

# Primary care and community services assessment framework DRAFT V6.0

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# SAFE

**You are protected from abuse and avoidable harm.**

- ✓ I feel safe and am supported to understand and manage any risks.
- ✓ I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
- ✓ If my treatment, including medication, must change, I know why and am involved in the decision' (Not authentic TLAP statement)
- ✓ When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- ✓ I have considerate support delivered by competent people.
- ✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

## Safety culture

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

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

- Raising safety concerns
- Closed cultures
- Duty of candour
- Incident management

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"><li>• There is a proactive, systematic approach to managing safety, which is everyone's top priority.</li></ul>	<ul style="list-style-type: none"><li>• Safety is a top priority that involves everyone, including staff and people using the</li></ul>	<ul style="list-style-type: none"><li>• Safety is recognised as important but is not consistently prioritised and does not always involve staff</li></ul>	<ul style="list-style-type: none"><li>• Safety is not prioritised in the service. Roles and responsibilities for safety are not well established or are</li></ul>

<ul style="list-style-type: none"> <li>Specialist safety roles are embedded and highly visible, acting as system leaders for safe practice. Staff feel genuinely empowered and trusted to raise safety concerns or propose improvements. Leaders demonstrate and reinforce that every safety concern is valued, responded to compassionately and used to strengthen collective learning.</li> <li>People more likely to face safety risks are encouraged and enabled to participate in decisions about risk relating to their care.</li> <li>Staff embed a culture of openness and collaboration at all levels of the organisation. Learning from incidents, near misses and what has gone well is prioritised to improve safe care.</li> <li>Hazards and risks are identified proactively, and these are assessed and mitigated thoroughly to avoid adverse outcomes. Solutions to risks are developed collaboratively</li> </ul>	<p>service. There are clear roles and responsibilities for safety.</p> <ul style="list-style-type: none"> <li>A culture of safety and learning is embedded throughout all levels of the organisation. This is based on openness, transparency and learning from incidents that potentially put people and staff at risk of harm, or that have caused them harm. Care is monitored for assurance that it is safe.</li> <li>Risks of harm, including those highlighted in alerts and recalls, are proactively identified and mitigated to reduce harm. Risks are not overlooked or ignored. They are dealt with willingly as an opportunity to put things right, learn and improve.</li> <li>Any safety risks that result from inequalities, or affect particular groups of people, are identified and acted on.</li> <li>People and staff are encouraged and supported to raise safety concerns. If they do, they feel confident that they will be treated with compassion and understanding, and will not be blamed, or treated negatively. Appropriate action is taken to keep people safe.</li> <li>The review of safety information is used to proactively identify,</li> </ul>	<p>or people who use the service. Roles and responsibilities for safety are not clear to everyone and there may be gaps.</p> <ul style="list-style-type: none"> <li>The safety and learning culture is not fully embedded throughout all levels of the organisation. There is limited learning from incidents.</li> <li>There is limited monitoring of care and assurance of its safety. Risks of harm are inconsistently identified and managed.</li> <li>There is limited analysis or understanding of safety risks that affect particular groups of people.</li> <li>People and staff do not always feel supported to raise safety concerns. They may not feel confident that they will be treated with compassion or they may have concerns that they will be blamed or treated negatively.</li> <li>The review of safety information is inconsistent, and safety risks are not always identified or mitigated effectively.</li> <li>There are systems for reporting safety incidents, but</li> </ul>	<p>absent. There is no clear accountability for safety.</p> <ul style="list-style-type: none"> <li>There is no effective culture of safety and learning. A lack of transparency and openness means that incidents may be ignored or not reported, and a closed culture is more likely to develop.</li> <li>Care is not monitored and there is no assurance of its safety. Risks of harm are not identified or mitigated.</li> <li>There is no analysis or understanding of safety risks that affect particular groups of people, leading to higher risks of harm for some groups.</li> <li>People and staff do not feel supported to raise safety concerns. There is evidence that when they have raised safety concerns, they have not been treated with compassion or have been treated negatively.</li> <li>Safety information is not reviewed, and safety risks are not identified or mitigated to prevent harm.</li> <li>There are no systems for reporting safety incidents or</li> </ul>
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<p>and the effectiveness of the controls is monitored and measured.</p> <ul style="list-style-type: none"> <li>Processes for reviewing safety information and implementing required changes are fully embedded throughout all levels of the organisation. Data is continuously reviewed to proactively identify, manage, mitigate and control risks before incidents happen.</li> <li>There are well established systems for reporting safety incidents. Lessons are learned from safety incidents, resulting in improvements to the service. Learning is also shared externally to improve care for others. Leaders are knowledgeable about any themes or trends within their safety incidents. They are committed to taking action to keep people safe.</li> <li>All staff have a thorough understanding of the duty of candour and how important it is to achieve an open and transparent safety culture.</li> </ul>	<p>manage, mitigate and control risks before safety incidents happen.</p> <ul style="list-style-type: none"> <li>There are clear systems for reporting safety incidents, in line with external requirements. These are used proactively to identify, manage and mitigate risks. Lessons are learned from safety incidents, resulting in improvements to the service. Leaders analyse safety incidents for themes and, where needed, take action to keep people safe.</li> <li>Staff have a good understanding of the duty of candour. When an incident has occurred, staff are open and transparent about it with people and those close to them. Where harm has occurred, people are supported. They are given full details of what happened, why, and what has been learned.</li> <li>There are systems to review local and national incident reports and incorporate any learning into the service.</li> </ul>	<p>these are not well established or may not be used consistently. Learning from safety incidents is limited or inconsistent and does not always result in changes that improve care for others.</p> <ul style="list-style-type: none"> <li>Staff have a limited understanding of the duty of candour. When a safety incident has occurred, staff are not consistently open about it with people and those close to them. People may receive some support when harm has occurred, but it is insufficient or provided inconsistently.</li> </ul>	<p>the systems in place are not used effectively. As a result, the service does not learn from incidents.</p> <ul style="list-style-type: none"> <li>Staff have a poor understanding of the duty of candour. When a safety incident has occurred, staff are not open about it with people and those close to them. When harm has occurred, people do not receive the support they need.</li> </ul>
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# Managing risks during care and treatment

## Is care and treatment planned and monitored to identify and manage risks, emergencies, and deterioration?

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

- Managing deterioration and emergencies
- Clinical risk
- Clinical records
- Restrictive practice

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is a transparent and open culture that encourages creative thinking in relation to people’s individual safety. The service is an exemplar of consistently applying person-centred care, where risks are understood and managed for each individual person, as well as population groups.</li> <li>• The service has embedded clinical systems and processes for identifying deteriorating patients and taking timely corrective action to</li> </ul>	<ul style="list-style-type: none"> <li>• Specific risks to individual people, as well as population groups, are well understood and their care is monitored and assured for safety. People’s care plans reflect any foreseeable risks and how they should be managed.</li> <li>• Deterioration, emergencies and clinical risks are proactively identified and managed to reduce harm. Emergency protocols, emergency medicines and resuscitation equipment are accessible, and staff are fully trained in their use. There are clear and understood processes for timely and effective escalation of care in the event</li> </ul>	<ul style="list-style-type: none"> <li>• Specific risks to individual people or population groups are not fully understood. People’s care plans may be incomplete or generic and do not always consider future risks and mitigations.</li> <li>• The management of deterioration, emergencies and clinical risks is inconsistent.</li> <li>• Risk assessments exist but may not be proportionate and do not always consider people’s choices. This may lead to unnecessary restrictions or gaps in safety.</li> <li>• People are not always listened to when they raise concerns about the safety of their care.</li> </ul>	<ul style="list-style-type: none"> <li>• Risks to individual people or population groups are not understood or are ignored, leaving people exposed to avoidable harm or the risk of harm occurring. Care plans are missing, incomplete or inaccurate and do not predict foreseeable risks.</li> <li>• Deterioration, emergencies and clinical risks are not well managed.</li> <li>• There is no process to manage risk effectively.</li> <li>• People’s choices about care and treatment are either not listened to or not considered.</li> <li>• People are not listened to when they raise concerns</li> </ul>

<p>stabilise and prevent further deterioration.</p> <ul style="list-style-type: none"> <li>• People are actively involved in managing their own risks together with those that are close to them.</li> <li>• People and those close to them are encouraged to raise concerns about the safety of their care. They are listened to, and appropriate steps are taken to address their concerns while keeping them fully informed throughout.</li> <li>• The service proactively seeks out new and creative solutions to ensure that people live with as few restrictions as possible.</li> </ul>	<p>of deterioration or an emergency.</p> <ul style="list-style-type: none"> <li>• People and those close to them are informed and involved in how their care and individual treatments are delivered and managed, including potential risks and side effects. Their concerns are listened to and acted on.</li> <li>• There is a balanced and proportionate approach to risk that supports people and respects the choices they make about their care and treatment.</li> <li>• People are listened to when they raise concerns about the safety of their care.</li> <li>• When people suffer avoidable medical harm, they get the support they need.</li> <li>• People’s care plans and clinical records are accurate and kept up-to-date to allow the safe delivery of care and treatment. They reflect any foreseeable risks and how these should be managed.</li> <li>• The service takes a proportionate approach to imposing restrictions on people. Restraint is only ever used as a last resort. If staff use restraint, it is necessary, lawful, for a</li> </ul>	<ul style="list-style-type: none"> <li>• People’s care plans and clinical records may be incomplete or generic and do not always cover foreseeable risks and how they should be managed.</li> <li>• The approach to imposing restrictions on people is not always proportionate and there may be examples of inappropriate use of restraint.</li> </ul>	<p>about the safety of their care. Their voices are ignored or dismissed.</p> <ul style="list-style-type: none"> <li>• Care plans and clinical records are missing, incomplete or inaccurate and do not predict foreseeable risks.</li> <li>• The approach to imposing restrictions on people is disproportionate. Restraint is used in place of other more appropriate options.</li> </ul>
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	legitimate purpose, safe, and staff follow best practice.		
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## Safe systems, pathways and transitions

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

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

- Care co-ordination and information sharing
- Continuity and transitions of care (including from children to adult services)
- Referrals
- Admissions and discharges
- Handover and patient flow
- Multi-disciplinary team (MDT) working
- Delegation of clinical activities

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is joint ownership of safety and continuity across people's care journeys. When people are moving between or using different services, there is a clear plan to manage and mitigate any risks.</li> <li>• There is a collaborative approach between services to comprehensively identify</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and continuity are prioritised throughout the care journey through a collaborative, joined-up approach involving people, staff, and partners. This includes referrals, admissions and discharge, and where people are moving between or using different services.</li> <li>• There is a collaborative and proactive approach to managing shared systems and processes</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and continuity are acknowledged but not consistently prioritised throughout the care journey. Joined-up working is not embedded or applied consistently. Collaboration between people, staff, and partners is variable, with some gaps in communication at key transition points.</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and continuity are not prioritised throughout the care journey. The approach to care is not joined up and there is little collaboration between people, staff and partners. Points of transition between services, including referrals, admissions and discharge, are likely to be chaotic or unsafe.</li> </ul>

<p>and manage shared risks at different stages of the care journey. Mitigations are monitored for their effectiveness. This has led to better standards of treatment and care at each step of the person's care journey.</p> <ul style="list-style-type: none"> <li>• Care plans for transition between services, referral and discharge are co-produced with people and those close to them to reflect their individual needs and personal preferences in managing their risk. Plans are continuously reviewed to ensure they are up-to-date and include appropriate support for people and carers.</li> </ul>	<p>to enable safe care. This includes having clear accountabilities, identifying risks, ongoing monitoring and shared learning and improvement.</p> <ul style="list-style-type: none"> <li>• Care plans for transition between services are established in advance, to eliminate any avoidable risks and ensure people receive continuity of care. Care plans for children and young people moving into adult services are well planned and co-ordinated.</li> <li>• Plans for transition between services, referral and discharge are safe and consider people's individual needs, circumstances, ongoing care arrangements and expected outcomes.</li> <li>• There are rigorous processes in place to ensure internal pathways are safe, such as the follow-up of chronic conditions. Multidisciplinary teams work together effectively to support the safe delivery of care and treatment. Care involving multiple teams is well-co-ordinated, with collaborative planning and delivery.</li> <li>• Staff have timely access to the information they need to</li> </ul>	<ul style="list-style-type: none"> <li>• There are shared systems and processes to enable safe care, but collaboration across care pathways may be limited and processes are not fully embedded or used consistently.</li> <li>• Care plans for transition between services are not always established in advance and continuity of care may be inconsistent.</li> <li>• Internal pathways, such as the follow-up of chronic conditions, are inconsistent and some people may not receive the follow-up care they need.</li> <li>• Staff do not always have timely access to the information they need to understand people's needs.</li> <li>• Plans for transition between services, referral and discharge are inconsistently completed and do not always consider people's individual needs, circumstances, ongoing care arrangements and expected outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no effective collaborative approach to managing shared systems and processes to enable safe care. Accountabilities across care pathways are unclear and there is a lack of ongoing monitoring and sharing of learning and improvement.</li> <li>• Care plans for people's care during transition between services are not established in advance. This results in avoidable risks and means that people do not experience continuity of care.</li> <li>• There are no processes in place to ensure internal pathways, such as the follow-up of chronic conditions, are safe.</li> <li>• Staff do not have timely access to the information they need to understand people's needs.</li> <li>• Plans for transition between services, referral and discharge are either incomplete, not safe or do not consider people's individual needs, circumstances, ongoing care</li> </ul>
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	understand people's needs and appropriately assess, plan and deliver their care and treatment. This includes information from other services.		arrangements and expected outcomes.
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## Safeguarding

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

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

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

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is a robust safeguarding system, with clear roles and responsibilities, through which safeguarding risks are proactively identified and mitigated.</li> <li>• There is a strong and proactive commitment to taking immediate action to keep people safe from abuse and neglect. This</li> </ul>	<ul style="list-style-type: none"> <li>• There are effective safeguarding systems, processes and practices to make sure people are appropriately protected from abuse, neglect and degradation and that their human rights are upheld. These are communicated effectively with people, visitors and staff. Where children and young people use the service, safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding systems, processes and practices are not always reliable or appropriate to keep people safe.</li> <li>• Staff have a limited understanding of what the term safeguarding means. Staff are not always clear on how to recognise abuse or who to report it to.</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding systems, processes and practices are not fit for purpose.</li> <li>• Safeguarding is not a priority. Staff do not recognise or respond appropriately to signs of abuse, and they do not take immediate action to keep people safe.</li> <li>• People are not helped to understand what</li> </ul>

<p>includes building strong relationships with partners and developing clear processes to work together across services. The service supports wider system learning through its external safeguarding reporting, where appropriate.</p>	<p>arrangements are in line with national guidance and best practice.</p> <ul style="list-style-type: none"> <li>• Staff have a good understanding of safeguarding, appropriate for their role, and know how to recognise and report signs of abuse. There are clear roles and responsibilities around safeguarding. Staff understand their individual responsibilities in preventing discrimination in relation to protected equality characteristics.</li> <li>• Staff show a demonstrable commitment to taking immediate action to keep people safe from abuse and neglect. This includes working with partners in a collaborative way.</li> <li>• People are supported to understand what safeguarding and keeping safe mean. They understand how to raise concerns for themselves and others and are encouraged and empowered to do so.</li> <li>• People are protected from discrimination, harassment, and victimisation, including behaviour that may amount to abuse, psychological harm, or a hate crime. This includes</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not always take immediate action to keep people safe from abuse and neglect.</li> <li>• There is an inconsistent approach to helping people to understand what safeguarding means and how to raise concerns when they don't feel safe.</li> <li>• The service inconsistently protects people from discrimination, harassment and victimisation. There are processes in place to prevent discrimination, and promote equality, but they are inconsistently applied. Staff do not always act when discrimination occurs.</li> <li>• Staff have a limited understanding of what creates a closed culture. There are some systems and processes in place to prevent a closed culture, although these may not be effective.</li> <li>• There is a limited understanding of Deprivation of Liberty Safeguards (DoLS) and they are not always used appropriately.</li> </ul>	<p>safeguarding means or how to raise concerns when they don't feel safe.</p> <ul style="list-style-type: none"> <li>• People are not protected from discrimination, harassment or victimisation. There are no processes in place to prevent discrimination and promote equality. Staff do not act when discrimination occurs.</li> <li>• Staff have a poor understanding of what creates a closed culture and there are no systems in place to prevent one developing.</li> <li>• There is no understanding of Deprivation of Liberty Safeguards (DoLS) and they are not used appropriately or in the best interest of the person.</li> </ul>
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	<p>discrimination related to protected equality characteristics. There are effective processes in place to prevent discrimination, promote equality, and to act when discrimination occurs.</p> <ul style="list-style-type: none"> <li>• Staff understand what creates a closed culture and the risk this poses to people's safety. There are systems and processes in place to prevent closed cultures from developing, ensuring everyone can raise concerns without fear.</li> <li>• There is a clear understanding of Deprivation of Liberty Safeguards (DoLS), they are used appropriately and only when it is in the best interest of the person.</li> </ul>		
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## Safe environments and infection prevention and control

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

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

- Premises (including gas, electrical and fire safety)
- Equipment
- Environmental risks (adverse weather such as heatwaves and flooding)
- Digital systems / technology assurance

- Physical and psychological safety

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>There is a culture of shared ownership for safety, where everyone feels empowered to identify and act on environmental risks, and improvements are celebrated and shared across the system.</li> <li>The facilities, premises, equipment and technology are tailor-made and designed specifically to meet the needs of the people who use the service.</li> <li>There is a thorough system for assessing and managing infection control risks, which incorporates current national guidance and best practice. Roles and responsibilities for infection prevention and control are clear, with continuous learning and peer support embedded.</li> </ul>	<ul style="list-style-type: none"> <li>People are cared for in safe environments that are designed to meet their needs.</li> <li>There is a comprehensive system to proactively identify and manage risks in the care environment. Where infrastructure risks are identified, the service responds to them appropriately.</li> <li>The facilities and premises are well-maintained, and the equipment used to deliver care and treatment is safe to use, stored securely, well-maintained, and calibrated correctly to support the delivery of safe and effective care.</li> <li>The systems and technology used to deliver care and treatment, such as artificial intelligence, is suitable for the intended purpose, secure, up-to-date and used properly.</li> <li>There are arrangements, including clear roles and responsibilities, to monitor the safety and upkeep of the facilities, premises, equipment and technology.</li> </ul>	<ul style="list-style-type: none"> <li>Systems to detect and control potential risks in the care environment are inconsistent. As a result, the facilities, premises, equipment and technology systems are not always safe to use, well-maintained, stored safely, clean or used properly.</li> <li>Staff don't always consider risks in the care environments.</li> <li>Infection prevention and control is not always managed appropriately. Staff do not always follow good practice in relation to infection prevention and control and do not always share information about the risk of infection with partners.</li> </ul>	<ul style="list-style-type: none"> <li>Systems to detect and control potential risks in the care environment are ineffective. As a result, the facilities, premises, equipment and technology systems are unsafe.</li> <li>There is no consideration about risks in the care environment.</li> <li>There is no system to assess and manage the risk of infection. Staff are not clear on their responsibilities around infection prevention and control.</li> <li>Information about the risk of infection is not known or shared.</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff carry out risk assessments to consider how the environment can keep people safe from physical and psychological harm.</li> <li>• There is an effective approach to assessing and managing the risk of infection, in line with current national guidance. Staff have clear roles and responsibilities around infection prevention and control. Information about the risk of infection is shared appropriately with relevant partners, including staffing agencies, people using the service and visitors.</li> </ul>		
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## Safe staffing

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

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

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

- Agency staff, volunteers and unpaid carers

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Recruitment practices are comprehensive and rigorous to ensure that all staff are suitably qualified, experienced and competent to deliver high quality care.</li> <li>• Staffing levels and skill mix are consistently reviewed to ensure they are safe and enable proactive, personalised care.</li> <li>• The service has a clear strategy to manage changes in demand and capacity. This is continuously reviewed and is used to anticipate future demand.</li> <li>• Continually developing the skills, competence and knowledge of staff is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.</li> <li>• There is a proactive support and appraisal</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment practices are rigorous and safe to make sure that all staff, including agency staff and volunteers, are suitably qualified, experienced, competent and able to carry out their role.</li> <li>• There are appropriate staffing levels and skill mix to meet the needs of people. Where the necessary staffing levels cannot be met, leaders support staff to develop short-term measures to make sure people continue to receive consistently safe, good quality care that meets their needs.</li> <li>• Leaders understand the impact of fatigue on staff and how it affects the safety of people who use services. They regularly review working hours, rotas, and the environment in which staff work to protect them and their wellbeing.</li> <li>• Staff receive training appropriate and relevant to their role. Staff at all levels have opportunities to learn and develop their practice.</li> <li>• Staff receive the support they need to deliver safe care. This</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment practices are inconsistent, resulting in members of staff who are not always suitably qualified, experienced or competent to carry out their role.</li> <li>• There are periods of understaffing or inappropriate skill mix, which are not addressed quickly. Agency, bank and locum staff are not always used in a way that protects people's safety.</li> <li>• There is limited understanding about the impact of fatigue on staff and how it affects the safety of people who use services.</li> <li>• Staff do not always receive appropriate or timely training. There are few opportunities for staff to learn and develop.</li> <li>• Systems to ensure staff receive adequate supervision, appraisal and development are ineffective. Poor performance is not always managed appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment practices are unsafe. Staff are not suitably qualified, experienced or competent to deliver safe care.</li> <li>• Substantial staff shortages and inappropriate skill mix are common. The service does not use agency, bank or locum staff to make sure people continue to receive safe care. Staff fatigue is not considered.</li> <li>• Staff do not receive appropriate training.</li> <li>• Staff are not given opportunities to develop, nor do they receive supervision or appraisal. Poor performance is ignored.</li> </ul>

system for staff. This recognises, prioritises and celebrates the continuous development of skills, competence and knowledge.	includes supervision, oversight, appraisal, development and, where needed, professional revalidation. Staff work within their competencies, and colleagues know these. Poor performance is managed appropriately.		
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## Safe delivery of treatments and medicines

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

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

- Prescribing
- IV medicines/fluids/medical gasses
- Storage and disposal of medicines
- Controlled drugs
- Self-medication
- Antimicrobial stewardship
- STOMP/STAMP
- Innovative medicines

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People and those close to them are active partners in decisions, assessments and reviews about their medicines or treatment, where possible. The</li> </ul>	<ul style="list-style-type: none"> <li>• People and those close to them are partners in decisions about their medicines or treatment, where possible. This information is clearly documented in their records.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not always involved in decisions, assessments and reviews about their medicines or treatment, and this is inconsistently documented.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not involve people when making decisions, assessments and reviews about their medicines or treatment and these</li> </ul>

<p>service implements creative, person-centred solutions to enable this.</p> <ul style="list-style-type: none"> <li>• There is a comprehensive system to proactively promote the safe optimisation of medicines. Staff at all levels are clear about roles and responsibilities in relation to medicines.</li> <li>• Staff contribute to innovative research on medicines and treatments.</li> </ul>	<ul style="list-style-type: none"> <li>• People's medicines are appropriately prescribed, supplied, monitored, administered and reviewed in line with relevant legislation, current national guidance and best practice. People are supported to self-administer their medicines, where appropriate.</li> <li>• Medicines are stored safely, including when they are transferred between locations.</li> <li>• There are clear roles and responsibilities that support the safe optimisation of medicines.</li> <li>• People's behaviour is not inappropriately controlled by medicines. Where a person lacks mental capacity to make decisions about their medicines or treatment, formal processes and assessments are undertaken before intervention.</li> <li>• Accurate, up-to-date information about people's medicines and treatment is available, particularly when they move between healthcare settings.</li> <li>• There are appropriate arrangements for the safe management, use and oversight of controlled drugs in line with legislation and best practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a limited understanding on what to do when a person lacks mental capacity concerning their medicines or treatment.</li> <li>• The service does not always follow relevant national guidelines and legislation around prescribing, supplying and administering medicines, including controlled drugs.</li> <li>• Staff do not always understand their responsibilities to support the safe optimisation of medicines, including the importance of medicine reviews, audits and good record keeping.</li> </ul>	<p>decisions are not properly recorded.</p> <ul style="list-style-type: none"> <li>• Staff have poor knowledge on what to do when a person lacks mental capacity concerning their medicines or treatment.</li> <li>• People are at risk because staff do not prescribe, supply and administer medicines, including controlled drugs, safely. The service does not comply with legislation or follow current national guidance and best practice.</li> <li>• Staff are not clear about their responsibilities to support the safe optimisation of medicines. There are no medicine reviews or audits to monitor safety performance.</li> <li>• Record keeping on medicines is poor, particularly when people move between healthcare settings.</li> </ul>
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	<ul style="list-style-type: none"><li>• Staff understand the importance of regular medicine reviews, audits and clear documentation. The service responds to national patient safety alerts appropriately.</li></ul>		
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# EFFECTIVE

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

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

## Assessing needs

Are people's needs holistically assessed and reviewed with them to maximise the effectiveness of their care, treatment and support?

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

- Accessibility and communication needs
- Carer assessments and support
- Care planning
- Clinical assessment tools

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"><li>• People are actively involved in the assessment of their individual needs, including cultural needs. They are supported to maximise their participation and ensure their preferences, strengths and aspirations are recognised. People are confident that their</li></ul>	<ul style="list-style-type: none"><li>• People are involved in the assessment of their individual needs. They are confident their needs have been assessed and fully understood, and support is provided to maximise their involvement.</li></ul>	<ul style="list-style-type: none"><li>• People are not consistently involved, or supported to be involved, in the assessment of their needs. They are not confident or do not consistently understand whether their individual</li></ul>	<ul style="list-style-type: none"><li>• People are not routinely involved in the assessment of their needs, or they are assessed in a way they do not understand.</li><li>• Care plans do not reflect people's diverse needs.</li></ul>

<p>individual needs have been appropriately assessed, fully understood and embedded in care planning, creating a sense of trust and belonging.</p> <ul style="list-style-type: none"> <li>• The service demonstrates a commitment to equity and inclusion. Care plans proactively address inequalities or vulnerabilities that may result in exclusion.</li> <li>• People’s needs, emotions and levels of distress are anticipated, and staff have a compassionate and person-centred approach to preventing deterioration or escalation.</li> <li>• Staff establish a genuine connection with those they care for and demonstrate real curiosity about what matters to them when assessments are reviewed and updated. Outcomes and experiences for people who use services are consistently excellent and improving.</li> <li>• Risk assessments about care are person-centred, proportionate and when regularly reviewed with the person or their representative, people feel psychological safety and empowerment.</li> </ul>	<ul style="list-style-type: none"> <li>• Care plans reflect people’s physical, mental, emotional, cultural and social needs, including those related to protected equality characteristics.</li> <li>• People’s needs, emotions and level of distress are assessed using a range of assessment tools to ensure they are reflected and understood.</li> <li>• Care assessments, including remote or online consultations, consider people’s diverse needs, including those related to communication needs, nutrition, hydration and pain relief.</li> <li>• Assessments are up-to-date and staff understand people’s current needs. People’s care needs are routinely reviewed.</li> <li>• Unpaid carers and advocates are supported to be active partners in people’s care.</li> <li>• Risk assessments about care are person-centred, proportionate, and regularly reviewed with the person, or their representative.</li> </ul>	<p>needs have been appropriately assessed.</p> <ul style="list-style-type: none"> <li>• Care plans do not consistently reflect people’s holistic needs.</li> <li>• Care assessments, including remote or online consultations, do not consider the full range of people’s diverse needs, including those related to communication needs, nutrition, hydration and pain relief.</li> <li>• People’s needs, emotions or levels of distress are not consistently or routinely assessed, or there are no tools available to support staff to understand and reflect them.</li> <li>• Assessments are not consistently up-to-date, or there are delays in completing them. People’s care needs are not routinely reviewed, where appropriate.</li> <li>• Unpaid carers and advocates receive limited support to be partners in people’s care.</li> <li>• Risk assessments about care are not consistently</li> </ul>	<p>Discriminatory decisions may have been made related to protected equality characteristics.</p> <ul style="list-style-type: none"> <li>• Care or treatment, including remote or online consultations, may be based on discriminatory decisions rather than a full assessment of a person’s needs, including those related to communication needs, nutrition, hydration and pain relief.</li> <li>• People’s needs, emotions or levels of distress are not included in their needs assessment. Staff do not have tools available to support them to understand people.</li> <li>• Assessments are delayed, not completed or not updated. People’s care needs are not reviewed, where appropriate.</li> <li>• Unpaid carers and advocates are not supported to be partners in people’s care.</li> </ul>
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		<p>person-centred or proportionate. They may not be regularly reviewed with the person, or their representative.</p>	<ul style="list-style-type: none"> <li>• Risk assessments about care are not person-centred or proportionate. They are not regularly reviewed or reviewed with the person or their representative.</li> </ul>
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## Delivering evidence-based care and treatment

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

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

- Best practice guidance and standards
- Nutrition and hydration
- Clinical reviews
- Service accreditation schemes
- Mental Health Act 1983 and Mental Health Act Code of Practice

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People receive care that is based on substantiated evidence, responsive to their individual needs, preferences and aspirations, and recognises their strengths, cultures and histories.</li> <li>• There are comprehensive, effective, and inclusive approaches to monitor and</li> </ul>	<ul style="list-style-type: none"> <li>• People receive evidence-based care, treatment and support that aligns with good practice standards, guidance and technologies. This is regularly reviewed at appropriate intervals.</li> <li>• Staff understand the current legislation, national standards and good practice guidance relevant to their service and apply these</li> </ul>	<ul style="list-style-type: none"> <li>• People’s care, treatment and support do not always reflect current evidence-based guidance, standards, best practice and use of technologies.</li> <li>• Systems do not always ensure that staff are up to date with national legislation, evidence-based</li> </ul>	<ul style="list-style-type: none"> <li>• People’s care, treatment and support do not reflect current evidence-based guidance, standards, practice or use of technology.</li> <li>• Outcomes for people are very variable or significantly worse than expected when</li> </ul>

<p>improve people’s care, treatment.</p> <ul style="list-style-type: none"> <li>• Staff understand the current legislation, national standards and good practice guidance relevant to their service and apply this effectively. Staff are supported to research or develop innovations in a psychologically safe environment.</li> <li>• There are embedded systems and processes to proactively identify new care guidelines. These are adopted into clinical pathways in a timely way.</li> <li>• People are empowered to be involved in shared decision making about care and treatment options, including current good practice relevant to their care. They are actively involved in how this is reflected in their care plan.</li> <li>• Staff identify, assess and implement new and innovative approaches to delivering care, for example artificial intelligence in clinical care pathways.</li> </ul>	<p>effectively. They have good systems for ensuring they keep up to date and embed this in their service.</p> <ul style="list-style-type: none"> <li>• Staff identify new care guidelines and adopt these into clinical pathways in a timely way.</li> <li>• People are told about current good practice that is relevant to their care and are involved in how this is reflected in their care plan.</li> <li>• Where people are subject to the Mental Health Act 1983 (MHA), decisions about their care and treatment comply with the MHA and the MHA Code of Practice. Any departure from the Code of Practice guidance is clearly justified and risk assessed.</li> <li>• People’s nutrition and hydration needs are assessed and met, including personal or cultural preferences.</li> <li>• The service has attained and maintains accreditation, where it is relevant.</li> </ul>	<p>good practice and required standards.</p> <ul style="list-style-type: none"> <li>• Systems and processes to embed new care guidelines are not always effective and changes may not be adopted in a timely way.</li> <li>• Decisions made about care and treatment do not always adhere to the Mental Health Act Code of Practice. Deviation from Code of Practice guidance is not always clearly recorded.</li> <li>• People are not always told about current good practice that is relevant to their care, and they are not always involved in how this is reflected in their care plan.</li> <li>• Staff are not routinely encouraged to learn about new evidence-based approaches to improve how they deliver care. Benchmarking with similar services is not proactively used to identify and address where improvements are needed.</li> <li>• People’s nutrition and hydration needs are not consistently assessed or met. Personal or cultural</li> </ul>	<p>compared with other similar services. Legislation, standards and evidence-based clinical guidance is not implemented or followed.</p> <ul style="list-style-type: none"> <li>• There is no clear process to identify and embed new care guidelines in a timely way.</li> <li>• Monitoring of the outcomes of care and treatment is very limited or does not happen at all. Necessary action is not taken to improve people’s outcomes.</li> <li>• Systems do not ensure that staff are up to date with national legislation, evidence-based good practice and required standards, or there are no systems to do so.</li> <li>• Decisions made about care and treatment do not comply with the Mental Health Act Code of Practice.</li> <li>• People are not told about current good practice that is relevant to their care, and they are not involved in how this is</li> </ul>
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		<p>preferences may not be included.</p>	<p>reflected in their care plan.</p> <ul style="list-style-type: none"> <li>• Staff are not supported or encouraged to learn about new evidence-based approaches to improve how they deliver care. Benchmarking with similar services is not used to identify and address where improvements are needed.</li> <li>• People’s nutrition and hydration needs are not assessed or met. Personal or cultural preferences are not included.</li> </ul>
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## Outcomes

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

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

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

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Effective use of benchmarking, learning and quality improvement initiatives means people consistently experience positive and improving outcomes. These are better than expected compared with other services and exceed agreed expectations in legislation, standards and evidence-based guidance. Outcomes are recorded using approved outcome measures, where appropriate, and consider quality of life and equity.</li> <li>• There are proactive and inclusive systems that continually monitor, understand, and enhance people's outcomes. All staff are actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services).</li> <li>• Staff work proactively to enable equitably good outcomes for all. They recognise barriers that prevent this by acting on information, proactively</li> </ul>	<ul style="list-style-type: none"> <li>• People have positive, consistent outcomes that meet agreed expectations as set out in legislation, standards and evidence-based clinical guidance.</li> <li>• There are effective approaches to routinely collect and monitor information about people's care and treatment and their outcomes. Clinical outcome data is proactively reviewed to identify disparities and unwarranted variation. This information is used to improve care.</li> <li>• People consistently experience positive outcomes that meet agreed expectations as set out in legislation, standards and evidence-based clinical guidance.</li> <li>• Staff work proactively to achieve equitable outcomes. They do this by recognising barriers that prevent equity, collecting and acting on information and allocating resources to reduce barriers and improve people's outcomes.</li> <li>• Where relevant, the service participates in local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer review.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a lack of consistency in the effectiveness of the care, treatment and support that people receive.</li> <li>• People's outcomes from their care and treatment are below expectations compared with similar services. Information on outcomes is not always monitored regularly or thoroughly. The results of monitoring are not always used effectively to improve quality. Participation in external audits and benchmarking is limited.</li> <li>• Staff are not consistently aware of discrimination and inequality that could lead to differential outcomes for people using their services.</li> <li>• Meeting expectations as set out in legislation, standards and evidence-based clinical guidance is variable.</li> </ul>	<ul style="list-style-type: none"> <li>• People's care is ineffective or there is insufficient assurance in place to demonstrate otherwise.</li> <li>• There is very limited or no monitoring of the outcomes of care and treatment. People's outcomes are very variable or significantly worse than expected when compared with other similar services. Necessary action is not taken to improve people's outcomes.</li> <li>• Staff are not aware of discrimination and inequality that could lead to unequal outcomes for people using their services, and this is not a focus in planning and delivering the service.</li> <li>• Legislation, standards and evidence-based clinical guidance is not implemented or followed.</li> </ul>

<p>listening and responding to people's experiences of discrimination or inequality, and then allocating resources and embedding continuous learning and innovation to reduce inequalities in outcomes.</p> <ul style="list-style-type: none"> <li>• Opportunities to participate in benchmarking and peer review are proactively pursued.</li> <li>• High performance is recognised by credible external bodies.</li> <li>• The service uses outcomes measures to review performance and drive improvements, including by comparing outcomes across groups with different characteristics, such as protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate and up-to-date information about effectiveness is shared internally and externally, and all staff understand it. The information is used to improve the quality of people's care, treatment and outcomes, and this improvement is checked and monitored.</li> <li>• Staff use benchmarking with similar services to identify where improvements are needed, and to address these.</li> </ul>		
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## Supporting people to live healthier lives

**Are people supported to manage their own health and wellbeing and, where the service is responsible, how does it improve the health of its population?**

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

- Population health and prevention (including health inequalities)
- Identification and early health interventions

- Healthier lives promotion

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People are empowered and supported to manage their own health, care and wellbeing needs. Staff understand people’s preferences, strengths, cultures and histories, ensuring their care is genuinely person-centred.</li> <li>• Staff encourage an open and inclusive culture that supports people to access other health or social care services and promotes psychological safety.</li> <li>• People are supported to make healthier choices through approaches that recognise diverse needs and remove barriers to wellbeing.</li> <li>• The service focuses on identifying preventative approaches to improve people’s long-term health and outcomes. There is continuous learning and innovation to anticipate and address risks before issues arise.</li> <li>• The service uses population health data to support prevention work, to improve</li> </ul>	<ul style="list-style-type: none"> <li>• People are empowered and supported to manage their own health, care and wellbeing needs by staff who understand their needs and preferences.</li> <li>• People are supported to be as involved as possible in monitoring and reviewing their own health and wellbeing needs. This includes supporting them to access other health or social care services.</li> <li>• People are encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• The service considers and acts on health inequalities and barriers for different people when taking preventative approaches.</li> <li>• The service has a focus on identifying preventative approaches to improve long-term health and outcomes. When risks to people’s health and wellbeing are detected, they are supported to prevent deterioration.</li> <li>• The service uses population health data to support prevention, improve outcomes and reduce health inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>• People are not consistently supported to manage their own health, care and wellbeing needs. Staff do not always understand their needs and preferences.</li> <li>• People are not consistently or regularly supported to review their health and wellbeing needs where appropriate and necessary. They do not always receive support to access other healthcare services.</li> <li>• People are not always encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• There is limited focus on prevention and identifying health needs early to improve long-term health outcomes. When risks to people’s health and wellbeing are detected, they are not always supported to prevent deterioration.</li> <li>• Population health data is not fully understood and is not consistently used to support prevention, improve</li> </ul>	<ul style="list-style-type: none"> <li>• People are not supported to manage their own health, care and wellbeing needs. Staff do not know their needs and preferences.</li> <li>• People are not supported to be involved in a regular review of their health and wellbeing needs where appropriate. They do not receive any support to access other healthcare services.</li> <li>• People are not encouraged or supported to make healthier choices to help promote and maintain their health and wellbeing.</li> <li>• There is no focus on prevention and identifying health needs early. Staff are reactive, rather than proactive in supporting people to live healthier lives, and those who need extra support are not identified. Risks to people’s health and</li> </ul>

<p>outcomes for its communities and to reduce health inequalities. It shares knowledge and insights across neighbourhoods and the system to make a positive difference for people, staff and the community.</p>		<p>outcomes or reduce health inequalities.</p>	<p>wellbeing are not detected.</p> <ul style="list-style-type: none"> <li>The service does not use population health data to support prevention, improve outcomes or reduce health inequalities.</li> </ul>
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## Consent to care and treatment

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

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

- Capacity to consent
- Advocacy and support
- Information and communication about people's rights, including consumer rights
- Do not attempt cardiopulmonary resuscitation (DNACPR)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>People are supported to understand their rights to giving consent to care and treatment, including rights to advocacy. This is through clear, inclusive communication that respects their individual needs, cultures and histories.</li> <li>Information and advice about consent is accurate, up-to-</li> </ul>	<ul style="list-style-type: none"> <li>People are supported to understand their rights to giving consent to care and treatment, including rights to advocacy. They understand they have the right to change their mind and withdraw their consent and staff respect this. Consent is clearly documented in people's records.</li> <li>Information and advice about consent is accurate, up-to-date,</li> </ul>	<ul style="list-style-type: none"> <li>People are not always supported to understand their rights to consent to care and treatment or their rights to advocacy. Consent is not always clearly documented in people's records.</li> <li>Information and advice is not always accurate, up-to-date or does not always</li> </ul>	<ul style="list-style-type: none"> <li>People are not supported to understand their rights to consent to care and treatment or their rights to advocacy. There is no evidence of informed consent in people's records.</li> <li>Information and advice is inaccurate or out-of-date. It is not provided in a way</li> </ul>

<p>date and tailored to meet diverse communication needs.</p> <ul style="list-style-type: none"> <li>• Transparent information is provided on all aspects of care, including contracts and charges, reflecting a values-driven approach to openness and integrity.</li> <li>• Advance care planning, including 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR), is managed as a proactive and inclusive process. People are empowered to make informed decisions, and these are continuously reviewed.</li> <li>• People's capacity to consent is assessed in a compassionate and inclusive way, and they (or their legal representatives) understand their rights and are meaningfully involved in decisions about their care.</li> </ul>	<p>and meets people's communication needs. Where relevant, this includes transparent information about contracts and charges.</p> <ul style="list-style-type: none"> <li>• Where medicine or treatment is not evidence-based or is being used outside of standard guidance, people receive transparent information to help them make informed decisions about consent.</li> <li>• There are systems in place to ensure that decisions around advance care planning, including 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR), are informed, documented and regularly reviewed.</li> <li>• People's capacity to consent is assessed, and they (or their legal representatives) understand their rights and are involved in decisions about their care.</li> <li>• All capacity and consent decisions are made in line with legislation. This includes clear definitions, responsibilities, and safeguards for all forms of liberty restriction under statutory authority such as the Mental Health Act.</li> <li>• Decisions about care are made in line with the Mental Capacity Act</li> </ul>	<p>meet people's communication needs. Information about contracts and charges, where appropriate, is not always provided in a clear way that people can understand.</p> <ul style="list-style-type: none"> <li>• Systems for advance care planning decisions, including 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR), are in place but are applied inconsistently. Decisions are not always informed, clearly documented or reviewed in a timely way.</li> <li>• People's capacity to consent is not consistently assessed in the appropriate circumstances. People (or their legal representatives) do not always understand their rights and are not consistently involved in decisions about their care.</li> <li>• Decisions about care are not always made in line with the Mental Capacity Act 2005. Carers or advocates are not involved in decision making consistently.</li> <li>• Capacity and consent decisions are not always made in line with legislation</li> </ul>	<p>that meets people's communication needs.</p> <ul style="list-style-type: none"> <li>• There are no effective systems in place to ensure that decisions around advance care planning, including 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR), are made in a consistent way. People do not feel empowered to make informed decisions and decisions may not be appropriately documented or reviewed.</li> <li>• People's capacity to consent is not appropriately assessed. People (or their legal representatives) do not understand their rights, and they are not involved in care decisions.</li> <li>• Capacity and consent decisions are not made in line with legislation and do not meet the clear definitions, responsibilities, and safeguards for all forms of liberty restriction under statutory authority such as the Mental Health Act.</li> </ul>
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	2005, involving carers or advocates when needed.	and may not meet the clear definitions, responsibilities, and safeguards for all forms of liberty restriction under statutory authority such as the Mental Health Act.	
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# CARING

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

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

## Kindness, compassion and dignity

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

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

- Compassionate communication
- Privacy and confidentiality
- Emotional wellbeing

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• People consistently report feeling really cared for and that they matter. Care and support exceed expectations.</li> <li>• Staff go the extra mile. Staff are highly motivated and inspired to offer care that is</li> </ul>	<ul style="list-style-type: none"> <li>• People are cared for with kindness, compassion, dignity and respect by all those involved in their care. People experience care and treatment in a nurturing and supportive environment.</li> <li>• Staff communicate clearly, in a kind and respectful way. They</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not always prioritise a caring environment. People are not always cared for with kindness, compassion, dignity or respect.</li> <li>• People who use the service, those close to them or other stakeholders may have</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not provide a caring environment. People are not always treated with dignity and respect, and staff lack compassion. The lack of compassion is widespread.</li> </ul>

<p>kind, empathetic and compassionate.</p> <ul style="list-style-type: none"> <li>• Wherever possible, staff try to anticipate instances in which people may be in discomfort or distress and take all practical steps to minimise those risks and prevent them happening again in the future.</li> <li>• Consideration of people's privacy and dignity is consistently embedded in everything that staff do.</li> <li>• All feedback is continually positive about the way staff treat people.</li> <li>• People's emotional and social needs are considered to be as important as their physical needs by staff.</li> <li>• Relationships between people who use the service and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promote a culture of kindness and respect across the service.</li> </ul>	<p>listen actively to people to understand their individual needs and preferences. Feedback about how staff treat people and those close to them is positive.</p> <ul style="list-style-type: none"> <li>• When people communicate their needs, emotions or distress, staff can manage this in a positive way that protects their rights and dignity.</li> <li>• Staff learn the things that cause people distress to avoid it happening again.</li> <li>• Staff understand and uphold people's human rights, and consistently respect people's dignity, privacy, and confidentiality.</li> <li>• Staff anticipate and prioritise people's comfort and wellbeing needs including for remote appointments, using appropriate tools and communication to meet their needs effectively. People receive emotional support to cope with their care or condition.</li> <li>• There is a culture of kindness and respect across teams and the whole organisation.</li> </ul>	<p>concerns about the way some staff treat people.</p> <ul style="list-style-type: none"> <li>• Staff are slow to respond to discomfort, distress, or urgent needs. They do not always anticipate situations in which people may be in discomfort or distress.</li> <li>• Staff do not always understand the need to always maintain people's privacy and dignity. While this may not be intentional, it results in people not always feeling they are respected or valued.</li> <li>• People do not consistently receive emotional support to cope with their care or condition.</li> </ul>	<ul style="list-style-type: none"> <li>• People do not feel cared for, and feedback about staff interactions is negative.</li> <li>• Staff are poor at anticipating situations in which people may be in discomfort or distress.</li> <li>• People's privacy and confidentiality are not respected. There is a demonstrable lack of understanding of the importance of privacy and confidentiality among staff.</li> <li>• People's changing needs are not recognised and met. Discomfort and distress are not always responded to.</li> <li>• People do not receive emotional support to cope with their care or condition.</li> </ul>
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# Person-centred care

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

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

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

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is a strong, visible, person-centred culture. People's individual needs and preferences are at the heart of the service.</li> <li>• Staff recognise and respect the totality of people's needs. They always take people's personal, cultural, social and religious needs into account, and find innovative ways to meet them.</li> <li>• There is a proactive approach to understanding the needs and preferences of different groups of people. Care is delivered in a way that meets these needs, is accessible and promotes equality. This includes care for people with protected equality characteristics, those approaching the end of their</li> </ul>	<ul style="list-style-type: none"> <li>• People receive appropriate and personalised care and treatment as the service makes reasonable adjustments where necessary.</li> <li>• Staff treat people as individuals, considering any relevant protected equality characteristics. They make sure they understand and meet people's personal, cultural, social and religious needs.</li> <li>• People's communication needs are met to enable them to engage in decisions about their care and treatment, to enhance both their experience and outcomes.</li> <li>• People's choices about their care and support are respected.</li> <li>• People are supported to understand their rights and</li> </ul>	<ul style="list-style-type: none"> <li>• The service is not delivered in a way that focuses on people's needs.</li> <li>• People's emotional, social, cultural or religious needs are not always viewed as important or reflected in their care, treatment and support.</li> <li>• There is some flexibility to take account of individual needs as they arise, but the service does not meet the needs of all the people who use it.</li> <li>• People's communication needs are not always met, preventing them from engaging fully in decisions about their care and treatment.</li> <li>• Staff do not always have time to support people understand their rights or ensure that their understanding is consistent throughout their care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a poor understanding of the needs and preferences of the different groups of people who use the service. The service is planned and delivered without consideration of people's needs or preferences.</li> <li>• People's communication needs are not considered, preventing them from engaging in decisions about their care and treatment.</li> <li>• People are not supported to understand their rights throughout their care and treatment.</li> <li>• The service does not consider whether the technology used to deliver care meets</li> </ul>

<p>life, and those in vulnerable circumstances or who have complex needs.</p> <ul style="list-style-type: none"> <li>Technology is used innovatively to deliver individualised, person-centred care.</li> </ul>	<p>their understanding is reviewed throughout their care and treatment.</p> <ul style="list-style-type: none"> <li>The service makes sure that technology used to deliver care, treatment and support appropriately meets people's individual needs.</li> </ul>	<ul style="list-style-type: none"> <li>The service does not always make sure that the technology used to deliver care meets people's needs appropriately.</li> </ul>	<p>people's needs appropriately.</p>
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## Independence, choice, and control

### Are people empowered to maintain their independence and to make choices about their care and plans for their future, where they are able to?

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

- Supporting communication and choice
- Access to friends, family and community
- Specialist/adaptive equipment
- Supporting independence activities and wellbeing
- End of life and palliative care planning

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>People who use services and those close to them are active partners in their care.</li> <li>Staff always empower people who use the service to have a voice and to realise their potential. They show determination and</li> </ul>	<ul style="list-style-type: none"> <li>People are supported to have choice and control, and to make decisions about their care, treatment and wellbeing.</li> <li>Staff work with people to support, empower and enable them to achieve their goals. This includes what matters to</li> </ul>	<ul style="list-style-type: none"> <li>Staff do not always consider involving people and those close to them in decisions about care and treatment.</li> <li>People are not encouraged or enabled to manage their own care.</li> </ul>	<ul style="list-style-type: none"> <li>People and those close to them are not involved in decisions about care and treatment.</li> <li>People do not know or understand what is going to happen to them during their care or treatment.</li> </ul>

<p>creativity to overcome obstacles to delivering care. This includes working collaboratively with people's family and carers to deliver individualised care.</p> <ul style="list-style-type: none"> <li>• Staff are exceptional at enabling people to manage their own health and care and to remain independent for as long as possible.</li> <li>• Care and treatment is flexible and personalised. The service is fully committed to providing informed choice and ensuring a seamless experience in relation to continuity of care.</li> <li>• People are fully supported to maintain their social connections and to make significant life choices and choices at the end of their life.</li> <li>• The service plays an active part in the local community and as part of the neighbourhood agenda, which benefits both the people it cares for and the wider society.</li> </ul>	<p>people about their future care preferences around independence and care interventions.</p> <ul style="list-style-type: none"> <li>• People are supported to maintain relationships and networks that are important, with access to family, friends, cultural and advocacy support while using a service.</li> <li>• There is a range of appropriate equipment to support and maximise people's independence and outcomes from care and treatment.</li> <li>• Children, their parents or carers are supported to plan for their future, ensuring their changing needs are considered and they have time to make informed choices about their future.</li> <li>• People who may be approaching the end of their life are identified to ensure their needs are met and the right support is provided. This information is shared with other services and staff.</li> <li>• Where appropriate, end of life care planning is encouraged and preferences are recorded.</li> <li>• People's care plans take into account human rights and their</li> </ul>	<ul style="list-style-type: none"> <li>• People do not always understand what is going to happen to them during their care or treatment. Staff do not always explain things clearly, give people time to respond, or help them to understand the information they are given about their care and condition.</li> <li>• People who may be approaching the end of their life are not always identified or supported.</li> <li>• People's choices about their treatment and care, including in the context of end of life care, are not treated as a high priority. People's care plans don't always consider their needs relating to protected equality characteristics.</li> </ul>	<p>People do not know how to ask for help or are ignored when they do so.</p> <ul style="list-style-type: none"> <li>• The service is not set up to support people who may be approaching the end of their life, people who have complex needs, or those in vulnerable circumstances.</li> <li>• People's care plans don't consider their needs relating to protected equality characteristics.</li> </ul>
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	needs relating to protected equality characteristics. People can update and change their choices.		
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# RESPONSIVE

Services are organised so that they meet your needs.

- ✓ I have care and support that is co-ordinated, and everyone works well together and with me.
- ✓ I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- ✓ I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- ✓ I am encouraged and enabled to feed back about my care in ways that work for me and I know how it was acted on. (Not authentic TLAP statement)
- ✓ I am supported to plan for important changes in my life that I can anticipate.

## Care provision, integration, and continuity

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

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

- Continuity of care, treatment and support

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service actively champions equity, inclusion and personalised choice. Teams work with curiosity and cultural humility to ensure people experience seamless, responsive and consistent support that honours their identity, preferences and circumstances. Barriers</li> </ul>	<ul style="list-style-type: none"> <li>• The service understands the characteristics and needs of the population it serves and uses this insight to design and deliver flexible services that offer choice and continuity of care.</li> <li>• People’s care and treatment is co-ordinated with other services and delivered in a way that meets their diverse health and social care needs.</li> <li>• Delivering and co-ordinating services is multidisciplinary where</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not consistently reflect the needs of the population it serves. The care and treatment people receive may offer only limited flexibility, choice or continuity of care.</li> <li>• People’s care and treatment is not always co-ordinated, responsive or delivered in a way that meets their assessed needs.</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not reflect the needs of the population it serves. People receive little or no flexibility, choice or continuity in their care and treatment.</li> <li>• People’s care and treatment is not co-ordinated, responsive or delivered in a way that</li> </ul>

<p>that prevent access to care, continuity of care or participation in care decisions are anticipated and removed wherever possible.</p> <ul style="list-style-type: none"> <li>• Care and treatment are exceptionally well co-ordinated and wholly centred on each person's assessed needs, strengths, culture, history and aspirations. Staff understand the whole person, including the impact of trauma, discrimination and social context, and adapt care to achieve the best possible outcomes, recovery and wellbeing.</li> <li>• The service works in partnership with communities to proactively tackle health inequalities.</li> </ul>	<p>appropriate, and considers the needs and preferences of different people and communities, including those with protected equality characteristics and those at most risk of a poorer experience of care.</p>	<ul style="list-style-type: none"> <li>• The needs and preferences of different people and communities, including those most at risk of a poorer experience of care, are not consistently considered in the delivery or co-ordination of services. People in these groups may describe poor experiences of care and treatment.</li> </ul>	<p>meets their assessed needs.</p> <ul style="list-style-type: none"> <li>• The needs and preferences of different people and communities, including those most at risk of poor care, are not considered when delivering or co-ordinating services. This leads to poor experiences of care and treatment.</li> </ul>
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# Listening and responding to feedback

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

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

- Feedback and complaints
- Advocacy and support to raise concerns

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There are consistently high levels of constructive engagement with people who use services, including those in all equality groups. Services are developed with their full participation as equal partners.</li> <li>• Rigorous and constructive challenge from people who use services, the public and stakeholders is actively encouraged and seen as a vital way of holding services to account.</li> <li>• People who use the service and those close to them are involved in regular reviews of how the service manages and responds to complaints.</li> </ul>	<ul style="list-style-type: none"> <li>• People, their advocates and communities know how to give feedback about their experiences of care. They can do so in a range of accessible ways. Where people find it difficult to give feedback, for example due to communication difficulties, there are other methods in place to support them.</li> <li>• People and those close to them feel confident that if they complain, they will be taken seriously and treated compassionately, with no fear of detriment.</li> <li>• Staff investigate complaints and concerns openly and thoroughly, and within a suitable timeframe.</li> <li>• People are kept informed about how their feedback</li> </ul>	<ul style="list-style-type: none"> <li>• People do not find it easy to raise concerns or complaints, or are worried about doing so. Complaints and concerns cannot be made in completely accessible ways.</li> <li>• When people raise complaints or concerns, the service may not always take their views fully on board, investigate them thoroughly and in a timely way, or change practice to improve.</li> <li>• The complaints system may be managed inconsistently and there is little evidence of the learning being applied in practice within the service.</li> <li>• There is insufficient engagement with people who use services, or insufficient attention to appropriately engaging those with protected equality characteristics. Feedback is not</li> </ul>	<ul style="list-style-type: none"> <li>• People feel unable to express their views about the care and support they receive from the service. The complaints and concerns system is unclear and not accessible.</li> <li>• Complaints are not dealt with in an open, transparent, timely and objective way. The service's response to complaints suggests a defensive attitude.</li> <li>• People may suffer discrimination, detriment and harassment if they complain.</li> <li>• There is minimal or no engagement with people who use services, the public or external partners. The service does not respond to what they have to say.</li> <li>• Staff are unaware or are dismissive of what people who</li> </ul>

<ul style="list-style-type: none"> <li>• Innovative approaches are used to proactively gather feedback from people who use services and the public, including people in different equality groups or people who may find it hard to give feedback for other reasons. There is a demonstrated commitment to acting on feedback.</li> <li>• The service proactively identifies themes in feedback (such as a disproportionate number of complaints from people with protected equality characteristics), acts on these and uses learning to drive further improvement.</li> <li>• Investigations are comprehensive and the service uses innovative ways of looking into concerns and other feedback, including the use of external professionals to make sure there is an independent and objective approach.</li> </ul>	<p>was acted on. Where improvements are required as a result, people can be involved in shaping the solutions and measuring the impact.</p> <ul style="list-style-type: none"> <li>• Learning from complaints, concerns and other sources of feedback is seen as an opportunity for service improvement. Staff can demonstrate where improvements have been made because of learning from feedback, and can give examples of how they have incorporated learning into their daily practice.</li> <li>• Staff analyse feedback for themes (such as a disproportionate number of complaints from people with protected equality characteristics) and make changes, where needed.</li> </ul>	<p>always reported or acted on in a timely way.</p> <ul style="list-style-type: none"> <li>• People and those close to them are not always given timely and accessible information about advocacy and further support.</li> </ul>	<p>use the service think of their care and treatment.</p> <ul style="list-style-type: none"> <li>• People’s feedback is inappropriately managed and acted on. The service is unable to provide examples of improvements made because of feedback and complaints.</li> <li>• People and those close to them are not given suitable information or access to advocacy and support.</li> </ul>
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## Timely and equitable access

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

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

- Accessible premises
- Waiting times/delays/cancellations
- Emergency unplanned care access / out-of-hours arrangements
- Access to post-treatment support
- Reasonable adjustments
- Digital exclusion (communication barriers)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• There is a proactive approach to understanding the access needs and preferences of individual people and groups of people. This ensures that barriers preventing people from accessing care are removed.</li> <li>• People who are more likely to experience barriers or delays in accessing care are key partners in developing the service, and their involvement is used to improve access for all.</li> </ul>	<ul style="list-style-type: none"> <li>• People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers and protects their rights.</li> <li>• Staff work to achieve equitable and timely access in line with best practice quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, meeting information and communication needs, addressing communication barriers and having</li> </ul>	<ul style="list-style-type: none"> <li>• People cannot always access care, treatment and support when they need to or in a way that works for them.</li> <li>• When there are long waiting times, delays or cancellations, the service does not always act quickly to deal with this, or the actions are not always effective.</li> <li>• Staff have a limited understanding about how to ensure their service is accessible to all. The service will occasionally allocate resources to tackle inequalities in access.</li> <li>• The service's provision of information and advice about how to access other services, including post-treatment</li> </ul>	<ul style="list-style-type: none"> <li>• People are unable to access the care and treatment they need. Services are not set up to support people who may have difficulties accessing care.</li> <li>• People experience unacceptable waits for some services.</li> <li>• Staff do not understand how to ensure their service is accessible to all. Barriers to accessing care, such as those relating to equality characteristics or cultural barriers, are not understood or removed.</li> <li>• The service does not give people information and advice on accessing other services,</li> </ul>

<ul style="list-style-type: none"> <li>• The service proactively seeks to identify and address any delays to care, treatment or support. This includes working with external partners.</li> <li>• The service uses innovative technology, such as artificial intelligence and online services appropriately to ensure people have timely access to care, treatment and support.</li> </ul>	<p>accessible premises and equipment.</p> <ul style="list-style-type: none"> <li>• The service uses feedback from people, communities and other evidence to improve access for people more likely to experience barriers or delays in accessing their care. Resources needed to tackle inequalities and achieve equity of access are prioritised and allocated.</li> <li>• The service takes action to minimise the length of time people wait for care, treatment and support. This includes monitoring call abandonment rates. Waiting times are well-managed and risk assessed to prioritise need.</li> <li>• People are supported to access other services, including advice on where to get post-treatment support, local out-of-hours services and emergency services.</li> <li>• The service ensures people have timely access to care, treatment and support, for example by using technology. Staff identify people who may be digitally</li> </ul>	<p>support, local out-of-hours services and emergency services, is inconsistent between.</p> <ul style="list-style-type: none"> <li>• The service doesn't always use feedback to improve access for people more likely to experience barriers or delays in accessing their care.</li> </ul>	<p>including post-treatment support, local out-of-hours services or emergency services.</p> <ul style="list-style-type: none"> <li>• The service does not seek feedback to improve access for people more likely to experience barriers or delays in accessing their care.</li> </ul>
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	excluded and offer alternative ways of accessing care.		
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## Equity in experience

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

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

- Barriers to care, treatment and support
- Inequalities in experience
- Accessibility, transparency and communication
- Translation and interpretation

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The service embodies a supportive environment. Staff communicate in a clear and inclusive way, people feel their diversity is valued, and they are empowered to give their views and understand their rights.</li> <li>• The service takes purposeful steps to listen and respond to people's experiences of discrimination and inequality, and they can</li> </ul>	<ul style="list-style-type: none"> <li>• Staff empower people to understand their rights, including those related to equality and their human rights. People feel that their experiences of discrimination and inequality are listened to and acted on to improve their experience and outcome of care.</li> <li>• Staff are aware of discrimination and inequality that could disadvantage different</li> </ul>	<ul style="list-style-type: none"> <li>• People do not always understand their rights, including those related to equality and human rights. They do not always report feeling that their experiences of discrimination and inequality are listened to or acted on, or that the service has made changes to improve their experience and outcomes.</li> <li>• Staff are not consistently aware of discrimination and inequality that could disadvantage groups of people using their services.</li> </ul>	<ul style="list-style-type: none"> <li>• People do not understand their rights, including those related to equality and human rights. Their experiences of discrimination and inequality are not listened to or acted on. Positive experiences and outcomes of care are declining.</li> <li>• Staff are not aware of discrimination and inequality that could disadvantage groups of people using their services, and this is not a focus in</li> </ul>

<p>show evidence of improvements in people's experience of care.</p> <ul style="list-style-type: none"> <li>• Staff are proactive in identifying and addressing discrimination and inequality that could disadvantage different groups of people using their services. They foster a psychologically safe culture where these issues are addressed transparently.</li> <li>• Staff work proactively to enable equally good experiences and achieve equity by recognising barriers that prevent this, acting on information, allocating resources to improve outcomes, and embedding continuous learning and innovation.</li> <li>• People's needs are identified and recorded in a way that is inclusive, continuously reviewed and shared appropriately.</li> </ul>	<p>groups of people using their services, whether caused by individuals, the wider society, organisational processes or culture.</p> <ul style="list-style-type: none"> <li>• The service complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected equality characteristics and making reasonable adjustments to support equity in experience and outcomes.</li> <li>• People can expect information to be tailored to their needs, for example through hybrid care, reasonable adjustments, accessible formats, interpretation and translation, and support to use digital services. These needs are identified, recorded and shared, and are continuously met and reviewed to support their care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are reactive in their work to achieve equity in people's experiences. They may act on information to address experiences and outcomes for an individual person, but there is no systematic approach to apply this to all people or specific groups of people.</li> <li>• The service does not comply with all legal equality and human rights requirements. It is aware of where it is not compliant and is acting to address these areas.</li> <li>• People do not consistently receive information tailored to their needs. These needs are not always identified, recorded, shared and reviewed, and as a result may not be consistently met.</li> </ul>	<p>planning and delivering the service.</p> <ul style="list-style-type: none"> <li>• Staff do not recognise when people's experiences and outcomes are not equal. They do not identify or address barriers to equity, or act on information they receive to improve people's experiences of care.</li> <li>• The service does not comply with all legal equality and human rights requirements. It is not aware of where it is not compliant.</li> <li>• People do not receive information tailored to their needs. These needs are not identified, recorded, shared, or reviewed.</li> </ul>
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## WELL-LED

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

### Strategic direction

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

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

- Strategy and vision
- Values
- Organisational sustainability
- Addressing social impact
- Environmental sustainability

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"><li>• The vision, strategy and supporting objectives are clear and well-understood across the organisation. They are co-produced and respond to the changing needs of the population served.</li><li>• The strategy is delivering on the organisation's high standards for equality, diversity and inclusion.</li><li>• A fully person-centred approach is at the heart of</li></ul>	<ul style="list-style-type: none"><li>• Leaders ensure there is a shared vision and strategy that responds to the needs of the population and communities served. The vision and values are communicated effectively, and staff across the organisation understand them and how their role contributes to delivering them.</li><li>• The strategy is achievable, promoting high-quality,</li></ul>	<ul style="list-style-type: none"><li>• The organisational vision, strategy and plans have some significant gaps or weaknesses that undermine their credibility. They are either incomplete, out-of-date, or not well-understood.</li><li>• Equality, diversity and inclusion are not consistently promoted, and they are not necessarily central to the organisational vision, values and strategy.</li></ul>	<ul style="list-style-type: none"><li>• There is no credible statement of organisational vision and guiding values. These are either outdated or not underpinned by realistic plans and objectives.</li><li>• Equality, diversity and inclusion considerations are often neglected, if not altogether absent from the organisational strategy and vision.</li></ul>

<p>the organisation and is evident in everyday interactions with staff, people who use the service and the public. People feel respected, listened to and safe, and services are designed around what matters most to communities served.</p> <ul style="list-style-type: none"> <li>• Leaders provide visible, values-driven leadership, actively shaping and testing the strategic direction through curiosity, constructive challenge and learning. They triangulate data, lived experience, staff insight and research evidence to ensure that the strategy remains relevant, equitable and impactful.</li> <li>• Staff are proud of the organisation as a place to work and consistently report high levels of engagement and trust in leadership. They feel alignment and ownership of the organisation's culture, vision and values.</li> <li>• Strategies and plans are fully aligned with the wider health and care system, including at neighbourhood level. There is a demonstrated</li> </ul>	<p>person-centred, and non-discriminatory care. There is clear intent to reduce health inequalities supported by identified priorities and improvement actions. Progress in outcomes is evident.</p> <ul style="list-style-type: none"> <li>• The vision, strategy and supporting objectives have been developed through a structured planning process, in collaboration with people who use the service, staff and external partners. Equality, diversity and inclusion are reflected within the strategy.</li> <li>• Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans.</li> <li>• The strategy has clear, time-bound equity goals, with resourced plans and key performance indicators.</li> <li>• Environmental sustainability is embedded within strategic decision making, and leaders recognise its role in</li> </ul>	<ul style="list-style-type: none"> <li>• The organisational strategy and vision may not have been co-developed with people, staff and stakeholders, so there is no feeling of co-ownership felt among these groups.</li> <li>• Feedback from people, staff and stakeholders is not always taken into account in developing and evaluating strategies or plans.</li> <li>• The plan and strategy do not fully reflect the health economy in which the service operates.</li> <li>• System-wide collaboration and leadership are not necessarily visible or consistent.</li> <li>• Leaders at all levels are not always held to account for delivering the strategy.</li> <li>• Staff do not always feel actively engaged or empowered. They do not always feel pride in their organisation and do not always trust its leadership.</li> <li>• Sustainability is not a primary consideration for the service. Even where there is a plan in place to support sustainable</li> </ul>	<ul style="list-style-type: none"> <li>• Key stakeholders have not been engaged in creating the organisational strategy.</li> <li>• Staff do not understand the organisational vision and values and do not understand how their role contributes to achieving the strategy.</li> <li>• Strategies and plans are not aligned with the wider health economy in which the service operates.</li> <li>• There is no effective approach to monitoring, reviewing or providing evidence of progress against delivery of the strategy or plans.</li> <li>• Leaders at all levels are not held to account for delivering the strategy.</li> <li>• Staff feel disengaged, disempowered and often feel no pride in their organisation.</li> <li>• Sustainability is either completely absent from the organisational strategy and vision, or it is poorly or ineffectively communicated.</li> <li>• Staff are unaware of their responsibilities or</li> </ul>
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<p>commitment to system-wide collaboration and leadership.</p> <ul style="list-style-type: none"> <li>• The strategy and vision are ambitious, challenging and innovative, yet grounded in a clear understanding of risk, capacity and resources.</li> <li>• Feedback from staff and people using the service is consistently taken into account to measure outcomes against the strategy and to support its ongoing evaluation.</li> <li>• There is strong collaboration, team working and a common focus on improving the quality, experience and sustainability of people's care and experiences.</li> <li>• Environmental sustainability is embedded within strategic decision-making. Leaders recognise its role in improving population health, delivering value and ensuring the long-term sustainability of services. Staff understand how sustainability relates to their roles and take pride in initiatives that reduce waste, minimise energy use and support greener models of care.</li> </ul>	<p>improving population health, delivering value and ensuring the long-term sustainability of services. Staff understand how sustainability relates to their roles and take pride in initiatives that reduce waste, minimise energy use and support greener models of care.</p> <ul style="list-style-type: none"> <li>• Staff are empowered to know how environmental sustainability relates to their role, including through planning and delivering care, preventing diseases and good practice in medicine usage.</li> </ul>	<p>practice staff feel limited ownership of it.</p>	<p>contribution in relation to sustainability.</p>
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## Workforce equity and culture

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

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

- Workforce diversity
- Workplace discrimination and equitable treatment of staff
- Bullying, harassment and victimisation of staff
- Gender pay gap
- Speaking up culture
- Staff feedback and surveys
- Freedom to Speak Up Guardian
- Whistleblowing
- Support and wellbeing of workforce
- Caseloads / workload and lone working
- Staff safety (including sexual safety)

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Leaders and staff at all levels live the organisational values, which include a strong commitment to ensuring that equality, diversity and inclusion are embedded throughout the service.</li> <li>• Leaders and staff are dedicated to ensuring high-quality and effective care for</li> </ul>	<ul style="list-style-type: none"> <li>• The service prioritises equality, diversity and inclusion, proactively identifying and addressing workforce inequalities. Anti-racism is reflected in the values of all staff and leaders.</li> <li>• A culture of compassion, openness and continuous</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not sufficiently prioritise equality, diversity and inclusion.</li> <li>• The causes of workforce inequality are not always identified or adequately addressed.</li> <li>• Staff, including those with protected equality</li> </ul>	<ul style="list-style-type: none"> <li>• The principles of equality, diversity and inclusion are insufficiently embedded in the culture of the service. Inequality is not identified and addressed.</li> <li>• Staff, especially those with protected equality</li> </ul>

<p>all people and communities served by the organisation.</p> <ul style="list-style-type: none"> <li>• Leaders at all levels are held to account for modelling inclusive behaviours and addressing poor culture, with clear consequences where expectations are not met. Leaders demonstrate commitment to equality and diversity, leading by example to actively prevent discrimination and promote anti-racist principles.</li> <li>• There is no bullying, harassment or discrimination in organisational practices. All staff, regardless of background, feel equally valued. There is an open culture where people feel psychologically safe to speak up about anything that gets in the way of providing high-quality care. The service uses innovative ways to ensure that processes for communication and to share information are transparent and accessible.</li> <li>• Speaking up is embedded as a cultural norm. Leaders actively seek challenge and demonstrate through their actions that raising concerns</li> </ul>	<p>improvement is fostered. Information-sharing and communications processes with staff are transparent and accessible.</p> <ul style="list-style-type: none"> <li>• Leaders are alert to anything that may demonstrate a poor culture and could affect staff or the quality of people's care. They address this quickly.</li> <li>• Recruitment and disciplinary processes are lawful, fair and are reviewed to ensure there is no disadvantage based on any specific protected equality characteristics.</li> <li>• Leaders take action to prevent any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact. Leaders make reasonable adjustments to support disabled staff to carry out their roles well.</li> <li>• Leaders take steps to remove bias from processes to ensure equality of opportunity and experience for staff. This includes an ongoing review of policies</li> </ul>	<p>characteristics, do not always feel they are treated equitably.</p> <ul style="list-style-type: none"> <li>• The culture may show elements of compassion, trust and inclusiveness, but these are not fully embedded.</li> <li>• There is not enough reassurance that bullying, harassment and discrimination will not be tolerated.</li> <li>• Speaking up processes are not sufficiently well advertised or understood.</li> <li>• Staff are apprehensive about speaking up and are not certain that their concerns will be listened to and acted on.</li> <li>• Feedback from staff, including complaints and concerns, is not always considered appropriately, and there is insufficient reassurance that this is used to make lasting improvements.</li> <li>• Levels of staff satisfaction across the service vary and may be lower for those with protected equality characteristics.</li> </ul>	<p>characteristics, do not feel they are treated equitably.</p> <ul style="list-style-type: none"> <li>• There are high levels of bullying, harassment, or discrimination, and the service is not taking adequate action to reduce this.</li> <li>• There is no reassurance that staff concerns will be listened to or acted on.</li> <li>• The culture of the service is closed and defensive, and there is no reassurance that whistleblowers will be treated fairly, without fear of detriment.</li> <li>• Learning is not embedded in the organisational culture. There is a lack of leadership accountability or ownership regarding staff feedback and concerns.</li> <li>• The wellbeing of staff is a very low priority and there are no measures to support flexibility and to improve staff morale and engagement.</li> <li>• Staff do not feel pride in their organisation and would not recommend it to others as a place to work or receive care.</li> </ul>
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<p>leads to learning and improvement, not blame.</p> <ul style="list-style-type: none"> <li>• The organisation's open learning culture, the high morale and wellbeing of its staff, are conducive to the positive experience and outcomes of people using the service and those close to them.</li> <li>• Feedback from staff, including complaints and concerns, is continuously taken into account to improve services and to improve people's satisfaction with their care. These are seen as learning opportunities and leaders are held accountable for the commitments they make in this regard. Staff from all backgrounds are certain that their concerns will be listened to and acted on, without any fear of detriment.</li> <li>• There are consistently high levels of satisfaction across the workforce, including among those with protected equality characteristics. Staff are proud of the organisation as a place to work, feel psychologically safe and speak highly of its open,</li> </ul>	<p>and procedures to tackle institutional discrimination and bias to achieve a fair culture for all.</p> <ul style="list-style-type: none"> <li>• There is zero tolerance for bullying, harassment and discrimination. The service supports staff who face discrimination, whether this comes from managers, colleagues or people using the service. There is a clear focus on supporting those with protected equality characteristics and those from excluded and marginalised groups.</li> <li>• The service meets its statutory responsibilities for the health and safety of staff. It takes steps to support staff wellbeing through resources, rest, and cultivating a positive work environment.</li> <li>• Staff receive culturally sensitive and non-discriminatory support. They feel listened to, valued and involved in decision making. Staff from different backgrounds feel they are treated equally.</li> <li>• There are clear processes to enable staff to speak up. Staff are supported to give</li> </ul>	<ul style="list-style-type: none"> <li>• Staff wellbeing is not always sufficiently prioritised and there are low levels of staff morale and engagement.</li> </ul>	
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<p>inclusive and non-discriminatory culture.</p> <ul style="list-style-type: none"> <li>• Staff wellbeing is a high priority for the organisation's leadership. The service exceeds its statutory responsibilities for the health, safety and wellbeing of its staff. A variety of measures support flexible ways of working to improve the morale, retention and engagement of staff.</li> </ul>	<p>feedback, raise concerns, and contribute to improvements. There is a culture of speaking up where staff actively raise concerns, and those who do (including whistleblowers) are valued and supported. Staff feel confident that they will not be blamed or treated negatively if they raise concerns.</p> <ul style="list-style-type: none"> <li>• When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.</li> <li>• Where in place, Freedom to Speak Up Guardians have access to dedicated time for their role, up-to-date training, and work proactively with the leaders to remove barriers to speaking up and to improve the speaking up culture.</li> </ul>		
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## Capable and compassionate leaders

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

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

- Leadership competency, support and development

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

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• Leaders at all levels are compassionate, inclusive and effective. Leadership is distributed, supportive and people focused, with leaders at all levels empowered to deliver excellent and sustainable care.</li> <li>• Leaders are proactively visible, accessible and responsive. They embody integrity and openness, and build strong relationships with staff and people who use the service through inclusive and transparent engagement. A high level of visibility and engagement with leaders results in demonstrable improvements to people’s experience and outcomes, including those in marginalised and under-served groups.</li> <li>• Leaders demonstrate a deep understanding of local and system-wide priorities and embrace opportunities to</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders have the capacity, capability and integrity to ensure that the service can deliver its vision and strategy.</li> <li>• The leadership is supportive, inclusive and people focused, enabling the delivery of safe, effective and compassionate care.</li> <li>• Leaders are held to account for the delivery of high-quality care, with clear consequences where expectations are not met.</li> <li>• Leaders at every level are visible and lead by example, modelling integrity, empathy and openness. They are culturally sensitive and non-discriminatory.</li> <li>• Leaders are knowledgeable about the issues and priorities of their service such as health inequalities, and the social and cultural contexts that may affect staff and people who use the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Not all leaders have the capacity, capability or integrity to ensure the service can deliver its vision and strategy.</li> <li>• Staff do not always know who their leaders are or how to access to them. Leaders do not prioritise modelling attributes such as integrity and empathy.</li> <li>• Leaders are not fully aware of all the risks, issues and challenges in the service.</li> <li>• Leaders are not always clear about their role or their accountability for quality.</li> <li>• Leaders are not always alert to anything that may demonstrate a poor culture. There is limited understanding about how this relates to the quality of people’s care.</li> <li>• Support and development for leaders is limited. Leadership recruitment and succession</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders do not have the capacity, capability or integrity to lead effectively. There is no stable leadership team, with high unplanned turnover or vacancies.</li> <li>• Staff lack trust in leaders. Staff do not know who their leaders are or are unable to access them.</li> <li>• Leaders are out of touch with what is happening in the service. They cannot identify or do not understand the risks, issues and challenges described by staff.</li> <li>• Leaders do not know how to prevent a poor culture or how this relates to the quality of people’s care.</li> <li>• There is little or no attention to succession planning and the development of leaders.</li> <li>• There are few examples of leaders making a demonstrable impact on the quality of the service.</li> </ul>

<p>make a positive impact on the population they serve.</p> <ul style="list-style-type: none"> <li>• There is strong collaboration and support across all functions. Staff are engaged, empowered and united by shared values, with a clear sense of belonging and a common focus on improving the quality of care and people’s experiences.</li> <li>• There is an embedded system of leadership development and succession planning, aligned to strategic priorities and future risk. It reflects the diversity of the workforce and supports staff to feel safe, speak up, and grow through learning and development opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders at all levels can access appropriate support and development in their role.</li> <li>• High-quality leadership is sustained through effective and inclusive recruitment and succession planning.</li> </ul>	<p>planning is not always considered.</p>	
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## Governance

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

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

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

Outstanding	Good	Requires improvement	Inadequate
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<ul style="list-style-type: none"> <li>• Governance arrangements explicitly support the delivery of high-quality, safe and equitable care. They are clear, coherent and enable effective decision making, accountability and delivery of the organisational strategy.</li> <li>• Governance systems are proactively reviewed to ensure they remain fit for purpose, proportionate and responsive to emerging risks, system changes and population needs.</li> <li>• Governance structures operate with clear purpose and are supported by well-defined authority to make decisions, escalation routes and accountabilities. These are consistently understood across the service and routinely tested through real-time issues and learning.</li> <li>• Governance systems are inclusive and empowering. The service demonstrates a learning-focused governance culture, where insight from staff, people who use services and partners informs action and improvement.</li> <li>• Governance of partnerships, joint working arrangements and</li> </ul>	<ul style="list-style-type: none"> <li>• There are clear and effective governance arrangements, including those to ensure compliance with any legal requirements and duties.</li> <li>• Governance structures, roles and responsibilities are understood across the service and are regularly reviewed to ensure they are fit for purpose.</li> <li>• Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.</li> <li>• Staff understand their roles and responsibilities. Managers and leaders are accountable for their own actions, behaviours and performance, and for those of their staff.</li> <li>• Governance arrangements support the delivery of safe, effective and equitable care, including implementing relevant quality frameworks, recognised standards and best practice.</li> <li>• Leaders implement all relevant quality frameworks, recognised standards and best practice and use these to tackle known inequalities and to improve</li> </ul>	<ul style="list-style-type: none"> <li>• The organisation's governance, management and accountability arrangements are not clear or do not always operate effectively.</li> <li>• Governance, accountability and management arrangements to ensure compliance with any legal requirements and duties are not always effective. There has been no recent review of the governance arrangements, organisational strategy, values, objectives or plans.</li> <li>• Staff are not always clear about their roles and responsibilities, what they are accountable for, and to whom. Managers and leaders cannot routinely account for their own actions, behaviours and performance, and for those of their staff.</li> </ul>	<ul style="list-style-type: none"> <li>• The organisation's governance arrangements and their purpose are unclear. There is a lack of clarity about authority to make decisions and how individual members of staff are held to account.</li> <li>• Governance, accountability and management arrangements to ensure compliance with any legal requirements and duties are ineffective.</li> <li>• There is no process to review the governance framework.</li> <li>• Staff and their managers are not clear on their roles or responsibilities.</li> <li>• Accountability mechanisms are weak. There is a lack of systematic performance management of individual members of staff, or appropriate use of incentives or sanctions.</li> </ul>
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<p>shared services is rigorous and mature, with clear shared objectives, defined accountabilities and joint risk management. The organisation plays a leading role in the wider health and care system by supporting collaboration that delivers improved health and care outcomes.</p>	<p>equity in experience and outcomes for people using services.</p>		
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## Management of risk, performance and issues

### Are there clear and effective processes for managing risks, performance and issues?

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

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

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>• The organisation demonstrates a mature, intelligence-led approach to managing risk, performance and issues.</li> </ul>	<ul style="list-style-type: none"> <li>• The organisation has clear and effective management and accountability arrangements that support the delivery of safe, high-quality and sustainable</li> </ul>	<ul style="list-style-type: none"> <li>• The organisation's approach to service delivery and improvement is reactive and focused on short-term issues.</li> </ul>	<ul style="list-style-type: none"> <li>• The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out-of-date or not relevant.</li> </ul>

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

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

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

- Sharing good practice and learning
- Partnership working and collaboration
- Involvement and co-production

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>The service takes a lead role to improve the health of its population and tackle health inequalities across the local system at neighbourhood level, as well as regionally or nationally.</li> <li>Collaboration is deeply embedded at every level, with co-designed services that are seamlessly integrated and responsive to the evolving population needs.</li> <li>Staff and leaders demonstrate sustained relationships within the local system as well as more widely at neighbourhood level and beyond. They foster a culture of trust and respect, enabling dialogue and collaborative working to solve problems.</li> <li>People who use the service, staff and stakeholders are meaningfully involved as equal partners in the design, delivery, and evaluation of services. Co-production is embedded in the culture of the service, with diverse voices actively shaping</li> </ul>	<ul style="list-style-type: none"> <li>The service openly shares good practice and learning across the local system at neighbourhood level, regionally and nationally.</li> <li>Staff and leaders work in collaboration with relevant stakeholders and organisations within the local system to deliver joined-up services that meet the needs of the population served and achieve good outcomes for people.</li> <li>Staff and leaders support good interpersonal relationships across partnerships. They communicate openly, build trust and encourage collaboration.</li> <li>People who use services, staff and stakeholders are regularly involved in shaping the design and delivery of the service. Their views and experiences are actively sought and used to inform decisions. Co-production is encouraged and efforts are made to include a range of voices through tailored and</li> </ul>	<ul style="list-style-type: none"> <li>The service shares good practice and learning inconsistently or only within limited internal groups. Opportunities to contribute to wider system learning are missed, and there is limited evidence of proactive engagement with external partners.</li> <li>Staff and leaders demonstrate limited or inconsistent relationships with partners and external stakeholders, leading to missed opportunities for collaboration.</li> <li>People who use services, staff and other stakeholders are not always involved in shaping the design and delivery of the service. Opportunities for co-production are missed and there is little evidence that feedback meaningfully influences decisions. Feedback and challenge is not consistently used to develop the service.</li> </ul>	<ul style="list-style-type: none"> <li>The service does not share good practice or learning beyond its own organisation. There is little or no evidence of engagement with the wider system, and opportunities to contribute to collective improvement are routinely overlooked.</li> <li>Staff and leaders do not actively support interpersonal relationships across partnerships. Communication with them is poor or non-existent. There is little or no recognition of interdependencies, and services operate in isolation. This undermines joint working, erodes trust and impedes progress across the system.</li> <li>People who use services, staff, and stakeholders are not involved in the design or delivery of the service. There is minimal or no engagement. Feedback and challenge is discouraged, ignored, or met with defensiveness.</li> </ul>

<p>decisions. Engagement is inclusive and sustained.</p> <ul style="list-style-type: none"> <li>Feedback from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account. Leaders actively seek feedback, respond transparently, and use challenge as a driver for improvement and innovation.</li> </ul>	<p>accessible engagement approaches.</p> <ul style="list-style-type: none"> <li>All feedback from people who use services, the public, and other stakeholders is considered and used to inform how to develop the service. There is an appropriate response to feedback and a clear commitment to accountability and continuous improvement.</li> </ul>		
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## Improvement, innovation and learning

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

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

- Evidence-based innovation
- Learning and quality improvement
- Research

Outstanding	Good	Requires improvement	Inadequate
<ul style="list-style-type: none"> <li>There is a fully embedded and systematic approach to quality improvement. Leaders understand that this is key to delivering high-quality care.</li> <li>Learning is a continuous process, embedded through</li> </ul>	<ul style="list-style-type: none"> <li>Staff and leaders understand how improvement and innovation happen. Their approach is consistent and includes measuring the outcomes and impact.</li> </ul>	<ul style="list-style-type: none"> <li>Staff and leaders have limited understanding about how to make improvement happen. Their approach is often reactive and focused on short-term solutions.</li> </ul>	<ul style="list-style-type: none"> <li>There is little innovation or service development.</li> <li>There is minimal evidence of learning and reflective practice. The impact of service changes on the</li> </ul>

<p>reflection, collective problem-solving, and sharing mistakes and good practice. Learning is shared internally and with other organisations to support improvement in the system and innovation within the sector.</p> <ul style="list-style-type: none"> <li>• People and communities, particularly those who are more likely to have poor health outcomes, are actively involved in developing and co-producing improvements and innovations.</li> <li>• Leaders foster an open culture of trust, which is honest about challenges and mistakes, and they use these as opportunities for learning. Leaders actively listen to staff and encourage collective problem-solving and continuous improvement.</li> <li>• The service invests in its people to ensure quality improvement is embedded in the way all staff work. There is a clear strategy for how to develop staff capabilities. Staff are encouraged to consider where innovation can improve outcomes, and are given the opportunity to learn, create and adopt</li> </ul>	<ul style="list-style-type: none"> <li>• New improvements and innovations are monitored to support continuous improvement.</li> <li>• People using services are actively involved in shaping and evaluating improvement and innovation.</li> <li>• Leaders actively listen to staff and encourage collective problem-solving and innovation.</li> <li>• Staff are supported and given sufficient time to develop their skills around quality improvement and innovation. They are consistently encouraged to contribute improvement initiatives.</li> <li>• Staff and leaders engage with external partners, including those in research, and embed evidence-based practice into the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Areas that need to improve are not always identified or the service takes no action when they are. Where changes are made, the impact may not be fully understood or monitored.</li> <li>• People using services are only sometimes involved in improvement and innovation.</li> <li>• Leaders don't always listen to, or collaborate with, staff to improve the service. There is weak or inconsistent investment and insufficient time to develop staff skills around quality improvement and innovation.</li> <li>• There is limited engagement with external partners to improve the service.</li> </ul>	<p>quality of care is not always understood.</p> <ul style="list-style-type: none"> <li>• People using services are rarely involved in improvement and innovation.</li> <li>• Leaders do not work with staff to improve the service. There is minimal investment or insufficient time to develop staff skills around quality improvement and innovation.</li> <li>• There is no engagement with external partners to improve the service.</li> </ul>
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<p>innovative and improvement ideas.</p> <ul style="list-style-type: none"><li>• There are strong external relationships that support improvement and innovation. Staff and leaders regularly engage with external partners, including those in research, and embed evidence-based practice into the service. The service leads on national improvement initiatives and research.</li></ul>			
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