The role of the NHS provider chair: a framework for development

Implementation document: November 2019

The NHS Long Term Plan says that when organisations work together they provide better care for the public. That is why on 1 April 2019 NHS Improvement and NHS England united as one – our aim, to provide leadership and support to the wider NHS. Nationally, regionally and locally, we champion frontline staff who provide a world-class service and constantly work to improve the care given to the people of England.

Contents

Introduction

This document aims to support NHS trusts and foundation trusts in attracting, appointing and developing NHS provider chairs; It offers guidance on best practice expectations for the chair's role.

Each trust will require a different balance within the chair's role: certain competencies and responsibilities will need more emphasis than others, depending on the trust's size, scope and situation – for example, whether it is in special measures for quality or finance reasons, or seeking to merge with other trusts. Factors such as the stage of development and maturity of the local integrated care system will also affect the role and how this framework is applied.

That said, in the modern NHS, certain core characteristics are essential in ensuring success and effectiveness in the role. Above all, in leading their boards, chairs must visibly and consistently demonstrate a commitment to developing and maintaining a healthy organisational culture and environment built on trust; openness; honesty; integrity; and inclusivity, and which promotes collaborative, system-level leadership that is focused on the best interests of all patients and service users and the wellbeing of all staff.

The NHS provider chair's role is challenging and, unlike the role of chief executive, is not full time. Therefore, trusts will need to consider how the role's many requirements match the time the chair can reasonably be expected to commit to it.

Context

As stated in the NHS Constitution,[1] the NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

---

[1] www.gov.uk/government/publications/the-nhs-constitution-for-england

The NHS is founded on principles and values that bind together the diverse communities and people it serves – patients and public – and the staff who work for it.

Principles that guide the NHS

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values derived from extensive discussions with staff, patients and the public. Both the principles and the values below are described in further detail in the NHS Constitution.

1.   The NHS provides a comprehensive service, available to all.

2.   Access to NHS services is based on clinical need, not an individual's ability to pay.

3.   The NHS aspires to the highest standards of excellence and professionalism.

4.   The patient will be at the heart of everything the NHS does.

5.   The NHS works across organisational boundaries.

6.   The NHS is committed to providing best value for taxpayers' money.

7.   The NHS is accountable to the public, communities and patients that it serves.

NHS values

The principles are underpinned by six core NHS values. Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build on these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS:

- working together for patients

- compassion

- respect and dignity

- improving lives

- commitment to quality of care

- everyone counts.

Fulfilling the seven principles in line with NHS values is the responsibility of local NHS boards.

As described in *The healthy NHS board 2013*,[2] the purpose of NHS boards is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and care is in safe hands.

This fundamental accountability to the public and stakeholders is achieved by building confidence:

- in the quality and safety of health and care services

- that resources are invested in a way that delivers optimal health and care outcomes

- in the accessibility and responsiveness of health and care services

- that patients and the public can help to shape health and care services to meet their needs

- that public money is spent in a way that is fair, efficient, effective, economic and sustainable.

The 7 principles of public life

NHS board members, in their capacity as public office holders, are expected to abide by the 'Nolan principles' as defined by the Committee on Standards in Public Life:[3]

1. Selflessness

Holders of public office should act solely in terms of the public interest.

---

[2] www.leadershipacademy.nhs.uk/resources/healthy-nhs-board/
[3] www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

The chair's role

NHS trusts and foundation trusts are primarily responsible for delivering safe, high quality services and outcomes for patients, service users and the wider community.

The chair has a unique role in leading the NHS trust board. The role combines the duty to lead effective governance, consistent with the Nolan principles and NHS values, with securing a long-term vision and strategy for the organisation.

Fundamentally, the chair is responsible for the effective leadership of the board (and in foundation trusts, the council of governors). They are pivotal in creating the conditions necessary for overall board and individual director effectiveness.

Central to the chair's role are five key responsibilities:

1. **strategic**: ensuring the board sets the trust's long-term vision and strategic direction and holding the chief executive to account for achieving the trust's strategy

2. **people**: creating the right tone at the top, encouraging diversity, change and innovation, and shaping an inclusive, compassionate, patient-centred culture for the organisation

3. **professional acumen**: leading the board, both in terms of governance and managing relationships internally and externally

4. **outcomes focus**: achieving the best sustainable outcomes for patients/ service users by encouraging continuous improvement, clinical excellence and value for money

5. **partnerships**: building system partnerships and balancing organisational governance priorities with system collaboration; this role will become increasingly more important as local organisations move to delivering integrated care, prioritising population health in line with the NHS Long Term Plan.[4]

---

[4] www.longtermplan.nhs.uk

The relationship between the chair and the trust's chief executive is key to the role's success. The chair must cultivate an effective working relationship with the chief executive. Many responsibilities in the role description will be discharged in partnership with the chief executive. It is important that the chair and chief executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

The fundamental difference between these roles is that the chair leads the board and is responsible for the non-executive directors' effectiveness and the board as a whole. The chief executive leads the organisation and is responsible for managing the executive directors. In foundation trusts, the chair also chairs the council of governors. This special relationship between the chair and the chief executive sets the tone for the whole organisation.

NHS provider chair competency framework

The competency framework describes the core competencies required in the NHS provider chair's role, in the context of the NHS principles and values in the NHS Constitution. We envisage that the competency framework will be used to recruit and appraise chairs. Figures 1 and 2 below show this and detail the associated requirements under each competency.

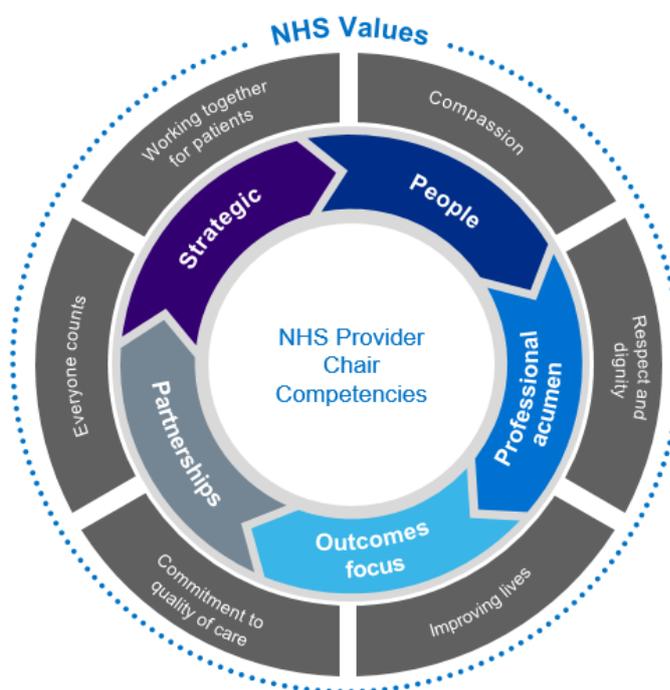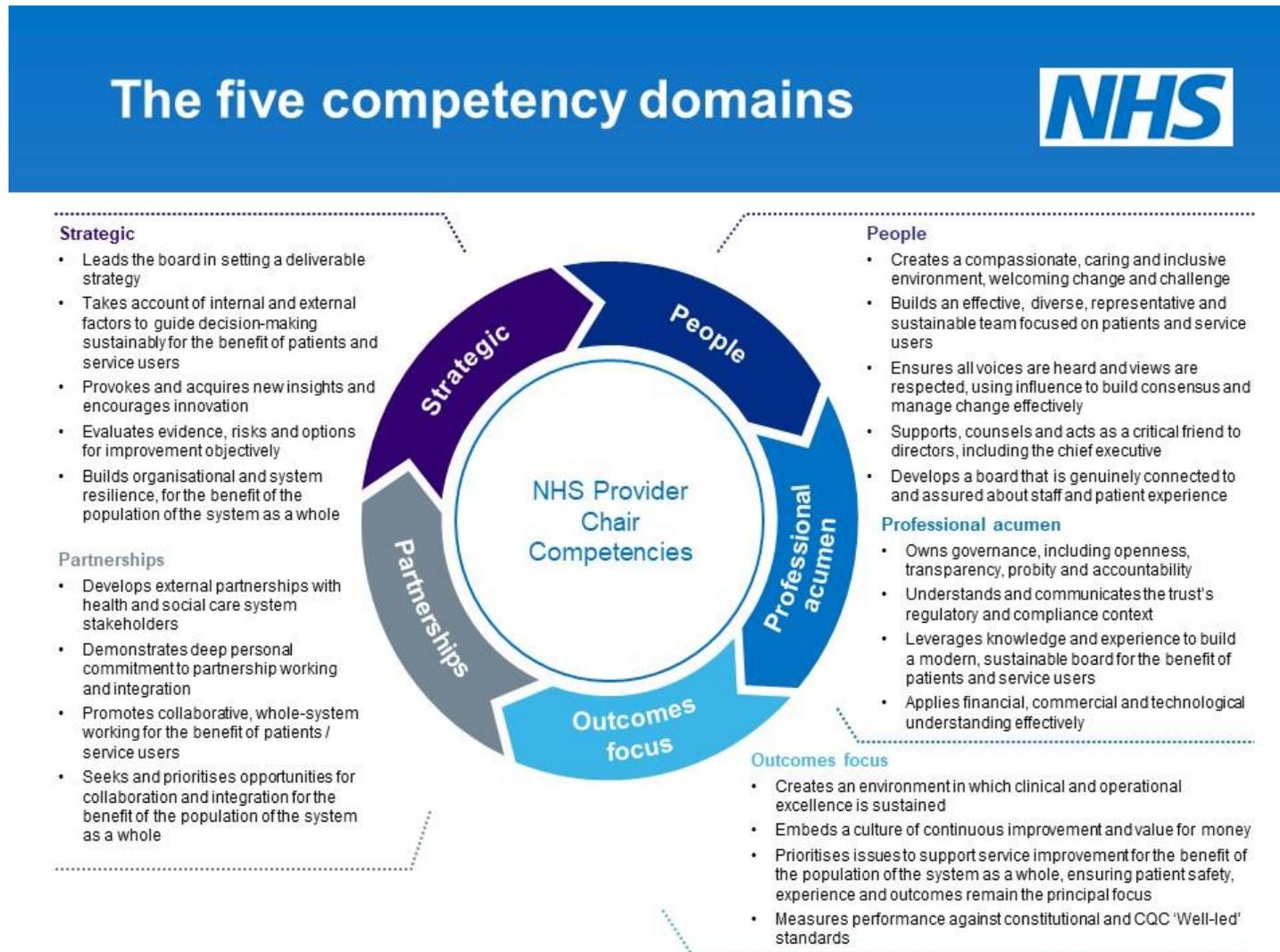**Figure 1: Chair's competency framework**

Figure 2: Five competency domains

The five competency domains

NHS

Strategic
- Leads the board in setting a deliverable strategy
- Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and 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

Partnerships
- 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 patients / service users
- Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole

People
- Creates a compassionate, caring and inclusive environment, welcoming change and challenge
- Builds an effective, diverse, representative and sustainable team focused on patients and service users
- Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively
- Supports, counsels and acts as a critical friend to directors, including the chief executive
- Develops a board that is genuinely connected to and assured about staff and patient experience

Professional acumen
- Owns governance, including openness, transparency, probity and accountability
- Understands and communicates the trust's regulatory and compliance context
- Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users
- Applies financial, commercial and technological understanding effectively

Outcomes focus
- Creates an environment in which clinical and operational excellence is sustained
- Embeds a culture of continuous improvement and value for money
- Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus
- Measures performance against constitutional and CQC 'Well-led' standards

NHS Provider Chair Competencies — Strategic, People, Professional acumen, Outcomes focus, Partnerships

Role description

To carry out their role effectively, the chair must cultivate a strong, collaborative relationship with the chief executive. Many responsibilities in this role description will be discharged in partnership with the chief executive. It is important the chair and the chief executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

Together, the chair and the chief executive set the tone for the whole organisation. They are ultimately responsible for ensuring that the population the trust serves and the wider system in which the organisation sits receive the best possible care in a sustainable way.

Responsibilities of the chair

This detailed description of the chair's role has been aligned with the competency framework's five domains. While each set of responsibilities has been aligned with the competency domain most relevant to discharging that element of the role, **a good chair will demonstrate competence in all five domains across all their responsibilities**, maintaining, for example, an outcomes focus while discharging their role as the board's facilitator.

1.   **Strategic**

1.1.   In their **strategic leadership** role, the trust chair is responsible for:

- ensuring the whole board of directors plays a full part in developing and determining the trust's **vision, values, strategy and overall objectives** to deliver organisational purpose and sustainability (and for foundation trusts, having regard to the council of governors' views)

- ensuring the trust's strategy aligns with the principles guiding the NHS and the NHS values

- ensuring the board identifies the key risks the trust faces in implementing its strategy; determines its approach and attitude to **providing effective oversight** of those risks and ensures there are **prudent controls** to assist in managing risk

- holding the chief executive to account for delivering the strategy and performance.

2. People

2.1. In their role **shaping organisational culture** and setting the right tone at the top, the trust chair is responsible for:

- providing visible leadership in developing a **healthy, open and transparent patient-centred culture for the organisation**, where all staff have equality of opportunity to progress, the freedom to speak up is encouraged, and ensuring that this culture is reflected and modelled in their own and in the board's behaviour and decision-making

- leading and supporting a **constructive dynamic** within the board, enabling grounded debate with contributions from all directors

- promoting the highest standards of **ethics**, **integrity, probity and corporate governance** throughout the organisation and particularly on the board

- demonstrating **visible ethical, compassionate and inclusive personal leadership** by modelling the highest standards of personal behaviour and ensuring the board follows this example

- ensuring that **constructive relationships based on candour, trust and mutual respect** exist between executive and non-executive directors (and for foundation trusts between elected and appointed members of the council of governors and between the board and the council)

- developing **effective working relationships** with all the board directors, particularly the chief executive, providing support, guidance and advice.

2.2. In their role **developing the board's capacity and capability**, the trust chair is responsible for:

- ensuring the board sees itself as a team, has the **right balance and diversity of skills, knowledge and perspectives**, and the confidence to challenge on all aspects of clinical and organisational planning; this includes:

- regularly **reviewing the board's composition and sustainability** with the chief executive and the nominations committee

- considering **succession planning** (and for foundation trusts, remuneration) for the board, including attracting and developing future talent (working with the board, council of governors and nominations and remuneration committees as appropriate)

- considering the **suitability and diversity** of non-executive directors who are assigned as chairs and members of the board's committees, such that as far as possible they reflect the workforce and respective communities served by the board

- where necessary, leading in seeking the removal of non-executive directors and giving counsel in the removal of executive directors

- leading on **continual director (and for foundation trusts, governor) development** of skills, knowledge and familiarity with the organisation and health and social care system, to enable them to carry out their role on the board/council effectively, including through:

  - induction programmes for new directors/governors

  - ensuring **annual evaluation** of the board/council's performance, the board's committees, and the directors/governors in respect of their board/council contribution and development needs, **acting on the results** of these evaluations and supporting personal development planning

  - taking account of their **own development needs** through, for example, personal reflection, peer learning and mentoring/reverse mentoring as part of the wider NHS provider chair community

- developing a board that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures, including the Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); and Equality Delivery System (EDS).

3. Partnerships

3.1. In their role as an **ambassador**, leading in developing **relationships** and **partnership working**, the chair is responsible for:

- promoting an **understanding of the board's role**, and the role of non-executive and executive directors

- representing the organisation externally, developing and facilitating strong partnerships, and promoting **collaborative, whole-system working** through engagement with:

  – patients and the public

  – members and governors (foundation trust)

  – all staff

  – key partners across public, private and voluntary sectors

  – regulators

  – other chairs in the system and the wider NHS provider chair community, including where appropriate, through:

    o integrating with other care providers

    o identifying, managing and sharing risks

    o ensuring decisions benefit the local population, prioritising the needs of the citizens served by the organisation at a system level

- ensuring that **effective communication with stakeholders** creates board debate encompassing diverse views, and giving sufficient time and consideration to **complex, contentious or sensitive issues**

- for foundation trusts, facilitating the council of governors' work on **member engagement,** so the governors can carry out their statutory duty to represent the interests of trust members and the general public to the trust

- for foundation trusts, ensuring that governors have the dialogue with directors they need to hold the non-executive directors (which includes the trust chair), individually and collectively to account for the board's performance.

4. Professional acumen

4.1. In their role as **governance lead** for the board **(and for the council of governors, in foundation trusts)**, the chair is responsible for:

- making sure the board/council operates effectively and understands its own **accountability** and compliance with its approved procedures – for example, meeting statutory duties relating to annual reporting

- personally **doing the right thing**, ethically and in line with the NHS values, demonstrating this to and expecting the same behaviour from the board

- leading the board in **establishing effective and ethical decision-making processes**

- **setting an integrated board/council agenda** relevant to the trust's current operating environment and taking full account of the **important strategic issues and key risks** it faces (and for foundation trusts, aligned with the annual planner for council of governors meetings, developed with the lead governor)

- ensuring that the board/council receives **accurate, high quality, timely and clear information**, that the related assurance systems are fit for purpose and that there is a good flow of information between the board, its committees, the council and senior management

- ensuring board committees are properly constituted and effective

- for foundation trusts: leading the board in being accountable to governors and leading the council in holding the board to account.

4.2. In their role as **facilitator** of the board (and of the council of governors for foundation trusts), the chair is responsible for:

- providing the environment for agile debate that considers the big picture

- ensuring the board/council collectively and individually applies **sufficient challenge**, balancing the ability to seize opportunities while retaining robust and transparent decision-making

- facilitating the **effective contribution** of all members of the board/council, drawing on their individual skills, experience and knowledge and in the case of non-executive directors, their independence

- working with and supporting the **trust board secretary** in establishing and maintaining the board's annual cycle of business

- for foundation trusts: liaising with and consulting the **senior independent director** (it is an expectation that all NHS trusts, that have not yet done so, will also seek to appoint a senior independent director in the short-medium term).

5. Outcomes focus

5.1. In their role as a **catalyst for change**, the chair is responsible for:

- ensuring all board members are well briefed on **external context** – eg policy, integration, partnerships and societal trends – and this is reflected in board/council debate

- fostering a **culture of innovation and learning**, by being outward-looking, promoting and embedding innovation, technology and transformation through the board/council's business and debate

- promoting **academic excellence and research** as a means of taking health and care services forward

- ensuring performance is accurately measured against constitutional and Care Quality Commission 'well-led' standards

- ensuring performance on equality, diversity and inclusion for all patients and staff is accurately measured and progressed against national frameworks, including WRES, WDES and EDS

- above all, ensuring the board maintains an unrelenting interest in and focus on the continuous improvement and self-assessment of patient safety, experience and clinical outcomes.

Person specification

This describes the skills, experience and attributes required or desirable for fulfilling the role, consistent with the competency framework's five domains and the detailed role description.

Required skills, experience and attributes

Values
- A clear commitment to the NHS and the trust's values and principles

Strategic
- Experience of leading and delivering against long-term vision and strategy

- Experience leading transformational change, managing complex organisations, budgets and people

People
- Strong interpersonal, communication and leadership skills

- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top and championing diversity at, and across, all levels

- Strongly focused on the experience of all staff and patients

- Fully attentive towards issues of equality, diversity and inclusion

Professional acumen
- Prior board experience (any sector, executive or non-executive role)

- Evidence of successfully demonstrating the NHS provider chair competencies in other leadership roles

- An ability to identify and address issues, including underperformance, and to scrutinise and challenge information effectively for assurance

Outcomes focus

- A demonstrable interest in health and social care and a strong desire to achieve the best sustainable outcomes for all patients and service users through encouraging continuous improvement, clinical excellence and value for money

- Strong understanding of financial management, with the ability to balance the competing objectives of quality, operational performance and finance

- An appreciation of constitutional and regulatory NHS standards

Partnerships

- A desire to engage with the local population and to collaborate with senior stakeholders across the health and care system

- Experience managing conflict, finding compromise and building consensus across varied stakeholder groups with potentially conflicting priorities

Desirable experience

- Prior experience as a non-executive director (any sector)

- Prior experience on an NHS board (executive, non-executive or associate role)

- Professional qualification or equivalent experience

- Prior senior experience of complex organisations outside the NHS, ie private, voluntary or other public sector providers of similar scale

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal responsibility and achievement have been demonstrated in previous/other roles, to satisfy the experience being sought.

The best boards are those that reflect the workforce and communities they serve. We particularly welcome applications from women, people from local black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in these important roles.

Selected references

The NHS Constitution for England, Department of Health and Social Care.

The 7 principles of public life, Committee on Standards in Public Life, UK Government.

The healthy NHS board 2013, NHS Leadership Academy.

What makes a top chair 2015, Hunter Healthcare.

A review of the Fit and Proper Person Test, Tom Kark QC and Jane Russell (Barrister).

NHS Long Term Plan, NHS England.

Developing people – improving care: a national framework for action on improvement and leadership development in NHS-funded services, National Improvement and Leadership Development Board.

NHS Workforce Race Equality Standard, NHS England.