

The Role and responsibilities of an NHS Trust Chair

1. Role of the NHS Board and Chair

NHS boards play a key role in shaping the strategy, vision and purpose of an organisation. They hold the organisation to account for the delivery of strategy and ensure value for money. They are also responsible for assuring that risks to the organisation and the public are managed and mitigated effectively. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the board has a collective responsibility for the performance of the organisation. The Chair also ensures the Board is focused on improving outcomes in population health and healthcare, and fosters a culture of learning and continuous improvement, with a particular focus on quality, safety, access, patient experience.

The purpose of NHS boards is to govern effectively, and in so doing build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- in the quality and safety of health services
- that resources are invested in a way that delivers optimal health outcomes
- in the accessibility and responsiveness of health services
- that patients and the public can help to shape health services to meet their needs
- that public money is spent in a way that is fair, efficient, effective and economic.

2. 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

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. 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:

Strategic

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
- 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.

People

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

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** for the board, including attracting and developing future talent
 - 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 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 effectively, including through:
 - induction programmes for new directors
 - ensuring **annual evaluation** of the board performance, the board's committees, and the directors in respect of their board 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).

Partnerships

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
 - 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:
 - integrating with other care providers
 - identifying, managing and sharing risks
 - 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**

Professional acumen

In their role as **governance lead** for the board, the chair is responsible for:

- making sure the board 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 agenda** relevant to the trust's current operating environment and taking full account of the **important strategic issues and key risks** it faces

- ensuring that the board 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

In their role as **facilitator** of the board, the chair is responsible for:

- providing the environment for agile debate that considers the big picture
- ensuring the board 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, 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

Outcomes focus

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

- ensuring all board members are well briefed on **external context** – e.g. policy, integration, partnerships and societal trends – and this is reflected in board debate
- fostering a **culture of innovation and learning**, by being outward-looking, promoting and embedding innovation, technology and transformation through the board 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.

3. Chair competencies

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. The figure below shows this and detail the associated requirements under each competency.

