**Kyeema Support Services**

**CEO Annual Performance Review**

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| CEO Name: |  |
| Performance Review Date: |  |
| Review Conducted By: |  |

*This document references an annual 360 degree feedback process to be conducted prior to completion [“Survey”]*

**RATINGS GUIDE:**

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|  **6** | **Outstanding:**  | Exceeded all expectations and/or achieved outstanding results demonstrating the capability described. |
| **5** | **Very Good** | Exceeded most expectations and/or achieved very good results for the relevant area. |
| **4** | **Good** | Met, and in some cases exceeded, the expected standards for this area.  |
| **3** | **Satisfactory** | Met the expected standards for this area |
| **2** | **Under Achieved** | Met some but not all expectations for the capability described. Development area or requires further work |
| **1** | **Unsatisfactory** | Not currently meeting this capability / Requires immediate improvement in this area |

**CAPABILITIES and KEY PERFORMANCE INDICATORS:** (CEO and Committee to complete relevant sections)

Fulfills position description?

Comment:

Meets Kyeema’s values?

Comment:

|  | Capabilities | Key Performance Indicators | CEO Self-Assessment | Rating | Sub Committee Assessment | Rating |
| --- | --- | --- | --- | --- | --- | --- |
| Participant Focus | Maintain and develop quality services and programs for participants that are relevant, accessible, and highly regarded.  | * Results from evaluation of participant services and programs.
* Review feedback reports from participants and their families.
* Survey results at Questions 11 – 14 indicates at least 80% either strongly agree or agree
 |  | 5 |  |  |
| * Support plans in place for all participants.
* Greater than 90% of participants achieve one or more of their plan goals throughout the review period.
* Positive reports from external service auditors every 18 months.
 |  |  |  |  |
| Leadership | Manages the development, implementation and evaluation of organisational performance, goals, and objectives, with an influential and effective approach. | * Leads and advocates with respect, integrity, and transparency. Staff survey results at Question 16 indicates at least 80% either strongly agree or agree
 |  |  |  |  |
| * Manage and empower staff performance by providing training, support, and direction.

Staff survey results at Question 19 indicates at least 80% either strongly agree or agree.Annual training plan completed. |  |  |  |  |
| * Maintain respected relationships with managers, meeting regularly to ensure objectives are achieved, established by organisational reporting and managers' meeting schedules. Staff survey results at Question 17 indicates at least 80% either strongly agree or agree
 |  |  |  |  |
| Stakeholder Management | Establishes and maintains critical relationships, with highly capable interpersonal and negotiation skills to all key stakeholders. | * Successful community engagement and partnerships, as measured by participation in the number of local and regional networks reported at Board meetings.
* Staff survey results at Question 21 indicates at least 80% either strongly agree or agree
 |  |  |  |  |
| * Maintains an effective working relationship with key stakeholders, and Board members, by providing timely responses to requests, reporting requirements.

-Measured by annual financial and compliance reporting to funding bodies and ACNC and by observation from Board. |  |  |  |  |
| * Any concerns, issues or information requests raised by NDIS Quality & Safeguards Commission, DFFH and other regulatory bodies are appropriately managed and escalated as appropriate.

-Measures – reports from accreditation audits and interim service audits, incident reporting to Board, agenda items at Finance, Audit, Risk Committee. |  |  |  |  |
| Governance | Ensures the strategic and ethical alignment of practices, methods and procedures with the relevant organisational policies and legislation. | * Works collaboratively with the Board to plan and generate strategic ideas, evaluating and promoting creative outcomes. <*Provide details below in ‘objectives for [year]>*
 |  |  |  |  |
| * A proactive approach towards risk management by identifying external and internal risks as they arise. Mitigation strategies in place for all matters that have been identified as high risk.
* Measured by satisfaction with risk management processes from Board Directors on FAR Committee, Board reporting and accreditation/interim audit reports.
 |  |  |  |  |
| * Meet administration and compliance obligations and procedures,
* evidenced by results from regular audits and/or re-accreditation processes.
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| Financial Management | Facilitates provision of accurate and up to date financial reporting and ensures effective financial management of the organisations resources.  | * Kyeema is operating within the annual budget.
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| * Assessment of maximising operating costs, productivity and efficiency. Review reports to ensure the appropriate sourcing and allocation of funds.
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| * Maintain accurate accounting for informed financial decision-making to attain an annual surplus of greater than the NDIS’ budgeted 2%.
 |  |  |  |  |
| * Provide proficient financial reports to the Board, supported by performance indicators, spreadsheets, budget outcomes and achieved targets.
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| Objectives for 2022 | Oversee key projects not listed above and ensure their delivery.  |  |  |  |  |  |
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**OVERALL PERFORMANCE OUTCOMES:** (Committee to complete only)

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| The degree to which you are satisfied with the accomplishments of the CEO against the objectives and priorities as determined by the Board.  |
| CEO Overall Rating |  | **Board Overall Rating** |  |
| Performance Outcome: |  |

**CEO LEADERSHIP DEVELOPMENT:** (CEO and Committee to each complete relevant sections)

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| Consideration towards additional development; skills, knowledge, support to assist the CEO.  |
| CEO Considerations: |  |
| Sub Committee Considerations: |  |

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| --- | --- |
| CEO Overall Comments | Board Sub Committee Overall Comments |
|  |  |
| Signed |  | **Signed** |  |
| Date |  | **Date** |  |