

# Could you help lead the NHS in your area?

## Non-executive director

## Candidate information pack

**Reference: L1362**



**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.**

## Contents

1. The opportunity	4
2. The person specification	4
3. About the Trust	5

Appendix 1: Role and responsibilities

Appendix 2: More information

Appendix 3: Making an application

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## 1. The opportunity

We are recruiting a Non-executive Director for the Royal National Orthopaedic Hospital 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.

**The Non-executive Director will be required to serve on various Board Committees and to attend occasional NHS and Trust-related training and functions.**

## 2. The person specification

### Essential criteria

You will need to have a genuine commitment to patients and the promotion of excellent health care services. You will have senior level finance experience gained in a large and complex organisation, with a financial qualification. The successful candidate will chair both the Audit Committee and the Finance Committee.

You will need to be able to demonstrate you can use your experience to:

- work alongside other non-executives and executive colleagues as an equal member of the board
- bring independence, external perspectives, skills, and challenge to strategy development
- hold the executive to account by providing purposeful, constructive scrutiny and challenge
- Shape and actively support a healthy culture for the trust

All non-executive directors must **champion 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.

As a future NHS leader, the successful candidate will be able to demonstrate the range of behaviours required to contribute effectively in this board level role. These are outlined in the NHS Leadership Academy's [Healthcare Leadership Model](#).

As the Trust is a world renowned specialist hospital we will accept applications from those with the appropriate experience living in the surrounding areas, ideally within an hour travelling distance from the trust headquarters in Stanmore, Middlesex.

## **Responsibilities of the Audit Committee Chair**

Audit Committee Chairs should have recent and relevant financial experience. They share the functions of the other Non-Executive Directors, and in addition have responsibilities to:

- bring independent financial acumen to the work of the Audit Committee across its governance, risk management, assurance and internal control functions
- provide leadership to the Audit Committee to ensure that it is effective in its role and that internal control systems are in place and operating
- ensure that the Audit Committee is well informed and has timely access to all the information it requires
- facilitate the contribution of all members of the Audit Committee, auditors and other invited participants
- ensure that the board receives sound advice, assurance and useful and timely reports from the Committee

The Non-executive Director will also be expected to chair the Finance Committee, but with the possibility of co-chairing it with another Non-Executive Director if required.

- On average this role will require the equivalent to 2 to 3 days a month.
- The remuneration payable for this role is £6,157 per annum.

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. NHS Improvement make a number of specific background checks to ensure that those we appoint are “fit and proper” people to hold these important roles. For more information contact Leslie Horn at [leslie.horn@nhs.net](mailto:leslie.horn@nhs.net)

## **3. About The Royal National Orthopaedic Hospital NHS Trust**

The Royal National Orthopaedic Hospital NHS Trust (RNOH) is the largest orthopaedic hospital in the UK, and is regarded as a leader in the field of orthopaedics both in the UK and world-wide.

The RNOH provides a comprehensive range of neuro-musculoskeletal health care, ranging from acute spinal injury or complex bone tumour to orthopaedic medicine and specialist rehabilitation for chronic back pain sufferers. This broad range of services is unique within the NHS.

As a national centre of excellence, the RNOH treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex or rare conditions.

Patients benefit from a team of highly specialised consultants, many of whom are nationally and internationally recognised for their expertise and experience. Consultants are supported in their work by nurses, therapists and other specialist clinical staff who are trained experts in their particular fields of orthopaedic care.

The RNOH plays a major role in teaching, with 20% of all UK orthopaedic surgeons receive training here. The teaching and clinical effectiveness are enhanced by the trust's work in research and development and academic links with University College, London. Research departments at Stanmore include the Institute of Orthopaedics, the Centre for Disability Research and Innovation, the Institute of Human Performance and the Centre for Biomedical Engineering.

The RNOH works closely with other hospitals and trusts, with whom they have joint appointments to ensure maximum availability of specialist skills for patients. Patients benefit from access to ASPIRE leisure centre which is located on site and hosts first-class facilities for able-bodied and disabled people.

The Royal National Orthopaedic Hospital NHS Trust will continue to develop an organisational culture founded on honesty, openness and continuous improvement, which recognises and reports errors and poor care and enables a swift and effective response. Our commitment to a culture free from the fear of retribution when issues or concerns are raised is unequivocal as is our determination to place the interests and needs of our patients at the heart of everything we do.

## **Vision, aims and objectives**

The Trust Vision is for the RNOH to remain the UK's leading specialist orthopaedic provider, further enhancing its international profile for outstanding patient care, research and education.

The following four strategic aims and organisational objectives will enable the trust to achieve their Trust Vision.

### **The Trust's vision is supported by five strategic aims, and their 2017-18 objectives drive achievement of these aims.**

The five aims and linked objectives are;

#### **a. Patient care**

- Maintain clinical excellence and high quality care for patients
- Provide more timely access to care

## **b. Staff experience**

- To recruit, develop and retain highly skilled and engaged staff who embrace and deliver the Trust's aims and values
  - Decide what excellent looks like (Creating the Required Culture) – all our people will decide what good, values-led/based behaviour looks like at the RNOH
  - Develop strong, values-led leaders (Creating the Necessary Capability) – set clear and high expectations and support them to deliver these through
  - Communicate the Important Stuff (Creating Supporting Infrastructure) – Make sure people know what is expected and who will help them deliver that

## **c. Infrastructure – buildings, equipment and digital systems**

- Meet in-year milestones for enabling projects for new Stanmore site redevelopment
- Develop Digital Strategy in support of the Trust's aims and objectives

## **d. Financial stability**

- Maintain financial control and achieve agreed activity levels
- Increase income from non-NHS sources in line with strategic aims
- Continue to develop relationships and partnerships to help achieve Trust vision

## **e. Research, innovation and education**

- Further develop financially viable integrated clinical research activities and academic track record

## **4. Key challenges**

### **a. Care Quality Commission (CQC) rating – the RNOH received a rating of “Requires Improvement”**

Following the CQC CIH visit of May 2014 which identified that the Trust needed improvement in safety, responsiveness and in being well led, a Quality Improvement Plan was put in place to address the issues raised.

Since this date, the RNOH has had a robust approach to Clinical Governance and its leadership has worked hard to sustain the many areas of outstanding care identified by the CQC in its visit in May 2014. The Trust has also addressed the weaknesses identified by the CQC in areas including the responsiveness of children's services, the focus on culture, values and behaviours of all staff, sharing learning from incidents, outpatient clinic appointments and the World Health Organisation (WHO) surgical safety checklist use.

## **b. Failure of current estate or infrastructure.**

The CQC CIH visit of May 2014 and subsequent report of August 2014 stated that the Stanmore location was not fit for purpose. Since then the first phase in the redevelopment of the Stanmore site has been officially approved on 2nd August 2016 and construction began shortly afterwards, starting with the demolition of the Patient Centre to make way for a new £40 million Inpatient ward building. The new wards are set to be completed and open for services in summer 2018. The new ward block is the first step to an exciting future for the RNOH and builds upon its long legacy of innovation in orthopaedics.

## **c. Operational Issues**

The Trust's performance on access to services as measured by the Referral to Treatment Target (RTT) NHS standards continues to fall below target and there remains a need to deliver a sustainable solution to this. Though good progress has been made, a recovery plan is due to be submitted to NHS Improvement.

## **d. Finance**

Performance for the year resulted in an adjusted deficit of £6.802m, favourable performance of £0.548m against plan. There was a deterioration in the Trust's underlying financial position during the year, primarily due to the loss of experienced consultants during the year impacting on NHS and Private Patient income, underachievement of CQUIN and increased premium working costs as a result of the work plan to improve Access to Treatment.

## Appendix 1: Role and responsibilities

### 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.

### 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.

## Appendix 2: More information

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

The following information about NHS Improvement and this appointment is available on request from [leslie.horn@nhs.net](mailto:leslie.horn@nhs.net) :

### **Becoming a non-executive director**

### **Eligibility and disqualification from appointment**

### **Terms and conditions of chair and non-executive director appointments**

### **How your application will be handled**

### **Your personal information**

### **Dealing with concerns**

## Appendix 3: 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

## Key dates

- **closing date for receipt of applications: 27 June 2017 at 11.00 am.**  
Please forward your completed application to [public.appointments@nhs.net](mailto:public.appointments@nhs.net)
- **interview date: 12 July 2017**
- **proposed start date: 21 October 2017**

## Getting in touch

- For an informal and confidential discussion with Professor Anthony Goldstone, the Chair of the trust, please contact Daryl Lutchmaya on 020 8909 5685.
- **NHS Improvement** – for general enquiries contact Leslie Horn on 0300 123 2057 or by emailing [leslie.horn@nhs.net](mailto:leslie.horn@nhs.net)

## 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.

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