# Appendix 3: NHS provider chair appraisal reporting template

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

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| --- | --- |
| Name of provider trust: |  |
| Name of chair: |  |
| Name and role of appraisal facilitator: |  |
| Appraisal period: |  |

## Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

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| --- |
| a. Summary of significant emergent themes from stakeholder assessments: |
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| b. Highlighted areas of strength: |
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| --- |
| c. Identified opportunities to increase impact and effectiveness: |
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## Part 2: Self-reflection (for completion by chair)

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| Summary of self-reflection on multisource stakeholder assessment outcomes: |
|  |

## Part 3: Personal development and support (for completion by chair and appraisal facilitator)

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| --- | --- | --- | --- |
| Identification of personal development and/or support needs: | | | |
| Description | Proposed intervention | Indicative timescale | Anticipated benefit/ measure of success |
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## Part 4: Principal objectives (for completion by chair and appraisal facilitator)

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| Identification of three principal objectives for next 12 months: | | |
| Objective | Anticipated benefit/ measure of success | Anticipated constraints/ barriers to achievement |
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## Part 5: Suitability for appointment (for completion by chair and appraisal facilitator)

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| The appraisee has confirmed they continue to be a ‘fit and proper person’ as outlined in [regulation](https://www.england.nhs.uk/non-executive-opportunities/support-for-candidates/fit-proper-persons-requirements/) 5 and there are no pending proceedings or other matters which may affect their suitability for appointment |
| **YES/NO** – If NO please provide details. |
|  |

Part 6: Overall Assessment Rating and Confirmation

* 1. Assessment ratings:

1. **Satisfactory** (they are meeting their formal expectations)
2. **Cause for concern** (they are not meeting their formal expectations and will be formally logged and addressed)

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| --- | --- | --- | --- |
| **Confirmation of overall assessment rating and confirmation (please circle and sign below)** | | | |
| 1. Satisfactory | | 1. Cause for concern | |
| Confirmed by | Signature | | Date |
| Chair |  | |  |
| Senior Independent Director, Deputy Chair or Regional Director |  | |  |

## Part 7: Confirmation

|  |  |  |
| --- | --- | --- |
| Confirmation of key outcomes of appraisal discussion: | | |
| Confirmed by | Signature | Date |
| Chair |  |  |
| Appraisal facilitator |  |  |

## Part 8: Submission

## a. Copy submitted to [england.chairsappraisal@nhs.net](mailto:england.chairsappraisal@nhs.net) who will forward to your regional director for review

|  |  |
| --- | --- |
| Name of regional director | Date |
|  |  |

## b. Endorsement by NHS England Chief Executive and Chief Operating Officer (NHSE will action)

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