

Could you help lead the NHS in your area?

Non-executive director

Reference: L1410





Improvement

About NHS Improvement

NHS Improvement is responsible for overseeing Foundation Trusts, NHS Trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit. We believe that the best boards are those that reflect the communities they serve.

We particularly welcome applications from women, people from the local black and minority ethnic communities, and disabled people who we know are under-represented in chair and non-executive roles.

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1. Background to Croydon Health Services NHS Trust

1.1. About the Trust

Croydon Health Services NHS Trust (CHS) provides acute and community healthcare services across the London Borough of Croydon either within patients' own homes or from 17 clinics and specialist centres. The Trust was formed on 1 August 2010 through the integration of Croydon Community Health Services with Mayday Healthcare NHS Trust.

The Trust has five main sites, Croydon University Hospital (CUH), Purley War Memorial Hospital, the Sickie Cell and Thalassaemia Centre and the Lennard Road base where many community staff are located.

CUH provides all of the services that you would expect from your local hospital. The Trust's busy maternity services deliver around 4,000 babies a year. Services were transformed in 2013 following feedback from local parents. More than £620,000 was invested in completely refurbishing the birthing centre with bigger birth rooms, and a new pool on the labour ward. In a friends and family test, 100% of women said they would recommend Croydon's labour and birth services – this is on a par with the Chelsea and Westminster.

The Emergency Department (Accident & Emergency) at CUH is also one of the busiest in South London, seeing up to 400 people a day (including urgent and emergency care). The Department of Health agreed funding to build a £21.25 million Emergency Department at CUH. The new facility, designed by the Trust's clinicians, will be a third of the size bigger, open-plan and give flexibility to meet changes in demand. The new ED will open in late Autumn 2017.

Purley War Memorial Hospital (PWMH) has also undergone an £11.5 million refurbishment and offers a wide-range of outpatient care and diagnostic tests for people living in the south of the borough, without the need for having to travel to CUH.

The Trust has an annual turnover of approximately £250 million and around 3,600 staff who deliver services to 383,000 residents. More than a third of the Trust's staff work in the community, providing care in Croydon homes, schools and clinics across the borough. For example:

- Transforming Adult Community Services (TACS), commissioned by Croydon Clinical Commissioning Group (CCG) and run in partnership with Croydon Council, is providing hospital-grade care at home – saving on average 80 hospital admissions a month.
- Croydon was the best performing borough for the second year in a row for integrated learning disability care, run jointly with Croydon CCG, Croydon Council and South London and Maudsley NHS Foundation Trust

- The Trust's Children's Hospital at Home also helps to treat children with long-term conditions at home with their families without having to come to hospital

In 2014, CHS also became the first healthcare provider outside of the United States to be awarded HIMSS Level 6 for using information technology to provide increasingly paper-less care. CHS clinicians now have shared access to electronic patient records through one secure clinical information system (CRS Millennium). This is improving safety and efficiency with rapid access to medical histories. In 2015, this system has been expanded to include: maternity, critical care, day surgery and main theatres. However, there is a long way to go to give community healthcare staff better remote access, with different IT systems currently in use within the community, proving an additional challenge

The landscape for the delivery of health services within Croydon is undergoing complex change. Many factors are influencing this:

- The continued evolution of the new commissioning system as the roles and establishment of NHS England and Croydon CCG both mature, and with the local authority now being responsible for Public Health;
- The emergence of the Health and Wellbeing Board for Croydon as the key local decision making forum;
- The South West London Collaborative Commissioning led a review of acute services across South West London which is due to enter its third iteration (see below);
- The Five Year Forward View presents an opportunity for the trust to explore that potential for establishing an integrated health and social care system for Croydon.

Outcome Based Commissioning

Outcome Based Commissioning (OBC) is a relatively unknown concept in the NHS, but is well-established outside of the UK and in other public services. Unlike the current funding system which rewards health services by activity, OBC places the incentive on the delivery of outcomes patients have defined as the most important to them. Croydon is leading the way in taking this vision forward.

Croydon CCG and Croydon Council have identified as a priority more than 50,000 local residents aged over 65 that could benefit from OBC. For the Trust, this means a greater focus on preventing ill health as well as treatment. For our patients and local residents, this means less fragmented care for some of the most frequent users of health and care services.

Croydon CCG and Council have chosen a Most Capable Provider Assessment to identify potential in providers to deliver this. In doing so, Croydon Health Services has formed an Accountable Provider Alliance (APA) with four partner organisations;

Croydon Council Adult Social Care, Croydon GPs group, South London and Maudsley NHS Foundation Trust and Age UK Croydon.

The Trust

Croydon Health Services NHS Trust was created in its current form approximately six years ago via the Transforming Community Services programme, as a combined Trust providing acute hospital and community services. Over recent years, the Trust has made significant progress to improve its operational performance and outcomes for patients, but further work is needed to improve the overall experience of care for patients and service users, and also the Trust's financial health (see below). It would therefore be fair to say that the Trust in its 'new' form has yet to fully realise its potential – however, the Trust has made impressive inroads on that journey:

In March 2015, the Trust became the first NHS organisation in the country to be awarded the Listening into Action Kite-Mark for engaging with frontline staff to drive-forward improvements in patient care and working lives. The Trust joined Listening into Action (LiA) – an approach for re-engaging with staff - in 2012, and it has quickly been embraced by the organisation as “the way we do things around here.”

Through the annual NHS staff survey 75% of CHS staff said they felt able to contribute to improvements in patient care and working lives – making the Trust's staff some of the most enfranchised in the NHS.

Local health economy

Alongside the need to make the community and acute hospital services work in a seamless and properly integrated way, the proposed South West London service reconfiguration programme, 'Better Services, Better Value' (BSBV), was expected to have a significant impact on the Trust's future. The programme was expected to fully evaluate the potential shift of services, primarily A&E and maternity services, within the five acute providers in South West London. The BSBV process was halted in 2013. In summer 2014, the six South West London Clinical Commissioning Groups (CCGs) published their strategy to shape health services in the area for the next five years. The document does not include any proposals for individual trusts or service sites at this stage. Instead, it sets out the standards that the South West London Commissioning Collaborative expects all providers to achieve over the next five years (2018/19). (See [Health Service Journal article](#))

The CCGs remain committed to looking at the various options open for care in South West London, but in addition, the four trusts with acute services in South West London formed a collaborative to explore how they can work together to improve acute service models. The Trust are also looking to strengthen existing teaching/academic links with St George's Medical School.

Local population

Caring for London's largest borough is a challenge. CHS's catchment area contains some 383,000 residents – the same size as Bristol. This is expected to rise to more than 400,000 over the next few years.

The population of the borough is both relatively young and old (higher proportions than the national average for young and older people) and has high levels of ethnic diversity:

- Around 100 different languages are spoken locally. The UK Border Agency is also based in the borough
- Parts of north Croydon and New Addington are some of the most deprived in the capital
- Croydon has the Highest number of Looked After Children (800) of any London borough
- Life expectancy is 9.5 years lower for men and 5.2 years lower for women than the national average
- 6.3% of the community are not registered with a GP – the worst in London and over three times the national average
- Croydon has one of the highest rates of emergency attendance and admissions per thousand population in London.

Notwithstanding the impetus for change that the above will drive, the Trust is committed to a period of broader transformation, with the aim of ensuring that the improvements required to raise the standards of quality, care and patient experience are made. Whilst the Trust needs to maintain control on costs and spending, further investment and transformation is needed to deliver 7 day services, in line with the London Quality Standards, and to develop the structure and composition of the workforce.

Operational performance

Historically the Trust has achieved good operational performance and has reduced waiting times to meet key national performance targets. However, despite this track record of success, like many across the NHS, the Trust is finding it increasingly difficult to maintain these necessary high standards, particularly the four hour performance target in A&E. The Trust has seen sustained increased emergency care activity since the peak winter months, with a continued higher acuity of patients required high dependency care on the wards. Whilst the Trust has reduced its overall hospital length of stay where clinically appropriate, avoidable delays in discharging patients home or to ongoing care in the community is placing pressure on the system. The Trust has invited NHS England's emergency care intensive support team in and is acting on their recommendations. CHS is also evaluating and introducing other models of care, including assessment units to admit patients via direct GP referrals, without the need to go to A&E.

Financial performance

CHS is no different to the vast majority of acute trusts in finding it challenging to balance financial stability, quality and safety standards with operational performance. This challenge is compounded by the surrounding health economy, which faces a funding gap of £28m this year (2015/16) through capitation. Croydon CCG and Croydon Council also face considerable financial challenges.

On 20 February 2017, CHS was taken out of Financial Special Measures by NHS Improvement after seven intensive months. In 2016/17, NHS Improvement challenged CHS to reduce their deficit by £7m more than planned down to £32.8m. In meeting this target, the Trust would qualify for up to £7.35m Sustainability and Transformation Funding from NHS Improvement – enabling the Trust to reduce its deficit by more than a quarter to £26.1m (2016/17). STF would only be available providing the Trust achieves its financial control totals and maintains performance to meet national standards for planned care and cancer and the agreed trajectories for emergency care.

The Trust faces further significant cost improvements over the next two years.

CHS must meet a deficit control total in £19.135m in 2017/18 and £10.8m in 2018/19. For both years, the addition of £8.8m STF is available, potentially reducing the deficit to £10.3m in 2017/18, and £2m in 2018/19.

The Trust's response to Financial Special Measures has been the same as their approach to winter demand – and that is to engage clinicians and staff at all levels, and to take “collective ownership” in addressing the issue.

The Trust is strengthening its financial recovery plans, which includes delivery of QIPP efficiency savings and a continued drive to recruit more substantive staff in order to reduce reliance on expensive agency staff (see below).

Recruitment and retention

Like other London trusts, CHS has struggled to recruit more clinicians – especially qualified nurses – due to the current limited availability and greater competition. In an effort to turn this around, the Trust has begun a new advertising campaign and has made some fundamental changes to its nurse recruitment process – including contact within 24hours of submitting an application.

The Trust has in place plans to increase retention rates and these include offering staff development opportunities including rotational programmes.

Integration of services

Much work has been done already to reshape adult community services, with the corresponding redesign and modernisation of roles in the Trust to support the intention of allowing increasing numbers of patients to receive care in the community setting or at home; a review of the Trust's community setting estate is pending. NHS England's Five Year Forward View proposes the development of joint primary and acute care systems and CHS has lodged its interest in being one of the sites where this concept – and the potential it offers to create a fully integrated care system - is explored further. The Trust's vision includes greater integration of hospital and community services, working alongside partners in mental health services, primary and social care and the voluntary sector. This includes looking at opportunities within the Better Care Fund to benefit more people in Croydon and joint efficiency savings and outcome-based commissioning with Croydon CCG to improve care and patient experience.

Reputation

The Trust's acute services in its former guise of Mayday Healthcare NHS Trust were not always as well regarded locally as they might have been, and despite the fact that the issues which led to some of the negative opinion several years ago have been resolved. Some of this legacy still remains, but the Trust is working hard to change this and is picking up the pace of its reputation management and engagement with the local community, stakeholders and staff.

Recent media success includes a “day in the life” of our Emergency Care clinicians, as reported by the Croydon Advertiser, as the Trust prepares to open a new £21.25 Emergency Department at CUH.

The Trust's innovative Edgecombe Unit was also showcased on BBC London News (2 Feb 2017). Combining acute assessment, ambulatory care, comprehensive geriatric care and rapid response services into one unit at Croydon University Hospital (CUH), the unit has changed the way patients can get acute medical care from the moment they arrive at CUH. This means many patients can be seen without having to wait in the Emergency Department (Accident & Emergency). GPs can also refer their patients straight to the unit with many able to receive treatment and then go home on the very the same day.

New clinical directorates

In June 2015, the Trust refreshed its clinical structure, changing its past four clinical directorates to three. In doing so the Trust has enhanced the role of the clinical director, reporting direct to the Chief Operating Officer and Deputy Chief Executive. The Trust is also setting up Clinical Business Units to support clinical decision making and leadership. The three new clinical directorates are:

- Integrated adult care directorate: Includes all adult emergency and acute medical, including care of the elderly, community nursing, and specialist medicine.
- Integrated surgery, cancer and clinical support directorate: All surgical, elective and emergency care, including surgical specialties, anaesthetics, theatres and ICU.
- Integrated women's, children's and sexual health directorate: Including Children's Hospital at Home, maternity services, early years and school nursing.

The Trust Board

The Trust's Non-executive Director group was entirely new as of early 2013 and there have been several changes to the Executive Director team. The refresh of the Board has been specific and intended in response to the need to improve levels of staff engagement and performance across the Trust – something that is recognised and can only happen with a cohesive and properly functioning Board providing the clear and visible leadership.

2. The person specification

2.1. The opportunity:

We are recruiting a non-executive director for Croydon Health Services NHS Trust. This is an exceptional opportunity to share your talents and expertise to make a positive difference to the lives of people in your community.

2.2. Essential criteria

You will need to have a genuine commitment to the patients and communities served by the trust, the promotion of excellent health care services and tackling health inequalities. You will also be a qualified accountant with senior level finance experience in a comparable sector.

2.3. Board level behaviours

The NHS Leadership model describes nine behaviours which together contribute towards strong and effective NHS leaders. If you are invited to interview, you will also need to demonstrate the range of behaviours required to contribute effectively in this board level role:

- **inspiring shared purpose** - create a shared purpose for diverse individuals doing different work, inspiring them to believe in shared values so that they deliver benefits for patients, their families and the community

- **leading with care** - understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users
- **evaluating information** - are open and alert to information, investigating what is happening now so that they can think in an informed way about how to develop proposals for improvement
- **connecting our service** - understand how things are done in different teams and organisations; they recognise the implications of different structures, goals, values and cultures so that they can make links, share risks and collaborate effectively
- **sharing vision** - convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in
- **engaging the team** - promote teamwork and a feeling of pride by valuing individuals' contributions and ideas; this creates an atmosphere of staff engagement where desirable behaviour, such as mutual respect, compassionate care and attention to detail, are reinforced by all team members
- **holding to account** - create clarity about their expectations and what success looks like in order to focus people's energy, give them the freedom to self-manage within the demands of their job, and deliver improving standards of care and service
- **developing capability** - champion learning and capability development so that they and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential, and learn from both success and failure
- **influencing for results** - are sensitive to the concerns and needs of different individuals, groups and organisations, and use this to build networks of influence and plan how to reach agreement about priorities, allocation of resources or approaches to service delivery

It is also essential that any director **champions the standards of public life** – by upholding the highest standards of conduct and displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership

More information at the NHS Leadership Academy's [Healthcare Leadership Model](#)

3. Role and responsibilities

3.1. Role of the NHS Board

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 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.

3.2. Roles and responsibilities of the non-executive director

Non-executive directors will work alongside other non-executives and executive directors as an equal member of the Board. They share responsibility with the other directors for the decisions made by the Board and for success of the organisation in leading the local improvement of healthcare services for patients. Non-executives use their skills and personal experience as a member of their community to:

- **Formulate plans and strategy**
 - bringing independence, external perspectives, skills, and challenge to strategy development
- **Ensure accountability**
 - holding the executive to account for the delivery of strategy
 - providing purposeful, constructive scrutiny and challenge

- chairing or participating as a member of key committees that support accountability
- being accountable individually and collectively for the effectiveness of the Board
- **Shape culture and capability**
 - actively supporting and promoting a healthy culture for the organisation which is reflected in their own behaviour
 - providing visible leadership in developing a healthy culture so that staff believe NEDs provide a safe point of access to the Board for raising concerns
 - ensuring the directors of the Board are 'fit and proper' for the role and champion an open, honest and transparent culture within the organisation
- **Context**
 - mentoring less experienced NEDs where relevant
- **Process, structures and intelligence**
 - satisfying themselves of the integrity of reporting mechanisms, and financial and quality intelligence including getting out and about, observing and talking to patients and staff
 - providing analysis and constructive challenge to information on organisational and operational performance
- **Engagement**
 - ensuring that the Board acts in best interests of patients and the public
 - being available to staff if there are unresolved concerns
 - showing commitment to working with key partners

In particular the responsibilities of non-executive directors are to:

- commit to working to, and encouraging within the Trust, the highest standards of probity, integrity and governance and contribute to ensuring that the Trust's internal governance arrangements conform with best practice and statutory requirements

- provide independent judgement and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the executive board develop proposals on such strategies to enable the organisation to fulfil its leadership responsibilities to patients, for healthcare of the local community
- ensure that patients and service users are treated with dignity and respect at all times, and that the patient is central to trust decision making
- ensure that the Board sets challenging objectives for improving its performance across the range of its functions
- structure the performance of management in meeting agreed goals and objectives
- in accordance with agreed board procedures, monitor the performance and conduct of management in meeting agreed goals and objectives and statutory responsibilities, including the preparation of annual reports and annual accounts and other statutory duties
- ensure that financial information is accurate and that financial controls and risk management systems are robust and defensible and that the Board is kept fully informed through timely and relevant information (you may be asked to sit on the audit committee on behalf of the Board)
- accept accountability to the NHS Improvement for the delivery of the organisation's objectives and ensure that the Board acts in the best interests of patients and its local community
- contribute to the determination of appropriate levels of remuneration for executive directors
- participate in the audit committee and take an active part in other committees (including the investment and remuneration committees) established by the Board of directors to exercise delegated responsibility
- as a member of board committees, appoint, remove, support, encourage and where appropriate "mentor" senior executives
- bring independent judgement and experience from outside the Trust and apply this to the benefit of the Trust, its stakeholders and its wider community

- assist fellow directors in providing entrepreneurial leadership to the Trust within a framework of prudent and effective controls, which enable risk to be assessed and managed
- assist fellow directors in setting the Trust's values and standards and ensure that its obligations to its stakeholders and the wider community are understood and fairly balanced at all times
- ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff and patients and in all aspects of its business
- engage positively and collaboratively in board discussion of agenda items and act as an ambassador for the Trust in engagement with stakeholders including patients and the local community, dealing with the media when appropriate.

4. The seven principles of public life

The principles of public life apply to anyone who works as a public office-holder and therefore will apply to the successful candidate for this role:

- **selflessness** - holders of public office should act solely in terms of the public interest
- **integrity** - holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships
- **objectivity** - holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias
- **accountability** - holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this
- **openness** - holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing
- **honesty** - holders of public office should be truthful
- **leadership** - holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour whenever it occurs

The Commissioner for Public Appointments would like to find out what you think of the public appointments process. When you have completed the process, the Commissioner would appreciate a few minutes of your time to [complete a survey](#). Your response will be anonymous and will inform the Commissioner's ongoing work with Government Departments to improve the public appointments process.

Given the significant public profile and responsibility members of NHS Boards hold, it is vital that those appointed inspire confidence of the public, patients and NHS staff at all times. New regulations now require NHS Improvement to make a number of specific background checks to ensure that those we appoint are “fit and proper” people to hold these important roles. More information can be found on our [website](#).

5. Terms and conditions of appointment

- The remuneration payable for this role is £6,157 per annum.
- On average this role will require a time commitment equivalent to 2 to 3 days a month.
- Your appointment will be for an initial period of up to four years, after which you may be considered for further terms of office, subject to the needs of the organisation and a good performance
- Applicants should live in or have strong connections with the London Borough of Croydon.

6. More information

For information about the Trust, such as business plans, annual reports, and services, visit their [website](#)

Follow the links below for more information about:

- [the support NHS Improvement provides to Trusts](#)
- [terms and conditions of chair and non-executive director appointments](#)
- [disqualification from appointment](#)
- [how your application will be handled](#)
- [dealing with your concerns including how to complain to the Commissioner for Public Appointments](#)
- [other sources of information](#)

7. Making an application

If you wish to be considered for this role please provide:

- a CV that includes your address and contact details, highlighting and explaining any gaps in your employment history
- a supporting statement that highlights your motivation for applying and your understanding of the NHS and the role. You should outline your personal

responsibility and achievement within previous roles and how your experience matches the person specification

- the names, positions, organisations and contact details for three referees. Your referees should be individuals in a line management capacity, and cover your most recent employer, any regulated health or social care activity or where roles involved children or vulnerable adults. Your references will be taken prior to interview and may be shared with the selection panel
- please complete and return the monitoring information form which accompanies this pack and is available for download
- tell us about any dates when you will not be available

8. Key dates

- **closing date for receipt of applications: 11am on Thursday 8 June 2017.** Please forward your completed application to public.appointments@nhs.net
- **Croydon Health Services NHS Trust will be hosting a Candidate Open Evening** between 5:30pm – 7pm at a date to be confirmed in Seminar Room A & B, Post Graduate Medical Centre Croydon University Hospital. For more information, please contact Patricia Nawaz on 020 8401 3348.
- **interview date: to be confirmed**
- **proposed start date: to be confirmed**

9. Getting in touch

- **with the Trust** - for an informal and confidential discussion with Michael Bell, the Chair of the trust, please contact his PA, Patricia Nawaz on 020 8401 3348.
- **with NHS Improvement** – for general enquiries contact Leslie Horn on 0300 123 2057 or by emailing leslie.horn@nhs.net



Improvement

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NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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