

# Could you help lead the NHS in your area?

**East Midlands Ambulance Service  
NHS Trust**

**Chair**

**Candidate information pack**

**Reference: M2558**



**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.**

**Our recruitment processes are conducted in accordance with the Code of Governance to ensure that they are made on merit after a fair and open process so that the best people, from the widest possible pool of candidates, are appointed.**

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## 1. The opportunity

NHS England / NHS Improvement has a specific role in appointing and supporting NHS trust chairs and non-executives. We are looking for an exceptional leader to chair East Midlands Ambulance Service NHS Trust (EMAS). This is a unique opportunity to help shape the future of local services by sharing your talents and expertise to help transform the ambulance trust and make a positive difference to your community.

## 2. The person specification

We are looking for candidates who want to use their energy, skills and experience to help drive the delivery of sustainable healthcare services for the people of the East Midlands, and some surrounding areas.

### Required skills, experience and attributes:

#### Values

- A clear commitment to the NHS and the trust's values and principles

#### Strategic

- Experience of leading and delivering against long-term vision and strategy
- Experience leading transformational change, managing complex organisations, budgets and people

#### People

- Strong interpersonal, communication and leadership skills
- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top and championing diversity at, and across, all levels
- Strongly focused on the experience of all staff and patients
- Fully attentive towards issues of equality, diversity and inclusion

#### Professional acumen

- Prior board experience (any sector, executive or non-executive role)

- Evidence of successfully demonstrating the NHS provider chair competencies in other leadership roles
- An ability to identify and address issues, including underperformance, and to scrutinise and challenge information effectively for assurance

### **Outcomes focus**

- A demonstrable interest in health and social care and a strong desire to achieve the best sustainable outcomes for all patients and service users through encouraging continuous improvement, clinical excellence and value for money
- Strong understanding of financial management, with the ability to balance the competing objectives of quality, operational performance and finance
- An appreciation of constitutional and regulatory NHS standards

### **Partnerships**

- A desire to engage with the local population and to collaborate with senior stakeholders across the health and care system
- Experience managing conflict, finding compromise and building consensus across varied stakeholder groups with potentially conflicting priorities

### **Desirable experience**

- Prior experience as a non-executive director (any sector)
- Prior experience on an NHS board (executive, non-executive or associate role)
- Professional qualification or equivalent experience
- Prior senior experience of complex organisations outside the NHS, i.e. private, voluntary or other public sector providers of similar scale

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal responsibility and achievement have been demonstrated in previous/other roles, to satisfy the experience being sought.

The best boards are those that reflect the workforce and communities they serve. We particularly welcome applications from women, people from local black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in these important roles.

### **3. Role of the NHS Board and Chair**

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.

### **4. Role description**

To carry out their role effectively, the chair must cultivate a strong, collaborative relationship with the chief executive. Many responsibilities in this role description will be discharged in partnership with the chief executive. It is important the chair and the chief executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

Together, the chair and the chief executive set the tone for the whole organisation. They are ultimately responsible for ensuring that the population the trust serves and the wider system in which the organisation sits receive the best possible care in a sustainable way.

## Responsibilities of the chair

**The chair has a unique role in leading the NHS trust board.** The role combines the duty to lead effective governance, consistent with the Nolan principles and NHS values, with securing a long-term vision and strategy for the organisation.

Fundamentally, the chair is responsible for the effective leadership of the board. They are pivotal in creating the conditions necessary for overall board and individual director effectiveness. Central to the chair's role are five key responsibilities:

### Strategic

In their **strategic leadership** role, the trust chair is responsible for:

- ensuring the whole board of directors plays a full part in developing and determining the **trust's vision, values, strategy and overall objectives** to deliver organisational purpose and sustainability
- ensuring the trust's strategy aligns with the principles guiding the NHS and the NHS values
- ensuring the board identifies the key risks the trust faces in implementing its strategy; determines its approach and attitude to **providing effective oversight** of those risks and ensures there are **prudent controls** to assist in managing risk
- holding the chief executive to account for delivering the strategy and performance.

### People

In their role **shaping organisational culture** and setting the right tone at the top, the trust chair is responsible for:

- providing visible leadership in developing a **healthy, open and transparent patient-centred culture for the organisation**, where all staff have equality of opportunity to progress, the freedom to speak up is encouraged, and ensuring that this culture is reflected and modelled in their own and in the board's behaviour and decision-making
- leading and supporting a **constructive dynamic** within the board, enabling grounded debate with contributions from all directors
- promoting the highest standards of **ethics, integrity, probity and corporate governance** throughout the organisation and particularly on the board
- demonstrating **visible ethical, compassionate and inclusive personal leadership** by modelling the highest standards of personal behaviour and ensuring the board follows this example

- ensuring that **constructive relationships based on candour, trust and mutual respect** exist between executive and non-executive directors
- developing **effective working relationships** with all the board directors, particularly the chief executive, providing support, guidance and advice.

In their role **developing the board's capacity and capability**, the trust chair is responsible for:

- ensuring the board sees itself as a team, has the **right balance and diversity of skills, knowledge and perspectives**, and the confidence to challenge on all aspects of clinical and organisational planning; this includes:
  - regularly **reviewing the board's composition and sustainability** with the chief executive and the nominations committee
  - considering **succession planning** for the board, including attracting and developing future talent
  - considering the **suitability and diversity** of non-executive directors who are assigned as chairs and members of the board's committees, such that as far as possible they reflect the workforce and respective communities served by the board
  - where necessary, leading in seeking the removal of non-executive directors and giving counsel in the removal of executive directors
- leading on **continual director development** of skills, knowledge and familiarity with the organisation and health and social care system, to enable them to carry out their role on the board effectively, including through:
  - induction programmes for new directors
  - ensuring **annual evaluation** of the board performance, the board's committees, and the directors in respect of their board contribution and development needs, **acting on the results** of these evaluations and supporting personal development planning
  - taking account of their **own development needs** through, for example, personal reflection, peer learning and mentoring/reverse mentoring as part of the wider NHS provider chair community
- developing a board that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures, including the Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); and Equality Delivery System (EDS).

## Partnerships

In their role as an **ambassador**, leading in developing **relationships** and **partnership working**, the chair is responsible for:

- promoting an **understanding of the board's role**, and the role of non-executive and executive directors
- representing the organisation externally, developing and facilitating strong partnerships, and promoting **collaborative, whole-system working** through engagement with:
  - patients and the public
  - all staff
  - key partners across public, private and voluntary sectors
  - regulators
  - other chairs in the system and the wider NHS provider chair community, including where appropriate, through:
    - integrating with other care providers
    - identifying, managing and sharing risks
    - ensuring decisions benefit the local population, prioritising the needs of the citizens served by the organisation at a system level
- ensuring that **effective communication with stakeholders** creates board debate encompassing diverse views, and giving sufficient time and consideration to **complex, contentious or sensitive issues**

## Professional acumen

In their role as **governance lead** for the board, the chair is responsible for:

- making sure the board operates effectively and understands its own **accountability** and compliance with its approved procedures – for example, meeting statutory duties relating to annual reporting
- personally **doing the right thing**, ethically and in line with the NHS values, demonstrating this to and expecting the same behaviour from the board
- leading the board in **establishing effective and ethical decision-making processes**
- **setting an integrated board agenda** relevant to the trust's current operating environment and taking full account of the **important strategic issues and key risks** it faces

- ensuring that the board receives **accurate, high quality, timely and clear information**, that the related assurance systems are fit for purpose and that there is a good flow of information between the board, its committees, the council and senior management
- ensuring board committees are properly constituted and effective

In their role as **facilitator** of the board, the chair is responsible for:

- providing the environment for agile debate that considers the big picture
- ensuring the board collectively and individually applies **sufficient challenge**, balancing the ability to seize opportunities while retaining robust and transparent decision-making
- facilitating the **effective contribution** of all members of the board, drawing on their individual skills, experience and knowledge and in the case of non-executive directors, their independence
- working with and supporting the **trust board secretary** in establishing and maintaining the board's annual cycle of business

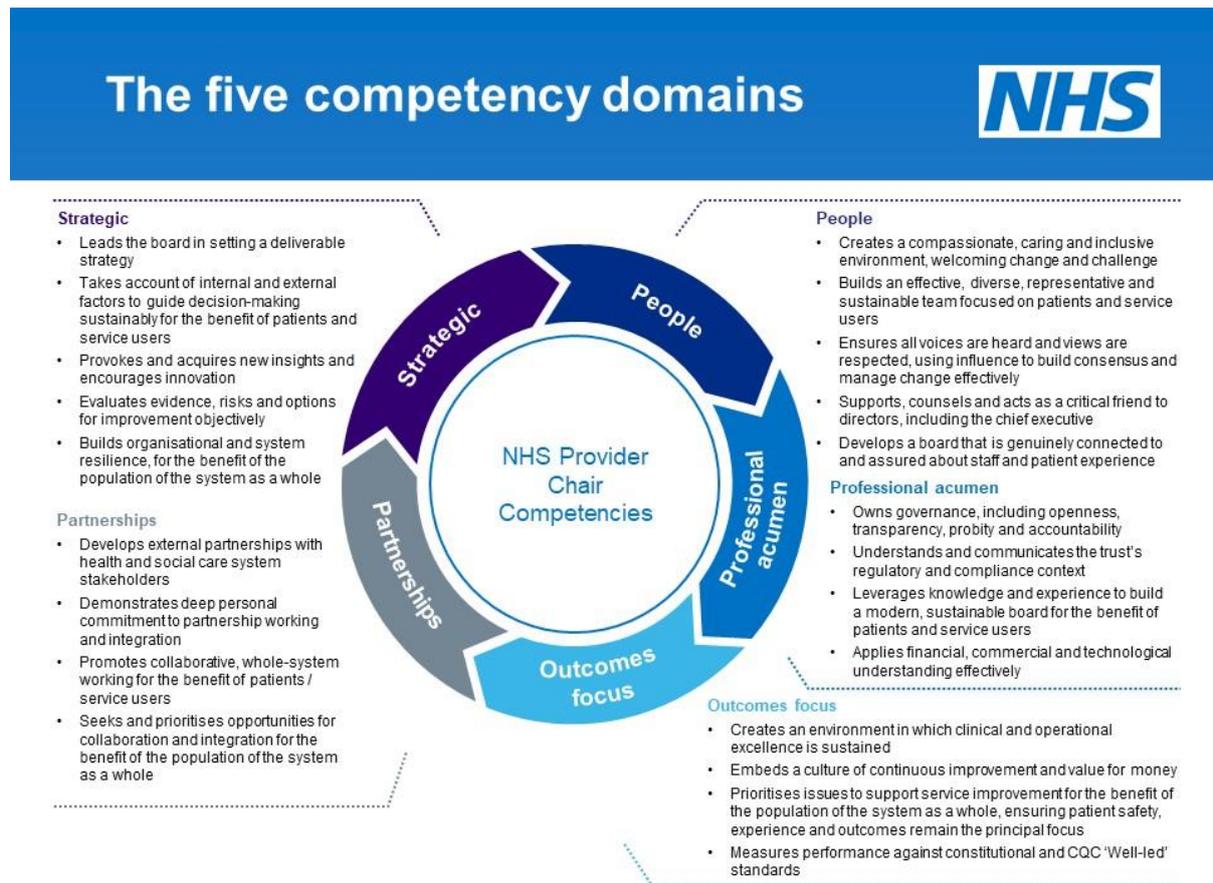
### Outcomes focus

In their role as a **catalyst for change**, the chair is responsible for:

- ensuring all board members are well briefed on **external context** – e.g. policy, integration, partnerships and societal trends – and this is reflected in board debate
- fostering a **culture of innovation and learning**, by being outward-looking, promoting and embedding innovation, technology and transformation through the board business and debate
- promoting **academic excellence and research** as a means of taking health and care services forward
- ensuring performance is accurately measured against constitutional and Care Quality Commission 'well-led' standards
- ensuring performance on equality, diversity and inclusion for all patients and staff is accurately measured and progressed against national frameworks, including WRES, WDES and EDS
- above all, ensuring the board maintains an unrelenting interest in and focus on the continuous improvement and self-assessment of patient safety, experience and clinical outcomes.

## 5. Chair competencies

The competency framework describes the core competencies required in the NHS provider chair's role, in the context of the NHS principles and values in the NHS Constitution. We envisage that the competency framework will be used to recruit and appraise chairs. The figure below shows this and detail the associated requirements under each competency.



## 6. About East Midlands Ambulance Service NHS Trust

EMAS provide emergency and urgent services for 4.8 million people, covering approximately 6,452 square miles across six counties of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland.

Patient transport is provided in Derbyshire and Northamptonshire for patients with routine hospital or clinical appointments.

c4000 people are employed at 70 facilities, including ambulance stations, community ambulance stations (smaller facilities, often shared buildings with other organisations allowing our crews to 'stand-by' in strategic locations in-between responses to 999 calls), two Emergency Operations Centres (Nottingham and Lincoln), training and support team offices and fleet workshops.

Their frontline accident and emergency ambulance crews represent the largest staff group at EMAS, and they operate a fleet of 746 operational vehicles, including emergency ambulances, fast response cars, specialised and driver training vehicles, and urgent care and patient transport vehicles.

Every day EMAS receives around 2,500 calls from members of the public who rang 999. On average this equates to a new emergency call every 34 seconds and is in addition to the calls received from healthcare professionals booking transport to support patient transfers from one healthcare facility to another.

### EMAS values

EMAS has five values, designed by staff and stakeholders, which underpin everything they do, including the way they deliver their services and how they work with others. By living these values and supporting others to do the same, they will help to make sure that EMAS is an organisation they can all be proud of.

- **Respect:** *Respect for our patients and each other*
- **Integrity:** *Acting with integrity by doing the right thing for the right reasons*
- **Contribution:** *Respecting and valuing everyone's contribution and encouraging innovation*
- **Teamwork:** *Working together, supporting each other, and collaborating with other organisations*
- **Competence:** *Continually developing and improving our competence.*

Their values help the Trust to provide their patients with access to high quality clinical care and services to ensure the best experience and clinical outcome.

## EMAS Vision

Their vision is to be '**Responding** to patient needs in the right way, **developing** our organisation to become outstanding for patients and staff, and **collaborating** to improve wider healthcare.



## 7. Key priorities and challenges

Directed by their 'Big 3' vision and values, EMAS priorities include:-

- Delivering a high-quality service to their patients and continuing to improve patient safety and experience.
- Continuing to develop a positive organisational culture that supports recruitment and retention; wellbeing, equality and inclusion; increased diversity; and positive staff experience, engagement and satisfaction.
- Continued development of education and career opportunities for their staff.
- Use of innovative technological solutions to support service delivery.
- Demonstrating international best practice for their clinical outcomes for patients with cardiac arrest.
- Developing and delivering new ways of treating patients through collaborating with their healthcare partners through the evolving Integrated Care Systems, and the new Place Partnerships and Provider Collaboratives.
- Meeting the standards set out in the Ambulance Response Programme.
- Learning from their response to COVID-19 and the implementation of their future transformation plans.

EMAS, like the wider NHS, is operating in challenging times that are demanding more than ever from their staff and their service. EMAS has several critical challenges over the forthcoming years including:

- Maintaining and improving safety and quality against the backdrop of system pressures. One of the priorities for us to address is hospital handover delays which are significantly impacting their ability to provide a timely response to patients awaiting an ambulance response in the community resulting in avoidable patient harm. EMAS need to work with system partners to address

the root causes which are problems with flow through and out of the acute trusts.

- Delivering more care to more patients with the resources we have, through increasing efficiency and finding new ways of managing demand on their service.
- Delivery of the Ambulance Response Programme standards against a backdrop of recovery from COVID.
- Focussing on developing our organisation to be an anchor institution of the East Midlands, being an outstanding place to work and one that builds on the learning from responding to the pandemic.
- Developing their workforce model, including a focus on their clinical career pathways and their clinically endorsed skill-mix approach to operational staffing.
- Ensuring financial value for money, by continued streamlining our services and delivering their efficiency plans; and agreeing with system partners appropriate funding to ensure delivery of a safe service.
- Developing and further refining how we add the most value to patients with the new NHS Integrated Care System structures, including their delivery model in Place Partnerships and Provider Collaborations.

## Appendix 1: Terms of appointment

- The remuneration for this role is £47,100 per annum.
- The initial appointment will be for a period of up to four years, after which you may be considered for further terms of office, subject to the needs of the organisation and a good performance in the role.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require 2 to 3 days a week, including preparation time away from the Trust, the occasional evening engagement and events designed to support your continuous development.
- Applicants should live in or have strong connections with the East Midlands.

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 England / NHS Improvement makes a number of specific background checks to ensure that those we appoint are “fit and proper” people to hold these important roles. More information can be found on our [website](#).

## Appendix 2: More information

For information about EMAS, such as business plans, annual reports, and services, visit their [website](#). Other sources of information include:

- Care Quality Commission [website](#).
- ICS [website](#)
- [Twitter](#)
- [LinkedIn](#)

Follow the links for more information about:

- **[Support to prepare candidates to apply for a non-executive vacancy including:](#)**
  - Building your application
  - Sources of information and useful reading
  - Eligibility and disqualification criteria
  - Terms and conditions of chair and non-executive director appointments
  - How we will handle your application and information
- **[View all current chair and non-executive vacancies](#)**
- **[Sign up to receive email alerts on the latest vacancies](#)**
- **[Contact details for the Non-executive Appointments Team](#)**

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that you read [this information](#) together with our [privacy notice](#) so that you are fully aware of how and why we are using your data.

### Appendix 3: Making an application

For more information, you can get in touch with:

- **East Midlands Ambulance Service NHS Trust** - for an informal and confidential discussion with Richard Henderson, Chief Executive, please contact Karen Gregory-Taylor, on 0115 884 5000 or by emailing [karen.gregory-taylor@emas.nhs.uk](mailto:karen.gregory-taylor@emas.nhs.uk)
- **Odgers Berndtson** - are helping us to identify potential candidates. If you would like a confidential discussion about the role, please contact Gillian Powell and Peter Mason on 0161 498 3413 or by emailing [Gillian.Powell@odgersberndtson.com](mailto:Gillian.Powell@odgersberndtson.com) / [Peter.Mason@odgersberndtson.com](mailto:Peter.Mason@odgersberndtson.com)
- **NHS England / NHS Improvement** – for general enquiries contact Miriam Walker by emailing [miriam.walker@nhs.net](mailto:miriam.walker@nhs.net)

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
- tell us about any dates when you will not be available
- confirm your preferred email and telephone contact details

This information should be emailed to [NHSI.Chairsandneds@nhs.net](mailto:NHSI.Chairsandneds@nhs.net) quoting reference **M2558** in the subject line.

## Appendix 4: Key dates

- **Closing date for receipt of applications: 19 May 2022 at 12 noon**
- **Preliminary interviews:** Long-listed candidates will be invited for a preliminary interview with Odgers Berndtson. To facilitate this, we will share your application with them. Feedback from these interviews will be given to the panel
- **Stakeholder event:** the shortlisted candidates will be invited to the Trust to meet groups of its key stakeholders during **early/mid June 2022**
- **Interview date: 23 June 2022** in Derby
- **Proposed start date: 1 August 2022**

### **NHS England / NHS Improvement**

E: [NHSI.Chairsandneds@nhs.net](mailto:NHSI.Chairsandneds@nhs.net)

W: [england.nhs.uk](http://england.nhs.uk)



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