Self-Assessment Form

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| **Standard Number** |  | **Person Responsible** | | |  | | | | **Date** | |  |
| **What other standards are you using that help you achieve this standard?** |  | | | | | | | | | | |
| **What are you doing to achieve this standard?** |  | | | | | | | | | | |
| **Evidence to demonstrate this** |  | | | | | | | | | | |
| **Is this an example of good practice? If so, have we shared it?** |  | | | | | | | | | | |
| **Assessment Matrix Level**  **Tick the relevant box to record your service level** | We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve. | | We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. | | | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service | | | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. | |
| **What needs to be addressed/what are you not doing?** |  | | | | | | | | | | |
| **Priority level for inclusion in improvement plan** | ***Immediate*** | | | ***Within One Year*** | | | | ***Subsequent Year*** | | | |