

NHS Leadership Competency Framework for board members

NHS England (NHSE) published a new [NHS leadership competency framework for board members](#) yesterday. It is intended to support NHS organisations to recruit, appraise and develop board members.

It was published alongside a revised [chair appraisal framework](#), incorporating the new competencies, as part of NHSE's planned suite of management and leadership development frameworks, tools and resources.

This briefing sets out what trust and foundation trust (FT) board members should know about the leadership competency framework (LCF) and chair appraisal framework, how they are intended to be used, and NHS Providers' view of them.

We will continue inputting to the development of NHSE's management and leadership development work. Feedback on the LCF or the wider programme can be addressed to us on the email addresses at the bottom of this document, or directly to NHSE (copying us if you wish) via england.karkimplementationteam@nhs.net.

Overview and context

- The LCF sets out aspirational competencies to support leadership and management development, recognising that not all leaders will meet all competencies at all times.
- The LCF applies to all board members of NHS provider organisations, integrated care boards (ICBs) and NHSE's board.
- It applies equally to non-executive directors (NEDs) and executive directors as members of unitary boards.
- The LCF recognises the 'extremely demanding' nature of board members' roles and aims to support and help leaders and organisations in this context.
- The LCF responds to the recommendation made by Sir Tom Kark in his 2019 review of the fit and proper person test (FPPT), which included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'.

- NHSE's broader management and leadership development work, of which the LCF is a part, follows several reviews in recent years which have made recommendations about NHS management and leadership. These include 2013's Francis report into Mid Staffordshire NHS FT, Dr Bill Kirkup's 2018 review into Liverpool Community Health NHS Trust, Kark (2019), and Sir Gordon Messenger's review of NHS leadership (2022).
- NHSE says the LCF reflects NHS values and aligns with its 'leadership way' and 'people promise' publications, and the seven principles of public life (Nolan principles). The LCF was referenced in the recent fit and proper persons test framework and should be referred to when implementing that framework.
- NHSE published a revised chair appraisal framework yesterday, and has committed to publishing a new board member appraisal framework this autumn.
- The LCF is a key management and leadership development publication for NHSE. Over the coming years, NHSE plans to introduce a large number of coordinated initiatives aimed at improving support for NHS managers, seeking to address the recommendations from several reviews into NHS leadership and culture. It intends to publish its three year 'roadmap' setting out details of this work shortly.
- NHS Providers is represented on the advisory group for this work and will continue to input and seek to ensure the outputs are as useful as possible. The views of other stakeholders, including leaders themselves, have been sought during the development of the LCF.
- While this LCF focuses on board member competency, NHSE plans to commission a management and leadership framework for the workforce as a whole, to include standards and competencies that will be aligned to defined levels of management.
- The LCF will be reviewed as part of the planned review of the FPPT framework in 2025. Any feedback or comments can be sent to: england.karkimplementationteam@nhs.net

The framework

The framework has been built around six competency domains which inform a series of competencies.

NHSE have designed it to:

- Support the appointment of diverse, skilled and proficient leaders
- Support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- Help organisations to develop and appraise all board members
- Support individual board members to self-assess against the six competency domains and identify development needs

The competencies are presented as aspirational. It is recognised that those in director roles for the first time in particular are unlikely to be able to demonstrate all competencies and the LCF can be used to identify and work on areas for development.

The LCF aims to support board members in their role as part of a unitary board. Differences between NED and executive roles, and between different executive roles, are recognised but the LCF does not set out role-specific competencies.

The **six domains** are:

- Driving high quality and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

For each domain there is a description of what good looks like. 'Core' board member competencies are set across the six domains, formulated as 'I' statements 'to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles'. An optional scoring guide to help with self-assessment and development is provided in an appendix.

How to use the framework

Recruitment

The competency domains should be incorporated into all board member job descriptions and recruitment processes by 1 April 2024. They can be used to help evaluate applications and design assessment processes.

Appraisal

The competency domains should be used in board member appraisals and to support the development of individuals and the whole board. A new board member appraisal framework will support this but will not be available until autumn 2024. The LCF sets out specific responsibilities for different board members in relation to appraisals, which notably include:

For **chairs**:

- Assure themselves that individual board members can demonstrate broad competence across the domains
- Assure themselves there is 'strong, in-depth evidence of achievement against the competency domains collectively across the board' and ensure appropriate development if not
- Include relevant information in board member references

For all board members:

- Self-assess against the six competency domains as preparation for annual appraisal, incorporating development activity, for review with line managers. The scoring guide provided in appendix 2 can optionally be used for this.

In addition, **Chief executives** and **senior independent directors** should carry out appraisals for executives and chairs respectively, based on the framework and other objectives, and ensure findings feed into personal development plans.

The LCF notes that board members will also have detailed objectives, however the domains identify the competency areas and give examples of leadership practice and behaviours that will support their delivery.

Development

The LCF recognises that ‘even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies... all of the time’. National leadership programmes and support for board directors and aspiring directors will have the competencies built into them.

A link to [existing development offers](#) is provided.

Next steps

The board member appraisal framework, which NHSE has said will be published by autumn, will also provide guidance on how to assess performance against the six domains. It will be differentiated according to whether board members have been in post less than 12 months, or are more experienced.

Chair appraisal framework

The revised framework, published yesterday alongside the LCF, now incorporates the six domains and their underlying competencies.

It is clearly presented as being optional for organisations to use, recognising that many have their own effective processes in place. However, it says chairs should be assessed against the ‘broad principles’ of the LCF through multi-source assessment.

NHS Providers view

Management and leadership are essential to better outcomes for patients, better working conditions for staff, and well-functioning organisations. It is therefore welcome that NHSE has focused clearly on improving support and development for NHS managers and leaders, on valuing them, and on seeking to provide NHS organisations with tools and frameworks to give their workforce the best chance to succeed.

It should be borne in mind that the operating environment for the entire NHS workforce has never been so challenging on so many fronts. We note that some board members have told us they concerned that, in this context, the LCF will add another burden to board level leaders, and that leaders (and boards) wish instead to be judged on the outcomes they achieve. It is therefore vital that the LCF is used in a way that supports and empowers leaders.

There needs to be clarity about how the various expectations and standards for board members interact with LCF. We hope the LCF, in addressing unitary board member competencies rather than differentiating between roles or sectors, will align with the existing duties, and the expectations set out in NHSE's [well-led framework](#) and the [code of governance for trusts](#).

It is also important to note that many trusts and FTs already have their own training, development, and talent management programmes in place, and these may have their own, internally developed, competencies attached. It is unfortunate that the LCF does not acknowledge this. It would be helpful if NHSE could clarify whether organisations have the flexibility to adapt and adopt the elements of the framework that they find useful, while retaining what is working well about their own.

Similarly, FTs have legal autonomy over NED (including chair) recruitment and appointments, and many FTs have developed their own approaches to this, alongside appraisals and developing job descriptions, working with their councils of governors. The LCF does not reference the role of councils, and we are overall concerned that this might be seen by FTs, and particularly their councils, as an encroachment by into matters in which FTs have legal autonomy. FTs will wish to ensure their council of governors is sighted on the both the competencies and revised chair appraisal framework, and may wish to incorporate them into their procedures around NED recruitment and reappointments.

Leadership competencies ought to be clearly defined in relation to the expected level of performance that is required to meet them, and it should be possible to measure whether the standards have been met. We note that NHSE intend to provide guidance on such assessments in the forthcoming board member appraisal framework due by the autumn.

For those undertaking recruitment and conducting appraisals, there will need to be careful judgements taken around how meeting the competency is evidenced. There is also ambiguity about how to handle the “aspirational” nature of the competencies - which not all staff or candidates are expected to meet all the time. We hope NHSE will take the same approach in supporting the judgement of chairs, chief executives and senior independent directors as they outline in the FPPT framework in terms of the judgement required over the ‘fitness’ of directors.

We are pleased to see recognition of the importance of competency in promoting equality, inclusion and in reducing health inequalities in the LCF. It is positive that the personal effectiveness of board members in these areas will be explored as standard in appraisals so personal development plans can be put in place where required. It will also be crucial that organisations are supported to use the framework in ways which will improve the diversity on boards, which do not reduce diversity of the pipeline of candidates, and do not exacerbate inequalities.

We will take great interest in the development of an assessment process, and all future planned outputs to support effective leadership and management in the NHS. We look forward to the publication of NHSE’s management and leadership development roadmap which will provide welcome visibility, and enable scrutiny of, the proposals by our members.