Your guide to the CQC Fundamental Standards 2017
Introduction

In order to get to the heart of people’s experiences of care and support, the focus of the Care Quality Commission (CQC) Regulatory Framework is on the quality and safety of services, based on the things that matter to people.

The RDaSH Quality Improvement Approach encompasses the CQC Fundamental Standards, these are the standards that everybody has a right to expect when they receive care. This booklet explains the set of standards and prompts called the ‘Key Lines of Enquiry’ or KLOEs that the CQC will use to answer the 5 key questions about Trust services:

- Are they Safe?
- Are they Effective?
- Are they Caring?
- Are they Responsive?
- Are they Well-led?

The KLOEs will also help you and your service to understand and help staff relate the Fundamental Standards to their day to day roles.

The Trust’s Quality Improvement Approach is focused on enabling our staff to deliver excellent quality and safe services for patients.

This booklet explains the Fundamental Standards which we must meet in order to maintain registration of our services with the Care Quality Commission (CQC). It is based on the CQC Provider Handbooks and has been designed to help staff relate the KLOEs to their day to day roles.

By answering the KLOE prompts staff will be able to understand the fundamental standards and will be able to identify what they do well and where improvements need to be made. This will help staff and managers to form a judgment about the quality of their services.
You may wish to answer the questions from your own or a team perspective and then discuss the answer with your line manager or Fundamental Standards Champion to help develop an action plan to take forward any quality improvements that you have identified.

CQC Inspection

The CQC will undertake a comprehensive inspection of Trust services at least once every three years. The inspection team will review core services in relation to the five key questions and rate our services on a four point scale: Outstanding, Good, Requires Improvement or Inadequate. The CQC can also inspect as a follow up to a previous inspection or in response to a particular issue or concern.

During an inspection the CQC gathers information in a number of ways - for example the CQC may:

- Speak with people who use services.
- Hold a public listening event or a series of smaller focused events to gather the public’s views.
- Hold focus groups with separate groups of staff.
- Hold drop in sessions for people who use services and staff.
- Interview individual directors as well as staff of all levels.
- Check that the right systems and processes are in place.

How best can you prepare?

There is a lot you can do to ensure that your services meet the Fundamental Standards which will also help you prepare for a CQC Inspection. Remember an inspection is our time to shine – for our staff to showcase what they do well and what we as a Trust are doing to make improvements to the services we deliver.
General house-keeping for everyone

• Wear your name badge at all times.
• Check notice boards are up-to-date, information leaflet stands are current and stocked – the CQC may ask you about information that is displayed.
• Ensure Alcogel availability and use on entering the premises.
• Make sure all areas including offices/reception areas are clean and tidy.
• Make sure your email inboxes are clear enough to allow for information flow during the visit.
• Replace broken furniture or remove items no longer used.
• Make sure your appraisal and mandatory training are up-to-date.
• Know how to find Trust policies and be aware of the content of those pertinent to your role.
• Ensure your patient care/treatment plans and risk assessments are up-to-date.
• Know how you would raise a concern e.g. like safeguarding or to whistleblow.
• Know your team’s strengths and less strong points and know what work is being done to improve.
• Know how lessons are shared and learned in your team, from complaints or incidents for example.
Is my service **safe**?

**By safe we mean people are protected from abuse** and avoidable harm?  
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there reliable systems, processes and practices to keep people safe and safeguarded from abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the systems processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is implementation of safety systems, process and practices monitored (including through regular safety audits) and improved when required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is safety promoted in recruitment practices and through on-going checks <em>(for example Disclosure and Barring Service checks)</em>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staff receive effective safety training in the systems, processes and practices?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staff identify adults and children at risk of, or suffering, significant harm?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do they work in partnership with other agencies to ensure they are helped, supported and protected?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By safe we mean people are protected from abuse* and avoidable harm?  
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*
How are people protected from discrimination that might amount to discriminatory abuse or cause psychological harm? *(This includes discrimination on any protected characteristics under the Equality Act.*\(^1\))

How are standards of cleanliness and hygiene maintained?

Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?

Does the design, maintenance and use of facilities and premises keep people safe?

Does the maintenance and use of equipment keep people safe?

Do the arrangements for managing waste and clinical specimens keep people safe? *(This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)*

How are risks to people who use services assessed, and their safety monitored and maintained?

How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?

\(^1\) The following are protected characteristics under the Equality Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
Is my service safe?

How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?

Do arrangements for using bank, agency and locum staff keep people safe at all times?

How do arrangements for hand-overs and shift changes ensure that people are safe?

Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance?

- Are risks managed positively?

How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges?

- Are staff able to seek support from senior staff in these situations?

How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Are there reliable systems, processes and practices to ensure proper and safe handling of medicines?

Are medicines ordered, transported and stored safely and securely (including medical gases and emergency medicines and equipment)?
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are blank prescription forms stored safely and tracked in line with NHS Protect guidance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a system in place for completing medicine reconciliation in line with NICE guidance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are medicines administered safely and recorded in notes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where indicated, is therapeutic drug monitoring and physical health monitoring completed and are appropriate interventions made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are people’s medicines regularly reviewed including the use of ‘when required’ medicines?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are patient group directions (PGDs) and guidelines for the use of medicines in date, properly authorised and legally operated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do staff have all the information they need to deliver safe care and treatment to people who use services?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are people’s individual care records, including clinical data, written and managed in a way that keeps people safe? <em>(This includes ensuring that people’s records are accurate, complete, legible, up to date and stored securely.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? <em>(This may include test and imaging results, care and risk assessments, care plans and case notes.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their on-going care shared appropriately, in a timely way and in line with relevant protocols?

How well do the systems that manage information about people who use services support staff to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)

What is the track record on safety?

What is the safety performance over time?

How does safety performance compare with other similar services?

How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)?

Are lessons learned and improvements made when things go wrong?

Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
Is my service safe?

When things go wrong, are thorough and robust reviews, investigations or significant event analyses carried out?

- Are all relevant staff, services, partner organisations and people who use services involved in the review or investigation?

- Do staff participate in learning led by other services or organisations?

How are lessons learned, and is action taken as a result of investigations when things go wrong?

How well is the learning from lessons shared to make sure that action is taken to improve safety beyond the affected team or service?

How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? Are these audited?
Is my service **effective?**

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

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

Are people’s physical, mental health and social needs holistically assessed and care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?

What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?

How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence?

Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?

How are people’s nutrition and hydration needs (including those related to culture and religion) identified, monitored and met?
Is my service **effective**?

- Where relevant, what access is there to dietary and nutritional specialists to assist in this?  
  
  
  How is a person’s pain assessed and managed, particularly for those people who cannot speak?

  Are people told when they need to seek further help and advised what to do if their condition deteriorates?

  **How are people’s care and treatment outcomes monitored and how do they compare with other similar services?**

  Is information about the outcomes of people’s care and treatment (both physical and mental where appropriate) routinely collected and monitored?

  Does this information show that the intended outcomes for people are being achieved?

  How do outcomes for people in this service compare with other similar services and how have they changed over time?

  Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives?

  Are all relevant staff involved in activities to monitor and use information to improve outcomes?
Is my service *effective*?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do all staff have the skills, knowledge and experience to deliver effective care and treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do recruitment processes ensure that all staff have the right qualifications, skills, knowledge and experience to do their job when they start their role?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How is this assessed on an on-going basis, or when staff take on new responsibilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are the learning needs of all staff identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do all staff have appropriate training to meet their learning needs and to cover the scope of their work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there protected time for this training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are staff encouraged and given opportunities to develop?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the arrangements for supporting and managing staff to deliver effective care and treatment? (<em>This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.</em>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is poor or variable staff performance identified and managed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How are staff supported to improve?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are volunteers actively recruited, and are they trained and supported for the role they undertake?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is my service **effective**?

How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?

How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?

Do staff work together to assess and plan on-going care and treatment in a timely and coordinated way when people are due to move between teams, services or organisations, including referral, discharge and transition?

Are all relevant teams, services and organisations informed when people are discharged from a service?

- Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary on-going care is in place?

How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?
Is my service effective?

How are people supported to live healthier lives and how does the service improve the health of its population?

Are people identified who may need extra support? This includes:
  - people in the last 12 months of their lives
  - people at risk of developing a long-term condition
  - carers

How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate?

Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?

Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people’s care or treatment discussed and followed up?

How are national priorities to improve the population’s health supported? For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.
Is my service *caring*?

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

Are people treated with kindness, respect, and compassion and given emotional support?  

Do staff understand and respect people’s personal, cultural, social and religious needs and how these may relate to care needs, and do they take these into account in the way they deliver services?

- Is this information recorded and shared with other services or providers?

Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way?

Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?

Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?

Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?

Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition?

- Are they advised how to find other support services?
Is my service **caring**?

How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?

Do staff communicate with people so that they understand their care, treatment and condition and any advice given?

Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and do they enable them to access this support? *(This could include communicating clearly, use of augmentative and alternative (AAC) methods, accessible information, language interpreters, sign language interpreters, specialist advice or advocates.)*

How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment?

- How are they supported to access these?

Are people empowered and supported to use and link with support networks and advocacy where necessary, so that it will have a positive impact on their health, care and wellbeing?

Do staff routinely involve people who use services and those close to them (including carers and dependents) in planning and making shared decisions about their care and treatment?
Do they feel listened to, respected and have their views acted on?

Are people’s carers, family members and friends identified, welcomed, and treated as important partners in the delivery of their care?

What emotional support and information is provided to those close to people who use services, including carers, family and dependents?

How is people’s privacy and dignity respected and promoted?

How do staff make sure that people’s privacy and dignity is always respected, including during physical or intimate care and examinations?

When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way?

Do staff respect confidentiality at all times?
Is my service *responsive*?

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

**Are services delivered to meet people’s needs?**

Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?

Where people’s needs are not being met, is this identified and used to inform how services are improved and developed?

**Are the facilities and premises appropriate for the services that are delivered?**

**Do services take account of the needs of different people, including those in vulnerable circumstances?**

How are services delivered and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act?

How are services delivered and coordinated to take account of people with complex needs?

How are people supported during referral, transfer between services and discharge?

---

2 The definition of responsive has changed from: “By responsive, we mean that services are organised so that they meet people’s needs.” Service planning for population needs (previously the first two prompts of R1) will now sit in well-led (W2.5 and W7.4).

3 For example, people living with dementia or people with a learning disability or autism.
Is my service **responsive**?

How are people who are in vulnerable circumstances supported to access services and what actions are taken to remove barriers when people find it hard to access or use services?

Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?  

Do key staff work across services to coordinate people’s involvement with the sustained and supported involvement of families and carers, particularly for those with multiple long-term conditions?

How are people enabled to have contact with those close to them and to link with their social networks or communities?

Where the service is responsible, how are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?

How are services delivered and coordinated to ensure that everyone who may be approaching the end of life is identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared?
Is my service responsive?

How are people who may be approaching the end of life supported to make informed choices about their care?

• Are people’s decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?

If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?

Can people access care and treatment in a timely way?  

Do people have timely access to initial assessment, test results, diagnosis, or treatment?

Can people access care and treatment at a time to suit them?

What action is taken to minimise the length of time people have to wait for care, treatment, or advice?

Do people with the most urgent needs have their care and treatment prioritised?

Are appointment systems easy to use and do they support people to access appointments?

Are appointments, care and treatment only cancelled or delayed when absolutely necessary?
Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?

Do services run on time, and are people kept informed about any disruption?

Is technology used to support timely access?

Is the technology (including telephone systems and online/digital services) easy to use and does it support people to access advice and treatment?

How are people’s concerns and complaints listened and responded to and used to improve the quality of care?

Do people who use the service know how to make a complaint or raise concerns and do they feel comfortable doing so in their own way?

Are they encouraged to do so, and are they confident to speak up?

How easy is it for people to use the system to make a complaint or raise concerns?

Are people treated compassionately and given the help and support they need to make a complaint?

Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept?
Is my service responsive?

Is the outcome explained appropriately to the complainant?

- Is there openness and transparency about how complaints and concerns are dealt with?

How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care?

- Are lessons shared with others (internally and externally)?

Is consent to care and treatment always sought in line with legislation and guidance?

Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004?

How are people supported to make decisions?

- How and when is possible lack of mental capacity to make a particular decision assessed and recorded?

How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?

When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?
Is any restraint of people who lack mental capacity monitored for necessity and proportionality in line with legislation, and is action taken to minimise its use?

Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?
Is my service **well-led**?

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

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

Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an on-going basis?

Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

Are leaders visible and approachable?

Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

Is there a clear vision and a set of values, with quality and sustainability as the top priorities?

Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?

Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?

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

Do staff know and understand what the vision, values and strategy are, and their role in achieving them?

Is the strategy aligned to local plans in the wider health and social care economy, and have services been planned to meet the needs of the relevant population?

Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

**Is there a culture of high-quality, sustainable care?**

Do staff feel supported, respected and valued?

Is the culture centred on the needs and experience of people who use services?

Do staff feel positive and proud to work in the organisation?

Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?

Does the culture encourage candour, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents?

- Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a strong emphasis on the safety and well-being of staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are equality and diversity promoted within and beyond the organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there cooperative, supportive and appreciative relationships among staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are these regularly reviewed and improved?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do all levels of governance and management function effectively and interact with each other appropriately?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are there robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Health Act 1983?

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

Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes?

- Are these regularly reviewed and improved?

Are there processes to manage current and future performance?

- Are these regularly reviewed and improved?

Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?

Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?

- Is there alignment between the recorded risks and what staff say is ‘on their worry list’?

Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?

When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored?
Is my service **well-led**?

- Are there examples of where the financial pressures have compromised care?

  Is robust and appropriate information being effectively processed and challenged?

- Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances?

  Is information used to measure for improvement, not just assurance?

- Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels?

- Do all staff have sufficient access to information, and do they challenge it appropriately?

- Are there clear and robust service performance measures, which are reported and monitored?

- Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant?

- What action is taken when issues are identified?

- Are information technology systems used effectively to monitor and improve the quality of care?

- Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?
Is my service **well-led?**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>• Are lessons learned when there are data security breaches?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td><strong>Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?</strong></td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>• Does this include people in a range of equality groups?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>• Does this include those with a protected characteristic?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
<tr>
<td>Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?</td>
<td>![YES]</td>
<td>![NO]</td>
</tr>
</tbody>
</table>
Is there transparency and openness with all stakeholders about performance?

Are there robust systems and processes for learning, continuous improvement and innovation?

In what ways do leaders and staff strive for continuous learning, improvement and innovation?

- Does this include participating in appropriate research projects and recognised accreditation schemes?

Are there standardised improvement tools and methods, and do staff have the skills to use them?

How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a service user?

- Is learning shared effectively and used to make improvements?

Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance?

- Does this lead to improvements and innovation?

Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is my service well-led?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Useful staff resources

**Quality Matters** details information about Quality and Standards Reviews, Quality Review Model, Clinical Audit, Quality Improvement Reports
http://nww.intranet.rdash.nhs.uk/support-services/nursing-partnerships/quality-matters/

RDaSH signed up to the National **Sign Up to Safety** campaign and has developed a three year Safety Improvement Plan 2015-18 which focuses on specific clinical areas where local data shows that improvements can be made. For more information go to the www.rdash.nhs.uk/aboutus/sign-up-to-safety

**#LearningMatters Newsletter** - this publication has been designed to capture the lessons from across the Trust, where there are examples of excellent practice and also where we have identified that there is an area for improvement following, for example, complaints, serious incidents and surveys etc.
http://nww.intranet.rdash.nhs.uk/support-services/nursing-partnerships/learning-matters/

**Support and Advice Information for patients**
www.rdash.nhs.uk/support-and-advice/

**Patient Information Leaflets**
www.rdash.nhs.uk/category/publications/leaflets/

**Information about RDaSH services**
www.rdash.nhs.uk/services/our-services/

**Have Your Say**
Review our services, place your comments, make a complaint or raise a concern
http://www.rdash.nhs.uk/support-and-advice/have-your-say/
RDaSH Procedural Documents
i.e. strategies, policies and procedures
www.rdash.nhs.uk/category/publications/policies

Equality Delivery System 2 (EDS2)
Helps local NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010 and assists NHS organisations deliver on the Public Sector Equality Duty. Further information on the Quality Matters site.

For more information contact the:
Nursing and Quality Directorate
Woodfield House
Trust Headquarters
Tickhill Road Site
Doncaster
DN4 8QN
Tel: 01302 796141 or 01302 796696
ACHIEVING BOARD ASSURANCE

VISION
• Leading the way with care.

MISSION STATEMENT
• Promoting health and quality of life in partnership with people and communities.

VALUES
• Passionate.
• Reliable.
• Caring and Safe.
• Empowering and supportive of staff.
• Open, transparent and valued.
• Progressive.

STRATEGIC GOALS
• To strive for clinical excellence.
• To attract, grow and engage our people.
• To deliver excellent services through sound financial management.
• To work flexibly with partners to offer and deliver market-leading services.
• To underpin high quality care with good governance and leadership.

QUALITY PRIORITIES
To enable the delivery of:
• Holistic, integrated physical and mental health care.
• Safer and more effective care.
• Services that actively listen and respond to our communities, patients, service users and our people.