Consultation

Appendices to provider handbook:

NHS 111 services

February 2015

Contents

Appendix A: Key lines of enquiry

Please note: these key lines of enquiry (KLOEs) are based on the KLOEs that we use in our inspections of other services, such as GP out-of-hours services. In this document, we have highlighted the KLOEs and prompts that we have amended to reflect the differences within a 111 service.

Throughout this document, we refer to care and treatment provided by NHS 111 services. We acknowledge that 111 services do not provide face-to-face care and are often not involved in providing direct treatment to people using the service. When we talk about care and treatment, we are referring to the services provided by NHS 111, which include making an assessment of a caller's needs, providing advice on their treatment options, including advice to self-manage their care if appropriate, and any decision to transfer or refer the person to another service.

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 **track record** on safety?	• Has the service demonstrated that it is safe over time? • Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate? • How well is safety monitored using information from a range of sources?

	Key line of enquiry	Prompts
S2	Are **lessons learned and improvements made** when things go wrong?	• 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? • When things go wrong, are thorough and robust investigations and significant event/incident analyses carried out? Are relevant staff and people who use services involved in the investigation? • How are lessons learned and is action taken as a result of investigations when things go wrong? • How well are lessons shared to make sure action is taken to improve safety?
S3	Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse?	• Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Are staff trained in these systems, processes and practices? • Is implementation of systems, processes and practices monitored and improved when required? • 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? • Are people's individual records written and managed in a way that keeps them safe? (This includes ensuring people's records are accurate, complete, legible, up to date, stored and shared appropriately.) • Does the design, maintenance and use of facilities and premises keep people safe? • **Do arrangements for repeat callers and out-of-area callers keep people safe?** • **Are there arrangements in place to support the safe use of NHS Pathways, including reviewing its use and escalating any problems?**

	Key line of enquiry	Prompts
S4	How are **risks to individual people who use services** assessed, and their safety monitored and maintained?	- How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, **including when there are peaks in demand, both expected and unexpected**? - How do actual staffing levels and skill mix compare to planned levels? Is cover provided for staff on annual leave? - How do staff identify and respond to changing risks to people who use services, including deteriorating health and wellbeing or medical emergencies? **This includes ambulance dispatch without delay or re-triage**. Are staff able to seek support from senior staff in these situations?
S5	How well are potential risks to the service **anticipated** and **planned** for in advance?	- How are potential risks taken into account when planning services, for example, **expected or unexpected fluctuations in demand, the impact of adverse weather, or disruption to staffing? Are staff aware of how to escalate concerns about unexpected demand**? - What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed? - How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

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 current legislation, standards and **evidence-based guidance**?	• **How are relevant and current evidence-based guidance, standards and practice identified and used, including when callers' needs are assessed using clinical assessment tools?** • Do people have their needs assessed and their care and treatment planned and delivered in line with evidence-based guidance, standards and best practice, including during assessment and referral to other services? How is this monitored? • Is discrimination, including on grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions?
E2	How are people's care and treatment **outcomes monitored** and how do they compare with other similar services?	• Is information about the outcomes of people's care and treatment routinely collected and monitored? • Does this information show that the intended outcomes for people are being achieved? • How do outcomes for people in this service compare to other similar services and how have they changed over time? • Are audits carried out and all relevant staff involved? • Is there participation in applicable local audits, national benchmarking, accreditation, peer review and research? How are findings used and what action is taken as a result? • How is information about people's outcomes used and what action is taken as a result to make improvements? • Are staff involved in activities to monitor and improve people's outcomes?

	Key line of enquiry	Prompts
E3	Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?	• Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis, **including when changes to processes or protocols are made**? • How are the learning needs of staff identified? • Do staff have appropriate training to meet their learning needs and to cover the scope of their work? Is there protected time for this training? • Are staff encouraged and given opportunities to develop? • **What are the arrangements for supporting and managing staff to deliver effective assessment and advice?** (This includes ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, and supervision.) • How is poor or variable staff performance identified and managed? How are staff supported to improve?
E4	How well do **staff and services work together** to deliver effective care?	• **Are all necessary staff, including those in different services, involved in assessing, planning and delivering people's care and treatment?** • **How is care and treatment delivered in a coordinated way when different services are involved, including between NHS 111, daytime GP practices, GP out-of-hours, and ambulance services?** • **Do staff work together to assess and plan care in a timely way when people move between services**? • Are there clear and effective arrangements for transfers to other services? **Is the directory of local services up to date and used with processes in place to report issues?** • **Are there clear and effective arrangements for booking appointments for patients within other appropriate services, including GP practices, the GP out-of-hours service or urgent care centre?**

	Key line of enquiry	Prompts
E5	Do staff have all the **information they need** to deliver effective care and treatment to people who use services?	• Is all the information needed to plan care available to relevant staff in a timely and accessible way (this includes care and risk assessments, care plans, and case notes)? • When people move between teams and services, including at referral, is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? • How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)
E6	Is people's **consent** to care and treatment always sought in line with legislation and guidance?	• Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004? • How are people supported to make decisions? • How and when is a person's mental capacity to consent to care and treatment assessed and, where appropriate, recorded? • When providing care and treatment for children and young people are assessments of capacity to consent carried out in line with relevant guidance? • When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation? • How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance?

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, **dignity, respect** and **compassion** while they receive care and treatment?	• Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account? • Do staff take the time to interact with people who use services and those close to them in a respectful and considerate manner? • Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • Do staff raise concerns about disrespectful, discriminatory or abusive behaviour attitudes? • How do staff make sure that people's privacy and dignity is always respected? • Do staff respect confidentiality at all times?
C2	Are people who use services and those close to them **involved as partners** in their care?	• Do staff communicate with people so that they understand their care or treatment, **and any advice** given? • Do staff recognise when people who use services and those close to them need additional support to help them understand or be involved in their care and treatment, and enable them to access this? (This includes language interpreters, signers, specialist advice or advocates.) • How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment? • Are people who use services and those close to them routinely involved in planning and making decisions about their care and treatment?

	Key line of enquiry	Prompts
C3	Do people who use services and those close to them receive the support they need to **cope emotionally** with their care and treatment?	• 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? • Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Or are they signposted to other support services? • What emotional support and information is provided to those close to people who use services, including carers and dependants, particularly during bereavement? • Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?

Responsive

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

	Key line of enquiry	Prompts
R1	Are **services planned** and delivered to meet the needs of people?	• Is information about the needs of people using the service used to inform how services are planned and delivered? • How are commissioners, other providers and relevant stakeholders involved in planning services? Is there collaboration with other partners in the urgent care system? • Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? (This includes longer calls for those that need them, for example, for people who have long-term conditions or who are carers.) • Where people's needs are not being met, is this identified and used to inform how services are planned and developed?
R2	Do services take account of the **needs of different people**, including those in vulnerable circumstances?	• How are services planned to take account of the 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? • How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? • How are services planned, delivered and coordinated to take account of people with complex needs, for example, those living with dementia, or those with a learning disability? • Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?

	Key line of enquiry	Prompts
		• 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 **timely** way?	• **Do people have timely access to advice, including from an advisor or a clinician, when appropriate?** • **Is the telephone system easy to use and does it support people to access an advisor or a clinician?** • **How is technology used to support timely access?** • **What action is taken to reduce the length of time people have to wait for subsequent care or advice? Are call backs for clinical advice minimised? When they are used, is this in a timely manner?** • Does the service prioritise people with the most urgent needs at times of high demand? • **Are transfers to other services, including GP out-of-hours services undertaken in a timely way?**
R4	How are people's **concerns and complaints** listened and responded to and used to improve the quality of care?	• 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? • How easy is it for people to use the system for complaining or raising concerns? Are people treated compassionately and given the help and support they need to make a complaint? • Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept? • Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with? • How are lessons learned from concerns and complaints and is action take as a result to improve the quality of care and treatment? Are lessons shared with others?

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.

	Key line of enquiry	Prompts
W1	Is there a clear **vision** and **strategy** to deliver high-quality care and promote good outcomes for people?	• Is there a clear vision and a set of values, with quality as the top priority? • Is there a robust, realistic strategy for achieving the priorities and delivering good quality care and treatment? • How have the vision, values and strategy been developed, and have staff been involved? • Do staff know and understand the vision and values and their role in achieving them? • Is progress against delivering the strategy monitored and reviewed?
W2	Do the **governance** arrangements ensure that **responsibilities** are clear and that **quality, performance and risks** are identified, understood and managed?	• Is there an effective governance framework to support the delivery of the strategy and good quality care and treatment? • Are staff clear about their roles and do they understand what they are accountable for? • Is there a holistic and comprehensive understanding of performance, which integrates the views of people with safety and quality information? • Are there comprehensive assurance systems and performance measures, which are reported and monitored, and is action taken to improve performance? • Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?

	Key line of enquiry	Prompts
		• Is there alignment between the recorded risks and what people say is 'on their worry list'?
W3	How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?	• Do leaders have the capacity, capability and experience to lead effectively? • Do the leaders understand the challenges to good quality care and treatment and can they identify the actions needed to address them? • Are leaders visible and approachable? • Do leaders encourage cooperative, supportive and appreciative relationships between all staff? • Do staff feel supported, respected and valued? • Are there clear priorities for the leadership and is there a development strategy for the leadership team? • Is the culture centred on the needs and experience of people who use services? • Does the culture encourage candour, openness and honesty, with regular meetings and a culture of challenge and debate? • Is staff safety and wellbeing a priority?
W4	How are **people** who use the service, the **public** and **staff engaged** and **involved**?	• How are people's views and experiences gathered and acted on to shape and improve the services and the culture? • How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? • Do staff feel engaged and say that their views are reflected in the planning and delivery of services and in shaping the culture? • How do leaders prioritise the participation and involvement of people who use services and staff? • Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?

	Key line of enquiry	Prompts
W5	How are services **continuously improved** and **sustainability** ensured?	• How do staff strive for continuous learning, improvement and innovation? • How is information used proactively to improve the quality of services? • Do all staff regularly take time out to work together to resolve problems and to review performance, and does this lead to improvements in performance?

Appendix B: 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 judgement, taking into account best practice and recognised guidelines.

Not every characteristic has to be present for the corresponding rating to be given, particularly 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 ⭐ Safe

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 services 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 safety.

Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events are identified.

There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems. 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 the responsibility of all staff.

Good 🟢 Safe

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 thing 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, partner organisations, and people who use services. The provider participates in learning with other providers within the system, including contributing to call and incident reviews. Lessons are learned and communicated to support improvement. Improvements to safety are made and the resulting changes are monitored.

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

- Are reliable and minimise the potential for error.

- Reflect national, professional guidance and legislation.

- 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 systems, processes and practices. There is evidence of internal processes for review and escalation of problems with NHS Pathways.

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 or peaks in demand are responded to quickly and adequately.

Staff recognise and respond appropriately to signs of deteriorating health and medical emergencies.

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 ● Safe

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.

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 raise concerns or are wary about doing so.

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

Systems, processes and practices 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.

There is a risk that staff may not recognise or respond appropriately to signs of deteriorating health and medical emergencies.

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

Inadequate ●	Safe

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 monitoring of safety. There are unacceptable levels of serious incidents or significant events.

Staff do not recognise concerns, incidents or near misses. Staff are afraid of, or are 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.

Systems, processes and practices do not keep people safe. There is wilful or routine disregard of standard operating or safety procedures. There is no internal processes for review and escalation of problems with Pathways.

Premises, 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 ⭐ Effective

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. The safe use of innovative and pioneering approaches to care and treatment and how it is delivered are actively encouraged. New evidence-based techniques and technologies are used to support the delivery of high-quality care and treatment.

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

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

Staff, teams and services are committed to working collaboratively, people who have complex needs are supported to receive coordinated care and there are innovative and efficient ways to deliver more joined-up care to people who use services.

The systems to manage and share the information that is needed to deliver effective care and treatment are coordinated across services and support integrated care for people who use 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 delivered in line with current evidence-based guidance, standards and practice, including when callers needs are assessed using clinical assessment tools 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.

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

Clinical audits are carried out and all relevant staff are involved. There is participation in relevant local 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 used and is understood by staff. It is used to improve care and treatment and people's outcomes and this improvement is checked and monitored.

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: staff have had an appraisal in the last 12 months and describe the impact this has had on their practice. There is a system of review for call handlers and clinical advisors and an appropriate approach for supporting and managing staff when their performance is poor or variable.

When people receive care and treatment 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. There are clear and effective arrangements for booking appointments for patients within other appropriate services, including GP practices, the GP out-of-hours service or urgent care centre.

People's referrals take account of their individual needs and circumstances and are clear about the ongoing care arrangements and expected outcomes. When people are referred, discharged or transition to a new service all information that is needed to deliver their ongoing care is appropriately shared in a timely way, with the need for re-triage reduced.

All records relating to people's care and treatment are well managed. Staff can easily access the information they need to assess, plan and deliver care and treatment to people in a timely way. When different care records systems are in place for different teams and services, these are coordinated as much as possible.

Consent to care and treatment is obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. People are supported to make decisions and, where appropriate, their mental capacity is assessed and recorded. When people lack the mental capacity to make a decision, 'best interests' decisions are made in accordance with legislation. The process for seeking consent is appropriately documented and monitored.

Requires improvement ●	Effective

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

Care and treatment does not always reflect current evidence-based guidance, standards and practice, including when callers needs are assessed using clinical assessment tools. Care assessments do not consider the full range of people's needs.

The outcomes of people's care and treatment is not always monitored regularly or robustly. Few clinical audits are carried out and participation in local 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 is limited participation in multidisciplinary working, and care is not coordinated. There may be delays or poor coordination when people are referred or discharged from other services. There are delays in sharing information about people's care, this information has some gaps or staff are not clear what information should be shared.

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

Consent is not always obtained or, where appropriate, 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.

People receive ineffective care and treatment 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, including when callers needs are assessed using clinical assessment tools.
Care and treatment is restricted, based on discriminatory decisions rather than an assessment of a person's needs.

There is very limited or no monitoring of people's outcomes of care and treatment, including no clinical audit. 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 and treatment from staff who do not have the skills or experience that is needed to deliver effective care and treatment. Staff do not develop the knowledge, skills and experience to enable them to deliver good quality care and treatment. Staff are not supervised or managed effectively. There is no system of review for call handlers and clinical advisors. Poor performance is not dealt with in a timely or effective way.

Staff and teams provide care and treatment in isolation and do not seek support or input from other relevant services.

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

There are significant delays to people being referred to other services and in following up people who have been discharged from other services.

Consent to care and treatment has not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children 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 lack the mental capacity to make a decision, 'best interests' decisions have not been made in accordance with legislation.

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 and treatment they receive exceeds their expectations.

There is a strong, visible, person-centred culture. Staff are highly motivated and inspired to offer care and treatment 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 all 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. They show determination and creativity to overcome obstacles to delivering care and treatment. People's individual preferences and needs are always reflected in how care and treatment is delivered.

People's emotional and social needs are seen as important as their physical needs.

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 advice, 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 when required. 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. They are enabled to manage their own health and care when they can, and to maintain independence.

Requires improvement ●	Caring

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 privacy.

There is a paternalistic approach to providing care and treatment. 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 advice and 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 ●	Caring

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 interactions with staff 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 and treatment.

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

People 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 and treatment 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 advice and are supported to access subsequent care 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. 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 needs of the local population. The importance of flexibility, choice and continuity of care is reflected in the services. The directory of local services up to date and used with processes in place to report issues.

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. There is collaboration with partners to improve urgent care pathways,

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

People can access the right care and treatment at the right time. Access to advice is managed to take account of people's needs, including those with urgent needs.

The telephone system is easy to use and supports people to obtain advice from a clinician or an advisor.

Waiting times, delays and cancellations are minimal and managed appropriately. Services run on time. People are kept informed of any disruption to their care.

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 and treatment as a result of complaints and concerns.

Requires improvement ●	Responsive

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. The directory of local services is not kept up to date. 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 the telephone system difficult to use.

Some people are not able to access services for assessment when they need to. 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 without consideration of people's needs. The directory of local services is not kept up to date or used.

People are unable to access the care and treatment 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 for advice in a timely way. People experience unacceptable waits for some appointments and 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 handled. People's concerns and complaints do not lead to improvements in the quality of care and treatment.

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 ⭐ Well-led

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 and treatment 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.

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

There is strong collaboration and support across all staff and a common focus on improving quality of care and treatment 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 ways of providing care and treatment.

Good ●   Well-led

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

There are clear vision and values, driven by quality and safety, which reflect compassion, dignity, respect and equality. There is a clear and realistic strategy. The vision, values and strategy have been developed with regular engagement with people who use the service and staff. Staff know and understand the vision, values and strategy.

There is an effective governance framework, which focuses on delivering good quality care and treatment. 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.

The organisation has the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care and treatment is accurate, valid, reliable, timely and relevant. Integrated reporting supports effective decision-making.

A full and diverse range of views and concerns from people who use the service 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.

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.

The service is transparent, collaborative and open about performance.

Leaders have 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 and development processes.

Leaders prioritise safe, high-quality, compassionate care and treatment 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 those close to them 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.

The leadership proactively engages and involves all staff and ensures that the voices of all staff are heard and acted on. The leadership 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 are supported. Concerns are investigated in a sensitive and confidential manner, and lessons are shared and acted on.

Information and analysis are used proactively to identify opportunities to drive improvements in care and treatment.

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

Requires improvement   ⬤   Well-led

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 or workplan 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. 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 is some evidence of divides between groups of staff.

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 on 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.

Inadequate 🔴 Well-led

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

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

There are no detailed or realistic plans to achieve the vision values and strategy. Staff do not understand how their role contributes to achieving the strategy.

The governance arrangements and their purpose are unclear. Strategy, values, objectives, plans or the governance arrangements are out of date or inappropriate. The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out of date or not relevant. Or there is no monitoring of performance.

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

There is no effective system for identifying, capturing and managing issues and risks. 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 ca care and treatment are not identified or adequately managed.

Leaders do not have the necessary experience, knowledge, capacity or capability to lead effectively. Leaders are out of touch with what is happening during day-to-day services. There is a lack of clarity about authority to make decisions. 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 services think of their care and treatment and treatment.

There is little innovation or service development. There is minimal evidence of learning and reflective practice.

Appendix C: Ratings principles

While we do not intend to rate NHS 111 services in our pilot inspections, we do intend to rate them when we fully implement our new approach to inspecting NHS 111 services.

We intend to rate each NHS 111 at service level: this is the most appropriate way to provide ratings and report in a way that is meaningful to the public and people who use services. In ambulance trusts, the NHS 111 service will be rated in the same way as a 'core service', and the rating will be included in the aggregation of ratings up to the overall trust rating. When we inspect an NHS 111 service in a provider that also provides GP out-of-hours services, we intend to rate the NHS 111 service separately to the GP out-of-hours service. We do not intend to aggregate these ratings to an overall provider rating. We will pilot this approach in our pilot inspections.

For NHS 111 services provided by ambulance trusts, the final handbook for ambulance trusts should be referred to.

The following sets out our approach to reaching the overall rating for the NHS 111 service.

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 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 key question 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 regulation has been identified and we take action under our enforcement powers, such as issuing a Warning Notice or imposing a condition or 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	All ratings will be treated equally for the purposes of aggregating unless one of the other principles below applies. **Note:** 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 of ratings and the resulting aggregation. We 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.

We will apply the principles in the following table in the following situations:

- When aggregating the five key questions to an overall service level.

In most instances, when using the following principles, the number of underlying ratings will be five (for the key questions). However, there may be circumstances where we do not rate for one or more of these. In these instances the number of underlying ratings may be fewer.

5	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'.

Number of underlying ratings	Number (X) of underlying outstanding ratings
1 – 3	1 or more
4 – 5	2 or more

6	The aggregated rating will normally be limited to 'requires improvement' where at least X number of the underlying ratings are 'requires improvement'.

Number of underlying ratings	Number (X) of underlying requires improvement ratings
1 – 3	1 or more
4 – 5	2 or more

7	The aggregated rating will normally be limited to 'requires improvement' at best where X number of the underlying ratings are 'inadequate'.
8	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 Limited to **requires improvement** where there are (X) number of underlying inadequate ratings	Principle 9 Limited to **inadequate** where there are (Y) number of underlying inadequate ratings
1 – 3	Not applicable	1 or more
4 – 5	1	2 or more

When determining an overall rating for the five key questions, we will also apply the following principle:

9	For each of the key questions of safe, effective, caring, responsive and well-led, the aggregated rating should closely align with the underlying population group ratings, plus an assessment of any provider level evidence.