarded?</li> <li>6. How is information used proactively to improve care?</li> </ol>

# Appendix C: Characteristics of each rating level

We have developed characteristics to describe what outstanding, good, requires improvement and inadequate care looks like in relation to each of the five key questions. These are set out below.

These characteristics provide a framework, which, when applied using professional judgement, guide our inspection teams when they award a rating. They are not to be used as a checklist or an exhaustive list. The inspection team use their professional judgment, taking into account best practice and recognised guidelines.

Not every characteristic has to be present for the corresponding rating to be given. This is particularly true at the extremes. For example, if the impact on the quality of care or on people's experience is significant, then displaying just one element of the characteristics of inadequate could lead to a rating of inadequate. Even those rated as outstanding are likely to have areas where they could improve. In the same way, a service or provider does not need to display every one of the characteristics of 'good' in order to be rated as good.

## Safe

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

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

## Outstanding



**People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.**

There is a genuinely open culture in which all safety concerns raised by staff and people who use service are highly valued as integral to learning and improvement.

All staff are open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture of quality. There is ongoing, consistent progress towards safety goals reflected in a zero-harm culture.

Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including participating in local, national and, where relevant, international safety programmes.

There is a comprehensive 'safety management system', which takes account of current best practice models. The whole team is engaged in reviewing and improving safety and safeguarding systems. Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm.

A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as being the responsibility of all staff. People who use services and those close to them are actively involved in managing their own risks.

Other external organisations are actively engaged in assessing and managing anticipated future risks.

Good



### **People are protected from avoidable harm and abuse.**

When something goes wrong, people receive a sincere and timely apology and are told about any actions taken to improve processes to prevent the same happening again.

Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses; they are fully supported when they do so. Monitoring and reviewing activity enables staff to understand risks and gives a clear, accurate and current picture of safety.

Performance shows a good track record and steady improvements in safety. When something goes wrong, there is an appropriate thorough review or investigation that involves all relevant staff and people who use services. Lessons are learned and communicated widely to support improvement in other areas as well as services that are directly affected. Opportunities to learn from external safety events are also identified. Improvements to safety are made and the resulting changes are monitored.

There are clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. These:

- Are reliable and minimise the potential for error
- Reflect national, professional guidance
- Are appropriate for the care setting
- Are understood by all staff and implemented consistently
- Are reviewed regularly and improved when needed.

Staff have received up-to-date training in all safety systems.

Safeguarding vulnerable adults, children and young people is given sufficient priority. Staff take a proactive approach to safeguarding and focus on early identification. They take steps to prevent abuse from occurring, respond appropriately to any signs or allegations of abuse and work effectively with others to implement protection plans. There is active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.

Staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times. Any staff shortages are responded to quickly and adequately. There are effective handovers and shift changes, to ensure staff can manage risks to people who use services.

Risks to people who use services are assessed, monitored and managed. These include signs of deteriorating health, medical emergencies or behaviour that challenges. People are involved in managing risks and risk assessments are person-centred, proportionate and reviewed regularly.

Staff recognise and respond appropriately to changes in risks to people who use services.

Risks to safety from service developments, anticipated changes in demand and disruption are assessed, planned for and managed effectively. Plans are in place to respond to emergencies and major situations. All relevant parties understand their role and the plans are tested and reviewed.

## Requires improvement



### **There is an increased risk that people are harmed or there is limited assurance about safety.**

People do not always receive a timely apology when something goes wrong and are not consistently told about any actions taken to improve processes to prevent the same happening again.

Information about safety is not always comprehensive or timely. Safety concerns are not consistently identified or addressed quickly enough.

There is limited use of systems to record and report safety concerns, incidents and near misses. Some staff are not clear how to do this or are wary about raising concerns.

When things go wrong, reviews and investigations are not always sufficiently thorough or do not include all relevant people. Necessary improvements are not always made when things go wrong.

Systems, processes and standard operating procedures are not always reliable or appropriate to keep people safe. Monitoring whether safety systems are implemented is not robust. There are some concerns about the consistency of understanding and the number of staff who are aware of them.

Safeguarding is not given sufficient priority at all times. Systems are not fully embedded, staff do not always respond quickly enough or there are gaps in the system of engaging with local safeguarding processes.

There are periods of understaffing or inappropriate skill mix, which are not addressed quickly. The way that agency, bank and locum staff are used does not ensure that people's safety is always protected.

The approach to assessing and managing day-to-day risks to people who use services is sometimes focused on clinical risks and does not take a holistic view of people's needs.

The risks associated with anticipated events and emergency situations are not fully recognised, assessed or managed.

## Inadequate



### **People are unsafe or at high risk of avoidable harm or abuse.**

When something goes wrong, people are not always told and do not receive an apology. Staff are defensive and are not compassionate.

Safety is not a sufficient priority. There is limited measurement and monitoring of safety performance. There are unacceptable levels of serious incidents or never events.

Staff do not recognise concerns, incidents or near misses. Staff are afraid of, or discouraged from, raising concerns and there is a culture of blame. When concerns are raised or things go wrong, the approach to reviewing and investigating causes is insufficient or too slow. There is little evidence of learning from events or action taken to improve safety.

Safety systems, processes and standard operating procedures are not fit for purpose. There is wilful or routine disregard of standard operating or safety procedures.

Vehicles, equipment and facilities are unsafe.

There is insufficient attention to safeguarding children and adults. Staff do not

recognise or respond appropriately to abuse.

Substantial or frequent staff shortages or poor management of agency or locum staff increases risks to people who use services.

Staff do not assess, monitor or manage risks to people who use the services. Opportunities to prevent or minimise harm are missed.

Changes are made to services without due regard for the impact on people's safety. There are inadequate plans in place to assess and manage risks associated with anticipated future events or emergency situations.

## Effective

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

## Outstanding



**Outcomes for people who use services are consistently better than expected when compared with other similar services.**

There is a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. New evidence-based techniques and technologies are used to support the delivery of high quality care.

All staff are actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research are proactively pursued. High performance is recognised by credible external bodies.

The continuing development of staff skills, competence and knowledge is recognised as being integral to ensuring high quality care. Staff are proactively supported to acquire new skills and share best practice.

Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services.

There is a holistic approach to planning people's discharge, transfer or transition to other services, which is done at the earliest possible stage. Arrangements fully reflect individual circumstances and preferences.

The systems to manage and share the information that is needed to deliver effective care are fully integrated and provide real-time information across teams and services.

Consent practices and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Engagement with stakeholders, including people who use services and those close to them, informs the development of tools and support to aid informed consent.



**People have good outcomes because they receive effective care and treatment that meets their needs.**

People's care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This is monitored to ensure consistency of practice.

People have comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing.

Where people are subject to the Mental Health Act (MHA), their rights are protected and staff have regard to the MHA Code of Practice.

Information about people's care and treatment, and their outcomes, is routinely collected and monitored. This information is used to improve care. Outcomes for people who use services are positive, consistent and meet expectations.

There is participation in relevant local and national audits, including clinical audits and other monitoring activities such as reviews of services, benchmarking, peer review and service accreditation. Accurate and up-to-date information about effectiveness is shared internally and externally and is understood by staff. It is used to improve care and treatment and people's outcomes.

Staff are qualified and have the skills they need to carry out their roles effectively and in line with best practice. The learning needs of staff are identified and training is put in place to meet these learning needs. Staff are supported to maintain and further develop their professional skills and experience.

Staff are supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. Relevant staff are supported through the process of revalidation. There is a clear and appropriate approach for supporting and managing staff when their performance is poor or variable.

When people receive care from a range of different staff, teams or services, this is coordinated. All relevant staff, teams and services are involved in assessing, planning and delivering people's care and treatment. Staff work collaboratively to understand and meet the range and complexity of people's needs.

When people are due to move between services their needs are assessed early, with the involvement of all necessary staff, teams and services. People's discharge plans take account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. People are discharged at an appropriate time and when all necessary care arrangements are in place.

Staff can access the information they need to assess, plan and deliver care to people in a timely way; particularly when people move between services. When there are different systems to hold or manage care records, these are coordinated. People understand, and have a copy, if possible, of the information that is shared about them.

Consent to care and treatment is obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People are supported to make decisions and, where appropriate, their mental capacity is assessed and recorded. When people aged 16 and over lack the mental capacity to make a decision, 'best interests' decisions are made in accordance with legislation. The process for seeking consent is appropriately monitored. The use of restraint is understood and monitored, and less restrictive options are used where possible.

Deprivation of liberty is recognised and only occurs when it is in a person's best interests, is a proportionate response to the risk and seriousness of harm to the person, and there is no less restrictive option that can be used to ensure the person gets the necessary care and treatment. The Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person's liberty, are used appropriately.

## Requires improvement

### **People are at risk of not receiving effective care or treatment.**

Care and treatment does not always reflect current evidence-based guidance, standards and best practice. Implementation of evidence-based guidance is variable. Care assessments do not consider the full range of people's needs.

Outcomes for people who use services are below expectations compared with similar services. The outcomes of people's care and treatment is not always monitored regularly or robustly. Participation in external audits and benchmarking is limited. The results of monitoring are not always used effectively to improve quality.

Not all staff have the right qualifications, skills, knowledge and experience to do their job. The learning needs of staff are not fully understood. Staff are not always supported to participate in training and development or the opportunities that are offered do not fully meet their needs.

There are gaps in management and support arrangements for staff, such as appraisal, supervision and professional development.

There may be delays or poor coordination when people are referred or discharged or when they transition to other services. There are delays in sharing information about people's care when they are discharged, this information has some gaps or staff are not clear what information should be shared.

Staff do not always have the complete information they need before providing care and treatment. Systems to manage and share care records and information are cumbersome or uncoordinated.

Consent is not always obtained or recorded in line with relevant guidance and

legislation. There is a lack of consistency in how people's mental capacity is assessed and not all decision-making is informed or in line with guidance and legislation. Decision-makers do not always make decisions in the best interests of people who lack the mental capacity to make decisions for themselves, in accordance with legislation. Restraint and deprivation of liberty are not always recognised, or less restrictive options used where possible. Applications to authorise a deprivation of liberty are not always made appropriately or in a timely manner to the Court of Protection or by using the Deprivation of Liberty Safeguards.

## Inadequate



### **People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise.**

People's care and treatment does not reflect current evidence-based guidance, standards and practice. Care or treatment is based on discriminatory decisions rather than an assessment of a person's needs. Staff fail to comply with the Mental Health Act Code of Practice or other legislation.

There is very limited or no monitoring of people's outcomes of care and treatment. People's outcomes are very variable or significantly worse than expected when compared with other similar services. Necessary action is not taken to improve people's outcomes.

People receive care from staff who do not have the skills or experience that is needed to deliver effective care. Staff do not develop the knowledge, skills and experience to enable them to deliver good quality care. Staff are not supervised or managed effectively. Poor performance is not dealt with in a timely or effective way.

Staff and teams provide care in isolation and do not seek support or input from other relevant teams and services. There are significant barriers to effective joint working between teams.

The information needed to plan and deliver effective care to people is not available at the right time. Information about people's care is not appropriately shared.

The plans for people's discharge or transition are incomplete or they do not reflect their needs. There are significant delays to discharge or this occurs without ongoing care arrangements being in place.

Consent to care and treatment has not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. There are instances where care and treatment is not provided in line with

consent decisions. Where appropriate, people's mental capacity has not been assessed and recorded. When people aged 16 and over lack the mental capacity to make a decision, 'best interests' decisions have not been made in accordance with legislation. Restraint and deprivation of liberty are not recognised and no attempts are made to find less restrictive options to provide necessary care and treatment.

Applications to authorise a deprivation of liberty are not made appropriately or in a timely manner to the Court of Protection or by using the Deprivation of Liberty Safeguards.

## Caring

**By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.**

## Outstanding



**People are truly respected and valued as individuals and are empowered as partners in their care.**

Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds their expectations.

There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring and supportive. These relationships are highly valued by staff and promoted by leaders.

Staff recognise and respect the totality of people's needs.. They always take people's personal, cultural, social and religious needs into account.

People who use services are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person. Staff always empower people who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.

People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.

## Good



**People are supported, treated with dignity and respect, and are involved as partners in their care.**

Feedback from people who use the service, those who are close to them and stakeholders is positive about the way staff treat people. People are treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive. People feel supported and say staff care about them.

People are involved and encouraged to be partners in their care and in making decisions, with any support they need. Staff spend time talking to people, or those close to them. They are communicated with and receive information in a way that they can understand. People understand their care, treatment and condition. People and staff work together to plan care and there is shared decision-making about care and treatment.

Staff respond compassionately when people need help and support them to meet their basic personal needs as and when required. They anticipate people's needs. People's privacy and confidentiality is respected at all times.

Staff help people and those close to them to cope emotionally with their care and treatment. People's social needs are understood. People are supported to maintain and develop their relationships with those close to them, their social networks and community. They are enabled to manage their own health and care when they can, and to maintain independence.

## Requires improvement

### **There are times when people do not feel well supported or cared for.**

Some people who use the service, those who are close to them and stakeholders have concerns about the way staff treat people.

People are sometimes not treated with kindness or respect when receiving care and treatment or during other interactions with staff. Staff do not see people's privacy and dignity as a priority. Staff may focus on the task rather than treating people as individuals. Staff do not always respect people's confidentiality.

There is a paternalistic approach to providing care. Some staff do not consider involving people as an important part of care. People say that staff do not always explain things clearly or give them time to respond or help them to understand. Some people are not supported to understand information they are given about their care and condition. People are not given information, access to advocacy or helped in other ways to be involved in their care and treatment.

People's emotional and social needs are not always viewed as important or reflected in their care and treatment. People are not encouraged to manage their own care.

## Inadequate



**People are not involved in their care and are not treated with compassion. They feel vulnerable and isolated.**

People do not feel cared for and feedback about staff interactions is negative.

Staff are rude, impatient, judgmental or dismissive of people using their services or those close to them. People do not know how to seek help or are ignored when they do. People's privacy, dignity and confidentiality is not respected. Their basic needs are not met.

People do not know or do not understand what is going to happen to them during their care. People do not know who to ask for help. They are not involved in their own care or treatment.

People's preferences and choices are not heard or acted on.

People feel isolated and disconnected from their lives. They do not receive support to cope emotionally with their care and condition.

## Responsive

By responsive, we mean that services are organised so that they meet people's needs.

## Outstanding



**Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.**

People's individual needs and preferences are central to the planning and delivery of tailored services. The services are flexible, provide choice and ensure continuity of care.

The involvement of other organisations and the local community is integral to how services are planned and ensures that services meet people's needs. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.

There is a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This includes people who are in vulnerable circumstances or who have complex needs.

People can access services in a way and at a time that suits them.

There is active review of complaints and how they are managed and responded to, and improvements are made as a result across the services. People who use services are involved in the review.

## Good



**People's needs are met through the way services are organised and delivered.**

Services are planned and delivered in a way that meets the differing needs of local populations. The importance of flexibility, choice and continuity of care is reflected in the services.

The needs of different people are taken into account when planning and delivering services (for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation).

Care and treatment is coordinated with other services and other providers. Reasonable

adjustments are made and action is taken to remove barriers when people find it hard to use or access services.

Facilities, premises, vehicles and equipment are appropriate for the services being delivered. People can access the right care when they need it. Access to care is managed to take account of people's needs, including those with urgent needs.

Bookings systems are easy to use and support people to make bookings. Waiting times, delays and cancellations are minimal and managed appropriately. Services meet national targets. People are kept informed of any disruption to their care or treatment.

It is easy for people to complain or raise a concern and they are treated compassionately when they do so. There is openness and transparency in how complaints are dealt with. Complaints and concerns are always taken seriously, responded to in a timely way and listened to. Improvements are made to the quality of care as a result of complaints and concerns.

## Requires improvement

### **Services do not always meet people's needs.**

The needs of the local population are not fully identified or understood or taken into account when planning services, or there are shortfalls in doing this. There are shortfalls in how the needs of different people are taken into account, for example on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

Services are not always planned in conjunction with other local services. Services are not delivered in a way that focuses on people's holistic needs. Services are delivered in a way that is inconvenient and disruptive to people's lives.

People find it hard to access services because the facilities used are not appropriate for the services being provided and action is not taken to address this.

Some people are not able to access services for assessment, diagnosis or treatment when they need do. There are long waiting times, delays or cancellations. Action to address this is not timely or effective.

People do not find it easy to, or are worried about, raising concerns or complaints. When they do, they receive a slow or unsatisfactory response. Complaints are not used as an opportunity to learn.



**Services are not planned or delivered in a way that meets people's needs**

Minimal effort is made to understand the needs of the local population. Services are planned and delivered without consideration of people's needs.

The facilities and premises used do not meet people's needs or are inappropriate.

People are unable to access the care they need. Services are not set up to support people with complex needs or people in vulnerable circumstances.

People are frequently and consistently not able to access services in a timely way for an initial assessment, diagnosis or treatment. People experience unacceptable waits for some services.

People who raise concerns and complaints are not taken seriously and feel ignored. Complaints and concerns are handled inappropriately. There is a defensive attitude to complaints and a lack of transparency in how they are handed. People's concerns and complaints do not lead to improvements in the quality of care.

## Well-led

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

## Outstanding



**The leadership, governance and culture are used to drive and improve the delivery of high quality person-centred care.**

The strategy and supporting objectives are stretching, challenging and innovative while remaining achievable.

A systematic approach is taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

Governance and performance management arrangements are proactively reviewed and reflect best practice.

Leaders have an inspiring shared purpose, strive to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies are in place to ensure delivery and to develop the desired culture.

There are high levels of staff satisfaction across all equality groups. Staff are proud of the organisation as a place to work and speak highly of the culture. There are consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels are actively encouraged to raise concerns.

There is strong collaboration and support across all functions and a common focus on improving quality of care and people's experiences.

Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups.

Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.

The leadership drives continuous improvement and staff are accountable for delivering change. Safe innovation is celebrated. There is a clear proactive approach to seeking out and embedding new and more sustainable models of care.

**The leadership, governance and culture promote the delivery of high quality person-centred care.**

There is clear statement of vision and values, driven by quality and safety. It has been translated into a credible strategy and well-defined objectives that are regularly reviewed to ensure that they remain achievable and relevant. The vision, values and strategy have been developed through a structured planning process with regular engagement from internal and external stakeholders, including people who use the service, staff, commissioners and others.

Strategic objectives are supported by quantifiable and measurable outcomes, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place.

Staff in all areas know and understand the vision, values and strategic goals.

The board and other levels of governance within the organisation function effectively and interact with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.

Quality receives sufficient coverage in board meetings, and in other relevant meetings below board level.

The organisation has the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care is accurate, valid, reliable, timely and relevant. Integrated reporting supports effective decision-making. A full and diverse range of people's views and concerns are encouraged, heard and acted on. Information on people's experience is reported and reviewed alongside other performance data.

There is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. Performance issues are escalated to the relevant committees and the board through clear structures and processes. Clinical and internal audit processes function well and have a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.

Financial pressures are managed so that they do not compromise the quality of care.

The leadership is knowledgeable about quality issues and priorities, understands what the challenges are and takes action to address them. Performance information is used to hold management and staff to account.

The service is transparent, collaborative and open with all relevant stakeholders about performance.

The board has the experience, capacity and capability to ensure that the strategy can be delivered. The appropriate experience and skills to lead are maintained through effective selection, development and succession processes.

Leaders at every level prioritise safe, high quality, compassionate care and promote equality and diversity. Leaders model and encourage cooperative, supportive relationships among staff so that they feel respected, valued and supported.

The leadership actively shapes the culture through effective engagement with staff, people who use services and their representatives and stakeholders.

Candour, openness, honesty and transparency and challenges to poor practice are the norm. Mechanisms are in place to support staff and promote their positive wellbeing. Behaviour and performance inconsistent with the values is identified and dealt with swiftly and effectively, regardless of seniority.

There is a culture of collective responsibility between teams and services.

The service proactively engages and involves all staff and ensures that the voices of all staff are heard and acted on. The leadership actively promotes staff empowerment to drive improvement and a culture where the benefit of raising concerns is valued. Staff actively raise concerns and those who do (including external whistleblowers) are supported. Concerns are investigated in a sensitive and confidential manner, and lessons are shared and acted upon.

Information and analysis are used proactively to identify opportunities to drive improvements in care. Service developments and efficiency changes are developed and assessed with input from clinicians to understand their impact on the quality of care. Their impact on quality and financial sustainability is monitored effectively.

There is a strong focus on continuous learning and improvement at all levels of the organisation. Safe innovation is supported and staff have objectives focused on improvement and learning. Staff are encouraged to use information and regularly take time out to review performance and make improvements.

## Requires improvement

### **The leadership, governance and culture do not always support the delivery of high quality person-centred care.**

The vision and values are not well developed and do not encompass key elements such as compassion, dignity and equality. The vision and the strategy are not aligned.

The arrangements for governance and performance management do not always operate effectively. There has been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance.

Risks, issues and poor performance are not always dealt with appropriately or in a timely way. The risks and issues described by staff do not correspond to those reported to and understood by leaders.

Not all leaders have the necessary experience, knowledge, capacity or capability to lead effectively. The need to develop leaders is not always identified or action is not always taken. Leaders are not always clear about their roles and their accountability for quality.

Staff satisfaction is mixed. Improving the culture or staff satisfaction is not seen as a high priority. Staff do not always feel actively engaged or empowered. There are teams working in silos or management and clinicians do not always work cohesively.

Staff do not always raise concerns or they are not always taken seriously or treated with respect when they do.

There is a limited approach to obtaining the views of people who use services and other stakeholders. Feedback is not always reported or acted upon in a timely way.

The approach to service delivery and improvement is reactive and focused on short term issues. Improvements are not always identified or action not always taken. Where changes are made, the impact on the quality of care is not fully understood in advance or it is not monitored.

The sustainable delivery of quality care is put at risk by the financial challenge.



**The delivery of high quality care is not assured by the leadership, governance or culture in place.**

There is no credible statement of vision and guiding values. Staff are not aware of or do not understand the vision and values.

The strategy is not underpinned by detailed, realistic objectives and plans, and does not reflect the health economy in which the service works. Staff do not understand how their role contributes to achieving the strategy.

The governance arrangements and their purpose are unclear. There is no process in place to review key items such as the strategy, values, objectives, plans or the governance framework. Financial and quality governance are not integrated to support decision-making. The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out of date or not relevant.

Data and notifications are not submitted to external organisations as required.

There is no effective system for identifying, capturing and managing issues and risks at team, directorate and organisation level. There is a lack of openness and transparency, which results in the identification of risk, issues and concerns being discouraged or repressed. Significant issues that threaten the delivery of safe and effective care are not identified or adequate action to manage them is not always taken.

Leaders do not have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. Leaders are out of touch with what is happening on the front line. There is a lack of clarity about authority to make decisions and how individuals are held to account. Quality and safety are not the top priority for leadership. Meeting financial targets is seen as a priority at the expense of quality.

There are low levels of staff satisfaction, high levels of stress and work overload. Staff do not feel respected, valued, supported and appreciated. There is poor collaboration or cooperation between teams and there are high levels of conflict.

The culture is top-down and directive. It is not one of fairness, openness, transparency, honesty, challenge and candour. There is bullying, harassment, discrimination or violence. When staff raise concerns they are not treated with respect. The culture is defensive.

There is minimal engagement with people who use services, staff or the public. The service does not respond to what people who use services or the public say. Staff are unaware or are dismissive of what people who use the service think of their care and treatment.

There is little innovation or service development. There is minimal evidence of learning and reflective practice. The impact of service changes on the quality of care is not understood.

# Appendix D: Ratings principles

As described in section 9 of our handbook, our inspection teams use a set of principles when rating services, locations and providers. These are used to ensure that we make consistent decisions. The principles will normally apply but will be balanced by inspection teams using their professional judgement. Our ratings must be proportionate to all of the available evidence and the specific facts and circumstances.

Examples of when we may use professional judgement to depart from the principles include:

- Where the concerns identified have a very low impact on people who use services.
- Where we have confidence in the service to address concerns or where action has already been taken.
- Where a single concern has been identified in a small part of a very large and wide ranging service.
- Where a core service is very small compared with the other core services within a provider.

Where a rating decision is not consistent with the principles, the rationale will be clearly recorded and the decision reviewed through our quality assurance processes, including by the national quality control and consistency panel.

## Reflecting enforcement action in our ratings

Where we are taking enforcement action, this will be reflected in the ratings at the lowest level – key question at individual core service level.

1	Where a breach of a regulation has been identified and we issue a compliance action, the rating linked to the area of the breach will be limited to 'requires improvement' at best.
2	Where a breach of a regulation has been identified and we take action under our enforcement powers, such as issuing a Warning Notice or imposing a condition of registration, the rating linked to the area of the breach will be 'inadequate'.

## Overarching aggregation principles

The following principles apply when we are aggregating ratings.

3	The five key questions are all equally important and should be weighted equally when aggregating.
4	The core services are all equally important and should be weighted equally.
5	All ratings will be treated equally for the purposes of aggregating unless one of the other principles below applies. <b>Note:</b> The principles below adjust for combinations where it is not appropriate to treat ratings equally. For example, where one of the key questions is rated as inadequate we would not expect the overall rating to be good or outstanding.

## Aggregating ratings

It is not practical to set out here all the combinations or ratings and the resulting aggregation. We will use the following principles as the basis of the aggregation and use our professional judgement to apply them to the specific combination of underlying ratings.

6	The aggregated rating will normally be 'outstanding' where at least X number of the underlying ratings are 'outstanding' and the other underlying ratings are 'good'.
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Number of underlying ratings	Number (X) of underlying outstanding ratings
1 - 3	1 or more
4 - 8	2 or more
9+	3 or more

7	The aggregated rating will normally be limited to 'requires improvement' where at least X number of the underlying ratings are 'requires improvement'.
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Number of underlying ratings	Number (X) of underlying requires improvement ratings
1 - 3	1 or more
4 - 8	2 or more
9+	3 or more

8	The aggregated rating will normally be limited to 'requires improvement' at best where X number of the underlying ratings are 'inadequate'.
9	The aggregated rating will normally be limited to 'inadequate' where at least Y number of the underlying ratings are 'inadequate'.

Number of underlying ratings	Principle 8	Principle 9
	Limited to <u>requires improvement</u> where there are (X) number of underlying inadequate ratings	Limited to <u>inadequate</u> where there are (Y) number of underlying inadequate ratings
1 - 3	Not applicable	1 or more
4 - 8	1	2 or more
9+	2	3 or more

## Aggregating the overall location or trust levels

There are additional principles that will apply when aggregating to the higher ratings levels – location level and trust level ratings.

10	<p>For each of the key questions of safe, effective, caring, responsive and well-led, the aggregated rating should consist of:</p> <ul style="list-style-type: none"> <li>• An aggregation of the underlying core service ratings plus</li> <li>• An assessment of any relevant location or trust level evidence.</li> </ul>
11	<p>For foundation trusts only, where Monitor finds a failure to comply with licence conditions or is taking regulatory action, the overall trust rating will normally be limited to ‘requires improvement’ at best.</p>
12	<p>For foundation trusts only, where Monitor puts a trust ‘under investigation’, the overall trust rating will normally not be ‘outstanding’.</p>
13	<p>For non-foundation trusts, where the NHS Trust Development Authority finds material issues with a trust or where formal action is required, the overall trust rating will normally be limited to ‘requires improvement’ at best.</p>
14	<p>For non-foundation trusts, where the NHS Trust Development Authority finds concerns requiring investigation, the overall trust rating will normally not be ‘outstanding’.</p>
15	<p>An overall trust rating will not normally be ‘outstanding’ unless its score in the most recent national inpatient survey (question relating to overall experience) is higher than the median for the country.</p>
16	<p>An overall trust rating will not normally be ‘outstanding’ unless, in the most recent NHS Staff Survey, the percentage of staff who would recommend the trust as a place to work or receive treatment is higher than the median for the country.</p>