**Board Member Appraisal Summary**

This form is optional and editable and should be adapted dependent on the role. Alternatively, organisations may wish to develop their own appraisal forms, incorporating the principles of the Board Member Appraisal Framework. Please refer to the Board Member Appraisal Guidance for further details on how to use this form.

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|  | Name |  |  |
|  |  |  |  |
|  | Role |  |  |
|  |  |  |  |
|  | Organisation |  |  |
|  |  |  |  |
|  | Appraiser name |  |  |
|  |  |  |  |
|  | Appraiser role |  |  |
|  |  |  |  |
|  | Appraisal reference period |  |  |
|  |  |  |  |
|  | Appraisal date(s) |  |  |
|  |  |  |  |

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| **Part 1: Summary using** [**Leadership Competency Framework**](https://www.england.nhs.uk/long-read/nhs-leadership-competency-framework-for-board-members/#5-detailed-leadership-competency-domains) | | | | | | | | | | | | |
| **Appraisee and appraiser summary:** | | | | | | | | | | | | |
| Summary: | | | | | | | | | | | | |
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| Highlighted areas of strength: | | | | | | | | | | | | |
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| Identified opportunities to increase impact and effectiveness: | | | | | | | | | | | | |
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| **Multi source feedback summary.**  **Content to be provided by appraiser:** | | | | | | | | | | | | |
| Summary: | | | | | | | | | | | | |
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| Highlighted areas of strength: | | | | | | | | | | | | |
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| Identified opportunities to increase impact and effectiveness: | | | | | | | | | | | | |
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| **Part 2: Objectives** | | | | | | | | | | | | |
| **Review of previous year** | | | | | | | | | | | | |
| Objective (SMART format) | | | | Summary discussion about objective | | | | Objective outcome | | | | |
|  | | | |  | | | | Choose an item. | | | | |
|  | | | |  | | | | Choose an item. | | | | |
|  | | | |  | | | | Choose an item. | | | | |
| **Agreed Objectives for the forthcoming year:**  Please write objectives below that clearly link personal objectives to organisational priorities, are SMART and have been agreed with your appraiser. | | | | | | | | | | | | |
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| **Overall summary of performance:** please indicate one of the following: | | | | | | | | | | | | |
| **Improvement needed** |  | **Satisfactory** | | |  | **Good** | | |  | **Outstanding** | |  |
| Partially meets performance standards |  | Meets performance standards | | |  | Partially exceeds performance standards | | |  | Exceeds performance standards | |  |
| **Part 3: Agreed Development Plan**  Your plan for development could incorporate a blend of learning methods, for example; board development workshops, conferences/webinars, coaching/mentoring or self-directed learning. | | | | | | | | | | | | |
| What | | | How | | | | Why | | | | By When | |
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| The appraisal discussion included conversation about career development and planning. | | | | | | | | | | | | |
| **Part 4: Declaration of suitability for appointment:**  The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a ‘fit and proper person’ as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. [Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/regulations/regulation-5-fit-proper-persons-directors) | | | | | | | | | | | | |
| Appraisee declaration: Yes/No If no, please provide details | | | | | | | | | | | | |
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| Appraiser declaration: Yes/No If no, please provide details | | | | | | | | | | | | |
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| **Part 5: Confirmation** | | | | | | | | | | | | |
| Appraisee confirmation  **The above is an accurate reflection of the appraisal discussion.**  Please enter name and date below | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Appraiser confirmation  **The above is an accurate reflection of the appraisal discussion.**  Please enter name and date below. | | | | | | | | | | | | |
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| Date of next conversation | | | | | | | | | | | | |
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| Human Resources/People/Senior Appointments team confirmation of receipt.  Please enter name and date below | | | | | | | | | | | | |
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