

Non-Executive Directors of the NHS Trust Development Authority (NHS TDA)

Information pack for applicants

Closing date: 12 noon on 12 March 2013

Reference no: SP12-31

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Non-Executive Directors of the NHS Trust Development Authority (NHS TDA)

Overview

The role

The NHS TDA is seeking two high calibre Non-Executive Directors with national level board experience to complete their Board of Directors. The two new members will join a board composed of some of the best in the field of NHS leadership at national and regional level, including experience of strong corporate finance in both private and NHS sectors

Both Non-Executive Directors will support the Chair by contributing to the wider governance and leadership of the Board and play a part in representing the body externally, particularly with NHS trusts and key partners in the healthcare system.

Candidates will need to demonstrate sound judgement, based on their ability to consider complex issues and their commitment to the NHS Values.

For further information on the role of the Non-Executive Directors see **Annex A**.

The NHS TDA

The NHS TDA will play a vital part in laying the foundations for a new health and social care system. It will provide essential governance and oversight of NHS trusts that are not yet Foundation Trusts (FTs). It will support them in delivering the vision of a fully autonomous provider landscape ensuring high quality services for patients throughout the country. It will also appoint Chairs and Non-Executive Directors of NHS trusts on behalf of the Secretary of State for Health. The NHS TDA will therefore be a time-limited organisation.

For further information on the role of the NHS TDA see **Annex B**.

Indicative timetable

Advert:	17 February 2013
Closing date:	12 noon on 12 March 2013
Shortlisting complete:	end March 2013
Interviews held:	early April 2013

Remuneration

£7,883 per annum.

Time commitment

Between two to three days per month.

Tenure of office

Up to four years or to the closure of the NHS TDA, whichever date is the sooner.

Accountability

The Non-Executive Directors are appointed by the Secretary of State and will be accountable to the Chair for carrying out their duties and for their performance.

Location of post

The headquarters of the NHS TDA is based in London but also has offices in Leeds, Manchester and Taunton.

Diversity and equality of opportunity

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit.

Key contacts:

The Department of Health has appointed Russell Reynolds Associates to assist in the identification of suitable candidates. For an informal discussion about the role, please contact:

Patrick Johnson
Tel: 020 7830 8052
Email: fiona.birkmire@russellreynolds.com

For information regarding the selection process, please contact:

Samantha Alcock
Appointments Team
Department of Health
Quarry House
Quarry Hill
Leeds
LS2 7UE
Tel: 0113 254 5845
Email: samantha.alcock@dh.gsi.gov.uk

For information regarding the role of the NHS TDA and its Non-Executive Directors please contact:

Ralph Coulbeck
Director of Strategy
Email: ralph.coulbeck@dh.gsi.gov.uk

Please quote reference SP12-31 on all correspondence.

For further details on how to make an application see **Annex C**.

Appointment of the Non-Executive Directors

Role and responsibilities of the Non-Executive Directors

As a Non-Executive Director you will work alongside the other non-executives and executive directors as an equal member of NHS TDA's board. The board will require a diverse mix of individuals to work effectively together as a team with a range of skills and experience. Collectively the team should have senior level experience in finance, governance, the independent sector, the voluntary sector or community sector and specific expertise relating to the work of the organisation.

You will share responsibility with the other directors for the decisions made by the board and for the success of the organisation. Your role as a non-executive will be to use your skills and your personal experience to:

- contribute to the development of strategic plans to enable the organisation to fulfil its responsibilities;
- manage the performance of the executive team in meeting the agreed goals and improvement targets;
- contribute to the work of the board, both in the context of the board meetings themselves, and more widely, in particular, in Board-to-Board meetings with aspiring FTs;
- represent the NHS TDA externally, alongside the Chief Executive, the Chair and the Executive Director team;
- ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff in all aspects of its business.

Qualities required for the role of Non-Executive Director

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.

Essential criteria

- A significant record of achievement and personal effectiveness in senior leadership roles within the business/commercial sector, health and social care *or* the broader public sector.
- A strong understanding of corporate governance and board level financial, risk and performance management.
- Commitment to the values of the NHS and an appreciation of the Government's modernisation agenda for the NHS.
- Proven ability to consider complex issues from an impartial and balanced viewpoint, and facilitate collective decision-making.

- The ability to work as an individual and as part of a team, with a positive and constructive style and good communication skills.
- Demonstrable commitment to valuing the staff working for an organisation and their health and well-being.

Remuneration

- £7,883 per annum.
- Remuneration is taxable, and subject to National Insurance contributions, both of which will be deducted at source under PAYE before you are paid.
- Those appointed will also be eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on NHS TDA business.
- Note: Impact of appointment on people in receipt of benefits. Your appointment may have an effect on your entitlement to benefits. If you are in receipt of benefits you should seek advice from the Department for Work and Pensions.

Time commitment

Between two to three days per month.

Tenure of office

Up to four years or to the closure of the NHS TDA, whichever date is the sooner.

Accountability

The Non-Executive Directors are appointed by the Secretary of State and will be accountable to the Chair for carrying out their duties and for their performance.

Disqualification for appointment

Please find a link to the circumstances in which an individual will not be considered for appointment: <http://www.legislation.gov.uk/ukxi/2012/922/regulation/3/made>

Further advice about disqualification for appointment can be provided by contacting Samantha Alcock.

Conflict of Interests

You should particularly note the requirement for you to declare any actual or potential conflict of interest you may have in carrying out the role of Non-Executive Directors. Conflicts may relate to any relevant business interests, positions of authority or other connections with organisations relevant to the business of the NHS TDA.

If you are aware of any potential conflicts prior to your appointment you should raise these during the process of your application. If an issue arises following your appointment you should ensure that you alert the Chair, to whom you will be accountable for your performance.

Standards in public life

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the *Code of Conduct for Board Members of Public Bodies*, you can access this document at: <http://www.bl.uk/aboutus/governance/blboard/Board%20Code%20of%20Practice%202011.pdf>

Diversity and equality of opportunity

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit.

NHS Trust Development Authority's role and responsibilities

Equity and Excellence: Liberating the NHS

The NHS White Paper, *Equity and excellence: Liberating the NHS*, sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS; a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.

The reforms outlined in *Equity and Excellence* will make the NHS more responsive and transparent. Power for commissioning will be devolved to the healthcare professionals closest to patients; and an independent and accountable NHS Commissioning Board will be established to lead on the achievement of healthcare outcomes, allocate and account for resources. The power of Ministers over day-to-day decisions will be limited.

Autonomy in commissioning will be matched by autonomy for providers. The NHS TDA will support all NHS trusts to achieve FT status either on their own, as part of an existing FT or in another organisational form.

The Government's intention is to free providers from constraints they are under so they can innovate to improve care for patients. In future, they will be regulated in the same way as any other providers, whether from the private or voluntary sector. Patients will be able to choose care from the provider they think to be the best. As NHS trusts become FTs, staff will have greater opportunities to transform services and lead change. The benefits of this approach will be seen in high productivity, greater innovation, better care and greater job satisfaction.

In future, it will not be an option to remain an NHS trust, but there will no longer be a blanket deadline in the Health and Social Care Act 2012 for abolishing NHS trusts as legal entities. The strong expectation remains that a large proportion of NHS trusts will achieve FT status either on their own, as part of an existing FT or in another organisational form by April 2014. There will be a small minority of NHS trusts whose trajectory continues beyond this date. This will be by exceptional agreement with a specifically agreed later date, made only after close scrutiny of financial and clinical feasibility and agreement on a case-by-case basis.

You can see the White Paper, and the associated consultation documents at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

The follow up Command Paper, *Liberating the NHS: Legislative framework and next steps* describes how the Government has developed its plans in the light of the consultation and gives further detail on the NHS reforms and a timetable for implementation. The document also explains how the consultation has shaped the Health and Social Care Act 2012, which reaffirms the Government's commitment to reforming the NHS so that it:

- puts patients right at the heart of decisions made about their care;

- is focused on delivering health outcomes that are comparable with, or even better than, those of our international neighbours; and
- puts clinicians in the driving seat on decisions about services.

It also sets out the arrangements for the transition period including the creation of the NHS TDA (previously called the Provider Development Authority).

Following the command paper, DH published 'Building the NHS Trust Development Authority', a document that describes the important opportunity that the NHS TDA offers to support NHS trusts to make a significant difference in their performance for the benefit of patients throughout the country and the potential employment opportunities for talented staff. You can see this document at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131776

Further information on the NHS TDA is available at www.NHSTDA.nhs.uk

Supporting the progress of NHS trusts through the process of applying for FT status is often referred to as managing the 'FT pipeline'.

Of course, FT status is not an end in itself. Delivering the FT pipeline is the crucial process by which we can drive-up the quality of care and make sure that the services we offer patients are robust and of the best quality.

The pathway to achieving FT status and the benefits this brings to patients and communities cannot be underestimated. In doing so, NHS trusts examine their leadership, financial sustainability, quality of service and plans for continuous improvement. It is a mechanism designed to bring all provider services in all parts of the country up to a standard of excellence.

The need for central support for the FT pipeline will continue until its completion. Following the abolition of Strategic Health Authorities (SHAs) in 2013, the Government has decided to establish the NHS TDA to provide dedicated expertise until all organisations are FTs in their own right, with an existing FT or in another organisational form, at which point the NHS TDA will be wound up.

The Government has emphasised that NHS trusts applying for FT status during this transition will be assessed against Monitor (the FT regulator) standards, with no easing of requirements; this is why our robust strategy for NHS trusts is essential.

The application process for NHS trusts will continue to be both demanding and rigorous in terms of requirements for quality, service standards and financial credibility.

NHS Trust Development Authority

At present, there are 102¹ organisations, or over 40% of NHS statutory providers, that have yet to become FTs. It is recognised that a minority of NHS trusts – the initial estimate is of around 20 – face very significant challenges and may not be able to achieve FT status in their current organisational form. This may be because they have services that are not currently clinically sustainable or economically viable.

¹ Correct at December 2012

The Government has already taken steps to separate and consolidate the provider development function within the four SHAs. The SHAs will have a critical role in driving progress on the FT pipeline from now until April 2013 when this the work transfers to the NHS TDA.

By 30 September 2011, each NHS trust had agreed a Tripartite Formal Agreement (TFA) with their SHA and DH setting out their critical path and milestones on their journey to FT status.

These agreements map out the planned trajectory of work required to meet the individual deadlines for submission of their FT applications to DH. They will form the basis of the NHS TDA work going forward, alongside overall management of performance and of governance and risk in any remaining NHS trusts.

The NHS TDA will work with NHS Trusts to develop sustainable solutions for organisational challenges which have in some cases, been faced for many years.

Where national issues arise, which cannot be resolved by NHS trusts alone, or as part of their health community, the NHS TDA will assist by investigating the extent of the issues and where appropriate, implementing national solutions. Intractable legacy debt and the impact on liquidity is one of the areas where the NHS TDA can provide leadership and help to identify and enable sustainable solutions.

Through the application of standardised support and development tools, such as the Board Governance Assurance Framework, the NHS TDA will make sure that boards of NHS trusts are equipped to lead their organisation into an all-FT environment.

TFAs are currently performance managed each month between the SHA Directors of Provider Delivery and DH and are subject to sanctions if milestones are not met.

The NHS TDA will be responsible for overseeing the performance management of NHS trusts – accounting for over £30 billion in activity, including clinical quality, and managing their progress towards FT status. The NHS TDA will play its part in safeguarding the core values of the NHS, ensuring a fair and comprehensive service across the country, supporting choice and competition, and promoting the NHS Constitution. It will be accountable nationally for the outcomes achieved by the NHS and for maintaining financial control within the NHS trust system as it is wound down.

It brings together a number of functions which are currently carried out within DH, by SHA clusters and the Appointments Commission which have the core objective of supporting NHS trusts and ensuring that services to patients are of the highest possible quality. In particular, these include:

- performance management of NHS trusts;
- management of the FT pipeline;
- assurance of clinical quality, governance and risk in NHS trusts; and
- appointments to NHS trusts of chairs and non-executive members and trustees for NHS charities where the Secretary of State has a power to appoint.

The NHS TDA has now been established as a Special Health Authority from 1 June 2012, with some functions transferring to the organisation in October 2012. The NHS TDA will be fully operational by 1 April 2013.

For further information about the NHS TDA, visit their website at:

<http://www.ntda.nhs.uk/>

Relationships

The NHS TDA will be accountable to the Department of Health and its Ministers, through a senior DH sponsor.

It will be accountable for the quality of the outcomes the NHS TDA achieves and for financial performance. This will be underpinned by annual objectives and business plans.

The NHS TDA will have a number of other specific powers in relation to NHS trusts, by virtue of delegated powers from the Secretary of State for Health. It will also be accountable for effective and appropriate monitoring of risk in NHS trusts and intervention where necessary. It will manage the process for public appointments to NHS trusts and NHS charities while such appointments continue, following the dissolution of the Appointments Commission in October 2012.

The NHS TDA will make decisions on behalf of the Secretary of State on issues such as when an NHS trust is ready to enter the Monitor application procedure or suitable candidates for public appointments.

As well as having these statutory roles, the NHS TDA will need to develop its ability to respond to changing environments. For example, there may be implications for performance management and aspirant FTs that stem from the outcome of the Public Enquiry into the events at Mid-Staffordshire NHS Foundation Trust. The NHS TDA will work with the NHS Commissioning Board to ensure commissioner support for aspirant FTs and to ensure provider planning and performance meets commissioners expectations and intentions. It will also develop mechanisms for commissioner input into performance management, in particular around clinical quality. It is important that commissioners are fully engaged in the provider development agenda to ensure effective partnership with current and future FTs beyond short-term contractual arrangements.

The NHS TDA will need to work closely with Monitor, the NHS FT regulator in its current and future forms, to ensure NHS TDA's work with aspirant FTs reflects the current and future requirements of the Regulator.

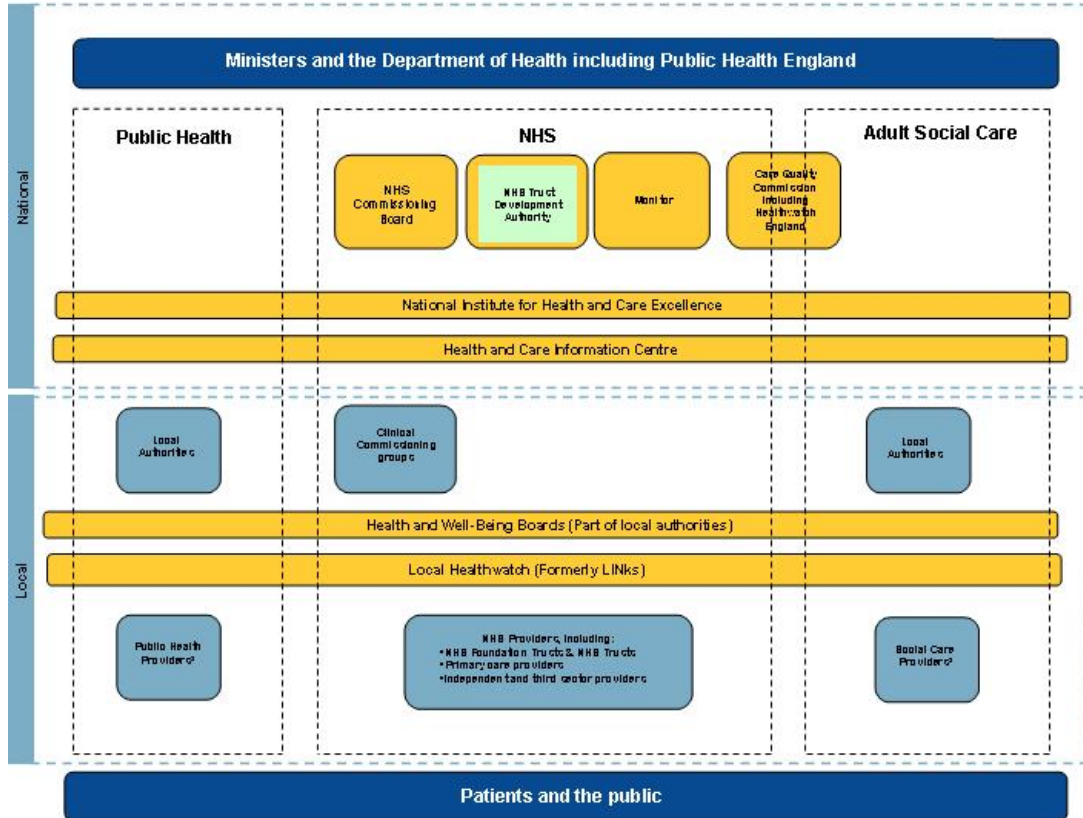
The NHS TDA will need to work closely with the Care Quality Commission (CQC) on the quality aspects of applications for FT status and to assure its performance management of NHS trusts reflects any concerns the CQC may have on issues of quality.

In developing its role and relationship with other bodies the NHS TDA will contribute to and be informed by the work being carried out by the National Quality Board (NQB). This will define and clarify the roles and responsibilities organisations will have in relation to maintaining and improving quality from April 2013 onwards. The NQB work on clarifying the Early Warning System, so that the NHS is absolutely clear about

respective roles and responsibilities with regard to identifying and responding to serious quality failures is essential.

Alignment between the different national organisations will be essential in the Future Health and Social Care System.

Future Health and Social Care System



Making an application

Overview

The appointment of Non-Executive Directors of the NHS TDA is a Secretary of State appointment. The Department of Health will manage the recruitment process in a way that is open and fair to all applicants and the appointment will be made on merit.

The interview panel will make recommendations to the Secretary of State on candidates they believe are 'appointable'. Taking into account feedback from the panel, the Secretary of State will make the final decision on who he believes best meets the criteria for the role and will make the appointment.

How to apply

All applicants are required to complete an application form. This is available online by visiting the DH website: www.dh.gov.uk/appointments and searching for the vacancy SP12-31.

Alternative formats such as braille, large print and tape versions of this information pack and the application forms are available from:

Samantha Alcock
Tel: 0113 254 5845
Email: samantha.alcock@dh.gsi.gov.uk

If you wish to submit a paper copy of your application, or one in an alternative format, please send to:

Samantha Alcock
Appointments Team (Room 2E29)
Department of Health
Quarry House
Quarry Hill
LEEDS
LS2 7UE

All applications will be acknowledged by email and you will be contacted again after the closing date.

The Appointments Team must receive your completed application form **before 12 noon on 12 March 2013**.

Your personal information

Your personal information will be held in accordance with the Data Protection Act 1998. You will not receive unsolicited paper or electronic mail as a result of sending DH any personal information. No personal information will be passed on to third parties for commercial purposes.

When we ask you for personal information, we promise we will:

- only ask for what we need, and not collect too much or irrelevant information;
- ensure you know why we need it;
- protect it and insofar as is possible, make sure nobody has access to it who shouldn't;
- ensure you know what choice you have about giving us information;
- make sure we don't keep it longer than necessary; and
- only use your information for the purposes you have authorised.

We ask that you:

- provide us with accurate information; and
- inform us as soon as possible of any changes or if you notice mistakes in the information we hold about you.

If you apply for a post, we will share some of the information you provide with the members of the selection panel for the post to which you applying, so that your application form and CV can be assessed.

Panel members are identified in the section below on "How we will handle your application". The 'monitoring information' you provide will not be used in the selection process and will therefore not be shared with the selection panel assessing your application at this stage, however, the Commissioner for Public Appointments requires that selection panels review the political activity response at the interview stage. This in no way acts as a bar to appointment.

The Commissioner for Public Appointments regulates and monitors appointments to public bodies to ensure procedures are fair. The Department of Health is required by the Commissioner for Public Appointments to retain information about the people who apply for public appointments within his remit, and make this information available to him for audit purposes, if requested to do so. Information you provide in your application may therefore be made available to the Commissioner for Public Appointments and the Commissioner's auditors on a confidential basis in order to help fulfil either the Commissioner's formal complaints investigation role or for audit purposes.

How we will handle your Application

We will deal with your application as quickly as possible and will advise you of the likely timetable at each stage. After the closing date for applications:

- your application and CV will be assessed to see whether you have the expertise required at the appropriate level for the post for which you have applied. We will rely on only the information you provide on your application form and CV to assess whether you have the experience required. Please ensure that you provide evidence to support how you meet all of the essential criteria;
- the selection panel will be chaired by Ian Dodge, Director of the NHS Policy and Outcomes Group and Head of DH Policy Profession and will also comprise Sir Peter Carr, Chair of NHS TDA and Sir Hugh Taylor, Chair of Guy's & St Thomas' NHS Foundation Trust;
- if you are invited to interview but are unable to attend on the set date then an alternative date can only be offered at the discretion of the panel;
- your application may be "long-listed", subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by all of the panel;
- we anticipate that by mid March 2013 the panel will have decided who will be invited for interview;
- the panel will select the people who have demonstrated that they best meet the essential criteria;
- we will write to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place in a central London location;
- please note that due to the volume of applications we receive we are unable to provide feedback to those not shortlisted for interview;
- if invited to interview, the panel will question you about your experience and expertise and ask specific questions to assess whether you meet the criteria set out for the post;
- candidates who the panel believe are 'appointable', will be recommended to the Secretary of State who will make the final decision. The Secretary of State may choose to meet with appointable candidates before making a decision. If he does, he will meet all candidates and in the presence of the panel chair or their nominated representative;
- if you are successful, you will receive a letter from the Secretary of State appointing you as a Non-Executive Director of NHS TDA; and
- if you are unsuccessful, you will be notified by the Appointments Team.

Queries

For queries about your application, please contact Samantha Alcock on 0113 254 5845.

Regulation by the Commissioner for Public Appointments

We noted above the role of The Commissioner for Public Appointments regarding audit. The Commissioner regulates and monitors appointments to public bodies to ensure procedures are fair. More information about the role of the Commissioner and his Code of Practice is available from www.publicappointmentscommissioner.org

If you are not completely satisfied

DH will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact Jacky Cooper in the Department of Health by emailing jacky.cooper@dh.gsi.gov.uk

If after receiving a comprehensive response from the Department you are still concerned, you can write to the Commissioner for Public Appointments. Please contact:

The Commissioner for Public Appointments
1 Horse Guards Road
London SW1A 2HQ

Tel: 0207 271 0849

Email: enquiries@publicappointmentscommissioner.org