

Could you help lead the NHS in your area?

Non-executive director Candidate information pack

Reference: M1501



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. The opportunity

There is a vacancy for a Non-executive Director of Bedford 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 our community.

2. The person specification

Essential criteria

You will need to have a genuine commitment to patients and the promotion of excellent health care services. Candidates should have a financial or accounting qualification and/or senior level experience of finance, risk, and performance management. Knowledge of NHS operational management at board level would be an advantage. The successful candidate will chair the Finance Committee and sit on the Audit Committee and Charitable Funds 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](#).

Applicants should live in or have strong connections with Bedfordshire and surrounding area.

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

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. More information please contact sharon.davies19@nhs.net

3. About Bedford Hospital NHS Trust

The Trust serves a population of approximately 270,000 across Bedfordshire and the surrounding areas (with a 900,000 catchment for vascular services). Its core local authority populations are Bedford Borough (160,000) and Central Bedfordshire (260,000). It employs 2500 members of staff (making it the largest local employer in Bedford) and a current turnover of approximately £180m. Its main commissioner is Bedfordshire Clinical Commissioning Group.

Clinical Services

The Trust has approximately 360 beds and provides a full range of acute services, with beds for Care of the Elderly, ENT, General Medicine, AAU, General Surgery, Gynaecology, Neonatal, Obstetrics, Oncology, Trauma and Orthopaedics, Paediatrics, Vascular Surgery, Breast Surgery and Urology.

There is a full Level 2 A&E Department, with a recently opened Ambulatory Emergency Care Unit. The Critical Care Complex provides both High Dependency and Intensive Care beds to a maximum capacity of 12 beds. Other clinical services include Cardiology with pacing facilities in the coronary care unit, Dermatology and Plastic Surgery, including a Laser Treatment Centre.

There are 9 operating theatres (plus one modular) complemented by a full anaesthetic service and a consultant led pain service. Oral and Maxillofacial Surgery and Endoscopy patients are treated in their own specialist units. The Ophthalmology service is managed within the Trust’s facilities by Moorfields Eye Hospital NHS Foundation Trust.

The hospital enjoys strong community support with over 200 volunteers and over £9 million being raised by the independent Bedford Hospitals Charity over the past 10 years. The support from the charity has enabled the Trust, for example, to build a dedicated cancer treatment centre, the Primrose unit.

Notable service developments have included;

The Primrose Centre for cancer patients opened at the end of 2003 and was recently redeveloped / extended (2016) following major fundraising by Bedford Hospital’s Charity, together with Macmillan Cancer Relief. A fully accredited, 7 day-a-week Endoscopy Unit opened in 2015 following a £4m investment. More recently they

opened a new Ambulatory Emergency Care Unit adjacent to A&E and a state of the art Pharmacy IT system and robot.

Harpur and Elizabeth Wards provide purpose-designed dementia-friendly facilities and have been recognised with national awards. A £7m redevelopment of Pathology Services was completed in January 2006. This laboratory building incorporates Haematology and Blood Transfusion, Chemical Pathology, Microbiology, Histopathology, Cytopathology and a Mortuary. Pathology services are provided by Viapath, a partnership with Guys and St Thomas' NHS Foundation Trust. A new MRI scanner (funded by Bedford Hospitals Charity) will be operational by the end of 2017.

There are strong existing clinical networks with Bedford Hospital being the hub for vascular services; Addenbrooke's for cancer, paediatrics, neurology, and haematology. The trust supplies PCI (percutaneous coronary intervention) services to Milton Keynes hospital. There are also network arrangements with the Luton & Dunstable University Hospital NHS Foundation Trust for stroke, head and neck cancers and bowel cancer screening (Bedford is the hub for this service).

Key challenges

Managing delivery of the Trust's deficit control total whilst maintaining quality and safety; in particular the risks arising from unbudgeted escalation beds and enhanced staffing resulting from emergency pressures.

The Trust has continued to experience significant demand on its services and admitted high numbers of emergency cases. These pressures are compounded by the lack of sufficient community based services, including beds, resulting in delayed discharges, high numbers of medically optimised patients in the hospital, and the maintenance of escalation beds year round, as well as by the increasing age and acuity of admitted patients. Key risks that were managed in 2016/17 therefore included;

- Emergency demand and the year-long use of escalation beds;
- The lack of a robust and funded health system winter plan;
- Increasing and significant contractual challenges from Bedfordshire CCG;
- The impact of agency caps;
- Maintaining staffing levels.

The Trust delivered its control total in 2016/17 but 2017/18 is predicted to be the most challenging financial environment for many years and the Trust's capacity to deliver savings without cross organisational transformation e.g. urgent care, is limited. Identifying a viable commissioner and provider savings programme is therefore a core part of the work being undertaken by the STP.

Developing the plans for future sustainability in the context of the Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plan (STP).

The Trust recognised in 2012 that under the then current Foundation Trust framework it was not sustainable as a standalone organisation in its current form. In 2013 Monitor, NHS England and the Trust Development Authority commissioned McKinsey to undertake a review of the health economies in Bedfordshire and Milton Keynes which are both financially challenged. The review initially published its progress report in October 2014 and produced two potential models centred on either Bedford Hospital or Milton Keynes Hospital becoming a major emergency centre and the other an Integrated Care Centre. It recommended that both models required further work. This did not proceed to consultation.

In 2015/16 a third option was developed by Bedford Hospital and Bedfordshire CCG which provided an integrated option for future acute, community and primary care services and this model was accepted by regulators to be considered further alongside the original under a new joint programme with oversight from the tripartite regulators. However this programme was, in June 2016 and before any decisions were made, superseded by the Bedfordshire, Milton Keynes and Luton Sustainability and Transformation Plan (STP). The STP has sustainable secondary care as one of its five priority work areas. The Trust is well engaged with the process: a collaborative savings programme has been established with external support and the aim is to move towards a single system control total, reflecting differential financial positions within individual organisations, and longer term towards an accountable care system. NHS Improvement has recognised the Trust's relatively good operational performance and its continued focus on delivering its control total whilst maintaining performance and quality standards, and has moved the Trust from their category 3 to category 2 (1 being the best).

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.

Responsibilities of audit committee chairs

Audit committee chairs should have recent and relevant financial experience. They share the functions of the other non-executives, 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

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 sharon.davies19@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: 18 August 2017 at 11.00am.** Please forward your completed application to public.appointments@nhs.net
- **interview date: 8 September 2017**
- **proposed start date: 26 September 2017**

Getting in touch

- **with the trust** - For an informal and confidential discussion with Gordon Johns, the Chair of the trust, please contact his PA Kay Bloom on 01234 792100.
- **with NHS Improvement** – for general enquiries contact Sharon Davies on 0300 123 2068 or by emailing Sharon.davies19@nhs.net



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.

Contact us

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