

Key question	Green	Amber	Red	Not started
Safe	0	0	0	8
Effective	0	0	0	6
Caring	0	0	0	5
Responsive	0	0	0	7
Well-led	0	0	0	8

Safe

Statement	RAG status	Notes
Learning culture A culture of safety and learning from incidents is embedded across the practice.	Not started	—

Sub-question	Status	Notes
Do you have a significant event audit (SEA) log with completed reviews in the past 12 months? <i>Check the log is up to date, reviews are completed, and learning outcomes are documented.</i>	Not checked	—
Are learning outcomes from SEAs shared with all relevant staff? <i>Look for evidence in team meeting minutes or a learning log that changes in practice resulted.</i>	Not checked	—
Is there a named clinical safety lead and is their role documented? <i>Should be referenced in the governance structure or job description.</i>	Not checked	—
Do you have a near-miss and incident reporting process that all staff know how to use? <i>Check staff awareness — front desk, nursing and clinical staff should all be able to describe it.</i>	Not checked	—
Can you show evidence that feedback from incidents has led to changes in practice? <i>Look for before/after examples or a "you reported, we changed" log.</i>	Not checked	—

Statement	RAG status	Notes
Safe systems, pathways and transitions Safe handovers between services, including medicines reconciliation on discharge.	Not started	—

Sub-question	Status	Notes
Do you have a documented process for medicines reconciliation on hospital discharge? <i>Check who is responsible, what the timescale is, and where completed reconciliations are recorded.</i>	Not checked	—
Are referral acknowledgement and tracking processes in place with clear accountability? <i>Check how two-week-wait referrals and urgent referrals are tracked to completion.</i>	Not checked	—
Can you demonstrate a safe handover process for out-of-hours coverage? <i>Look for a documented handover protocol and examples of urgent information being passed on.</i>	Not checked	—
Are test result follow-up processes documented with clear accountability? <i>Check how abnormal or unexpected results are actioned and who is responsible if the patient cannot be reached.</i>	Not checked	—
Is there evidence of coordinated communication with secondary care for complex patients? <i>Look for MDT letters, shared care arrangements, or care plan correspondence.</i>	Not checked	—

Statement	RAG status	Notes
Safeguarding Adults and children at risk are identified and protected from abuse, neglect and exploitation.	Not started	—

Sub-question	Status	Notes
Is the safeguarding policy current, covering both adults and children, and reviewed within the last 2 years? <i>Check date of last review and whether it reflects current legislation and local procedures.</i>	Not checked	—
Are training compliance records in place for safeguarding levels 1, 2, and 3 for all appropriate roles? <i>Check the training matrix — clinical staff should be at level 3, non-clinical at level 1 or 2.</i>	Not checked	—
Is there a named safeguarding lead for adults and a named lead for children? <i>These can be the same person but their role and contact details should be documented and visible to all staff.</i>	Not checked	—
Can you demonstrate examples of safeguarding referrals or multi-agency case discussions? <i>Anonymised examples showing appropriate escalation and follow-through are ideal.</i>	Not checked	—
Do all staff — including reception — know what to do if they have a safeguarding concern? <i>Test awareness of the reporting process; staff should know who to go to and what to document.</i>	Not checked	—

Statement	RAG status	Notes
Involving people to manage risks Patients are involved in identifying and managing their individual risks.	Not started	—

Sub-question	Status	Notes
Do you have personalised care and support plans for patients with complex or multiple long-term conditions? <i>Check that plans are co-produced, accessible, and reviewed at least annually.</i>	Not checked	—
Are patient safety alerts (MHRA, NHS England) acted on, documented, and closed? <i>Look for an alert management log or evidence that actions are tracked to completion.</i>	Not checked	—
Can you evidence shared decision-making conversations in clinical records? <i>Look for documented treatment options discussed, patient preference recorded, and consent noted.</i>	Not checked	—
Are reasonable adjustments documented for patients with disability or protected characteristics? <i>Check there is a process to flag and record adjustments in the patient record.</i>	Not checked	—
Is there a process for reviewing and updating individual risk assessments for high-risk patients? <i>Look for structured reviews of falls risk, frailty, mental health risk, or other identified risks.</i>	Not checked	—

Statement	RAG status	Notes
Safe environments Premises, equipment and facilities are safe and fit for purpose.	Not started	—

Sub-question	Status	Notes
Is there a current health and safety risk assessment with all identified actions completed? <i>Check the date of the last assessment and whether remedial actions have been signed off.</i>	Not checked	—
Are all clinical equipment calibration and service records up to date? <i>Check spirometers, ECG machines, blood pressure monitors, and any other clinical equipment.</i>	Not checked	—
Is the fire risk assessment current and has a fire drill been completed in the past 12 months? <i>Both the assessment and the drill record should be available and dated.</i>	Not checked	—
Are COSHH records maintained, reviewed, and accessible to all relevant staff? <i>Check that substances used in the practice are listed, with appropriate data sheets.</i>	Not checked	—

Sub-question	Status	Notes
Is emergency equipment (AED, oxygen, anaphylaxis kit) checked regularly with signed logs? <i>Check for a weekly or monthly check log with signatures and any faults recorded and resolved.</i>	Not checked	—

Statement	RAG status	Notes
Safe and effective staffing Sufficient, skilled staff are deployed at all times.	Not started	—

Sub-question	Status	Notes
Can you produce a live training compliance report showing current completion percentages by role? <i>This is one of the first things an inspector asks for — it should be available immediately, not built on the day.</i>	Not checked	—
Are DBS checks current for all staff, including zero-hours, locum and recently joined staff? <i>Check the recruitment file for all active staff — gaps are a common trigger for Requires Improvement.</i>	Not checked	—
Are immunisation records held for all clinical staff, with any gaps documented and risk-assessed? <i>Hepatitis B, varicella, and MMR status should be recorded; gaps should be noted with a management decision.</i>	Not checked	—
Are staff appraisals completed and documented for all staff in the past 12 months? <i>This includes receptionists, managers, and nursing staff — not just clinical staff.</i>	Not checked	—
Is there a staffing rota or skill-mix review showing appropriate clinical cover at all times? <i>Check there is always a suitably qualified clinician on duty and a process for unplanned absence.</i>	Not checked	—

Statement	RAG status	Notes
Infection prevention and control Effective IPC measures are in place and monitored.	Not started	—

Sub-question	Status	Notes
Is there a current IPC audit that is completed, signed, dated, and has all actions resolved? <i>The audit should be recent (within the last year) and all recommended actions should be closed out.</i>	Not checked	—
Are cleaning schedules in place, signed after each clean, and monitored for completion? <i>Spot check whether schedules are up to date and whether any missed cleans are followed up.</i>	Not checked	—
Is an IPC lead designated with documented, up-to-date training? <i>Their name, role, and training certificate date should be on record.</i>	Not checked	—

Sub-question	Status	Notes
Are hand hygiene audits conducted and results shared with the team? <i>Check for a regular audit programme — at least annually — with results communicated to all staff.</i>	Not checked	—
Are decontamination logs for reusable instruments maintained and compliant with HTM 01-05? <i>Check the decontamination room log, autoclave validation records, and test strip records.</i>	Not checked	—

Statement	RAG status	Notes
Medicines optimisation Medicines are prescribed, dispensed and managed safely.	Not started	—

Sub-question	Status	Notes
Is there a clinical audit of prescribing in the last 12 months? <i>Look for audits covering high-risk medicines, antibiotic prescribing, or QOF exception reporting.</i>	Not checked	—
Are structured medicines reviews (SMRs) being completed for appropriate patients? <i>Check SMR completion rates for care home residents, patients on polypharmacy, and STOPP/START criteria.</i>	Not checked	—
Are fridge temperature records maintained with documented actions for any out-of-range readings? <i>Both the recording and the response to excursions must be evidenced.</i>	Not checked	—
Is the controlled drug register complete, accurate, and subject to regular audit? <i>Check the CD register is up to date, balances correct, and that running balance checks have been completed.</i>	Not checked	—
Are processes in place to monitor patients on high-risk medicines (e.g. lithium, warfarin, methotrexate)? <i>Check monitoring schedules, how overdue tests are flagged, and what happens when a patient does not attend.</i>	Not checked	—

Effective

Statement	RAG status	Notes
Assessing needs Patients' physical, mental and social needs are fully assessed.	Not started	—

Sub-question	Status	Notes
Do you have a systematic process for identifying and calling in patients with long-term conditions for review? <i>Check that recall systems are working and that patients who do not attend are followed up.</i>	Not checked	—
Are multidisciplinary team (MDT) meetings taking place regularly with documented outcomes? <i>Meeting minutes should show discussion of complex patients, actions agreed, and responsible persons named.</i>	Not checked	—
Are frailty and mental health needs being proactively identified in the practice population? <i>Check use of frailty tools (e.g. eFI), mental health register, and referral pathways.</i>	Not checked	—
Can you evidence how patients' social needs are being identified and addressed? <i>Look for social prescribing referrals, carer identification, and housing or debt support signposting.</i>	Not checked	—
Do review templates cover physical, mental and social health needs holistically? <i>Check consultation templates or care planning tools — they should prompt for all three dimensions.</i>	Not checked	—

Statement	RAG status	Notes
Delivering evidence-based care and treatment NICE guidance and clinical best practice are followed.	Not started	—

Sub-question	Status	Notes
Is your clinical protocol library up to date and accessible to all clinical staff? <i>Check the date of last review for key protocols — any over 2 years old should be flagged.</i>	Not checked	—
Can you demonstrate compliance with NICE guidelines through audits or QOF performance data? <i>Look for audit reports or QOF dashboards showing performance against key indicators.</i>	Not checked	—
Are exception reporting decisions documented with clinical rationale in patient records? <i>Check a sample of exception-reported patients — rationale should be clear in the notes.</i>	Not checked	—
Do you have a process for monitoring and acting on new MHRA or NICE guidance updates? <i>Check who receives guidance updates, how they are reviewed, and how changes are communicated to clinicians.</i>	Not checked	—
Can you show clinical audit activity in the past 12 months covering at least 2 key clinical areas? <i>Completed audits with results, actions, and re-audit evidence are the gold standard.</i>	Not checked	—

Statement	RAG status	Notes
How staff, teams and services work together MDT working is embedded; services are well integrated.	Not started	—

Sub-question	Status	Notes
Are MDT meetings taking place with ARRS roles and community services included? <i>Check that meeting records show all relevant disciplines attending and contributing.</i>	Not checked	—
Is there evidence that patients are not asked to repeat their story when moving between services? <i>Look for shared care records usage, referral letters that include patient history, or patient feedback.</i>	Not checked	—
Are referral and care co-ordination processes clearly documented and communicated to staff? <i>Check that all staff know who to refer to and how — not just clinical staff.</i>	Not checked	—
Can you evidence collaborative working with secondary care, community services or social care? <i>Look for joint care plans, shared protocols, or examples of co-ordinated patient journeys.</i>	Not checked	—
Are handover and communication processes between team members documented and followed consistently? <i>Check end-of-day handover records, duty doctor notes, and any urgent task management system.</i>	Not checked	—

Statement	RAG status	Notes
Supporting people to live healthier lives Health promotion, prevention and early intervention are prioritised.	Not started	—

Sub-question	Status	Notes
What is your NHS Health Check uptake rate for eligible patients and how does it compare to your PCN? <i>Check your Health Check completion data and whether there is a recall or outreach process.</i>	Not checked	—
Can you show cancer screening uptake rates (cervical, bowel, breast) against local and national benchmarks? <i>Check QOF and screening dashboards — rates below the national average need an improvement plan.</i>	Not checked	—
Is there an active social prescribing offer and can you evidence referral pathways and outcomes? <i>Look for social prescribing link worker activity, referral numbers, and any outcome data.</i>	Not checked	—
Are smoking cessation referrals and outcomes tracked and reviewed by the practice? <i>Check referral numbers, cessation rates, and whether there is a proactive identification process.</i>	Not checked	—

Sub-question	Status	Notes
Do you have a structured approach to addressing health inequalities in your practice population? <i>Look for a health inequalities plan, use of deprivation data to target services, or PCN-level programme involvement.</i>	Not checked	—

Statement	RAG status	Notes
Monitoring and improving outcomes Outcome data is collected, reviewed and used to drive improvement.	Not started	—

Sub-question	Status	Notes
Do you have clinical outcome dashboards reviewed at regular governance meetings? <i>Check that dashboards are presented with context, trends discussed, and actions agreed.</i>	Not checked	—
Can you show QOF performance trends and evidence of improvement activity where below target? <i>Look for a QOF improvement plan that identifies underperforming indicators and assigns ownership.</i>	Not checked	—
Are patient-reported outcome measures or experience data collected and acted on? <i>Check Friends & Family Test data, patient survey results, or any PROMs in use.</i>	Not checked	—
Do you have at least one documented quality improvement project in the past 12 months? <i>Look for a QI project log with a defined aim, PDSA cycles, and outcomes recorded.</i>	Not checked	—
Are immunisation and screening rates tracked against national targets with follow-up action? <i>Check childhood immunisation, influenza, and COVID vaccination rates with a clear process for under-performance.</i>	Not checked	—

Statement	RAG status	Notes
Consent to care and treatment Valid, informed consent is obtained and documented.	Not started	—

Sub-question	Status	Notes
Is there a consent policy that is current, reviewed within the last 2 years, and accessible to all clinical staff? <i>Check the policy is not out of date and that clinical staff can locate it easily.</i>	Not checked	—
Are staff trained in the Mental Capacity Act and can they describe when it applies? <i>Training records should show MCA training; clinical staff should be able to give an example of applying it.</i>	Not checked	—

Sub-question	Status	Notes
Are Gillick competency assessments documented when relevant for under-16 consultations? <i>Check the clinical records — where Gillick competence has been applied it should be noted.</i>	Not checked	—
Is there a process for documenting and reviewing consent for ongoing treatment or invasive procedures? <i>Look for consent forms in use for minor surgery, coils, implants, or other procedures.</i>	Not checked	—
Can you show how patients are informed of their right to refuse or withdraw consent? <i>Check patient information leaflets, consultation templates, or examples of withdrawal of consent handled appropriately.</i>	Not checked	—

Caring

Statement	RAG status	Notes
Kindness, compassion and dignity Patients are treated with kindness, respect and dignity at all times.	Not started	—

Sub-question	Status	Notes
What are your latest Friends & Family Test scores and how are they trended over time? <i>Check whether scores are improving, stable, or declining and whether any themes emerge from comments.</i>	Not checked	—
Is patient feedback actively reviewed and acted on at practice level? <i>Look for a complaints or feedback log with responses and evidence of changes made.</i>	Not checked	—
Are staff trained in communication skills, dignity and respect, with training records evidencing this? <i>Check the training matrix — this should cover clinical and non-clinical staff.</i>	Not checked	—
Are complaints acknowledged within required timescales and responded to with genuine reflection? <i>CQC will look at your complaint handling — acknowledgement within 3 working days, response within 40 working days.</i>	Not checked	—
Can you show how patient dignity is maintained in your physical environment and during consultations? <i>Check privacy screens, consultation room soundproofing, chaperone policy, and any observation or audit evidence.</i>	Not checked	—

Statement	RAG status	Notes
Treating people as individuals Care is personalised and responsive to individual preferences and needs.	Not started	—

Sub-question	Status	Notes
Is there a reasonable adjustments register or process for patients with additional needs? <i>Check that adjustments are proactively identified, recorded in the patient record, and acted on.</i>	Not checked	—
Are interpreting and translation services available and their use recorded in patient records? <i>Look for the interpreting service contract, and check whether staff know how to book it.</i>	Not checked	—
Can you show how communication preferences are recorded and respected across consultations? <i>Check the system for recording preferred contact method, language, and format.</i>	Not checked	—
Do you have a process for identifying and supporting patients with a learning disability? <i>Check the learning disability register, annual health check completion rate, and health action plans.</i>	Not checked	—
Are protected characteristics considered in care planning, service delivery, and complaints handling? <i>Look for equality impact assessments on service changes and any disaggregated outcome data.</i>	Not checked	—

Statement	RAG status	Notes
Independence, choice and control Patients are supported to make informed choices and remain in control of their care.	Not started	—

Sub-question	Status	Notes
Are shared decision-making tools in use and their use documented in clinical records? <i>Look for option grids, decision aids, or patient decision support tools referenced in consultations.</i>	Not checked	—
Do patients have access to co-produced personalised care and support plans? <i>Check that care plans are written with the patient, not just for them, and that patients receive a copy.</i>	Not checked	—
Are unpaid carers identified and offered their own health assessments? <i>Check the carer register, carers' health check uptake, and referrals to carer support services.</i>	Not checked	—
Can you show evidence of self-management support or education programmes offered? <i>Look for diabetes education, COPD self-management plans, social prescribing, or other structured support.</i>	Not checked	—
Is there a process to ensure patients with capacity understand and can exercise their right to make choices? <i>Check how staff approach treatment decisions — patients should lead, not be passive recipients.</i>	Not checked	—

Statement	RAG status	Notes
Responding to people's immediate needs Urgent and immediate needs are addressed quickly and appropriately.	Not started	—

Sub-question	Status	Notes
Is there a documented triage process for urgent and same-day requests that all staff follow? <i>Check the triage protocol — it should be documented, trained on, and consistently applied.</i>	Not checked	—
Can you show same-day appointment availability data for an average working week? <i>This is one of the key access metrics — have the data readily available and trended over time.</i>	Not checked	—
Is there a clear escalation pathway when an urgent clinical need is identified during triage? <i>Check how calls are escalated from reception to clinical staff and what the expected response time is.</i>	Not checked	—
Do staff know how to respond to a patient in distress or experiencing a mental health crisis? <i>Check whether mental health first aid training has been completed and crisis pathways are documented.</i>	Not checked	—
Are urgent care pathways aligned with local urgent treatment services and out-of-hours provision? <i>Staff should be able to direct patients to the right service without confusion.</i>	Not checked	—

Statement	RAG status	Notes
Workforce wellbeing and enablement Staff wellbeing is actively supported and staff are enabled to deliver good care.	Not started	—

Sub-question	Status	Notes
Do staff surveys cover wellbeing, and are the results reviewed and acted on? <i>Look for results shared with the whole team and improvement actions agreed in response.</i>	Not checked	—
Is there a named workforce wellbeing lead or champion and are they active in the role? <i>Check whether the role has been communicated to staff and what activity has taken place.</i>	Not checked	—
Are clinical supervision and regular 1:1s in place for all clinical and non-clinical staff? <i>Check supervision records — gaps are a risk to both staff wellbeing and patient safety.</i>	Not checked	—
Is there a wellbeing policy and access to occupational health, EAP, or peer support? <i>Check the policy is available, and that staff know how to access any support services.</i>	Not checked	—

Sub-question	Status	Notes
Are workload concerns and burnout risks actively monitored and addressed by the leadership team? <i>Look for workload data reviewed at governance meetings and any actions taken to reduce unsustainable demand.</i>	Not checked	—

Responsive

Statement	RAG status	Notes
Person-centred care Care is designed around the needs, preferences and goals of the individual.	Not started	—

Sub-question	Status	Notes
Are personalised care and support plans co-produced with patients who have complex needs? <i>Check that plans include the patient's own words, goals and preferences — not just clinical data.</i>	Not checked	—
Can you show examples of care designed around patient preferences and goals rather than clinical convenience? <i>Look for flexible appointment formats, home visits, and adjusted care pathways based on patient preference.</i>	Not checked	—
Is there a key worker or named contact for patients with the most complex needs? <i>Check that complex patients have a named person responsible for co-ordinating their care.</i>	Not checked	—
Are patient preferences recorded in the system and shared across the care team? <i>Check that preferences are visible to all clinicians who interact with that patient.</i>	Not checked	—
Do patients with long-term conditions have access to their care records and understand what is in them? <i>Check patient access to records and whether they are supported to understand and use them.</i>	Not checked	—

Statement	RAG status	Notes
Care provision, integration and continuity Continuity of care is maintained and services are well integrated.	Not started	—

Sub-question	Status	Notes
Is there a named GP or clinical lead for patients with complex needs and high service use? <i>Check that the named GP system is working in practice, not just in policy.</i>	Not checked	—
Are discharge follow-up processes in place for patients who have been admitted to hospital? <i>Check how the practice is notified of admissions and discharges and what the follow-up process is.</i>	Not checked	—

Sub-question	Status	Notes
Can you show how care is co-ordinated for patients with multiple services involved in their care? <i>Look for a multi-agency care plan or evidence of communication between services for individual patients.</i>	Not checked	—
Are care plans updated and shared when a patient moves between services? <i>Check that care plans are not static documents — they should be reviewed at key transitions.</i>	Not checked	—
Do you have an approach to reducing unplanned admissions for high-risk patients? <i>Look for a high-risk patient register, a care plan for each patient, and proactive outreach activity.</i>	Not checked	—

Statement	RAG status	Notes
Providing information Patients receive clear, accurate and accessible information.	Not started	—

Sub-question	Status	Notes
Are patient leaflets and information resources on display or available in your waiting area up to date? <i>Check that leaflets are not out of date and cover key topics relevant to your population.</i>	Not checked	—
Does the practice website meet basic accessibility standards and contain current, accurate information? <i>Check that opening hours, access arrangements, and key policies are up to date.</i>	Not checked	—
Are Easy Read or alternative format resources available for patients with communication needs? <i>Check what formats are available and whether staff know how to access them.</i>	Not checked	—
Is health information available in the main community languages of your practice population? <i>Check whether translated materials are accessible and whether staff know how to source them.</i>	Not checked	—
Do patients routinely receive written or printed information about their diagnosis, treatment plan and next steps? <i>Check whether consultation summaries or printed information are offered as standard.</i>	Not checked	—

Statement	RAG status	Notes
Listening to and involving people Patient feedback is actively sought and used to improve services.	Not started	—

Sub-question	Status	Notes
Is there an active patient participation group (PPG) with documented recent meeting minutes? <i>Check that the PPG meets at least annually, has genuine patient representation, and that actions are followed up.</i>	Not checked	—
Is the complaints log maintained and are responses completed within required timescales? <i>CQC expects acknowledgement within 3 working days and a full response within 40 working days.</i>	Not checked	—
Can you show evidence of specific changes made as a direct result of patient feedback? <i>Look for a "you said, we did" record — inspectors value this highly.</i>	Not checked	—
Are patients informed of the outcome of their complaint or suggestion in writing? <i>Check that complaint responses are signed by the practice manager or GP and address all points raised.</i>	Not checked	—
Is there a process for staff to capture and record patient feedback informally during or after consultations? <i>Check whether staff know how to log positive or negative feedback and whether it is reviewed.</i>	Not checked	—

Statement	RAG status	Notes
Equity in access Everyone can access care when they need it.	Not started	—

Sub-question	Status	Notes
Can you show same-day and routine appointment availability data for a typical week? <i>This may be reviewed live on the day — have access data to hand at all times.</i>	Not checked	—
Are extended access services being used by your patients and monitored for equitable uptake? <i>Check whether your extended access sessions are used and whether certain groups are missing out.</i>	Not checked	—
Are access barriers for patients with disability, learning difficulty, or language needs proactively addressed? <i>Check your reasonable adjustments log, interpreting provision, and any specific access arrangements.</i>	Not checked	—
Do you have your National GP Patient Survey access scores and an improvement plan if below average? <i>Inspectors review GPPS data before arrival — if your scores are below average, have an explanation and plan ready.</i>	Not checked	—
Is appointment booking available through multiple channels and promoted to all patient groups? <i>Check online booking, telephone, and walk-in availability; and how each is communicated to patients.</i>	Not checked	—

Statement	RAG status	Notes
Equity in experiences and outcomes No group experiences poorer care or outcomes.	Not started	—

Sub-question	Status	Notes
Have you analysed QOF or clinical outcome data by demographic group or deprivation decile? <i>Look for evidence that outcomes are reviewed for inequality — not just at practice-level aggregates.</i>	Not checked	—
Is there a health inequalities review or plan at practice or PCN level? <i>Check whether a health inequalities assessment has been done and what the priority areas are.</i>	Not checked	—
Do you conduct targeted outreach for patient groups less likely to engage with services? <i>Look for proactive recall, community engagement, or outreach activity for under-served groups.</i>	Not checked	—
Is there an equality impact assessment for any significant service changes made in the last 2 years? <i>Check that EIAs are completed before changes are implemented, not as a retrospective exercise.</i>	Not checked	—
Can you show population health data for your area and how your services are adapted in response? <i>Look for use of JSNA, Primary Care Networks' population health plans, or practice-level data analysis.</i>	Not checked	—

Statement	RAG status	Notes
Planning for the future Future care needs are anticipated and planned for.	Not started	—

Sub-question	Status	Notes
Are advance care plans (ACPs) in place for patients on the end-of-life register? <i>Check the proportion of end-of-life patients who have an ACP and whether it is up to date.</i>	Not checked	—
Is the DNACPR process documented, with decisions communicated to relevant out-of-hours services? <i>Check that DNACPR records are accessible to OOH providers and ambulance services.</i>	Not checked	—
Are carers identified and involved in future care planning where the patient consents? <i>Check how carers are recorded and whether they are included in care planning conversations.</i>	Not checked	—
Do you have a process for reviewing and updating end-of-life care plans at least annually? <i>Check that end-of-life care plans are not set-and-forget documents.</i>	Not checked	—

Sub-question	Status	Notes
Are patients supported to document and communicate their future wishes, including preferred place of death? <i>Check whether patients are routinely offered the opportunity to record their preferences.</i>	Not checked	—

Well-led

Statement	RAG status	Notes
Shared direction and culture A clear vision, values and strategy are understood and shared by all.	Not started	—

Sub-question	Status	Notes
Is there a documented practice vision, strategy and set of values that is reviewed at least every 2 years? <i>Check whether the vision is written down, accessible, and current.</i>	Not checked	—
Can staff at all levels — including reception — articulate the practice vision and their role within it? <i>Inspectors often speak directly to receptionists; staff should be able to describe the practice values without prompting.</i>	Not checked	—
Are all-staff meetings held regularly and minutes shared with every team member? <i>Check the frequency of meetings and the mechanism for communicating outcomes to part-time or absent staff.</i>	Not checked	—
Are staff engaged in reviewing and shaping the practice direction, not just informed of decisions? <i>Look for staff surveys, suggestion processes, or involvement in developing the practice plan.</i>	Not checked	—
Is the practice values statement visible to patients and embedded in day-to-day working? <i>Check waiting room display, website, and how values are referred to in recruitment and appraisal.</i>	Not checked	—

Statement	RAG status	Notes
Capable, compassionate and inclusive leaders Leaders have the skills, knowledge and compassion to lead effectively.	Not started	—

Sub-question	Status	Notes
Are all partners and managers undertaking leadership development activity? <i>Look for evidence of CPD, leadership programmes, coaching, or mentoring.</i>	Not checked	—

Sub-question	Status	Notes
Are appraisals completed for all partners, salaried GPs, and managers in the past 12 months? <i>Check that partners appraise each other and that this is documented — not just done for employed staff.</i>	Not checked	—
Is there a succession plan or approach to developing the next generation of leaders? <i>Look for a workforce development plan, GPST involvement in leadership, or formal succession arrangements.</i>	Not checked	—
Can you show how leaders model the practice values in their own behaviour? <i>Look for examples in meeting minutes, feedback mechanisms, or staff survey comments.</i>	Not checked	—
Do staff feel supported by and confident in their leaders, evidenced through survey data? <i>Check the latest staff survey results for leadership-related questions and any follow-up actions.</i>	Not checked	—

Statement	RAG status	Notes
Freedom to speak up Staff can raise concerns without fear of detriment.	Not started	—

Sub-question	Status	Notes
Is there a current whistleblowing (Freedom to Speak Up) policy accessible to all staff? <i>Check the date of last review and that it is available to all staff including locums and zero-hours workers.</i>	Not checked	—
Is a Freedom to Speak Up guardian or champion identified and known to all staff? <i>Check whether the role is filled, communicated to staff, and whether the person is actively available.</i>	Not checked	—
Do staff survey results indicate that staff feel safe to raise concerns without fear of detriment? <i>Look for responses to culture-related questions and whether scores have improved over time.</i>	Not checked	—
Can you show an example of a concern being raised and acted upon? <i>Anonymised examples demonstrate that the culture is real, not just a policy on paper.</i>	Not checked	—
Are staff aware of external routes for raising concerns (CQC, NHS England, NHR)? <i>Check whether the whistleblowing policy includes external referral options and how staff are made aware.</i>	Not checked	—

Statement	RAG status	Notes
Workforce equality, diversity and inclusion Equality, diversity and inclusion are promoted across the workforce.	Not started	—

Sub-question	Status	Notes
Is there an EDI policy in place, reviewed within the last 2 years? <i>Check the date of last review and that it covers recruitment, development and day-to-day practice.</i>	Not checked	—
Is workforce equality data collected, reviewed at governance level, and acted on? <i>Check whether data on workforce diversity is reviewed and whether any patterns are addressed.</i>	Not checked	—
Have all staff completed EDI training, with records evidencing completion? <i>Check the training matrix — EDI training should be mandatory for all staff.</i>	Not checked	—
Are EDI considerations embedded in recruitment — job descriptions, interview panels, shortlisting criteria? <i>Check your recruitment process for evidence of structured equality measures.</i>	Not checked	—
Is there a staff network, forum, or EDI champion who is active and resourced to make a difference? <i>Look beyond the policy — is there genuine staff engagement on EDI issues?</i>	Not checked	—

Statement	RAG status	Notes
Governance, management and sustainability Robust governance and risk management ensure sustainability.	Not started	—

Sub-question	Status	Notes
Is there a risk register that is maintained and reviewed at every governance meeting? <i>Check the date of last update, whether risk owners are named, and whether mitigations are tracked.</i>	Not checked	—
Is the policy library up to date, with all key policies reviewed within the last 2 years? <i>Check for policies not reviewed since 2022 or earlier — this is a common trigger for Requires Improvement.</i>	Not checked	—
Is there a business continuity plan (BCP) that has been tested, with testing recorded? <i>Check that the BCP covers IT failure, premises loss, and key staff absence — and that it has been rehearsed.</i>	Not checked	—
Are professional registration checks completed for all clinical staff and evidence retained? <i>Check that GMC, NMC, HCPC and GPhC checks are documented — not just done, but evidenced.</i>	Not checked	—
Do governance meeting minutes record actions, owners, and completion dates, shared with all relevant staff? <i>CQC will ask to see minutes — they should show real accountability, not just discussion.</i>	Not checked	—

Statement	RAG status	Notes
Partnerships and communities The practice works effectively with partners and the wider community.	Not started	—

Sub-question	Status	Notes
Do you attend and contribute to PCN meetings, with minutes retained? <i>Check that attendance is regular and that the practice can demonstrate active contribution.</i>	Not checked	—
Is there engagement at ICS or ICB level, including attendance at relevant forums? <i>Look for evidence of system-level involvement beyond the PCN.</i>	Not checked	—
Are voluntary sector or community partnerships documented and actively maintained? <i>Check that partnerships are current and that there is a named contact for each.</i>	Not checked	—
Can you show examples of collaborative improvement work undertaken with partner organisations? <i>Look for joint QI projects, shared protocols, or co-designed services.</i>	Not checked	—
Is there a process for sharing learning with partners — and for receiving and acting on learning from them? <i>Check whether learning from serious incidents, audits, or inspections is shared across the PCN or ICS.</i>	Not checked	—

Statement	RAG status	Notes
Learning, improvement and innovation There is a culture of continuous learning, improvement and innovation.	Not started	—

Sub-question	Status	Notes
Is there a register of quality improvement (QI) projects with documented aims, methods, and outcomes? <i>Check that QI work is structured — not just informal improvement — and that results are recorded.</i>	Not checked	—
Are PDSA cycles or other improvement methodologies being used and documented? <i>Look for evidence that improvement work is structured, tested, and evaluated.</i>	Not checked	—
Can you show an innovation implemented in the last 2 years that has improved care or efficiency? <i>Look for examples of new models of care, digital tools, or service redesign.</i>	Not checked	—
Are staff encouraged and resourced to bring forward improvement ideas? <i>Check for a suggestions process, a staff improvement forum, or examples of staff-led change.</i>	Not checked	—

Sub-question	Status	Notes
Is learning from external sources (national audits, benchmarking data, inspection reports) acted on? <i>Look for evidence that external data is reviewed, discussed, and acted on at governance level.</i>	Not checked	—

Statement	RAG status	Notes
Environmental sustainability The practice understands its environmental impact and takes steps to reduce it.	Not started	—

Sub-question	Status	Notes
Is there a sustainability or green plan at practice or PCN level? <i>Check whether the practice has signed up to the NHS net zero ambition and has a documented plan.</i>	Not checked	—
Are initiatives to reduce carbon footprint in place, such as inhaler choice policy or waste reduction? <i>Look for a low-carbon inhaler formulary, evidence of waste reduction, or single-use plastics reduction.</i>	Not checked	—
Is energy use monitored and are reduction targets set and reviewed? <i>Check for energy monitoring data and whether any actions have been taken to reduce consumption.</i>	Not checked	—
Are travel-related carbon impacts considered, such as patient transport or remote consultation use? <i>Check whether video and telephone consultations are being used where clinically appropriate to reduce travel.</i>	Not checked	—
Are staff aware of the practice's sustainability goals and how they can contribute? <i>Check staff awareness through surveys, team meetings, or a sustainability champion.</i>	Not checked	—

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Action Tracker

The following sub-questions were marked **Partial** or **No**. Use this tracker to record the specific action required, who owns it, and the target completion date. A statement cannot be marked Green until all its sub-questions are resolved.

No partial or failing items identified — all assessed sub-questions are Yes or N/A. Well done!

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