



**Sheffield Health
and Social Care**
NHS Foundation Trust

Framework for Annual Appraisal of Trust Chair

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Context

The framework was published by NHS England and NHS Improvement in September 2019 and is informed by the related provisions common to Monitor's code of governance for NHS foundation trusts¹, the seven principles of public life² and the Financial Reporting Council's publications (UK corporate governance code³ and guidance on board effectiveness⁴). These provisions stress the pivotal nature of the chair's role in creating the conditions for the board's effectiveness in maintaining a focus on strategy, performance, culture and values, stakeholders and accountability.

In leading the board, the chair should set clear expectations concerning the style and tone of its discussions, ensuring it has effective decision-making processes and applies sufficient challenge in conducting its business. This requires an ability to foster relationships based on trust, mutual respect and open communication between non-executive directors and the executive team, and between the unitary board and its key partners (both internal and external).

As a minimum, chairs will participate in a face-to-face annual appraisal discussion that is informed by self-evaluation, combined with assessments of impact and personal effectiveness provided by a range of internal and external stakeholders. The frame of reference for self-evaluation and stakeholder assessment is the five 'competency clusters' associated with the provider chair competency framework shown below.

The five competency domains



The outcomes arising from the appraisal discussion will be recorded and shared with respective NHS England and NHS Improvement regional directors.

¹ www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance

² www.gov.uk/government/publications/the-7-principles-of-public-life

³ www.frc.org.uk/

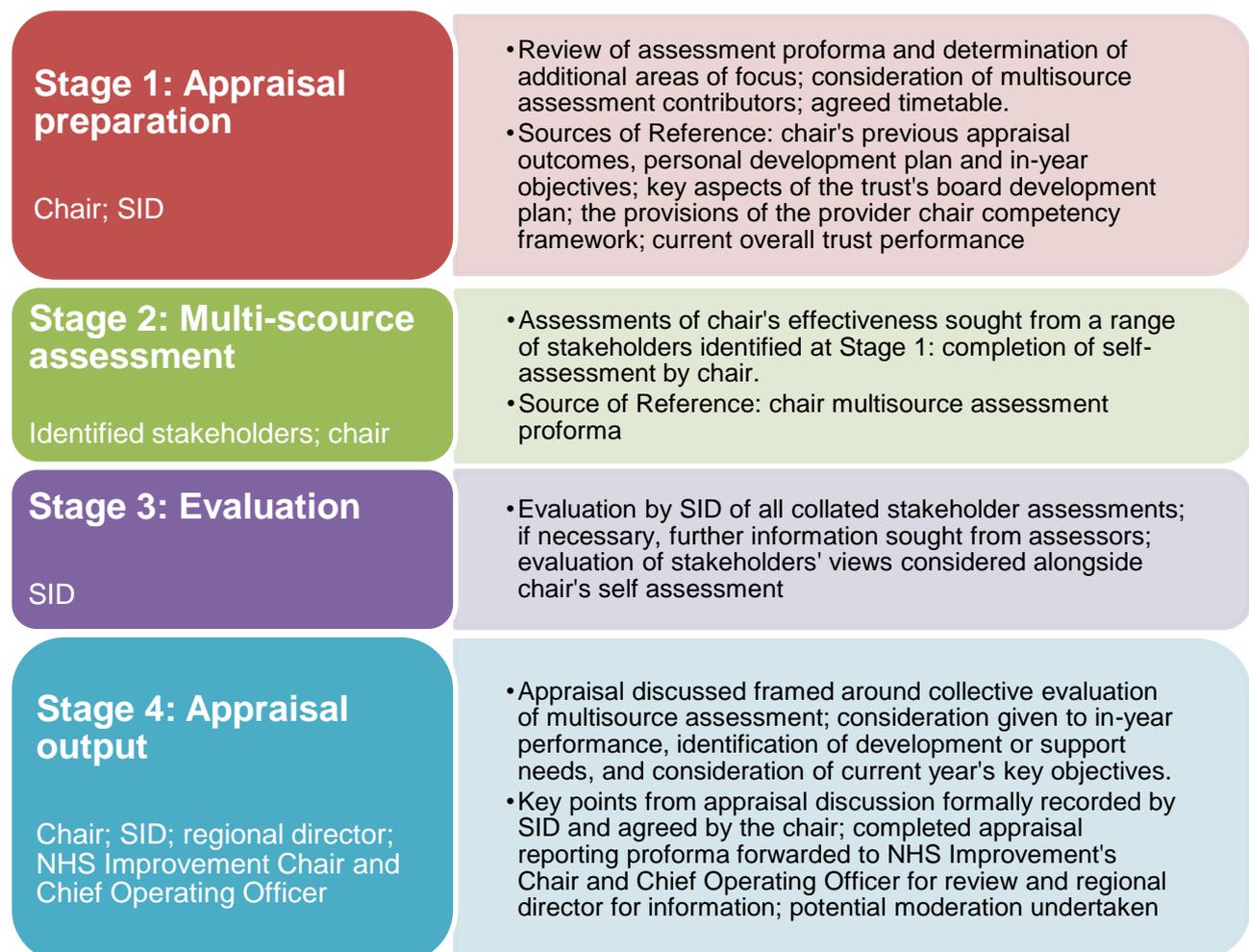
⁴ www.frc.org.uk/

The preparation for and conduct of the appraisal discussion should be facilitated by the senior independent director (SID) also known as the appraisal facilitator. The SID will be responsible for receiving the chair's self-evaluation and collating all assessment feedback from the participant stakeholders.

For annual appraisals to be meaningful and contribute beneficially to chairs' personal development, SIDs should place significant emphasis on developing a highly functional working relationship with their chairs, built on openness, honesty and trust. This will ensure the appraisal does not feel like an impersonal or isolated annual event but an important cornerstone of continuous and supportive dialogue and objective informal feedback, relating to personal impact and effectiveness. Above all, chairs should be genuinely willing to seek and act on constructive criticism about their impact and effectiveness.

Annual process

This framework establishes a standard process, consisting of four key stages, to be applied to the annual appraisal of chairs. The process is described below and shown in the flowchart.



Stage 1: Appraisal preparation

At a pre-appraisal meeting, the chair and the SID should review the contents of the assessment proforma provided by this framework (see Appendix 1) and determine whether they will seek feedback for any additional areas: if so, the proforma will need to be adapted accordingly. Additional areas of focus are likely to be identified by, for example, considering the chair's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development plan; the provisions of the provider chair competency framework and the trust's current overall performance.

The chair and the SID should also determine which stakeholders they will invite to contribute to the appraisal through multisource assessment and agree the overall timetable for completing the required appraisal activity. The agreed timetable should ensure all associated stages of the process are completed by the end of Quarter 1 in any given year.

Another important part of the preparation is for the SID to speak with their NHS England and NHS Improvement regional director to ascertain whether they consider that any areas of competency should receive particular focus.

Stage 2: Multisource assessment

Assessments of the chair's effectiveness should be sought from a range of key stakeholders who represent the trust and external partner organisations. For foundation trusts, the lead governor (on the council of governors' behalf) should always be included. Other stakeholders might include non-executive directors, the chief executive, executive directors, integrated care system chair, commissioners and other system partners, patient and public representative leads and a peer(s) from another trust(s). Careful consideration should be given to ensuring there is an appropriate number and span of representative participants.

The multisource assessment proforma is provided at Appendix 1. The proforma may be adapted according to local context, such that those competencies that are of greatest relevance may be prioritised over others.

Concurrently, the chair should be invited to conduct a self-assessment using the chosen criteria included in the multisource assessment proforma. This self-evaluation should include commentary on any identified personal development or support needs.

Stage 3: Evaluation

The SID will need to devote sufficient time to evaluating all the collated stakeholder assessments. As part of this evaluation, it may well be necessary to seek further information from one or more of the assessors, to gain greater insight and/or to clarify certain areas. The evaluation of stakeholders' views should then be considered alongside the chair's own self-assessment. Again, the chair may ask the SID for further information and/or comment.

Stage 4: Appraisal output

The collective evaluation of the multisource assessment should form the basis of, and subsequently guide, an appraisal discussion between the chair and the SID. During the discussion, equal consideration should be given to assessing in-year performance, how

any previously identified development and support needs have been met, identifying any continuing or additional development or support required, and determining key objectives for the current year.

The key points arising from the appraisal discussion should be formally recorded by the SID and agreed by the chair. A proforma for this is provided in Appendix 2.

After completing all local activity, a copy of the appraisal reporting proforma (Appendix 2) should be sent to NHS Improvement's Chair and Chief Operating Officer for review and to the NHS England and NHS Improvement regional director, for information. NHS Improvement's Chair and Chief Operating Officer will acknowledge, with the chair, the receipt of their appraisal documentation and exercise discretion in seeking further information and/or moderating the appraisal outcomes, if such action is deemed to be necessary.

Appendix 1: NHS provider chair multisource assessment proforma

Overview

This proforma is for use by those asked to contribute to the annual appraisal of the chair, a principal component of which is multisource assessment. In addition to inviting responses from identified stakeholders to the statements and questions in the proforma, chairs will be asked to reflect on the same statements and questions as a means of self-assessment. The collective evaluation of all responses, including those provided by chairs, will form the basis of an appraisal discussion conducted by the SID.

The outcomes arising from the appraisal discussion will be formally recorded and reviewed at regional level (by respective regional directors) and national level (by NHS Improvement's Chair).

The annual appraisal process should be a valuable and valued undertaking that honestly and objectively assesses a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered. The NHS provider chair competencies framework identifies four key aspects central to the chair's role:

- leading the board, both in shaping the agenda and managing relationships internally and externally
- ensuring the board sets the trust's long-term vision and strategic direction and holding executive directors to account for delivering the trust's strategy
- creating the right tone at the top, encouraging change and shaping the organisation's culture
- building system partnerships and balancing organisational governance priorities with system collaboration (this is becoming more important as organisations move to integrated care systems, prioritising population health in line with the NHS Long Term Plan).

These aspects are reflected in the framework's five competency 'clusters' (ie strategic, partnerships, people, professional acumen and outcomes focus). Collectively, the competencies associated with each cluster represent a success profile against which chairs' impact and effectiveness should be annually assessed.

The proforma consists of themed statements grouped according to the five competency clusters. Based on their direct knowledge of the chair, assessors are asked to provide a response to each statement (ie strongly agree, agree, disagree or strongly disagree) or to a smaller number of specific statements that will have been indicated by the SID, under covering correspondence.

For each competency, reflecting on their responses to the associated themed statements, assessors are further invited to provide commentary in response to two questions: "what does the chair do particularly well?" and "how might the chair's impact and effectiveness be improved?" Responses will be particularly valuable in highlighting areas of high impact and good practice, and opportunities for development and support.

Completed proformas should be submitted (anonymously or otherwise) direct to the appraisal facilitator.

Confidential Multisource Assessment – Chair impact and effectiveness

Name of Provider Trust: Sheffield Health & Social Care NHS Foundation Trust	
Name of chair:	
Name and role of appraisal facilitator:	
Assessment period:	

Part 1: Responses to statements relating to the chair competencies framework

The following themed statements relate to the chair’s impact and effectiveness in their role.

Please respond to as many of the statements as possible.

Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the board in setting an achievable strategy				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of service users				
Provokes and acquires new insights and encourages innovation				
Evaluates evidence, risks and options for improvement objectively				
Builds organisational and system resilience, for the benefit of the population of the system as a whole				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders				
Demonstrates deep personal commitment to partnership working and integration				
Promotes collaborative, whole-system working for the benefit of all service users				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

Additional commentary

Thank you for participating. Please now send your completed proforma to Sandie Keene, Senior Independent Director, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the SID, again in strict confidence, please request to do so.

Appendix 2: Chair appraisal reporting proforma

This proforma is to be used to formally record a summary of key outcomes arising from the appraisal discussion between the chair of Sheffield Health & Social Care NHS Foundation Trust and its Senior Independent Director.

Name of Provider Trust: Sheffield Health & Social Care NHS Foundation Trust	
Name of chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by the SID)

a. Summary of significant emergent themes from stakeholder assessments:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by the chair)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Part 3: Personal development and support (for completion by chair and SID)

Identification of personal development and/or support needs			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/measure of success

Part 4: Principal objectives (for completion by chair and SID)

Identification of personal development and/or support needs		
Objective	Anticipated benefit/measure of success	Anticipated constraints/barriers to achievement

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Senior Independent Director		

Part 6: Submission

- a. Copy submitted to regional director, for information

Name of regional director	Date

b. Receipt of NHS Improvement Chair and Chief Operating Officer

Signature (Chair)	Date
Signature (Chief Operating Officer)	Date

Comments (including potential moderation):