



Joint Chair East London NHS Foundation Trust North East London NHS Foundation Trust

Candidate Information Pack March 2022 v010

The Opportunity

The Joint Chair role is a unique opportunity to help shape the future of local services by sharing your talents and expertise to make a positive difference to our communities while also influencing national NHS policy. This includes developing a leadership within the emerging Integrated Care Systems (ICSs) and Provider Collaboratives balanced with a strong focus on our localities and boroughs, and will be achieved whilst continuing to provide outstanding person-centred and safe care to all our service users and patients.

East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) provide a wide range of mental health, community health, primary care, wellbeing and inpatient services across London, Essex, Kent, Medway Luton and Bedfordshire as some specialist services to wider communities.

The two Trusts already have a history of working in partnership and collaboration, and the Joint Chair role is designed to build on these foundations. Both will remain as separate statutory bodies and as the Chair of each individual Trust, the role has responsibility to lead both Boards of Directors and Councils of Governors, in delivering the long-term vision and strategy of each organisation.

By helping the two Trusts to harness each other's strengths and foster a culture of mutual learning and innovation, the role offers the opportunity to make a real impact within the communities they serve. In addition, the Joint Chair will have a key role in engaging with our wider systems, working across the places and communities in our ICSs and place-based systems to drive collaboration and partnership to improve outcomes for those we serve.

We are looking for someone who:

- Embodies both Trusts' values and is aligned to our ethos of respect, engagement, people participation, co-production, inclusion, continuous, development and quality improvement
- Will be a visible, authentic and accessible leader; a people person with a genuine commitment to building and nurturing an organisational culture that celebrates compassionate care, embraces diversity and operates at all levels in a way that is transparent, respectful and inclusive
- Will be a dynamic leader who is ambitious for our two organisations and who will be committed to deliver the best possible outcomes for our communities, has a passion for combatting health inequalities, and has the ability to engage with a wide range of stakeholders.

We know that diversity is under-represented in Chair and Non-Executive roles. We value and promote diversity and are committed to equality of opportunity for all. Our appointments are made on merit. We actively encourage and welcome applications from women, people from local black, Asian and minority ethnic communities, older people, people with disabilities/long term health conditions, people from the LGBTQ+ community and people from all protected categories.

Sharing your talents and expertise, you can help shape the future of our mental health, learning disability and autism services as well as community health services, making a positive difference to the health of the people we serve. This is an exciting time to be part of our journey.

Our Systems

The NHS is going through significant change, with a Health and Care Bill expected to complete its passage through Parliament over the coming months proposing the formal establishment of one statutory Integrated Care System (ICS) NHS body and one statutory ICS health and care partnership per ICS from July 2022.

In line with the expectations in the NHS Long-Term Plan and White Paper, every acute (non-specialist) and mental health NHS Trust and Foundation Trust will be part of at least one provider collaborative, enabling them to integrate services and take collective action with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at scale, including across multiple ICSs.

These provider collaboratives are positioned as a key component of the ICS architecture with borough-based partnerships as the building block where the NHS works closely with local authority and other partners to help people stay healthy, improve outcomes and address health inequalities.

Although the emerging shape of these collaborations varies across the ICSs the Trusts work in, ensuring the voice of mental health and community health service users, patients and services is strong and effective in all ICSs is an essential part of helping to deliver both Trusts' strategy.

The two Trusts have a strong track record of collaboration in North East London (NEL) with a focus on out of hospital collaboration across mental health and community health working to improve services at borough and neighbourhood level.

Both Trusts provide services in the East of England. In Bedfordshire, ELFT has been working in the Bedfordshire, Luton and Milton Keynes (BLMK) ICS on the development of the Bedfordshire Care Alliance (BCA) where the focus has been on a cross-sector provider collaboration across acute and community and mental health services

NELFT is working as part of the Mid and South Essex Community Collaborative to reduce variation for patients across mid and south Essex, and is exploring arrangements in Kent to support improvements to children's mental health services and all-age eating disorder services care pathways.

Both Trusts support collaborative and partnership arrangements as active partners in the ICSs and local borough partnerships in both the East of England and North East London, and are ambitious to deliver more together for the populations they serve. The appointment of a Joint Chair is an important step towards achieving this ambition.

About East London NHS Foundation Trust (ELFT)

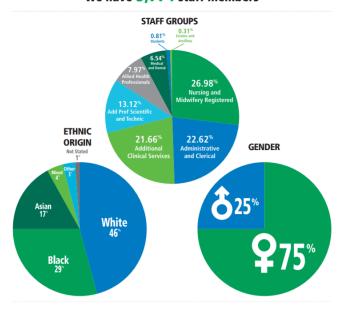
Our Services

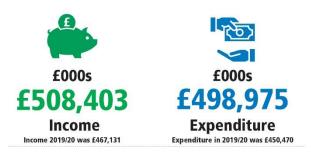
The Trust provides local services to an east London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London.

East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the lowest income and most deprived groups. Working with diverse communities therefore remains a key objective across all the services we provide.

The Trust operates from over 100 community and inpatient sites.

We have 5,774 staff members





The Trust has structured its mental health services in relation to their geographical location to enable them to link easily to local services to be part of a place-based approach to improving the health of local communities. Community health services in Newham, Tower Hamlets and Bedfordshire are managed as a unified directorate.

Our specialist services directorate encompasses child and adolescent mental health services (CAMHS), specialist children's services in Newham (SCYPS). talking therapies services in Newham, Tower Hamlets, Richmond and Bedfordshire, and specialist addiction services in Bedfordshire. Our forensic inpatient and community services are managed in one forensic services directorate.

Services Overview



BEDFORDSHIRE

- Adult Mental Health Services • Children Community services

- Primary care (two GP practices)

- Adult Mental Health Services
- CAMHS
- Forensic ServicesIAPT

TOWER HAMLETS

- Community Health (Adults)
- Primary care (one GP practice)

LUTON

- **Adult Mental Health Services**
- CAMHS

CITY & HACKNEY

- Adult Mental Health Services
- Forensic Services
- Primary care (one GP practice)

NEWHAM

- Adult Mental Health Services
- Forensic Services
 IAPT
- Community Health (Adults)
- Primary care (one GP practice)

RICHMOND

IAPT

There is also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams.

The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside a hospital setting.

Additionally, as part of our mental health transformation programme, we are recruiting to new roles and teams and working more closely with partners in local authorities and the voluntary sector in Primary Care Networks. This enables us together to create bespoke care packages unique to an individual that addresses their specific needs and goals.

The Trust was rated 'Outstanding' by the Care Quality Commission in September 2016 and again in April 2018. Following a further inspection, including a Well-Led Review in November and December 2021, the Trust was rated 'Outstanding' again - the first mental health and community services trust in the country to achieve this rating three times.



Our Mission, Vision and Strategic Objectives

Mission What is our role in society

Strategic Outcomes

What are the biggest factors that will help us achieve our mission?

Specific Objectives

What do we need to work on, for each of our strategic outcomes, to achieve our mission?



- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate chang
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups



Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities



- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work
 life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and
 exciting opportunities for staff, service users, carers and local communities



Work collaboratively across the system with our partners to improve value and reduce waste



Population Health

The Trust has made a commitment to focus on improving the health of the population/communities that we serve. A number of areas of the Trust have very high levels of deprivation, which is strongly associated with poor health and life outcomes and impacts on health inequalities. So we are taking a new approach to radically change the way we support individuals to address the causes of their ill-health with them, discuss their personal goals and the life changes they desire, and implement interventions that will have a long-term impact on their wellbeing.

People

The Trust is focusing on drawing its workforce from local communities. We have embraced apprenticeships as a key pathway for people to embark on a career in healthcare, and to develop our existing workforce, establishing new NHS roles such as Nursing Associates and Psychology Associates. We have a range of initiatives and opportunities to promote staff development and a key priority for the Trust is retaining and looking after its people, to enable our staff to thrive. This involves identifying barriers to personal progress, talent management, providing developmental opportunities, coaching, mentoring, BAME reverse mentoring and a number of other initiatives to address inequalities.

People Participation and Coproduction

ELFT has been at the forefront of involving people with experience of our services, as key partners in helping us to improve and refine how we provide care. We do not do much in ELFT without service user involvement. There will be a service user on most interview panels which gives a clear message to prospective candidates at all levels that the voice of service users is at the centre of all we do. Service users on project teams, and committees and Quality Improvement projects help to keep us grounded and remind us of our common aim – to do what matters most to people and to do things better.

Quality and Quality Improvement

At ELFT we aspire to provide care of the highest quality, in collaboration with those who use our services. We embrace continuous improvement and learning – always seeking to do things better. To achieve this, we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change. Sometimes this involves fundamental change in the way things are done, with everyone working together sharing the same passion and commitment. Over the last 8 years, ELFT has developed a quality improvement system that supports and enables staff and service users to tackle their most complex challenges using the systematic approach of QI. We are partnered with the Institute for Healthcare Improvement (IHI), the world leader in healthcare improvement, to support our improvement journey.

ELFT has a reputation as a global leader in Quality and Quality Improvement, actively supporting other organisations on their quality improvement journeys. A key role for the Joint Chair will be to nurture a culture of quality improvement across both trusts and influencing the application of quality improvement across our ICSs.

Research

From its inception, the Trust has invested in research and innovation. We regard research activities not as an appendix of service delivery but as a core part of the Trust's work. Our five-year plan supports the research culture and the interface between medical education and research, and is aimed at

- Exploring and developing the synergism between research, innovation and education for the benefit of service users
- Linking effectively quality improvement and research
- Reinforcing the notion of academic psychiatry and 'psychosomatics' in education and services
- Promoting collaboration, coproduction and inclusion across all dimensions, groups, stakeholders.

About North East London NHS Foundation Trust (NELFT)

NELFT provides an extensive range of integrated community and mental health services for people living in the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest and community health services for people living in the south west Essex areas of Basildon, Brentwood and Thurrock.

We provide an Emotional Wellbeing Mental Health Service for children and young people across the whole of Essex. We are the provider of all age eating disorder services and child and adolescent mental health services across Kent and Medway.

With an annual budget of £490 million, we provide care and treatment for a population of circa 4.3m. We employ approximately 6,500 staff who work across 210 bases in London, Essex and Kent.

NELFT became a foundation trust in 2008 meaning that although it is subject to the same standards and inspection frameworks as other NHS trusts, it has greater freedom in how it uses its resources to improve patient care. Being a Foundation Trust also means that local people are able to have a greater say in how it runs its services, through the Trust's Membership and Council of Governors.

NELFT prides itself on being a national leader and award-winning organisation in the fields of diversity, inclusivity and the workforce, race and equality standards. It is currently embedding a just and compassionate culture programme and was shortlisted for HSJ's Freedom to Speak Up Organisation of the Year. NELFT is also committed to research and development and in 20/21 was the highest recruiting mental health and community trust in the North Thames region.





NELFT is part of the Mid and South Essex Community Collaborative which was formed in September 2020 to review how community health services can best meet the needs of local communities.

The Collaborative is currently a partnership of three organisations: North East London NHS Foundation Trust (NELFT), Essex Partnership University NHS Foundation Trust (EPUT) and Provide Community Interest Company (Provide CIC) who are working together to:

 Reduce variation for patients across community services, meaning that everyone in mid and south Essex should be able to receive the same outcomes from health and care services regardless of where they live or which organisation delivers their care

- Enable increased collaboration, partnership working and innovation so that we can work together to share our best clinical practices with each other and deliver high quality services which are fit for the future.
- Ensure community services are fit for the future enabling more services to be delivered closer to home.

The Trust was rated 'Requires Improvement' by the Care Quality Commission in 2019 so has been on an improvement journey over the last two years.

Role of NHS Boards and Joint 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.

NHS Boards 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. Additionally for Foundation Trusts, the Council of Governors helps to shape the strategy and reflects the needs and priorities of patients, service users, carers, staff and local communities.

The purpose of NHS Boards is to govern effectively and in so doing build patient, service users, 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, service users and the public can help shape health services to meet their needs
- That public money is spent in a way that is fair, efficient, effective and economic.

Joint Chair Role

To carry out the role effectively the Joint Chair will cultivate a strong, collaborative partnership with the Boards of both organisations, in particular building strong relationships with the Chief Executives and Non-Executive Directors as well as with key external stakeholders in Bedfordshire and Luton, Essex, Kent, and North East London.

Many responsibilities in this role description will be discharged in partnership with the Chief Executives. It is important that the Joint Chair and Chief Executives are clear about their individual and shared roles, as well as their respective responsibilities towards their unitary Boards.

Working in partnership with the Chief Executives of both Trusts, the Joint Chair will set the tone for the collaboration between both organisations and will act as a role model for a culture which is inclusive, respectful and reflecting the Trusts' vision and values in every interaction. The Joint Chair is ultimately responsible for ensuring that the population the Trusts serve and the wider systems in which the organisations sit receive the best possible care in a sustainable way.

Responsibilities of the Joint Chair

The Joint Chair has a unique role in leading two NHS Foundation Trust Boards of Directors and Councils of Governors. The role combines the duty to lead effective governance, consistent with the Nolan principles and NHS values, whilst delivering a long-term vision and strategy for both organisations. The Joint Chair will lead the two organisations enabling both Trusts to harness the strengths of each other, sharing innovation and opening up opportunities for greater collaboration for the benefit of the populations the Trusts serve. Fundamentally, the Joint Chair is responsible for the effective leadership of each Board and will be pivotal in creating the conditions necessary for the effectiveness of the two Boards, both collectively and individually.

Central to the Joint Chair's role are the following key areas of responsibility:

- Provide highly effective, visible and authentic leadership of both Boards of Directors
- Work with the ICSs and the Boards of both organisations to develop a strategy to improve
 the health of the populations the Trusts serve by leading the organisations collectively and
 holistically, acting as a catalyst for change and ensuring the services delivered are
 appropriately specified, supported and resourced

- Determine and implement sustainable and appropriate collaborative arrangements between the two organisations that can develop and evolve over time
- Develop and empower the executive leadership of the organisations to optimise collaboration and outcomes whilst holding to account for strategy delivery
- In their role as an ambassador, lead in developing relationships and partnership working.

The Joint Chair will be expected to continue to ensure that the Trusts achieve and maintain recognised status as outstanding, cutting edge and leading organisations where people participation, coproduction, staff engagement and quality improvement are at the heart of what we

Role Description

Strategic Leadership

In their **strategic leadership** role, the Joint Chair is responsible for:

- Ensuring both Boards and Councils play a full part in developing and determining each Trust's vision, values, strategy and overall objectives to deliver organisational purpose and sustainability
- Providing leadership necessary to retain and strengthen a culture within both organisations which aligns with the values of the NHS and where the Trusts' own visions and values are reflected and modelled in his/her personal and in the Boards' behaviour and decision making
- Ensuring that the obligations to and the interests of stakeholders and the wider community and population are understood and fairly balanced at all times
- Proactively directing and managing major decisions of the Boards, facilitating the
 effective contribution of individual Directors whilst ensuring that grounded debate, due
 process and constructive challenge has been applied at all stages of decision making
- Leading both Boards in providing entrepreneurial leadership to the Trusts within a framework of prudent and effective controls that enable risk to be assessed and managed
- Creating a single visible mental health and community leadership for the populations the Trusts serve as well as in place-based partnerships
- Providing strategic leadership across mental health and community health provider collaborative arrangements, particularly in the North East London ICS and the East of England region
- Ensuring the Trusts strategies supports delivery of the strategic objectives of the ICS in which they are members.

People and Culture

In the role of **shaping organisational culture** and setting the right tone at the top, the Joint Chair is responsible for:

- Providing visible ethical, compassionate and inclusive leadership in developing a
 healthy, open and transparent people participation and co-production culture for the
 organisations where all staff have equality of opportunity to progress, the freedom to
 speak up and debate is encouraged
- Setting the tone and style of Boards and Councils discussions to facilitate constructive and sensitive debate and effective decision-making enabling contributions from all
- Leading the work of the Boards and Councils in a positive and collaborative fashion, and maintaining appropriate links with individual Directors and Governors
- Ensuring the Boards reflect and promoting equality, diversity and inclusion for the Trusts' service users, staff and other stakeholders
- Promoting the highest standards of ethics, integrity, probity and corporate governance, leading by example, to achieve a culture of openness and transparency
- Developing constructive, open and effective relationships with all Board Directors particularly the Chief Executives, providing support, guidance and advice while respecting executive responsibility.

In the role of **developing the Boards' capacity and capability**, the Joint Chair is responsible for:

- Ensuring both Boards have the right balance and range of skills, knowledge and perspectives, and the confidence to challenge on all aspects of clinical and organisational planning
- Considering succession planning for the Boards including attracting and developing future talent
- Ensuring there are systems and procedures for inducting new Board members and regularly evaluating the performance and effectiveness of both Boards and their committees
- Acting on the results of these evaluations and supporting personal development planning, as well as taking account of their own development needs
- Ensuring that Directors and Governors continually update their skills, knowledge and familiarity with the Trusts to fulfil their role both on the Boards/Councils and associated committees
- Developing Boards that are genuinely connected to and assured about staff and patient experience, quality improvement and people participation as demonstrated by appropriate feedback and other measures.

Partnerships and Communications

In the role as an **ambassador** for both Trusts within their local communities and with partners and stakeholders at local, regional and national levels, the Joint Chair is responsible for:

- Acting in and promoting the common interests of both Trusts, representing the
 organisations externally, developing and facilitating strong partnerships and promoting
 collaborative whole system working that focuses on integrated high quality services and
 outcomes that meet the population's healthcare needs, through engagement with:
 - Patients, service users, carers, members 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, and identifying, managing and sharing risks
- Supporting and working closely with the leadership at the ICSs within which both Trusts
 operate to contribute to, advocate for and deliver against the wider ICS strategic agenda
 to improve health, life expectancy, quality and productivity of care as well as reduce
 inequalities in access, quality and outcomes
- Ensuring effective communication with stakeholders creates debate encompassing diverse views and giving sufficient time and consideration to complex, contentious or sensitive issues
- Ensuring effective communication and constructive dialogue, and promoting harmonious relations with and between the Boards and the Councils
- Helping to ensure effective collaboration, not only between the Trusts and unitary Boards, but just as importantly, with places and boroughs across all the localities we serve
- Developing and extensively communicating a single shared narrative to the public and internally within both organisations, alongside other members of the Board
- Supporting and enhancing both Trusts' role as a system leader and to assist in developing and embedding their global profiles.

Guardian

In the role as **governance lead** for both Boards and the Council, the Joint Chair is responsible for:

- Ensuring both Boards and Councils operate effectively and function within the legal and regulatory framework, understanding their own accountability and compliance with their approved procedures
- Being aware of and understanding relevant, regulatory and central government policies as well as local issues

- Leading on continual development of governance, skills, knowledge and familiarity within both Trusts as well as the health and social care system, to enable the Boards and Councils to carry out their roles effectively. In particular, providing due consideration of governance and risk management within provider collaboratives
- Working to, and encouraging within both organisations, the highest standards of probity, integrity and governance, and ensuring that the internal governance arrangements support each Trust's strategy and direction, as well as conform with best practice and statutory requirements
- Setting the agendas with a focus on collective and integrated working relevant to the Trusts' current operating environment and taking full account of the important strategic issues and key risks the Trusts face
- Ensuring the Boards and Councils collectively and individually apply sufficient challenge in meeting agreed objectives and statutory responsibilities
- Ensuring that Directors and Governors receive accurate, high quality, timely and clear information that is appropriate for their respective duties and that there is good flow of information between the Boards, committees and the Councils
- With the assistance of the relevant Trust Secretaries, ensuring that the Boards and Councils have an effective corporate governance framework with an annual cycle of business and with committees that are properly constituted and effective
- Ensuring that Fit & Proper Persons processes are in place for all Board members.

Catalyst for Change

In the role as a **catalyst for change**, the Joint Chair is responsible for:

- Ensuring the Boards maintain an unrelenting focus on promoting and embedding quality improvement, clinical leadership, people participation and coproduction, and diversity and inclusion
- Promoting a culture of innovation directed by population health need and learning by being outward-looking and encouraging better use of data and technology
- Ensuring all Board members are well briefed on the external context, e.g. policy, integration, partnerships, social trends, and this is reflected in Board (and Council) debate
- Ensuring performance is accurately measured including against constitutional and Care Quality Commission 'well-led' standards
- Ensuring performance on equality, diversity and inclusion for all patients, service users and staff is measured and progressed at pace.

This role description highlights the main areas of responsibility for the role of the Joint Chair and is not exhaustive. There will be other responsibilities and requirements that will be commensurate to this role.

Person Specification

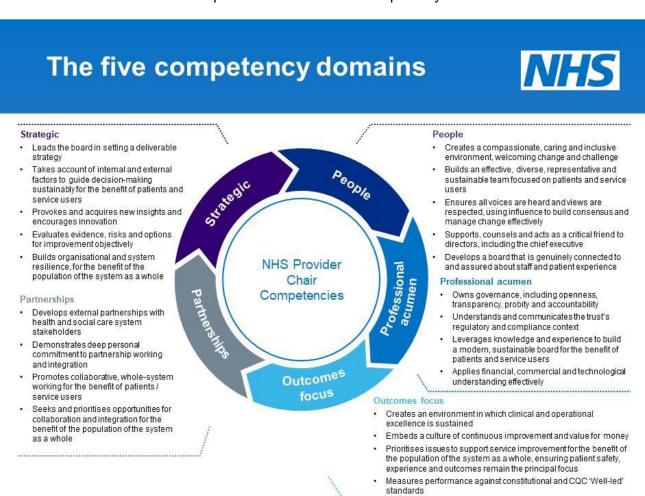
We are looking for candidates who want to use their energy, skills and experience to help drive the delivery of sustainable healthcare services for the people in Bedfordshire and Luton, Essex, Kent and North East London. Candidates must have:

- A commitment to the principles of the NHS, a passion for the values of both Trusts and a track record of delivering social justice, addressing health inequalities and improving services to deliver to the highest standards
- Experience of chairing a complex organisation-where they have led a Board of diverse talents to deliver sustained improvement through their cohesive, facilitative and collegiate style
- Demonstrable experience of shaping an open, inclusive and compassionate culture through setting the right tone at Board level with a strong desire to achieve the best sustainable outcomes for all service users and patients through a determined interest in addressing health inequalities building on the cultural treasures of both Trusts
- A passion for the transforming power of diversity in all aspects, and at all levels, with a

- demonstrable track record of having used diversity and inclusion to drive sustained improvement
- The ability to take a leadership role in the healthcare system through working and engaging
 effectively with a range of stakeholders including a proven ability to build consensus and
 manage conflict across groups with potentially conflicting priorities. A willingness to listen to
 service users and patients, and to work in collaboration with them to improve services
- A sound understanding of the strategic agenda facing both Trusts and the wider systems coupled with an appreciation of the current and future pressures on the NHS, with the ability to identify strategic priorities and risks, as well as the ability to exploit opportunities for collaborative working
- Demonstrable experience of developing successful partnerships, alliances and networks
 with the ability to handle complex inter-relationships and to manage ambiguity including the
 ability to develop the executive leadership of the Trusts to optimise collaboration and
 outcomes across all of the localities that the organisations operate in
- Robust knowledge and experience of best-in-class governance systems and processes with an understanding of how to work flexibly and make things happen within highly regulated environments
- But most of all our new chair needs to be a people person, caring, kind and able to demonstrate a commitment to compassionate, values-led leadership and a sustained focus on meeting the needs of service users and patients.

Chair Competencies

The <u>competency framework</u> 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 the competency framework will be used to recruit and appraise chairs. The diagram below describes this and details the associated requirements under each competency.



Terms of Appointment

Terms of Office

- This is a single role, chairing two NHS Foundation Trusts
- The initial appointment will be for a period of up to three years after which you may be considered for a further term of office subject to the needs of both organisations and good performance in the role
- In exceptional circumstances you may serve longer than six years subject to annual reappointment and subject to external competition if recommended by the Boards and approved by the Councils in accordance with the Trusts' constitutions
- The Joint Chair is required to be a member of both Trusts
- The Joint Chair must demonstrate high standards of corporate and personal conduct.
 The Trusts constitutions include disqualification criteria for those who may not become
 or continue as a member of the Board of Directors.

Time Commitment

- You will have considerable flexibility to decide how you manage the time needed to undertake this role. Characteristically, Joint Chair roles of the most complex Trusts will require an average of around four days a week including preparation time away from the Trusts, the occasional evening engagement and events designed to support your continuous development
- Given the relative uniqueness of this role and the intensity of focus expected to develop
 and implement appropriate governance mechanisms that support a Joint Chair model,
 and recognising the need for functioning Board arrangements across both Trusts, it is
 expected that initially in this transitional period the time commitment will be greater.

Remuneration

- The role will be competitively remunerated. The Councils of both Trusts are responsible for setting the remuneration of the Chair and Non-Executive Directors and will review these levels annually
- Remuneration is taxable and subject to Class 1 NI Contributions; it is not pensionable
- The Joint Chair is eligible to be reimbursed for travel, subsistence and other associated costs necessarily incurred on Trust business in accordance with the Trusts' policies.

Independence Requirement

The Joint Chair should at all times meet the independence requirement:

- A major contribution of the Joint Chair is to bring wider experience and a fresh perspective
 to the boardroom. Although required to establish close relationships with the Executive
 Directors and be well-informed, the Joint Chair needs to be independent of mind and willing
 and able to challenge, question and speak up
- The Joint Chair is considered independent in character and judgement and there are no relationships or circumstances that could affect, or appear to affect, the person's judgement
- The Financial Reporting Council's UK Corporate Governance Code currently provides that a chair should be independent of management and free from any business or other relationship which could materially interfere with the exercise of their independent judgement.

Fit and Proper Persons Criteria for Directors in the NHS

- Given the significant public profile and responsibility members of NHS Boards hold, it is
 essential that those appointed inspire confidence of the public, patients, service users,
 carers and NHS staff at all times
- A number of specific background checks will therefore be undertaken to ensure that those appointed are 'fit and proper' people to hold this important role
- All candidates will be required to complete a self-declaration that they meet the
 requirements of the Fit and Proper Persons regulations; and the successful candidate will
 be required to meet these regulations on a continuing basis.

More Information

For further information about the Trusts can be found on the following websites:

- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- <u>CQC</u>.

Making an Application

We are working in partnership with GatenbySanderson. For more information about the role or if you would like a confidential discussion, please contact Melanie Shearer, Partner or Jim Canning, Delivery Consultant at GatenbySanderson:

- Melanie Shearer: telephone 07785 616548; email Melanie.shearer@gatenbysanderson.com
- Jim Canning: telephone 07384 113158; email jim.canning@gatenbysanderson.com

The closing date for applications is 19 April 2022.

If you wish to be considered for this role, please provide:

- A supporting statement (no more than two pages) 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
- A comprehensive CV that includes your address and contact details, with full employment history as well as highlighting and explaining any gaps
- The names, positions, organisations and contact details of three referees. Your references will be taken prior to interview and may be shared with the interview panel. References will not be taken without your permission
- A completed Fit and Proper Person Self-Declaration Form
- A completed **Test of Independence Self-Declaration Form**.

All applications should be uploaded to the GatenbySanderson website click on the 'apply' button and follow the instructions to upload a CV and cover letter/supporting statement. All applications will be acknowledged. On uploading your application you will be taken through diversity monitoring questionnaire which will not form part of your application.

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.

We value and promote diversity and are committed to equality of opportunity for all. We believe that the best Boards are those that reflect the workforce and communities they serve. We particularly welcome applications from women, people from Black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in Chair and Non-Executive roles.

During the COVID-19 pandemic, it has been necessary to take significant steps to protect the health and safety of our staff, service users and those attending our sites. In order to comply with our duty of care, we may require our people to have the COVID vaccine and may ask for proof of vaccination during the recruitment process. The requirement for vaccination as condition of deployment is under legislative review.

Guaranteed Interview Scheme (GIS)

The Trusts operate a scheme under which disabled applicants, who have demonstrated the level of expertise required for the post, will be assured of an offer of an interview:

- Disabled applicants can choose to be considered under the scheme
- Their written application will be considered in the same way as other applicants

- Panel members will not be informed that the applicant has applied under the GIS until after they have done their assessment
- If the panel considers that, on paper, the GIS applicant has demonstrated the minimum criteria required for the post, they will be offered an interview.

Key Dates

Please note that these dates are only indicative at this stage and could be subject to change. If you are unable to meet these timeframes, please let us know in your application letter. The anticipated timetable is as follows:

Application closing date		19 April 2022
Preliminary interviews	Longlisted candidates will be invited for a preliminary interview with GatenbySanderson. Feedback from these interviews will be shared with the interview panel	11 May 2022
Expected shortlist announcement		By 13 May 2022
Informal conversations opportunities	Opportunities to talk with the Trusts' Chief Executives, Senior Independent Directors, and Lead Governors	From 16 May 2022
Stakeholder events	Shortlisted candidates will be invited to meet groups of the Trusts' key stakeholders	23/24 May 2022
Interviews		24/25 May 2022
Proposed start date		September 2022 (or earlier)

Candidates are asked to note the above timetable, exercising flexibility where possible through the recruitment and selection process.