# Appendix 2: NHS chair multisource assessment template

## Multisource assessment - impact and effectiveness

## Confidential when completed

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| Name of organisation: |  |
| Name of chair: |  |
| Name and role of appraisal facilitator: |  |
| Assessment period: |  |

## Part 1: Responses to statements relating to the NHS Leadership Competency Frameworks

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.

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| **Domain 1: Driving high quality, sustainable outcomes** |
| Competencies | Almost always  | Frequently | Occasionally | Rarely or never  | No chance to demonstrate |
| **I contribute as a leader:** |  |
| to ensure that my organisation delivers the best possible care for patients |  |  |  |  |  |
| to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation |  |  |  |  |  |
| **I assess and understand:** |  |
| the performance of my organisation and ensure that, where required, actions are taken to improve |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| the need for a balanced and evidence-based approach in the context of the board’s risk appetite when considering innovative solutions and improvements |  |  |  |  |  |
| **I recognise and champion the importance of:**  |  |
| attracting, developing and retaining an excellent and motivated workforce |  |  |  |  |  |
| building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles |  |  |  |  |  |
| retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate |  |  |  |  |  |
| **I personally:**  |  |  |  |  |  |
| seek out and act on performance feedback and review, and continually build my own skills and capability |  |  |  |  |  |
| 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 |
| **I contribute as a leader by:** |  |
| working collaboratively on the implementation of agreed strategies |  |  |  |  |  |
| participating in robust and respectful debate and constructive challenge to other board members |  |  |  |  |  |
| being bound by collective decisions based on objective evaluation of research, evidence, risks and options |  |  |  |  |  |
| contributing to effective governance and risk management arrangements  |  |  |  |  |  |
| contributing to evaluation and development of board effectiveness |  |  |  |  |  |
| **I understand board member responsibilities and my individual contribution in relation to:** |  |
| financial performance |  |  |  |  |  |
| establishing and maintaining arrangements to meet statutory duties, national and local system priorities |  |  |  |  |  |
| delivery of high quality and safe care |  |  |  |  |  |
| continuous, measurable improvement |  |  |  |  |  |
| **I assess and understand:** |  |
| the level and quality of assurance from the board’s committees and other sources |  |  |  |  |  |
| where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making |  |  |  |  |  |
| how to proactively monitor my organisation’s risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements |  |  |  |  |  |
| the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks   |  |  |  |  |  |
| **I recognise and champion:** |  |
| the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders |  |  |  |  |  |
| working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement |  |  |  |  |  |
| **I personally:** |  |
| 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 |
| **I contribute as a leader by:** |  |
| fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners |  |  |  |  |  |
| 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 |  |  |  |  |  |
| **I assess and understand:** |  |
| the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems |  |  |  |  |  |
| the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners |  |  |  |  |  |
| **I recognise and champion:** |  |
| management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues |  |  |  |  |  |
| open and constructive communication with all system partners to share a common purpose, vision and strategy |  |  |  |  |  |

## Part 2: Strengths and opportunities

Reflecting on your responses to the above competency statements, please highlight the chair’s particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

**Strengths: What does the chair do particularly well?**

**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.

The field size is adjustable.

**Additional commentary**

Thanks you for participating. Please now send your completed template to the appraisal facilitator, who will treat your responses in strict confidence. If you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.