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

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| **KLOE W1** | **Is there the leadership capacity and capability to deliver high-quality, sustainable care?**  | **QSI** |
| **1.** | Do leaders have the skills, knowledge, experience and integrity they need – both when they are appointed and on an ongoing basis? | LM1 – Roles, responsibilities, authorities and interrelationships*The organisation must have an appropriate senior, service and clinical managerial structure with defined roles, responsibilities, authorities and interrelationships to deliver its imaging service operations, hereafter called ‘the Service’, whether at permanent facilities or when using mobile units or outsourced services. The organisation should ensure that the management of staff is effective, fair, consistent and supportive and complies with current legislation and best practice.* **FR4 -** The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies.**FR5 -** The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs. |
| **2.** | Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?  | LM2 C2 – Systems in place for a clearly defined audit programme for all processesLM2 C3 – Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near misses, and take preventative and/or corrective action(s)LM2 C4 – Systems in place to maintain and continually review a register of all service risks to include financial risksLM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes CL8 – The service implements and monitors systems to review current and emerging clinical practice, implementing as appropriate.FR5 – The service implements and monitors systems to engage in service and workforce review, planning and developmentFR5 C4 - Systems in place to procure, manage and monitor delivery of contracted servicesFR6 – The service implements and monitors systems to manage its budgets and service contracts |
| **3** | Are leaders visible and approachable? | LM1 C2 – Defined roles responsibilities and interrelationships for senior clinical, professional and service management and leadershipCL1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groupsCL1 C2 – Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and without the serviceCL7 The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.CL7 C3 – Systems in place to ensure results of user feedback are collated, analysed and findings disseminated, communicated to relevant parties and acted upon. PE5 – The service implements and monitors systems to ensure that patients and others are able to give feedback on their experience of the serviceCL7 – The service implements and monitors systems to ensure that those who have contact with the service are able to give feedback on their experience. *The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.*   |
| **4** | 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 | FR4 C4 - Systems in place to ensure that all staff are properly inducted into their roles, together with any additional education and training provided as necessary FR4 C7 - Systems in place to ensure that all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies FR5 C2 – Systems in place to ensure strategic service planning and workforce planning are integratedFR5 –C6 – Systems in place to support and monitor staff retention and ensure succession planning arrangements  |
| **KLOE W2** | **Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?** | **QSI** |
| **1** | Is there a clear vision and a set of values, with quality and sustainability as top priorities? | LM1 C1 – Defined organisational roles and responsibilities for the overall management, leadership and direction of the service. LM1 C8 – Systems in place to define, document and communicate to staff the organisation’s core values and objectivesLM1 C9 – Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodiesLM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processesCL8 – The service implements and monitors systems to review current and emerging practice, implementing as appropriateFR5 – The service implements and monitors systems to engage in service and workforce review, planning and developmentFR6 – The service implements and monitors systems to manage its budget and service contracts |
| **2** | Is there a robust, realistic strategy for achieving the priorities and delivery good quality sustainable care?  | LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processesCL8 – The service implements and monitors systems to review current and emerging practice, implementing as appropriateFR5 – The service implements and monitors systems to engage in service and workforce review, planning and developmentFR6 – The service implements and monitors systems to manage its budget and service contracts |
| **3** | Have the vision, value and strategy been developed using a structured planning process in collaboration with staff, people who use services and external partners? | CL1 C2 – Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and without the serviceCL7 – The service implements and monitors systems to ensure that those who have contact with the service are able to give feedback on their experience. FR6 C4 **-** Systems in place to procure, manage and monitor delivery of contracted servicesPE5 - The service implements and monitors systems to ensure that patients and others are able to give feedback on their experience of the service.  |
| **4** | Do staff know and understand what the vision, values and strategy are, and their role in achieving them?  | LM1 C4 Systems in place to ensure clear definition and management of tasks for staff to deliver the serviceLM1 C6 Systems in place to ensure agreed appraisals and/or personal development reviews are conducted for all staffLM1 C9 Systems in place to define, document and communicate to staff the organisation’s core values and objectives |
| **5** | Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?  | CL1 C2 – Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and without the serviceCL7 – The service implements and monitors systems to ensure that those who have contact with the service are able to give feedback on their experience. FR6 C4 **-** Systems in place to procure, manage and monitor delivery of contracted services |
| **6** | Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?  | LM2 C2 - Systems in place for a clearly defined audit programme for all processesLM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processesCL1 C1 - Systems in place to manage imaging pathways from referral to discharge from the service, within specified timescalesCL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR6 C4 - Systems in place to procure, manage and monitor delivery of contracted services |
| **KLOE W3** | **Is there a culture of high-quality, sustainable care** | **QSI** |
| **1** | Do staff feel supported, respected and valued? | LM1 C4 – Systems in place to ensure clear definition and management of tasks for staff to deliver the serviceLM1 C5 – Systems in place to ensure an appropriate complement of staff to deliver identified tasksLM1 C6 – Systems in place to ensure agreed appraisals and/or personal development reviews are conducted for all staffLM1 C10 – Systems in place to support staff in managing stress and achieving a work/life balance |
| **2** | Is the culture centred on the needs and experience of people who use services? | Patient Experience Domain The purpose of the Patient Experience domain is to ensure that service delivery is patient-focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary. |
| **3** | Do staff feel positive & proud to work in the organisation  | LM1 C6 & LM1 C10 see commentary statements. |
| **4** | Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? | LM1 - The organisation must have an appropriate senior, service and clinical managerial structure with defined roles, responsibilities, authorities and interrelationships to deliver its imaging service operations, hereafter called ‘the Service’, whether at permanent facilities or when using mobile units or outsourced services. The organisation should ensure that the management of staff is effective, fair, consistent and supportive and comply with current legislation and best practice.FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies.FR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs. |
| **5** | Does the culture encourage openness and honesty at all levels within the organisation, including with people who use the services, in response to incidents? Do the 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?  | LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s)CL7 The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.PE5 – The service implements and monitors systems to ensure that patients and others are able to give feedback on their experience of the service. *The service should encourage patients, carers and others including staff to give feedback, either verbal or written, and use the feedback to improve and develop the service. The feedback may include complaints which should be managed effectively within specified timescales, and use the information to inform development of care and service delivery.*  |
| **6** | Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?  | LM1 C6 - -Systems in place to ensure agreed appraisals and/or personal development reviews are conducted for all staffFR4 C7 – Systems in place to ensure that all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competenciesFR5 C3 – Systems in place to assess agree and implement workforce development initiatives to include appropriate skill mixFR5 C5 – Systems in place to support engagement with content and delivery of relevant education and training |
| **7** | Is there a strong emphasis on safety and wellbeing of staff?  | LM1 C10 - Systems in place to support staff in managing stress and achieving a work / life balanceLM2 C4 – Systems in place to maintain and continually review a register of all service risks to include financial risksSA1 C4 - Systems in place to define, assess and manage risks of occupational exposure to ionising radiationSA2 C1 - Systems in place to define, assess and manage potential risks related to ultrasoundSA3 - The service should ensure that risks associated with the use of magnetic resonance imaging (MRI) are minimised for patients, staff and others.SA4 - The service has a duty to ensure that the risks associated with the use of ablative and therapeutic devices such as radiofrequency probes, lasers, intussusception reduction and lithotripsy devices, are minimised.SA5 - The service has a duty to minimise infection by providing appropriate training and equipment and upholding rigorous standards of hygiene.SA6 - The service has a duty to minimise the potential of harm from hazardous substances and materials by providing appropriate training and equipment.SA7 - The service has a duty to promote a good health and safety culture, manage adverse healthcare events and minimise risk and failure. This is wide-ranging and includes the risk of fire, minimising the potential for harm from moving and handling patients and equipment by providing appropriate training and lifting aids, as well as violent or aggressive behaviour and supporting staff, patients and others involved in such incidents. |
| **8** | Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?  | LM1 – Roles, responsibilities, authorities and interrelationships *The organisation must have an appropriate senior, service and clinical managerial structure with defined roles, responsibilities, authorities and interrelationships to deliver its imaging service operations, hereafter called ‘the Service’, whether at permanent facilities or when using mobile units or outsourced services. The organisation should ensure that the management of staff is effective, fair, consistent and supportive and complies with current legislation and best practice.*  |
| **9** | Are there cooperative, supportive and appreciate relationships amongst staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?  | LM1 C7 - Systems in place to manage conflicts of interest and to ensure no involvement in any activities that would diminish the Service’s competence, impartiality, judgment and operational integrityLM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodiesCL1 C2 - Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and out with the serviceCL7 - The service implements and monitors systems to ensure that those who have professional contact with the service are able to give feedback on their experience.FR4 C5 - Systems in place to ensure that any staff in a training position are adequately supervisedFR4 C7 - Systems in place to ensure all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies |
| **KLOE W4** | **Are there clear responsibilities, roles and systems of accountability to support good governance and management?** | **QSI** |
| **1** | Are there effective structures, processes and systems of accountability to support the delivery and strategy and good quality, sustainable services? Are these regularly reviewed and improved?  | LM2 C5 Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processesCL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs. |
| **2** | Do all levels of governance and management function effectively and interact with each other appropriately? | LM1 C2 – Defined roles, responsibilities and interrelationships for senior clinical, professional and service management and leadershipLM2 C4 – Systems in place to maintain and continually review a register of all service risks to include financial risksLM2 C5 Systems in place to implement actions necessary to achieve quality objectives and continual improvement of all service activities and processes |
| **3** | Are staff at levels clear about their roles and do they understand what they are accountable for, and to whom? | LM1 C3 – Defined roles, responsibilities and interrelationships for each delivery area/modality, as appropriateLM1 C4 – Systems in place to ensure clear definition and management of tasks for staff to deliver the serviceLM1 C6 – Systems in place to ensure agreed appraisals and/or personal development reviews are conducted for all staff |
| **4** | Are arrangement with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? | CL1 C2 - Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication both within and outwith the service CL7 - The service implements and monitors systems to ensure that those who have contact with the service are able to give feedback on their experience. FR6 C4 - Systems in place to procure, manage and monitor delivery of contracted services  |
| **5** | 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? | N/A Specialist mental health services only  |
| **KLOE W5** | **Are there clear and effective processes for managing risks, issues and performance?** | **QSI** |
| **1** | Are there clear comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?  | LM1 C1 – Defined organisational roles and responsibilities for the overall management, leadership and direction of the service. LM2 – Quality Management System.*The Service must have an appropriately designed quality management system that integrates all agreed processes and regular monitoring of effectiveness whether at its permanent facilities or when using mobile units or outsourced services.* CL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs. |
| **2** | Are there processes to manage current and future performance? Are these regularly reviewed and improved?  | CL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others FR6 C4 – Systems in place to procure, manage and monitor delivery of contracted services |
| **3** | 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?  | LM1 C9 – Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodiesLM2 C2 – Systems in place for a clearly defined audit programme for all processesLM2 C3 – Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey including near misses and take preventative and/or corrective action(s)LM2 C4 – Systems in place to maintain and continually review a register of all service risks to include financial risksLM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all services activities and processesCL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others FR6 C4 – Systems in place to procure, manage and monitor delivery of contracted services |
| **4** | 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’?  | **AS ABOVE** |
| **5** | 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?  | FR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs.FR7 - The service implements and monitors systems to manage internal and external major incidents.  |
| **6** | When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?  | LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staffLM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processesCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidanceFR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs.FR6 - The service implements and monitors systems to manage its budget and service contracts.  |
| **KLOE W6** |

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| **Is appropriate and accurate information being effectively processed, challenged and acted on?**  |

 | **QSI** |
| **1** | 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?  | LM1 C9 – Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodiesLM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processesCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidanceFR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs. |
| **2** | 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?  | CL2 C4 - Systems in place to ensure analysis and feedback on imaging practice in all service areas is available and communicated to all relevant staff and colleagues to inform development of practiceCL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  |
| **3** | Are there clear and robust service performance measures, which are reported and monitored?  | LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all services activities and processes |
| **4** | 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?  | LM2 - *The Service must have an appropriately designed quality management system that integrates all agreed processes and regular monitoring of effectiveness whether at its permanent facilities or when using mobile units or outsourced services.*  |
| **5** | Are information technology systems used effectively to monitor and improve the quality of care?  | As Above |
| **6** | Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?  | As Above |
| **7** | Are there robust arrangements (including appropriate 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? Are lessons learned when there are data security breaches?  | LM2 – Quality Management System*The Service must have an appropriately designed quality management system that integrates all agreed processes and regular monitoring of effectiveness whether at its permanent facilities or when using mobile units or outsourced services.* CL6 – The service implements and monitors systems to manage clinical records.*The service has a duty to manage, store and transfer all patient data in a secure manner to reflect statutory requirements and maintain patient confidentiality whether transfers are internal or external (e.g. outsourced services) to the organisation.*  |
| **KLOE W7** | **Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?**  | **QSI** |
| **1** | 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?  | CL7 – The service implements and monitors systems to ensure that those who have contact with the service are able to give feedback on their experience *The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.* FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others FR6 C4 - Systems in place to procure, manage and monitor delivery of contracted services PE5 – The service implements and monitors systems to ensure that patients and others are able to give feedback on their experience of the service*The service should encourage patients, carers and others including staff to give feedback, either verbal or written, and use the feedback to improve and develop the service. The feedback may include complaints which should be managed effectively within specified timescales, and use the information to inform development of care and service delivery.*  |
| **2** | Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?  | FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  |
| **3** | Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?  | FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  |
| **4** | 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?  | CL1 – The service implements and monitors systems to ensure delivery of the service from referral to discharge from the service*The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups.* FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  |
| **5** | Is there transparency and openness with all stakeholders about performance?  | FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  |
| **KLOE W8** | **Are there robust systems and processes for learning, continuous improvement and innovation?**  | **QSI** |
| **1** | 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?  | CL8 - The service implements and monitors systems to review current and emerging clinical practice, implementing as appropriate. *The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.* FR4 C7 - Systems in place to ensure that all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies  |
| **2** | Are there standardised improvement tools and methods, and do staff have the skills to use them?  | LM2 – Quality Management System*The Service must have an appropriately designed quality management system that integrates all agreed processes and regular monitoring of effectiveness whether at its permanent facilities or when using mobile units or outsourced services.*  |
| **3** | How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?  | LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s) CL7 C3 – Systems in place to ensure results of user feedback are collated, analysed and findings disseminated, communicated to relevant parties and acted upon. CL8 C1 - Systems in place to ensure regular audit of current practice, review and dissemination of findings and appropriate action FR7 – The service implements and monitors systems to manage internal and external major incidents |
| **4** | 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?  | LM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes CL8 C1 - Systems in place to ensure regular audit of current practice, review and dissemination of findings and appropriate action  |
| **5** | 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?  | LM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes CL8 C1 - Systems in place to ensure regular audit of current practice, review and dissemination of findings and appropriate action  |