

**Well Led Framework
Self-assessment Quarterly Review
Quarter 4 01 January - 31 March 2017**

Meeting	Board of Directors		
Date	03 May 2017	Agenda item	12
Lead Director	Sandra Christie, Direct of Nursing and Quality Improvement		
Author(s)	Alison Hughes, Trust Board Secretary		
To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>
		To Assure	<input checked="" type="checkbox"/>

Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to the Board Assurance Framework (strategic risks)					
<i>Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?</i>					
Our Patients and Community		Our People		Our Performance	
Quality and safety including addressing inequalities is not maintained or improved	✓	Lack of, or ineffective engagement and 2-way communication with staff & governors	✓	Failure to respond to system changes and the requirements of the NHS Five Year Forward View	✓
Patient experience is not systematically collected, reported or acted upon	✓	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	✓	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	✓
Inability to deliver the benefits of integration within the defined	✓	Failure to provide quality training and supervision and opportunities for	✓	Inability to sustain performance against contractual and financial	✓

timescales		career development for all staff		targets	
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Link to the Organisational Risk Register (Datix)

The paper provides assurance on all the principle risks referenced in the Board Assurance Framework

Has an Equality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
Submitted quarterly to the Trust Board of Directors		

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Purpose

1. The purpose of this paper is to present the Well Led self-assessment for quarter 4 to the Board for approval.

Executive Summary

2. In the well led framework guidance, updated from 2014, the regulator at that time, Monitor, aligned the four domains and ten high level questions asked of NHS provider organisations with the CQC's characteristics of 'good' under their well-led domain.
3. By well led, regulators mean that the leadership, management and governance of the organisation ensure the delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture.
4. The well led self-assessment takes the place of the Board Governance Assurance Framework (BGAF) self-assessment and the Quality Governance Assessment Framework (QGAF) self-assessment.
5. The well-led framework is not just a tool for trusts to use in preparing for the foundation trust assessment process; it is a tool for all NHS trusts to use to develop and improve their capacity and capability. Trusts carrying out leadership and governance reviews as part of their on-going development will be expected to use the well-led framework.
6. The well led framework is based on four different domains to review how well a board is operating:
 - Strategy and planning - how well is the board setting direction for the organisation?
 - Capability and culture - is the board taking steps to ensure it has the appropriate experience and ability, now and into the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
 - Process and structures - do reporting lines and accountabilities support the effective oversight of the organisation?
 - Measurement - does the board receive appropriate, robust and timely information and does this support the leadership of the trust?

Well Led Self -Assessment Quarter 4

7. The self-assessment process is an important step in setting the Well Led Framework starting point for the trust.
8. Trusts should assess themselves to:
 - Provide insight to the NHS foundation trust and the independent reviewer about how the trust gauges its own leadership and governance performance
 - Shape the emphasis and scope of the future external review, identifying areas within the four domains for extra attention or other areas outside the 'core' scope of the framework.

9. The self-assessment questions are rated using a colour-coded (RAG) system. The good practice examples linked to the 10 questions have been used as a guide to make a judgement about the RAG rating for each question.
10. While a nominated trust lead or team may co-ordinate the self-assessment and other aspects of the review, the self-assessment should be completed and signed-off by the full board.
11. The Director of Nursing and Performance has worked with the trust board secretary and their staff to gather the information and the evidence against each question and to present their findings and initial conclusions to the board for discussion and challenge in a dashboard **Appendix 1**.
12. The underpinning evidence that is the basis for this self-assessment will be circulated to board members in a separate paper.
13. The Trust is awaiting feedback from NHSI in relation to the revised well led framework, the consultation for this ended on 14 February 2017.
14. The proposed changes include the content, which includes more detail on themes such as compassionate, inclusive leadership, system leadership and, financial and resource governance and how CQC and NHS Improvement will make use of the well-led framework in their regulatory and oversight activities.
15. The trust will continue its current self-assessment process using the existing Well Led framework during quarter 1 2017/18.
16. A board development session will be planned to review the new framework when it is released.

Board action

17. The Board of Directors is asked to approve to approve the quarter 4 self-assessment of the Well Led Framework.

Sandra Christie,
Director of Nursing and Quality Improvement

Alison Hughes
Trust Board Secretary

26 April 2017

Appendix 1. Well Led Framework Self- Assessment

Well Led Framework Self-Assessment Quarter Four 2016/17

The well led framework is based on four our different domains to review how well a board is operating:

- Strategy and planning – how well is the board setting direction for the organisation?
- Capability and culture – is the board taking steps to ensure it has the appropriate experience and ability, now and into the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
- Process and structures – do reporting lines and accountabilities support the effective oversight of the organisation?
- Measurement – does the board receive appropriate, robust and timely information and does this support the leadership of the trust?

Risk Ratings Explained:

Risk rating (or other means of assessment)	Definition	Evidence
Green	Meets or exceeds expectations	Many elements of good practice and there are no major omissions
Amber-green	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, no major omissions and robust action plans to address perceived gaps with proven track record of delivery
Amber-red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, some minor omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery
Red	Does not meet expectations	Major omission in quality governance identified. Significant volume of action plans required and concerns about management's capacity to deliver

Strategy and Planning	Capability and culture	Process and structures	Measurement
<p>Q1 Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?</p>	<p>Q3 Does the board have the skills and capability to lead the organisation?</p>	<p>Q6 Are there clear roles and accountabilities in relation to board governance (including quality governance)?</p>	<p>Q9 Is appropriate information on organisational and operational performance being analysed and challenged?</p>
<p>Q2 Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?</p>	<p>Q4 Does the board shape an open, transparent and quality-focused culture?</p>	<p>Q7 Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?</p>	<p>Q10 Is the board assured of the robustness of information?</p>
	<p>Q5 Does the board support continuous learning and development across the organisation?</p>	<p>Q8 Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?</p>	