

External inspections, reviews and audits recommendations/areas for improvement – Updates as of 29 May 2026

Title and purpose	Date	Outstanding recommendations	Original target date for completion	Revised target date for completion	Status January 2026	Status June 2026	Progress update
Children and Young People's Services							
Ofsted Focused Visit <i>To review the arrangements for children in need or subject to a child protection plan.</i> <i>Usually undertaken every three years as part of the ILACS Inspection Programme.</i>	Focused visit: 14 and 15 May 2024 Published: 12 July 2024	Overall outcome: The response to children who are subject to child-in-need and child protection planning is very effective. A stable senior leadership team is unstinting in its determination to make children in Rotherham safer and improve their outcomes. Strong corporate support ensures a whole-council approach to understanding children's vulnerability and responding to risk and need. Four areas for improvement were identified. Overall progress: An action plan is in place to address the recommendations from the peer review. Progress is overseen by the CYPS Evidence Challenge Panel and CYPS DLT. One area for improvement is complete.					
		Area for improvement 1: Identify children's unique needs and characteristics to better inform their plans and how they will be helped and supported. And Area for improvement 4: Reduce length of children's plans as these are overly long. Note: The progress updates for Area for Improvements 1 and 4 have been combined as they	Oct-24	Revised target TBC			Complete

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		relate to both areas for improvement.					
		Area for improvement 2: Reduce Child and Adolescent Mental Health Services (CAMHS) waiting lists.	Dec-25	N/A			Complete
Ofsted Area SEND inspection of Rotherham Local Area Partnership <i>To review the special educational needs and/or disabilities (SEND) arrangements.</i>	Inspection date: 30 September 2024 – 4 October 2024 Report published: 14 November 2024	Overall outcome: The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed. The next full area SEND inspection will be within approximately five years. Ofsted and the Care Quality Commission ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report. Two areas for improvement were identified.					
		Overall progress: The final report and recommendations from the inspection were published on the 14 November 2024. As recognised in the report, work was already ongoing prior to the inspection in relation to the two areas for improvement and will continue. Progress will be monitored by the local area SEND and AP Partnership board and overseen by the CYPS Evidence Challenge Panel and SEND Executive Board.					
		Area for improvement 1					
		New and revised EHCPs are consistently compliant with statutory guidance. The target is for 50% to be compliant by December 2025; and 60% compliant by September 2026.	September 2026	N/A			Complete
		Area for improvement 2					
		Evidence sustained compliance to a trajectory to reduce occupational therapy waiting times.	March 2026	Q1 2027/28			In progress and on track The trajectory for Occupational Therapy has not yet been defined due to the agreement of a new project to divert referrals being agreed which will hopefully impact on

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							demand. The new project is due to start in June 2026/27. The due date for this action should be amended to reflect the trajectory will not be agreed until September 26 and will need time to embed. A revised completion date for this action to reflect the trajectory and allow time for this to embed will be agreed in September 2026.
		Evidence sustained compliance to a trajectory to reduce waiting times for speech and language therapy.	March 2026	Q1 2027/28			In progress and on track The trajectory for Speech and Language Therapy has not yet been defined due to the agreement of a new project to divert referrals being agreed which will hopefully impact on demand. The new project is due to start in June 2026/27. The due date for this action should be amended to reflect the trajectory will not be agreed until September 26 and will need time to embed. A revised completion date for this action to reflect the trajectory and allow time for this to embed will be agreed in September 2026.
Ofsted ILACS Short Inspection <i>To assess whether local authorities previously rated good or outstanding have maintained high standards in children's services.</i>	27 Oct – 7 Nov 2025	Overall outcome: Following the inspection, Rotherham's Children and Young People's Services received an overall judgement of Outstanding.					
	Report Published 16 December 2025	Overall progress: The final report and recommendations from the inspection were published on the 16 December 2025. Work was commenced to address the two areas for improvement identified in the report ongoing prior to the inspection in relation to the two areas for improvement and will continue. Progress will be monitored and overseen by the CYPS Evidence Challenge Panel and SEND CYPS DLT.					
		Area for improvement 1. Improve the quality of pathway plans for care leavers.	September 2026	N/A	New		In progress and on track
		Area for improvement 2. Improve the quality of health history information provided to care leavers.	July 2026	N/A	New		In progress and on track

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Adult Care, Housing and Public Health							
Housing Revenue Account (HRA) Business Plan Review The review was commissioned by the Housing Service and carried out by Savills. The aim of it was to: Carry out a full review of business plan assumptions Provide advice on reserves levels, insurance approaches and stock investment assumptions (while awaiting stock condition data) Review the current development viability model (ongoing) Provide benchmarking Information.	November 2024	Overall outcome: Key messages on reviewing the 2024/25 HRA Business Plan: • Viable but prudent business plan. • Ambitious development programme compared to other authorities of a similar size. • Lower than average level on investment in existing stock. • Opportunity to utilise revenue resources within the business plan in a different way • Adopt a strategic approach moving forwards to assess capacity and headroom within the business plan. This will be done through an Investment Framework consisting of a number of metrics. • Carry out scenario modelling and stress testing to understand how changing assumptions impact the HRA Business Plan and identify risks. Overall Progress: A HRA Business Plan governance structure has been put in place via the HRA Business Plan Review Group. The Group meets quarterly and is chaired by the SD of Housing/ SD of Finance. The group review the performance of the HRA against the HRA Business Plan, ensuring the strategic financial management of the HRA Business Plan over the medium/long term. An Investment Framework Workplan has been put in place and progress is monitored via the HRA Business Plan Review Group					
		Recommendation 1: - Metrics, Capacity & Headroom	April 2025	March 2026			Complete
		Recommendation 2: - Stress Testing & Risk	April 2025	March 2026			Complete
Adult Social Care Peer Review (led by the Association of	January 2025	Overall outcome: An outcome, in terms of a rating, is not provided. However, key messages, areas of strength and areas for consideration are provided:					

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Directors of Adult Social Services - ADASS) The peer review was commissioned by ASC to measure preparedness for Care Quality Commission (CQC) and provide assurance against the CQC assessment.		- Strong political and corporate support for adult social care and confidence in the adult social care leadership team to deliver - Strong relationships with partners, demonstrated through the work of the safeguarding adults board and the shared commitment to continued investment in prevention and health partnerships (amongst many examples) - Evidence that a person-centered and strengths-based approach is becoming increasingly embedded - Access to, and investment in, learning and development opportunities and the learning and development team - A robust approach to quality and risk management, with providers appreciating the benefit of high challenge, high support - Zero delays for home care and good capacity for supported living for some people - Celebrate more the good work that is happening - Robust assurance and performance system in place. More focus needed on articulating the outcomes and experience of people - Further work to embed the voice of people with lived experience in day-to-day work and change initiatives - Recruitment & retention is a challenge although the existing workforce are committed and proud to work in Rotherham - "I wish I had come here earlier", "We want the best for people", "I love the people I work with", "Best job ever". Overall progress: Recommendations cover the 4 themes against which CQC will assess local authorities: Working with People, Providing Support, Ensuring Safety and Leadership. 17 considerations for the service to progress with 9 completed. The programme of improvement is being driven by the service's Regulatory Assurance Board.					
		THEME 1: Working with People	March 2026	N/A			Complete
		THEME 2: Providing Support	March 2026	N/A			Complete
		THEME 3: Ensuring Safety	December 2025	N/A			Complete
		THEME 4: Leadership	March 2026	N/A			Complete
Formal full CQC Inspection of Davies Court (The Care Quality Commission (CQC))	September 2025	Overall outcome: Overall rating of GOOD. Recommendations were made relating to medication storage, administration of thickener and the embedding of audits. Overall progress: Changes have been made to how thickener is administered and who can prescribe this. The medication check-in process has been updated to reflect feedback from the inspection process.					
		Theme 2 – Well-led: New systems need	January 2026	TBC			Complete

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<i>Comprehensive inspection assessing that the service is providing care that's safe, caring, effective, responsive to people's needs and well-led.</i>		to be embedded for audits and reviews and sustained into practice.					

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Regeneration and Environment							
Sports Ground Safety Authority – Local Authority Audit (Sports Ground Safety Authority (SGSA)) <i>An audit by the National regulator to assess the Council's delivery of statutory functions under the Safety at Sports Grounds Act 1975. The audits are carried out at a frequency determined by risk assessment.</i>	29 August 2024	Overall outcome: Excellent progress has been made with the recommended actions from the previous audit with all items being completed satisfactorily. The Council was rated as low risk and three recommendations were made. Overall progress: Recommendations one and three have been accepted the one remaining outstanding recommendation will be implemented within the next 6 months.					
		Recommendation 2: A tabletop exercise that included stadium staff and emergency services has not taken place for some time and the LA will ensure this is carried out by the club this season. (review date August 2026)	Review date August 2026	N/A			Complete
Prevent Duty Benchmarking Assessment (Home Office) <i>Undertaken by the home office annually to ensure compliance under section 29 of the counterterrorism and security act 2015 ('ctsa 2015'), specified authorities are required to have due regard to the need to prevent people</i>	March 2026	Overall outcome: All 7 assessed areas rated as exceeding marks. 7 criteria are marked either (not met, met, or exceeding). Overall progress: Recommendations from last year are complete. Recommendations were received formally in May 2026.					
		1.The local authority should look to provide an appropriate risk matrix to better develop the risk assessment that offers a RAG rating demonstrating how mitigations address the risks in the region.	April 2027	N/A	New		In progress and on track

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<i>from being drawn into terrorism.</i>		2.The local authority should consider expanding its training plan to encompass the training requirements of the 3.The local authority should implement a formal policy to ensure that Prevent specific concerns are sent to Prevent staff when IT policy has been breached in relation to Prevent. The local authority should also expand its reach to local authority owned systems such as public libraries to ensure that a notification is sent to the Prevent team and appropriate follow up actions are taken.					

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Corporate Services							
2023/24 VFM Arrangements (Grant Thornton) <i>Required annually by legislation.</i>	November 2024	Overall outcome: The Council received a positive outcome in its Value For Money report from Grant Thornton. Findings noted the Council's improvement journey and commented that the Council's financial position is strengthening, though referenced that the Local Authority financial environment remains challenging with a number of Local Authorities issuing S114 notices due to the rising demand and inflation challenges facing the sector. The report noted the Councils robust Budget and Medium-Term Financial Strategy and its clear narrative about how the Council is addressing the challenges it faces and planned ahead coherently for the future. The report also noted that the Council had identified some significant challenges around its buildings and housing stock linked to compliance and condition surveys that it had set out clear plans to address. To support the Council in dealing with these challenges Grant Thornton have put forward 4 key improvement recommendations working with Council officers. 10 new recommendations made. 2 are key improvement recommendations and 8 are improvement recommendations where the Council can choose to implement or not. Overall progress: Work is underway to implement the 2 key improvement recommendations and give due consideration to 8 improvement recommendations as to whether the Council should implement these or not. One improvement recommendation has so far been considered and cleared (IR5) and as work progresses on the improvement recommendations options will be considered that will lead to either the implementation of the recommendation or the recommendation from Council officers that a recommendation is not implemented.					
		REC KR1: The Council needs to: - continue improving its HRA compliance data robustness and validity. - ensure contract management arrangements are put in place with its HRA contractors.	TBC	N/A			In progress and on track

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		- improve compliance with decent homes standards. - work to improve its understanding of category 1 hazards in its housing stock. - continue improving vulnerability policies for the HRA in line with emerging best practice from the regulators. - use the stock condition data to inform its asset management and capital investment plans.					
		Rec KR2: The Council should: Undertake stock condition surveys to develop its understanding of its assets, their state and their level of health and	Sept 2026 March 2026	N/A May 2026 (Complete)			In progress and on track

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		- safety compliance. - Put in place management plans and landlord inspections where required and ensure it is getting value for money for its assets. - Ensure it has an assets management system for its properties and other assets and that data in the system is accurate, enabling management of health and safety compliance. - Ensure compliance contract management is put in place and regular performance monitoring of these contracts is put in place.	March 2027 March 2026 (Complete)				

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		REC IR4: The Council should continue to strengthen its counter-fraud controls by developing a corporate counter-fraud risk register and ensuring counter-fraud risks in departmental risk registers are updated. It also needs to enhance its counter-fraud plan.	March 2026	September 2026			In progress and slightly delayed We will update the directorate and corporate fraud risks and liaise with Fraud Risk Champions on these. The Counter Fraud Plan was enhanced as part of the 2024-25 audit planning process and where relevant further improvements will be made. The Counter Fraud Plan for 2025-26 includes both a reactive and proactive element in accordance with best practice. A corporate fraud risk register is in place. We are continuing to liaise with directorate risk champions to update the directorate fraud risks.
		Rec IR6: The Council should develop and publish a Procurement Strategy. This should set procurement strategic priorities that align with the Council's priorities such as net zero and	March 2026	N/A			Complete

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		capture changes to procurement following the Procurement Act (2023) and the national Procurement Policy Statement (2024). It should include measurable actions and indicators with clear accountabilities and an annual review process. The Strategy should be widely communicated to staff and members to raise awareness of their responsibilities.					
		REC IR7: The Council should develop a corporate data quality policy and ensure this is used to inform a data quality review. It could look to the national data quality framework to guide this work.	March 2026	December 2026			In progress and slightly delayed The Council will look to create a Corporate Data Quality Policy. Following the recruitment of a permanent Director of Policy, Strategy and Engagement initial work has now commenced on the development of a new Data Quality Strategy. Note – although situated under Corporate Services for the purposes of reporting, the Policy Strategy and Engagement directorate are responsible for implementation of this recommendation.
2024/25 VFM Arrangements (Grant Thornton)	November 2025	Overall Outcome: The Council received a positive outcome in its Value For Money report from Grant Thornton. Findings noted the Council's improvement journey and commented that the Council's financial position is strengthening, though referenced that the Local Authority financial					

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Required annually by legislation.		environment remains challenging with a number of Local Authorities issuing S114 notices due to the rising demand and inflation challenges facing the sector. The report noted the Councils robust Budget and Medium-Term Financial Strategy and its clear narrative about how the Council is addressing the challenges it faces and planned ahead coherently for the future. The report also noted that the Council had identified some significant challenges around its buildings and housing stock linked to compliance and condition surveys that it had set out clear plans to address. To support the Council in dealing with these challenges Grant Thornton have continued to report 2 Key Recommendations. Overall progress: There are 7 Improvement Recommendations and 2 Key Recommendations, the majority of which are actions carried forward from the 2023/24 VFM report as the action required more than 12 months to deliver.					
		IR1: The Council should ensure financial sustainability fully address pressures faced in the short and medium-term. This includes: • Placing an emphasis on delivering its agreed financial trajectory in line with the Safety Valve Agreement and consider alternative arrangements to lower its forecasted deficit for 2025/26. • Fully delivering its children and young people's services (CYPS) savings targets in 2025/26.	March 2026	N/A			Complete
		IR4: Recommendation is	March 2026	September 2026			In progress slightly delayed

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		the same as IR4 from the 2023/24 VFM arrangements.					Internal Audit will continue to liaise with the directorate risk champions to update the directorate fraud risks.
		IR5: Recommendation is the same as IR6 from the 2023/24 VFM arrangements.	March 2026	N/A			Complete
		IR6: Recommendation is the same as IR7 from the 2023/24 VFM arrangements.	March 2026	December 2026			In progress and slightly delayed The Council will look to create a Corporate Data Quality Policy.
		IR7: As part of ongoing improvements in contract management, the Council should consider: • Introducing contract tiering (gold/silver/bronze). • Managing contracts based on risk. • Seeking further assurance that new arrangements in place are embedded and effective. • Introducing reporting on waiver activity and SFI breaches to a relevant Member-led committee, at least	March 2026	September 2026			In progress and slightly delayed The Council commissioned an internal audit review linked to contract management that identified a number of areas of improvement around understanding of roles and responsibilities of contract managers, the outcome of the recommendations was that each Directorate has had to develop recommendations to improve contract management and contract managers understanding of roles and responsibilities in their Directorate and take greater ownership. In addition, the Council plans to introduce corporate guidance around contract management, training and advice.

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		annually and ideally more frequently, to allow enhanced monitoring and challenge of themes and trends.					
		KR1: Recommendation is the same as KR1 from the 2024/25 VFM arrangements.	September 2026	N/A			In progress and on track
		KR2: Recommendation is the same as KR2 from the 2024/25 VFM arrangements.	September 2026	N/A			In progress and on track
Statement of Accounts 2023/24 (Grant Thornton) Required annually by legislation.	November 2025	Overall outcome: The Council received a clean audit opinion again (unmodified), this is the best outcome that can be received on local authority accounts. The auditors were again positive in assessing the Council's Financial Controls, Governance and standing and praised the effective work of the team, senior management in finance in ensuring that continues to be the case in challenging conditions. The Council continues to be one of a handful of Council's that has all its accounts signed off, with many a number of years behind. There were five recommendations made to support the Council's work towards new accounting changes that have not yet come into force, along with suggested control improvement in the Council's IT environment. Overall progress: All recommendations are now complete.					
		Rec 4: Where possible, generic accounts should be removed, and individuals should have their own uniquely identifiable user accounts created to ensure accountability for	March 2026	N/A			Complete

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		actions performed. Alternately, management should implement suitable controls to limit access and monitor the usage of these accounts (i.e. through increased use of password vault tools / logging and periodic monitoring of the activities performed). Where monitoring is undertaken this should be formally documented and recorded					
		Rec 5: It is recommended that security event logs are reviewed on a regular basis for example daily or weekly, ideally by an IT security personnel / team who are independent of those administering [the application] and its underlying database.	March 2026	N/A			Complete

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		Any issues identified within these logs should be investigated and mitigating controls implemented to reduce the risk of reoccurrence					
Statement of Accounts 2024/25 (Grant Thornton) Required annually by legislation.	November 2025	Overall outcome: The Council received a clean audit opinion again (unmodified), this is the best outcome that can be received on local authority accounts. The auditors were again positive in assessing the Council's Financial Controls, Governance and standing and praised the effective work of the team, senior management in finance in ensuring that continues to be the case in challenging conditions. The Council continues to be one of a handful of Council's that has all its accounts signed off, with many a number of years behind. The audit made two recommendations to ensure compliance with the CIPFA Code of Practice in presenting short-term debtors and to improve the availability of source data for calculating the accumulated absences accrual. Overall progress: All recommendations are on track for delivery as part of the 2025/26 accounts preparation.					
		REC1: It is recommended that the presentation of the short-term debtors note is refreshed in the 2025-26 financial statements and the note disaggregated and presented based on the nature of the short-term debtors. This should enable the Council to be compliant with the requirements of the Code.	June 2026	N/A	New		Completed

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		REC2: It is recommended that work in undertaken in the remainder of 2025-26 to obtain the relevant source data used in the accumulated absences accrual. It is also recommended that a working paper is prepared by the financial accounting team and shared with the audit team as part of the working paper requests in 2025-26 in order to better demonstrate the basis for the accumulated absences accrual in the financial statements.	June 2026	N/A	New		Completed
External assessment of Internal Audit (CIPFA) <i>External Quality Assessment of Conformance with the standards in the UK Public Sector required every five years by the</i>	November 2025	Overall outcome: Rating it is 'Generally Conforms to the Global Internal Audit Standards (UK Public Sector). There are 5 action points included, and 10 advisory points included in the feedback. Only the action points will be reported here. Overall progress: 1 of the 5 action points have been completed as of March 2026. Note: This report was presented to Audit Committee in March 2026 respective to this report so the detail included in this appendix will be concise to avoid undue duplication.					
		Action point 1 (Low priority). We recommend strengthening	June 2026		New		Complete

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<i>Global Internal Audit Standards.</i>		internal auditors' mandatory recording and retention of all Continuing Professional Development (CPD) records to ensure the documentation comprehensively supports training undertaken.					
		Action point 2 (High priority). Establish a formal Service Level Agreement (SLA) between the authority and Salford IT audit services to mitigate potential legal and regulatory risks associated with third-party data protection and accountability. Senior management and the Monitoring Officer should evaluate the risks inherent in the current absence of an SLA, report findings to the board, and assess whether similar risk exposures exist across other authority contracts.	May 2026		New		Complete

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		Action point 3 (Medium priority) It is recommended that senior management strengthen assurance mapping; whilst this is not the responsibility of the internal audit function they can support, advise and contribute to this activity. Comprehensive assurance mapping should include both internal and external assurance providers, thereby facilitating improved coordination, avoiding duplication, and enabling the board and senior management to accurately determine the optimal scope and types of internal audit services required.	March 2027		New		In progress and on track
		Action point 4 (High priority) The board and senior management should ensure implementation of clear, robust	September 2026		New		In progress and on track

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		safeguards over the HIA's whistleblowing and also the HIA's broader responsibilities for AFC. This should include prompt review of the HIA's dual responsibilities as the Whistleblowing Officer and investigator for fraud and corruption cases, as combining these roles risks impairing independence. Consideration should be given to implementing a separate, independent assurance mechanism specifically tasked with providing assurance over the HIA's involvement in the whistleblowing process and the HIA's wider AFC responsibilities.					

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Policy, Strategy and Engagement Directorate							
LGA Corporate Peer Challenge <i>Expectation that councils receive a peer review every five years to provide robust, strategic, and credible challenge, whilst also enhancing capacity and helping to avoid insularity.</i>	June 2023	Overall outcome: Positive feedback received which stated: "Rotherham Metropolitan Borough Council serves the town well and is today an impressive organisation. Being named the 'Most Improved Council' in the country at the Local Government Chronicle (LGC) Award in 2022 provides ample evidence that it is now in a very good place. It is ambitious and has well-established and robust foundations, along with several notable and commendable practices that other councils can learn from" and seven recommendations made.					
		Overall progress: Action plan agreed by Cabinet in September 2023 included 20 actions which are being progressed. Progress is overseen by the Strategic Leadership Team and where relevant, actions for 2024-25 were included in the Year Ahead Delivery Plan.					
		Recommendation 3: Use the significant investments underway to expand and attract private sector investment at scale, maximising its potential and supporting a more inclusive economic future.	March 2026	n/a			Complete As all work schemes are in place and underway this action has now been achieved this action has now been absorbed into existing workplans and business as usual practice. Note – although situated under ACEX for the purposes of reporting, the Regeneration and Environment Directorate are responsible for implementation of this action.

Status key

Complete	Recommendations/areas for improvement are fully complete
In progress and on track	Recommendation/area for improvement on track to be delivered by the original agreed deadline
In progress and partly delayed	Recommendation/area for improvement progressing, however target date behind the original agreed deadline
Significant delay	Recommendations/area for improvement delayed by more than twelve months past the original agreed deadline
No action required or outcome unknown	No recommendation/area for improvement, or the outcome is not yet known

Residential Children's Homes – Inspection Outcomes

Residential children's homes are inspected by HMI Ofsted under the Social Care Common Inspection Framework (SCCIF) and focus on evaluating the impact of care and support on the experiences and progress of children.

Following inspection, the children's home will receive an overall judgement based on the experiences and progress of children and young people, of Outstanding, Good, Requires Improvement to be Good, or Inadequate.

Where requirements or recommendations are made, an action plan is developed which is submitted to Ofsted detailing the progress.

The Children Act 1989 Guidance and Regulations stipulates the requirement for monthly oversight visits to Children's Homes. These visits, known as Regulation 44 Visits, are carried out under [Regulation 44 of the Children's Homes Regulations 2015](#). All residential children's homes in Rotherham receive an Independent Reg 44 visit monthly, undertaken by an Independent Person from NYAS (an independent children's rights charity). The registered Person from National Youth Advocacy Service (NYAS) seeks independent scrutiny of the home and makes best use of information to ensure continuous improvement, this includes independent oversight of any requirements or recommendations following a previous visit and/ or inspection. Ofsted reviews the content of Regulation 44 reports to inform the next inspection and uses the information to decide if we need to take any other action.

All Ofsted reports are published in the public domain, however the identity (location) of the homes remain confidential and are not disclosed in the reports. Recommendations and progress against recommendations are considered monthly with oversight from the Reg 44 visits and Ofsted. This is more frequent than the Audit Committee schedule and therefore any recommendations and progress against these are not included within these reports as they would be out of date before they were published.

The following table provides the current ratings for our seven registered children's homes.

Residential Children's Home	037521	2662265	2597567	2629335	2775749	2759142	2812398	2832444 (Awaiting first inspection – only registered 16/07/25)
Date of Full Inspection	17 March 2026	20 May 2025	15 April 2025	13 January 2026	09 September 2025	01 December 2025	20 August 2025	
Overall experiences and progress of children and young people	Outstanding	Good	Good	Outstanding	Good	Good	Good	
Sub judgements								
How well children and young people are helped and protected	Outstanding	Good	Good	Outstanding	Good	Good	Good	
The effectiveness of leaders and managers	Good	Good	Good	Outstanding	Good	Good	Good	