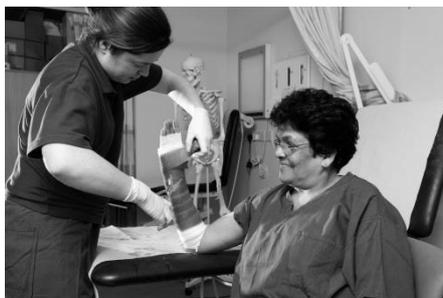


Could you help lead the NHS in your area?

Two Non-executive directors Candidate information pack

Reference: L1422



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

We are recruiting two non-executive directors for Lewisham and Greenwich 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.

We are also recruiting an advisor to the board. Please see vacancy reference L1567 for further information.

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 experience in one or more of the following:

- Operational management of a large and complex organisation (in any sector, as the requirement is to understand the challenges of complexity both within and external to the organisation)
- Commercial / business acumen; experience of tough commercial negotiations
- Customer service delivery in a challenging financial and regulatory environment. Experience in financial recovery would be an advantage.
- Experience of promoting and embedding equality and diversity (all under-represented groups not just BAME)

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 the area served by the Trust (currently the London Boroughs of Lewisham, Greenwich, Bexley and Bromley). We will accept applications from those with the appropriate experience living in the surrounding areas.

- 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 please [visit the website](#) or contact leslie.horn@nhs.net.

3. About Lewisham and Greenwich NHS Trust

Lewisham and Greenwich NHS Trust (LGT) was formed in October 2013 by the merger of Lewisham Healthcare NHS Trust and the Queen Elizabeth Hospital Greenwich (formerly part of South London NHS Trust).

LGT is responsible for:

- Queen Elizabeth Hospital in Woolwich
- University Hospital Lewisham
- A range of community services in Lewisham
- Some services at Queen Mary's Hospital in Sidcup.

LGT provides a comprehensive range of high quality acute healthcare services to more than 526,000 people living across the London Boroughs of Lewisham, Greenwich and Bexley. Community services are provided primarily, but not exclusively, to those living in Lewisham. This is an area of high deprivation (the 30th most deprived of 326 local authorities) and life expectancy is lower than the national average, so LGT provides services that are of critical importance to the health and wellbeing of the local community.

Queen Elizabeth Hospital (QEH) serves the populations of Greenwich, Bexley and other neighbouring boroughs. It provides a wide range of inpatient and outpatient services, as well as emergency and planned care. University Hospital Lewisham (UHL) provides elective and emergency healthcare to residents of Lewisham and other local boroughs, including Greenwich, Bexley and Bromley. The Trust is also a centre for the education and training of medical students enrolled with King's College London's School of Medical Education.

In Lewisham, the Trust also provides care to adults and children in a range of health centres, community clinics and in patients' own homes. Adult services include community matrons, district nurses, the diabetes team, the home enteral nutrition team and a sexual and reproductive health team. Services for children and young people include health visiting, occupational therapy, physiotherapy and speech and language services.

The trust's turnover is £511m, employs over 6,000 staff and in 2016/17 had

- Over 545,000 outpatient attendances
- Over 275,000 ED attendances
- Over 55,000 emergency admissions and 5,000 planned admissions
- Over 8,500 births, and
- Around 600,000 face to face contacts with patients in the community

LGT has an established partnership with King's Health Partners (KHP), the Academic Health Science Centre for South East London, to deliver local clinical services research, education and training activities. LGT is also part of the London (South) Comprehensive Local Research Network and the South London Academic Health Science Network and plays a part in many clinical networks across South East London, predominantly for specialist services including cancer, cardiac, stroke, maternity and neonatal services. Participation in these networks gives local people access to a wide range of specialist care.

3.1. Key Achievements Already Secured

Since the Trust was formed in 2013, it has worked hard to create one organisation across the two hospitals and community health services in Lewisham. The Trust has also been working with its local CCGs to ensure that the services and facilities out of hospital meet the needs of its patients on discharge.

Key service delivery improvements have included:

At Queen Elizabeth Hospital:

- A new Birth Centre

- Centralisation of Pathology
- A new Clinical Decision Unit alongside the Emergency Department
- Establishment of frailty model, including a new acute frailty unit

At Lewisham Hospital:

- A new Ambulatory Care Centre
- A Kidney Treatment Centre under construction
- Additional theatre capacity to accommodate the repatriation of urology
- Consolidation of stroke services, with an expanded stroke unit

Across both hospital sites good progress is being made in improving delivery of performance targets - notably ED performance, cancer waiting times and Referral to Treatment – although resilience is not yet as robust as the trust would wish.

Following inspection by the CQC in March the trust’s community services were rated “Outstanding”, with particular praise for children’s community services.

LGT has established a good record for delivering its annual plans and securing investment for improvement, such as those described above. The trust is developing exciting plans to meet the challenges we face, with estates development a key enabler for this work.

4. Key challenges

Despite the track-record of success, substantial challenges remain, including:

- The recent CQC report, published in August 2017, rated the Trust as “Requires Improvement “across both acute sites even though a wide range of hospital services at both Queen Elizabeth Hospital and University Hospital Lewisham were rated as “Good”.
- Increasing demand for the trust’s services which are being provided in cramped, sometimes even inadequate facilities, particularly at QEH. The hospital buildings have been mostly unchanged since they were commissioned by the NHS in 2001 but the profile of service demand has changed significantly. The number of patients attending the Urgent Care Centre and Emergency Department (ED) has increased dramatically, and this clinical space is now much too small. The ED was removed from the admitting wards, and patients attending an outpatient appointment have to walk some distance.
- Infrastructure problems at QEH - basic failings with power and water, as well as heating and ventilation.

- Difficulty in recruiting and retaining the staff needed. The trust has increased its staffing establishment to ensure we can meet safety and quality standards but, faced with difficulties recruiting and retaining sufficient staff, and has had to use temporary staff including agency staff with higher costs as a result.
- Questions about the trust's financial viability and the challenge of securing capital for investment. The trust's deficit has increased over recent years, with a range of contributing factors. The trust's estate is expensive to run and while an annual payment of support is received for the QEH PFI, there is no such financial support for the UHL estate which consists of a PFI and old, expensive-to-maintain premises. There have also been significant increases in the contributions the trust has to pay in to the clinical negligence scheme for trusts (CNST) over the last 2-3 years due to a change in the formula used to determine LGT's charges.
- A shortage of appropriate provision in the community for local people who need care, but not a hospital bed.

The Trust has plans to address many of these issues, including:

- A major safety and quality improvement plan that was launched immediately after the CQC inspection in March. This is a joint plan with the trust's health and social care partners to make the improvements needed across the whole system to address the issues identified by the CQC. Significant progress has already been made in key areas and work with the trust's partners is ongoing.
- A programme of service transformation has started with the development of frailty units at both acute sites, improved flow to support the emergency pathway and improved theatre utilisation. LGT recognises this is just the beginning and a trust wide programme of quality improvement is being established to ensure all services consistently strive to reduce variation, implement best practice and improve clinical outcome and patient experience.
- Ongoing focus on staff recruitment and retention. This includes reducing the time to hire, enabling newly qualified nurses to gain experience in a range of roles within the trust and initiatives to ensure equality of opportunity for career progression and development for all staff.
- Further development of a financial sustainability plan to enable the trust's finances to return to balance. The trust has a clear understanding of the key drivers of their deficit and as their financial sustainability is inextricably linked with the plans of the South East London STP, will include joint initiatives with the trust's STP partners.

- The trust's estates redevelopment plans will both improve facilities and enable more services to be provided outside an acute hospital environment.

Appendix 1: LGT's Draft Corporate Objectives 2017/18

The Trust's Vision "One Trust – serving our local communities"

The Trust's vision is to be a consistently high performing and financially sustainable Trust by 2020. Objectives in 2017/18 for delivering this vision are:

1. Deliver all aspects of our **Emergency Care Improvement Plan**. The trust's key objectives include:
 - Improving the flow of patients through their emergency care pathways at both of the trust's hospitals
 - Developing the frailty pathway further to meet the needs of the trust's older patients
 - Improving the discharge experience for all the trust's patients.
2. Improve the **safety and quality of the trust's care** and actively respond to identified risks ensuring they are focused on getting the best results for patients every time by:
 - Delivering the key national performance standards, such as the 4-hour A&E standard, the 18 week referral to treatment standard and the national cancer targets
 - Improving the safety of the trust's patients in critical care through improved multi-disciplinary working and governance processes
 - Fostering a continuous learning environment through regularly reviewing how we can improve
 - Working with our staff and patients to make safety and quality the focus of all improvements and change.
3. **Engage the trust's workforce to deliver their Safety and Quality Improvement Programme** by:
 - Ensuring the trust's workforce is resourced and deployed effectively to enable the Plan's delivery
 - Empowering staff to make the improvements they know are needed and to take responsibility for their personal practice
 - Improving staff experience to help the trust attract and retain staff and reduce the trust's agency use
 - Improving the engagement of the trust's clinical staff and increasing visibility of the trust's clinical leaders
 - Implementing a Clinical Leadership Development Programme.

4. Ensure the **financial stability** of the organisation:
 - Making the best use of resources in the interests of safe and quality patient care
 - Taking part in the NHS Financial Improvement Programme and implementing plans for financial improvement, targeting a plan to return to financial balance.

5. Commence the **delivery of the Trust clinical service strategy** with estate development as a key enabler. The trust will:
 - Begin to implement the plans for the trust's hospital sites to ensure that they make the best use of local NHS estate for the benefit of the trust's patients
 - Deliver the planned improvements to the trust's facilities, including starting the programme of infrastructure upgrades to improve the clinical facilities at QEH
 - Continue the work with partners in Lewisham to develop integrated care and new ways of working, including improvements to community facilities.

6. **Use Information Technology to support improvements to patient care** by:
 - Getting the right information to the right people, at the right time and place
 - Using information to help the trust plan and provide the most appropriate prevention and treatment programmes for the trust's patients.

7. **Work effectively with partners** to deliver the South East London Sustainability and Transformation Plan to optimise the resources available for patient care.

Appendix 2: LGT's values and behaviours

LGT has a set of values and behaviours which encompass the values of the NHS Constitution, as follows:

Respect our patients and colleagues

- Actively engage patients, carers and staff in decision-making at every level

Commitment to quality of care

- Provide high quality, safe and effective care
- Use resources effectively and efficiently to deliver excellent patient experience
- Be open and transparent about the trust's performance

Compassion

- Put patients, their families and carers at the heart of everything the trust does
- Listen and respond to feedback from patients, GPs and other stakeholders

Improving lives

- Deliver the right care in the right place at the right time
- Encourage innovation in all that the trust does
- Work together for patients

Working together for patients

- Work creatively with local partners to secure benefits for local people
- Support the trust's staff and ensure they have access to the education, training and development opportunities they need to do their job well

Everyone counts

- Be respectful of everyone's views
- Ensure the trust is open minded and willing to change and do things differently

Appendix 3: The South East London Sustainability and Transformation Plan

Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Plan (STP) for south east London.

We aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives
- The care and quality gap – variation in the accessibility and quality of care should be improved
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available

For further information: <http://www.ourhealthiersel.nhs.uk/>

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

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: 9 November 2017 at 11.00am.**
Please forward your completed application to public.appointments@nhs.net
- **interview date: 23 November 2017**
- **proposed start date: to be confirmed**

Getting in touch

- For an informal and confidential discussion with Val Davison, the Chair of the trust, please contact Sylvie Hogwood or Jo Cleary on 020 3192 6434 prior to the closing date.
- **NHS Improvement** – for general enquiries contact Leslie Horn on 0300 123 2057 or by emailing 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.

Contact us

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