

**AGENDA ITEM 10 – WELL LED FRAMEWORK REVIEW ACTION PLAN
BOARD OF DIRECTORS 07 MARCH 2019**

Report title	Well Led Framework review and action plan
Report from	David Probert, chief executive
Prepared by	Helen Essex, company secretary
Previously discussed at	Board of directors, 28 June 2018 Management executive quarterly
Attachments	MEH Well Led action plan
Link to strategic objectives	The well led action plan links to all eight strategic objectives

Brief summary of report

Foundation Trusts are required to commission an independent assessment against the NHS Improvement Well-Led Framework every three years. This was carried out for the trust by Deloitte during June 2017 and the board agreed to see an update every six months.

The report was grouped into eight key lines of enquiry that related to various aspects of corporate governance including leadership capacity and capability, strategy, culture, risk and performance management, staff and public engagement and continuous learning and innovation.

A number of good practice points were highlighted as part of the review. However, the action plan focused on areas requiring improvement.

Since the last board update in June 2018 the following actions have been completed:

KLOE 2 – supporting strategies

Education, informatics and R&D strategies presented at the board strategy day in October 2018. Workforce strategy presented at February 2019 board meeting with final sign off scheduled for April 2019.

KLOE 3 – incident backlog

The incident backlog has improved, new processes implemented and regular monitoring through the quality & safety team and executive established. It is acknowledged that management of this process will be ongoing.

KLOE 4 – committees

Terms of reference and effectiveness reviews carried out on all committees and scheduled as part of the annual cycle of business.

KLOE 5 – risk management

All divisional risk registers are now on the Safeguard system and feeding through to the corporate risk register. More work is to be done on making sure all corporate department risks are entered onto the same system and this process continues.

KLOE 7 – staff feedback

Methodology and approach for communicating changes arising from staff feedback agreed through management executive and people committee.

KLOE 8 – mandatory training

Targets and matrix for mandatory training reviewed, data quality also under review.

Quality implications

Boards have a duty to demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care. Leaders need to be able to equip and encourage people at all levels to deliver continuous improvement in the services they provide and feel positive about their role in doing this, at the same time enhancing the patient experience. Robust governance processes and open, transparent leadership should give staff at all levels confidence about their capability to maintain and continuously improve services.

Risk implications

Failure to act on the recommendations arising from the review could give rise to risk in a number of areas including staff engagement and satisfaction, patient experience, influence with stakeholders and an inability to effectively identify and manage risk and incident trends.

Financial implications

There are no direct or immediate financial implications arising from this review, however any additional resource requirements would be requested via business case and appropriate approval processes.

Action Required/Recommendation

The Board is asked to receive the report for assurance and agree that no further updates on this plan will be required. A new plan will be developed following receipt of the report into the recent CQC Well-Led review.

For assurance	✓	For decision	✓	For discussion		To note	
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