## 

## Appendix 2: Optional scoring guide for individual self-assessment against the competencies

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| **Domain 1: Driving high quality, sustainable outcomes** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader:** |  | | | | |
| 1a | to ensure that my organisation delivers the best possible care for patients |  |  |  |  |  |
| 1b | to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation |  |  |  |  |  |
| **2** | **I assess and understand:** |  | | | | |
| 2a | the performance of my organisation and ensure that, where required, actions are taken to improve |  |  |  |  |  |
| 2b | the importance of efficient use of limited resources and seek to maximise:   * + 1. productivity and value for money     2. delivery of high quality and safe services at population level |  |  |  |  |  |
| 2c | the need for a balanced and evidence-based approach in the context of the board’s risk appetite when considering innovative solutions and improvements |  |  |  |  |  |
| **3** | **I recognise and champion the importance of:** |  | | | | |
| 3a | attracting, developing and retaining an excellent and motivated workforce |  |  |  |  |  |
| 3b | building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles |  |  |  |  |  |
| 3c | retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate |  |  |  |  |  |
| **4** | **I personally:** |  |  |  |  |  |
| 4a | seek out and act on performance feedback and review, and continually build my own skills and capability |  |  |  |  |  |
| 4b | model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training |  |  |  |  |  |

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| **Domain 2: Setting strategy and delivering long term transformation** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader to:** |  | | | | |
| 1a | the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities |  |  |  |  |  |
| 1b | ensure there is a long-term strategic focus while delivering short-term objectives |  |  |  |  |  |
| 1c | ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates |  |  |  |  |  |
| 1d | ensure effective prioritisation within the resources available when setting strategy and help others to do the same |  |  |  |  |  |
| **2** | **I assess and understand:** |  | | | | |
| 2a | the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments |  |  |  |  |  |
| 2b | the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy |  |  |  |  |  |
| 2c | clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans |  |  |  |  |  |
| **3** | **I recognise and champion the importance of long-term transformation that:** |  | | | | |
| 3a | benefits the whole system |  |  |  |  |  |
| 3b | promotes workforce reform |  |  |  |  |  |
| 3c | incorporates the adoption of proven improvement and safety approaches |  |  |  |  |  |
| 3d | takes data and digital innovation and other technology developments into account |  |  |  |  |  |
| **4** | **I personally:** |  | | | | |
| 4a | listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same |  |  |  |  |  |
| 4b | seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies |  |  |  |  |  |

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| **Domain 3: Promoting equality and inclusion, and reducing health inequalities** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader to:** |  | | | | |
| 1a | improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care |  |  |  |  |  |
| 1b | ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes |  |  |  |  |  |
| 1c | reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups |  |  |  |  |  |
| **2** | **I assess and understand:** |  | | | | |
| 2a | the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6) |  |  |  |  |  |
| **3** | **I recognise and champion:** |  | | | | |
| 3a | the need for the board to consider population health risks as well as organisational and system risks |  |  |  |  |  |
| **4** | **I personally:** |  | | | | |
| 4a | demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds |  |  |  |  |  |
| 4b | encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities |  |  |  |  |  |

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| **Domain 4: Providing robust governance and assurance** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader by:** |  | | | | |
| 1a | working collaboratively on the implementation of agreed strategies |  |  |  |  |  |
| 1b | participating in robust and respectful debate and constructive challenge to other board members |  |  |  |  |  |
| 1c | being bound by collective decisions based on objective evaluation of research, evidence, risks and options |  |  |  |  |  |
| 1d | contributing to effective governance and risk management arrangements |  |  |  |  |  |
| 1e | contributing to evaluation and development of board effectiveness |  |  |  |  |  |
| **2** | **I understand board member responsibilities and my individual contribution in relation to:** |  | | | | |
| 2a | financial performance |  |  |  |  |  |
| 2b | establishing and maintaining arrangements to meet statutory duties, national and local system priorities |  |  |  |  |  |
| 2c | delivery of high quality and safe care |  |  |  |  |  |
| 2d | continuous, measurable improvement |  |  |  |  |  |
| **3** | **I assess and understand:** |  | | | | |
| 3a | the level and quality of assurance from the board’s committees and other sources |  |  |  |  |  |
| 3b | where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making |  |  |  |  |  |
| 3c | how to proactively monitor my organisation’s risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements |  |  |  |  |  |
| 3d | the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks |  |  |  |  |  |
| **4** | **I recognise and champion:** |  | | | | |
| 4a | the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders |  |  |  |  |  |
| 4b | working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement |  |  |  |  |  |
| **5** | **I personally:** |  | | | | |
| 5a | understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same |  |  |  |  |  |

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| **Domain 5: Creating a compassionate, just and positive culture** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader:** |  | | | | |
| 1a | to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues |  |  |  |  |  |
| 1b | to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement |  |  |  |  |  |
| 1c | to improve staff engagement, experience and wellbeing in line with our NHS People Promise |  |  |  |  |  |
| 1d | to ensure there is a safe culture of speaking up for our workforce |  |  |  |  |  |
| **2** | **I assess and understand:** |  | | | | |
| 2a | my role in leading the organisation’s approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture |  |  |  |  |  |
| **3** | **I recognise and champion:** |  | | | | |
| 3a | being respectful and I promote diversity and inclusion in my work |  |  |  |  |  |
| 3b | the ability to respond effectively in times of crisis or uncertainty |  |  |  |  |  |
| **4** | **I personally:** |  | | | | |
| 4a | demonstrate visible, compassionate and inclusive leadership |  |  |  |  |  |
| 4b | speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice |  |  |  |  |  |
| 4c | challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly |  |  |  |  |  |
| 4d | promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention |  |  |  |  |  |

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| **Domain 6: Building trusted relationships with partners and communities** | | | | | | |
|  | Competencies | Almost always | Frequently | Occasionally | Rarely or never | No chance to demonstrate |
| **1** | **I contribute as a leader by:** |  | | | | |
| 1a | fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners |  |  |  |  |  |
| 1b | identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest |  |  |  |  |  |
| **2** | **I assess and understand:** |  | | | | |
| 2a | the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems |  |  |  |  |  |
| 2b | the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners |  |  |  |  |  |
| **3** | **I recognise and champion:** |  | | | | |
| 3a | management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues |  |  |  |  |  |
| 3b | open and constructive communication with all system partners to share a common purpose, vision and strategy |  |  |  |  |  |