



# Candidate brief for the position of Non-Executive Director The Royal Free London NHS Foundation Trust

January 2022



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# About The Royal Free London NHS Foundation Trust

The Royal Free London NHS Foundation Trust (RFL) is a pioneering and progressive organisation with a mission to provide world class expertise and local care to patients. We are one of the UK's biggest trusts with over 10,000 staff delivering care to more than 1.6 million patients each year, from three main hospitals and more than 40 satellite sites in north London and Hertfordshire.

We are a leader in our work to deliver improvements in healthcare and are proud to have some of the best clinical outcomes in the country. We treat patients from across the country and beyond in our specialist services in liver and kidney transplantation, haemophilia, renal, HIV, infectious diseases, plastic surgery, immunology, vascular surgery, cardiology, amyloidosis and scleroderma. We are a member of the academic health science partnership UCLPartners.

Our three main hospitals are:

- Barnet Hospital
- Chase Farm Hospital
- Royal Free Hospital

We also offer services ranging from community midwifery to smoking cessation.



## Our history

Our organisation was founded in 1828 by William Marsden, an inspirational young surgeon. He believed that access to healthcare should be based on a patient's need, not ability to pay. He was inspired to establish a 'free' hospital having found a young woman dying on the steps of St Andrew's Church in Holborn. She had been unable to access care due to her inability to pay for it. From the outset, his objective was to ensure that "poverty and sickness are the only passports" to the best healthcare available. These principles remain a cornerstone of the NHS and our own mission today.



## Where we are going – our mission

Our mission today is world class expertise and local care, delivered in three parts: we will seek to be world class in terms of service, research and teaching excellence. We have number of goals set by the Board to support achievement and we measure progress against these and our governing objectives, which are:

- Excellent outcomes in our clinical treatment, research and teaching
- The very best experiences for our patients, staff and GPs
- Excellent value by improving the efficiency and productivity of our services, and reducing costs
- Being safe and fully compliant (or exceeding) all regulatory and outcome targets we are set
- A strong and resilient organisation investing effectively in our staff and infrastructure to ensure that we are fit for future challenges

## Our values

All of our staff were engaged in defining our world class care values. These describe the behaviours and attitudes we expect to see in working together and with our partners and collaborators in treating our patients and delivering our goals. They are to always be:

- Positively welcoming
- Actively respectful
- Clearly communicating
- Visibly reassuring

## Key current objectives are:

- Ensuring organisational resilience through the pandemic and reducing the number of patients facing long waits.
- Improving staff and patient experience by completing our Electronic Patient Record and infrastructure upgrades across all sites.
- Building an inclusive workforce & improving the wellbeing of our staff (inclusion).
- Making our local partnerships work for patients.
- Implementing our organisation-wide approach to quality improvement (QI) to provide better services of better value for patients.
- Embedding transformational culture change.
- Preparing for legislative reform and impact on local delivery.

## Our expertise

- We are a major transplantation centre for liver and kidney transplants, one of the UK's leading centres for the diagnosis and treatment of liver disease and one of the seven liver transplant centres in the UK.
- We performed the first UK transplant between an adult live donor and a patient with acute liver failure. We are one of the few centres in the UK to offer liver transplants from live donors.
- We were the first hospital in the UK and the fourth in the world to introduce a new imaging technology for breast cancer called breast positron emission tomography.



- We have one of the UK's leading plastic surgery units which is also a major teaching centre. The unit is a national centre of excellence for facial reanimation surgery.
- We are world-leading in performing stem cell therapy in adults with inherited defects of the immune system.
- We have a pioneering neuroendocrine tumour unit with an international reputation which was the first centre in the UK to be awarded the status of European centre of excellence.
- We have the only high-level isolation unit for infectious diseases in the UK.

## Investing in our future

The RFL is currently undertaking three major programmes:

- **Chase Farm Hospital** – Chase Farm Hospital – opened in September 2018. Chase Farm Hospital achieved HIMMS stage 6 recognising it as one of the most digitally advanced hospitals in the UK, since May 2021 the hospital became an ICS hub for planned orthopaedic surgery.



Staff celebrate the new Chase Farm Hospital

- **Emergency department** – at the Royal Free Hospital, and the redevelopment of the urgent care centre and the provision of a dedicated paediatric emergency department.
- **The Pears Building** – Opening in August 2021, the Pears Building will be home to the UCL Institute of Immunity and Transplantation, as well as the Royal Free Charity's offices and patient accommodation on the top floor of the building.



## The Royal Free London group model

To manage increasing demand, we need to think differently about the way we deliver our services. Historically, hospitals and other healthcare services have worked independently – collaboration and partnership working has to be the way forward.

We are one of four trusts in England chosen to set up and lead a group of NHS providers who will share services and resources in order to improve the experience of our staff and patients. As a result of this, we have moved to a group model structure.

This innovative operational structure has:

- a local hospital management teams in place for each hospital
- a group board and group executive team (which this role will join)
- divisional structures leading service delivery in each of our hospitals
- group-wide support service structures (clinical and non-clinical) providing services such as HR, finance, radiology, pathology across our hospitals

Working side-by-side with other healthcare experts we can share ways of working which we know deliver the best outcomes. By working collectively, we can reduce variations in patient care and the cost of treatment that we see across the group's hospitals and services, including our clinical partner hospitals and also achieve economies of scale such as increased purchasing power.

We are also able to share services which are essential to the day-to-day running of a hospital. By working at a larger scale, teams such as HR and finance and clinical services such as pathology and radiology, can support a group of hospitals, rather than just one. This means we can improve efficiency and have more money to invest in patient care.

Our plan proposes to bring together a range of acute providers to work with or join our 'group' of hospitals, connected by a single group centre – similar to models seen internationally, such as Intermountain Healthcare in Utah, USA. Individual trusts will be able to join the group under a range of membership options, from full membership to arrangements such as buddying.

By working as a group, we can bring together larger numbers of clinicians to share their knowledge about the very best ways to treat patients in line with the very best care available across the globe.

At the heart of this approach are clinical practice groups, or CPGs. CPGs are clinically led ways of working across several hospital sites aimed at reducing variation and ensuring all patients receive the best standard of care, wherever they are treated. Hospital teams come together to design patient pathways – that is the way a patient is treated in hospital for a particular health issue. They work to ensure diagnostic and treatment decisions are consistent and based on the latest evidence to deliver the best possible outcome for patients.

CPGs also ensure that staff are working at the top of their capability. A consultant will not always be the most appropriate medic for a patient to see. Nurses and therapists are being empowered to see more patients and make clinical decisions, freeing up consultants to see the cases where a specialist opinion is required. This improves the time in which a patient is seen and overall patient satisfaction and outcomes. The RFL has 6 CPGs each working on a range of patient pathways:

- Women's and children's
- Medical and urgent care
- Transplant and specialist services



- Surgery and associated services
- Cancer
- Same day emergency care

## Working with our partners

North Middlesex University Hospital NHS Trust (NMUH) formed a partnership with RFL. The partnership will bring better care for Enfield and Haringey residents and more opportunities for our staff.

The partnership board will combine non-executive directors from both trusts to oversee the strategic leadership of the partnership on behalf of the two trust's boards. The partnership executive is made up of senior directors from each trust to deliver the partnership's strategy. It will meet monthly and report to the partnership board and reports from the meeting will be uploaded to this section.

Caroline Clarke, Royal Free London group Chief Executive, is the accountable officer for both trusts. Both trusts remain statutory, independent, NHS organisations with their own boards. Dr Nnenna Osuji has also been appointed as the new Chief Executive of NMUH and joined in the summer of 2021.

Collaborations between MNUH and RFL have already been strengthened during the pandemic, helping our hospitals to respond to demand and maintain services like surgery and cancer care. Over the coming years, our partnership with NMUH could make a significant difference to the health and wellbeing of residents in Enfield and Haringey.

We have a similar partnership with West Hertfordshire Hospitals NHS Trust (WHHT) who through a clinical partnership are keen to develop improved care pathways and to collaborate on use of support service resources.

The Royal National Orthopaedic Hospital and the RFL have agreed a formal partnership to work together with a particular focus on practical collaboration at Chase Farm Hospital and Stanmore Hospital, to improve services for patients with musculoskeletal conditions.

Working with our partners across North Central London, RFL we be hosting North London Partners Shares Services recruitment for NHS trusts across North Central London.

## Digital transformation

*"We envision a future where clinicians have easy access to a single, unified and readily available patient record across all trust sites; patients know what is happening with their care and are kept up to date in real time; and promising new innovations are actively developed by the trust to maximise our sustainability"* RFL Digital Vision

In 2016, the Royal Free London was designated by NHS England as a Global Digital Exemplar (GDE) with the aim of improving the quality of care through the world-class use of digital technologies and information. This focussed on developing the digital infrastructure in terms of implementing the EPR at Chase Farm and Barnet Hospital, and digital innovations across the Group. The final significant part of this focuses on the roll out of the EPR at the Royal Free Hospital. Over and above this, there are a number of priorities that shape the strategic roadmap for the next few years – these include MyRFL (patient portal); Streams; Health Information Exchange; Attend Anywhere and digital CPGs. The EPR rollout, the patient portal and Health Information Exchange will fulfil the GDE ambition by September 2021.

The Covid-19 pandemic has driven the rapid adoption of digital solutions and a surge in patient uptake of digital health services; embedding and expanding digital models of care will be central to our recovery strategy. Our digital mission is to use data and technology to empower patients, deliver an improved experience for our staff, and innovate for the long term sustainability of the organisation.





## Our staff

Over our 200-year history, overseas staff have made a vital contribution to the care of our patients, our expertise and the vibrant culture of our hospitals. Today, we're proud to employ 10,000 staff from 120 different countries.

Equality, inclusivity and diversity are woven into the Royal Free history and we're immensely proud of the diversity of our workforce. To ensure a fairer and more diverse working environment for all, we created four dedicated staff networks.

- Lesbian, Gay, Bisexual and Trans staff network
- Black, Asian, and Minority Ethnic Groups staff network
- Women's network
- Ability @ the free staff network

These dynamic internal channels help to define the Royal Free's unique sense of community, shape our staff experience, simplify learning and drive continual change.



## The Board

■ Mark Lam	Chair
■ Caroline Clarke	Chief Executive
■ Dr Chris Streater	Group Deputy Chief Executive & Chief Medical Director
■ Julie Hamilton	Chief Nursing Officer
■ John Connolly	Royal Free Hospital Chief Executive Officer
■ Deborah Sanders	Barnet Hospital Chief Executive Officer
■ Professor David Lomas	Non-Executive Director
■ Mary Basterfield	Non-Executive Director
■ Akta Raja	Non-Executive Director
■ James Tugendhat	Non-Executive Director
■ Doris Olulode	Non-Executive Director
■ Dr Mohini Parmar	Non-Executive Director
■ Baroness Claire Tyler	Non-Executive Director
■ Amanda Gibbons	Associate Non-Executive Director
■ Sarah Rapson	Associate Non-Executive Director

## Useful links

- [RFL annual report](#)
- [North London Partners \(STP\)](#)
- [RFL group model](#)
- [RFL Vision, Mission and Values](#)



# Job Description

JOB TITLE:	Non-Executive Director
DIVISION:	Corporate
PAY:	£13,700
RESPONSIBLE TO:	Chair of the Trust

## Job summary:

Non-Executive Directors will ensure the Trust continues to deliver its patient focused strategy. In addition to main board duties, each Non-Executive Director will be required to be a member or chair of a group committee.

- Work with board colleagues in setting the strategic direction of the Trust, contributing to setting the Trust's values and standards.
- Contribute to effective decision-making and constructive debate within the Board. Develop a constructive, frank and open relationship with the Executive Directors through regular communication and meetings in the furtherance of the Foundation Trust's best interests, and to provide support and advice while respecting executive responsibility;
- Ensure the Trust complies with the provider licence, the Constitution and any other applicable legislation and regulations;
- Ensure high standards of corporate and clinical governance are maintained in accordance with the relevant sections of the Foundation Trust Code of Governance, the UK Corporate Governance Code and the FRC Guidance on Board Effectiveness;
- As a key ambassador for the Trust, assist in building strong relationships externally with our partners within the immediate health system, as well as those across the wider health, research and education sectors nationally;
- Encourage the continuation of effective communication with the Foundation Trust's members, Governors and staff;
- Support constructive working relationships with NHS Improvement and the Care Quality Commission;
- Uphold the values of the Foundation Trust, by example, and to ensure that the Foundation Trust promotes equality and diversity for all its patients, staff and other stakeholders.

## Key relationships

- Non-Executive Directors will have frequent contact with the Chair, Chief Executive, other members of the Trust Board (Executive and Non-Executive Directors) and other senior managers.
- Non-Executive Directors will also have interaction with Governors and representatives of external agencies, including NHS England; NHS Improvement; the Care Quality Commission; Clinical Commissioning Groups and local Councillors and MPs.



## Time commitment

This will be three to four days per month. This may be during the working day or in the evening. All members of the Board of Directors are required to attend the bi-monthly meetings of the Board.

## Appointment and tenure

Non-Executive Directors are appointed for an initial period of three years, subject to satisfactory appraisal. The appointment may be renewed for a second three-year term, subject to the approval of the Council of Governors and subject to annual reappointment thereafter. Any term beyond six (6) years (whether consecutive or not) for a Non-Executive Director is subject to particularly rigorous review. A Non-Executive Director may be removed from office by NHS Improvement or the Council of Governors, in accordance with the Constitution.



# Person Specification

FACTORS	ESSENTIAL
Royal Free World Class Values	<ul style="list-style-type: none"> <li>■ Demonstrable ability to meet the Trust Values</li> </ul> <p style="text-align: center;"> <i>Positively <b>welcoming</b></i>  <i>Actively <b>respectful</b></i>  <i>Clearly <b>communicating</b></i>  <i>Visibly <b>reassuring</b></i> </p>
Qualifications and Experience	<ul style="list-style-type: none"> <li>■ Significant experience at or very near board level gained in a large and complex organisation;</li> <li>■ Senior clinician with deep experience of transforming patient care together with a track-record of improving and sustaining better quality and safety outcomes for patients. We would welcome applicants of all clinical backgrounds with the Board under-represented currently in senior nursing and midwifery expertise.</li> </ul>
Skills	<ul style="list-style-type: none"> <li>■ Ability to work as an effective member of the Board and to contribute to a continued patient focused culture;</li> <li>■ The ability to understand and absorb complex data and information and reach informed judgement;</li> <li>■ Ability to chair a sub-committee of the Board;</li> <li>■ Ability to demonstrate how to work across boundaries creating networks which facilitate high levels of collaboration within and across organisations and sectors;</li> <li>■ Good understanding of risk management and finance, budgeting and control.</li> </ul>
Personal Qualities	<ul style="list-style-type: none"> <li>■ Knowledge of public service values and the ability to understand their relevance to Foundation Trusts;</li> <li>■ Real enthusiasm to help the Trust deal with the challenge of providing high-quality healthcare with increasing efficiency;</li> <li>■ Committed to the principles of the NHS;</li> <li>■ High level of work organisation, self-motivation and drive for performance;</li> <li>■ Emotional intelligence and resilience;</li> <li>■ Ability to inspire Board colleagues;</li> <li>■ Ability to demonstrate personal insight into his/her actions, experience and behaviours that illustrate awareness and appreciation and empathy of issues relating to equality, diversity and inclusion;</li> <li>■ Ability to work effectively, constructively challenge and collaborate with Board colleagues and the Council of Governors;</li> </ul>



FACTORS	ESSENTIAL
	<ul style="list-style-type: none"> <li>■ Personal integrity and commitment to openness, inclusiveness and high standards;</li> <li>■ Self-Awareness – understands own emotions, strengths and limitations;</li> <li>■ Independence of mind;</li> <li>■ Able to meet the Fit and Proper Persons requirements for NHS Directors. See Appendix 1.</li> </ul>



# How to Apply

## Key dates

**Closing date: 12 noon on Friday 25 February 2022.**

The interviews and assessment date is TBC.

## How to apply

The preferred method of application is online at: [www.odgers.com/84940](http://www.odgers.com/84940)

If you are unable to apply online please email: [84940@odgersberndtson.com](mailto:84940@odgersberndtson.com)

All applications should include:

- A covering letter explaining why the appointment interests you, how you meet the appointment criteria and what you specifically would bring to the post.
- A Curriculum Vitae (CV) with education and professional qualifications and full employment history. It is also helpful to have daytime and evening telephone contact numbers and e-mail addresses, which will be used with discretion. The CV should include names and contact details of three referees. References will not be taken without applicant permission.
- An Equal Opportunities Monitoring Form (see below for further details). The form will be available upon submission of your online application. If you submit your application via email you will receive the Equal Opportunities Monitoring Form via email link during the process.
- Successful applicants will be subject to Occupational Health and Disclosure, and Barring Service checks. All organisations regulated by the Care Quality Commission also need to ensure that successful candidates meet the Fit and Proper Persons Requirement (FPPR).

## Diversity and equality of opportunity

The Royal Free London NHS Foundation Trust strives to be as diverse as the public it protects and welcomes applications from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. We are committed to equality of opportunity for all and appointments will be made solely on merit. We believe that for any organisation to be successful, it needs to work with the most talented and diverse people available. We positively encourage applications from people from all sections of the community, across all four countries, from all backgrounds and with a broad range of experience. We undertake that your application will be dealt with fairly and that all decisions we make about it will be based on merit and your ability to meet the person specification.

To ensure all candidates are treated fairly, we monitor diversity at all stages of the appointments process. The application process includes a diversity monitoring form for completion and submission with the application form. Providing this information is optional, but we would be grateful for your co-operation.



Information provided in the diversity monitoring form will be treated as strictly confidential and will be used for monitoring purposes only. It will not be seen by anyone directly involved in the selection process, and will not be treated as part of your application. No information will be published or used in any way which allows any individuals to be identified.

## Personal data

In line with GDPR, we ask that you do NOT send us any information that can identify children or any of your Sensitive Personal Data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, data concerning health or sex life and sexual orientation, genetic and / or biometric data) in your CV and application documentation. Following this notice, any inclusion of your Sensitive Personal Data in your CV/application documentation will be understood by us as your express consent to process this information going forward. Please also remember to not mention anyone's information or details (e.g. referees) who have not previously agreed to their inclusion.

## Contact details

For a conversation in confidence, please contact:

Carmel Gibbons

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# Appendix 1 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Fit and proper persons: directors

- 1 This regulation applies where a service provider is a health service body.
- 2 Unless the individual satisfies all the requirements set out in paragraph (3), the service provider must not appoint or have in place an individual—
  - (a) as a director of the service provider, or
  - (b) performing the functions of, or functions equivalent or similar to the functions of, such a director.
- 3 The requirements referred to in paragraph (2) are that—
  - (a) the individual is of good character,
  - (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
  - (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
  - (d) the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
  - (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.
- 4 In assessing an individual's character for the purposes of paragraph (3)(a), the matters considered must include those listed in Part 2 of Schedule 4.
- 5 The following information must be available to be supplied to the Commission in relation to each individual who holds an office or position referred to in paragraph (2)(a) or (b)—
  - (a) the information specified in Schedule 3, and
  - (b) such other information as is required to be kept by the service provider under any enactment which is relevant to that individual.
- 6 Where an individual who holds an office or position referred to in paragraph (2)(a) or (b) no longer meets the requirements in paragraph (3), the service provider must—
  - (a) take such action as is necessary and proportionate to ensure that the office or position in question is held by an individual who meets such requirements, and
  - (b) if the individual is a health care professional, social worker or other professional registered with a health care or social care regulator, inform the regulator in question.



## SCHEDULE 4 Good character and unfit person tests

### PART 1 - Unfit person test

- 1 The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
- 2 The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
- 3 The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(1).
- 4 The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
- 5 The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.
- 6 The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

### PART 2 - Good character

- 1 Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.
- 2 Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.





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