

# Position Specification

**National Health Service**

**Chief Executive**

NHS England and NHS Improvement



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## Context

The National Health Service has responded magnificently to the coronavirus pandemic - the greatest challenge in its history. From treating around 400,000 seriously ill Covid patients in addition to the millions of users of the NHS, to delivering the world-leading NHS vaccination programme, the health service has acted with a speed and agility that has confounded its critics.

Covid-19 has materially impacted and changed the NHS and it is now at a pivotal point, with the need to address the backlog caused by Covid, support the workforce, embrace technology, and embed the innovative ways of working adopted during the pandemic. The success of the Covid-19 vaccine roll-out has demonstrated the remarkable adaptability, resilience and capability of the entire service and its people. This platform is one that sets out the direction for the transformation required for the next few years, delivering the NHS Long Term Plan, including addressing the health inequalities inherent within the system and highlighted through the pandemic. Further integration of care has allowed more people to see the benefits of joined-up care between GPs, social care, community health services, hospitals and mental health services. The adoption of digital technology is also transforming the service so that all clinical pathways and ways of working can take full advantage of digital and technology advances.

The pandemic has impacted on non-urgent services here as it has done around the world. The next phase of the NHS response to Covid-19 will mean tackling these backlogs and recovering and transforming services, while helping staff to recover from all they have been through. The NHS has also undergone significant changes as staff have innovated and adapted to deal with Covid-19, including a major acceleration towards greater system working and adoption of digital technology, which together have the potential to transform care. The health service must retain and build on these beneficial changes in the years ahead, as it evolves to become population health based.

The NHS is operating in a rapidly changing environment: the rise of an informed consumer, powered by digital adoption, where expectations of service and quality continue to increase significantly. This will drive a need to enhance materially the adaptability, digital transformation and data skills within all areas of the NHS if it is to succeed in meeting the needs of the patient, where expectations will be set by experiences in other industries.

The political and legislative context in which the NHS operates is also changing. In February of this year, the Government published a White Paper describing proposals to join up health and care services, embed lessons learned from the pandemic and reinforce the NHS's accountability to the Department of Health and Social Care. Unnecessary legislative bureaucracy will be addressed, local leaders and services further empowered and health inequalities tackled, in a series of reforms that build on the NHS's Long Term Plan.

Preventing ill health, disease and premature death are vital priorities. The NHS will continue to work with partners such as central and local government and Public Health England to deliver programmes to support people to make healthy choices and adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for, and delays in, treatment and care, as well as the overall cost of long-term care.

In recent years the NHS has fostered innovation and driven research and development in patient care, including the world's first treatment for Covid-19. Building on this work, the UK has prioritised the Life Sciences industry as an area for global growth, and the NHS is a key player in driving the development and implementation of new medical technologies, diagnostics and medicines.

## The Role

This is a unique role. The Chief Executive will lead a strong team of experienced executives and is highly visible as the head of the largest free at the point of delivery health system in the world. They will be jointly accountable to the Board of NHS England, the Department of Health and Social Care, and to Parliament for the delivery of services worth c.£150bn (2021/22). See Appendix A for a current organisation chart.

The Chief Executive of the NHS will have four key responsibilities:

- Lead the NHS system;
- Drive digital innovation and transformation more widely across the entire NHS;
- Lead the NHS England and NHS Improvement organisations;
- Represent the NHS with stakeholders, specifically Parliament, regulators, media, patient groups, think tanks and life sciences.

In 2019 NHS England created the Long Term Plan for the NHS, with the goal of delivering ambitious improvements for patients over the next ten years. This plan set out the following five priority areas which have been reinforced by the pandemic and the need to restore services:

The role focuses on five priorities:

- **Doing things differently:** striving towards a truly integrated system giving people more control over their own health and the care they receive, encouraging more collaboration between service providers; implementing integrated care systems as the bedrock of the future NHS; delivering the best possible care, with different parts of the NHS joining up better; and the NHS and local government forming dynamic partnerships to address some of society's most complex health problems.
- **Preventing illness and tackling health inequalities:** the NHS will increase its contribution and joint working with colleagues in local government and elsewhere to tackle some of the most significant causes of ill health, reduce health inequalities and support people to live longer, healthier and more independent lives and work more closely at a local place and system level. Proportionate national legislative intervention on public health measures must also play its part. This includes restoring NHS services inclusively; mitigating against digital exclusion; accelerating preventive programmes that proactively engage those at greatest risk of poor outcomes; and strengthening leadership and accountability.
- **Backing the NHS's workforce:** supporting the workforce by creating the flexibility NHS organisations need; removing the barriers that prevent them from working together and enabling them to arrange services and provide joined-up care in the interests of service users; continuing to increase the NHS's workforce by implementing the People Plan, training and recruiting more professionals - including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more

routes into the NHS such as apprenticeships - and making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

- ***Making better use of data and digital technology:*** embedding integration through more effective data sharing across the health and care system, in order to enable the digital transformation of care pathways; providing more convenient access to services and health information for patients, with the NHS App as a digital ‘front door’; giving better access to digital tools and patient records for staff, and improving the planning and delivery of services based on the analysis of patients and population data. Moving from the “grateful patient” to the “empowered consumer”.
- ***Getting the most out of taxpayers’ investment in the NHS:*** working with clinicians and other health professionals to transform care pathways and increase productivity, making better use of the NHS’s combined buying power, and reducing spend on administration. Develop the NHS as an “anchor” institution – *economically* – working with the life sciences industry, supporting local industries, local businesses, and local labour markets as the largest employer in the UK – and *socially* – everyone is part of the NHS.

In the short term, the NHS is focused on recovery from the backlog of elective activity caused by the pandemic. A key aspect of this recovery is the strong focus on looking after the NHS’s people. The Chief Executive will lead the transformation across the whole NHS and focus on its people, ensuring that everyone recognises that they must continue to look after each other and foster a culture of inclusion and belonging, as well as taking action to grow the workforce, train the NHS’s people, and work together differently to deliver patient care.

## Candidate Profile

### Background, Skills & Experience

- A proven track record as a Chief Executive, leading a large complex organisation through transformational change, employing digital technologies and innovation;
- Experience of the healthcare sector, or other complex consumer-facing environments;
- The capacity to deal effectively with multiple stakeholders, operating in a climate of ambiguity, with first-class communication skills, and the ability to speak truth to power;
- A track record of building high performing, inclusive teams and developing diverse talent.

### Leadership Style

- A people-focused leader, able to empathise effectively with colleagues at all levels;
- A demanding performance manager, outcome-focused, sets high standards but team oriented, with a supportive, coaching style;
- Instils energy, purpose and urgency in teams to deliver impactful outcomes;
- Naturally collaborative, particularly across external boundaries.

## Terms and Conditions

**Location:** England, with extensive travel required.

**Compensation:** Package to be agreed by negotiation. Terms and conditions will be in accordance with the Executive and Senior Managers Framework for Arms Length Bodies.

## Useful Information

- [NHS Long Term Plan](#)
- [NHS England » NHS: People Plan for 2020/2021](#)

## The Selection and Recruitment Process

Russell Reynolds Associates (RRA) has been retained to support this appointment, which will be made by the Board of NHS England. There will be a number of elements to the assessment of candidates, including opportunities to meet Board Members and key stakeholders, such as senior clinicians, culminating in a final interview. The interview panel will be chaired by Lord David Prior, Chair of NHS England and will include the Permanent Secretary of the Department of Health and Social Care and other Board members.

### Indicative Timetable *(subject to change)*:

<b>Closing date for applications</b>	14 <sup>th</sup> June
<b>First round interviews with RRA</b>	w/c 14 <sup>th</sup> – 28 <sup>th</sup> June
<i>Shortlist Meeting - Appointment Panel</i>	<i>w/c 28<sup>th</sup> June</i>
<i>Assessments and stakeholder discussions</i>	w/c 5 <sup>th</sup> – 16 <sup>th</sup> July
<b>Interviews with finalist candidates</b>	w/c 19 <sup>th</sup> July

## How to apply

To apply, please submit applications by email to [Responses@RussellReynolds.com](mailto:Responses@RussellReynolds.com). The closing date for applications is **midnight, Monday 14<sup>th</sup> June**.

The NHS is committed to a personal, fair and diverse health and care system and welcomes applications from all candidates. For more information on Diversity and Inclusion standards, networks and policies at NHS England and NHS Improvement please view Appendix B.

Your submission should include:

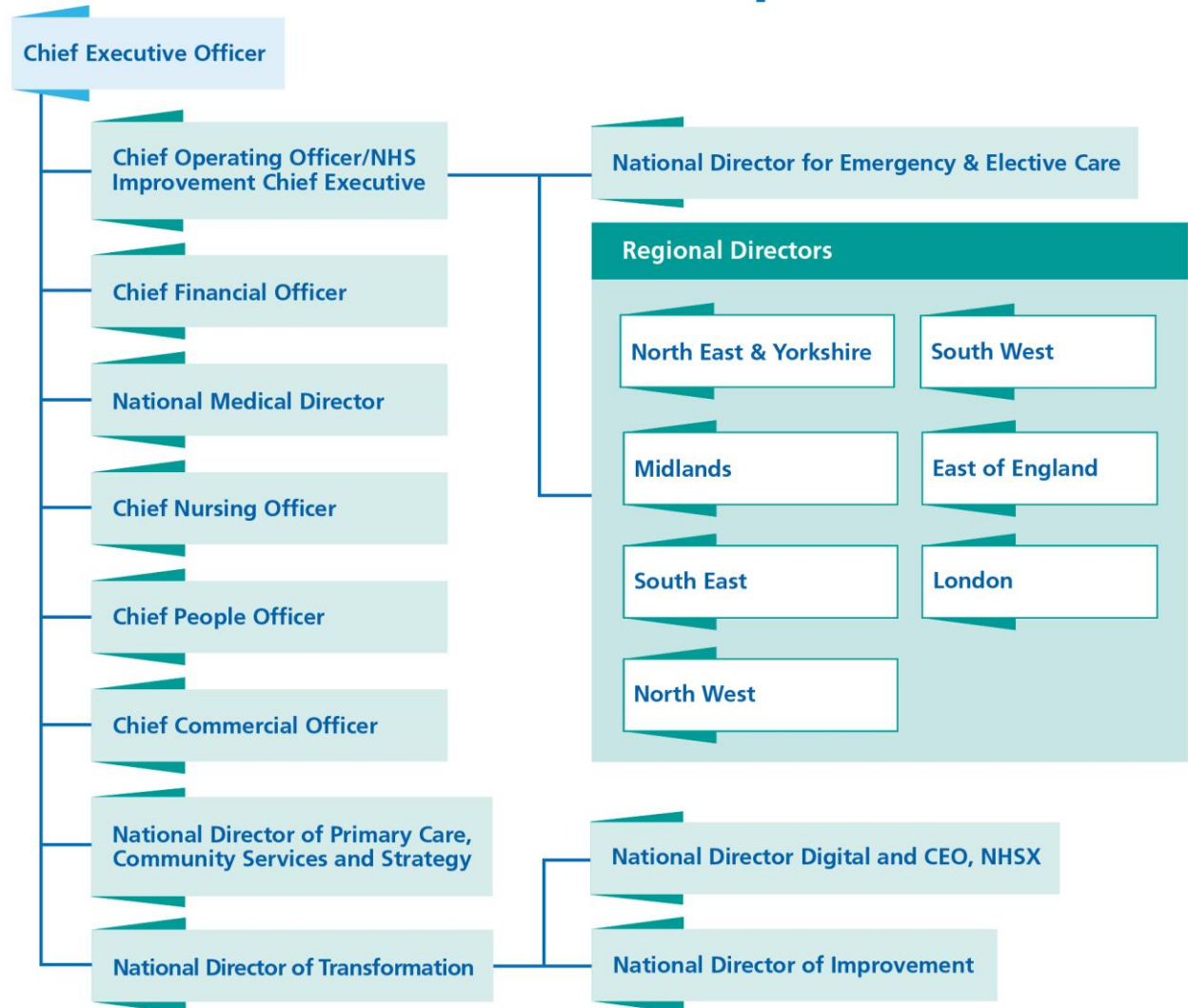
- The reference number in the subject line **2105-009L**
- A **short covering letter** of not more than three A4 sized pages explaining why this appointment interests you and how you meet the appointment criteria and competencies as detailed in the candidate profile.
- Your **current CV** with educational and professional qualifications and full employment history, explaining any gaps in your employment history, giving details (where applicable) of budgets and numbers of people managed, highlighting relevant achievements in recent posts.
- The **names of at least two referees** who may be contacted at shortlist stage, i.e. before the final interview, describing in what capacity and over what period of time they have known you. Referees will not be contacted without your consent.

- A daytime, evening and mobile telephone contact number, and your preferred email address for correspondence, which will be used with discretion.
- A completed **Monitoring Form** (*Appendix C*). The NHS is committed to achieving a workforce that reflects the society it serves, at all levels including the most senior. All applicants are invited to complete this form to assist the NHS with monitoring its commitment to equality and diversity within recruitment processes. The questionnaire includes:
  - *Monitoring questionnaire*: All information collected is reported anonymously and will not be disclosed to anyone involved in assessing your application.
  - *Guaranteed interview scheme* for people with disabilities, if applicable. We are committed to making reasonable adjustments in order to support disabled job applicants and ensure that you are not disadvantaged in the recruitment and assessment process. All monitoring data will be treated in the strictest confidence and will not affect your application in any way.

For an informal discussion about the role, or if you have any difficulty accessing these documents, please contact Russell Reynolds Associates on PH: +44 (0)20 7198 1870.

## APPENDIX A

# The NHS Executive Group:





## **APPENDIX B**

# **Diversity and Inclusion at NHS England and NHS Improvement**

### **Our Equality Standards**

To support our Public Sector Equality Duty, we participate in external monitoring standards which hold us accountable for improving workforce diversity and equality. These are the [Workforce Race Equality Standard](#), the [Stonewall Workplace Equality Index](#), and in the near future, the newly- launched [Workforce Disability Equality Standard](#).

Our organisational accreditations include:

- [Disability Confident Employer](#),
- [Stonewall Diversity Champion](#)
- [Mindful Employer](#)

### **Staff networks**

Employees can access a number of [staff networks](#) including LGBT, BME and Disability to share experiences, influence and assist in shaping and delivering organisational strategy and policy and help improve staff experience.

### **Staff policies**

All our policies have Diversity and Inclusion at their core. We also have specific policies about Diversity and Inclusion and Trans Equality to support colleagues and their line managers.

### **Reasonable adjustments**

We understand our legal duty to provide adjustments on request for employees with long term conditions, impairments, disabilities and caring responsibilities. We are committed to ensuring there are no barriers in the way of colleagues carrying out their duties. We know our colleagues thrive when they have the necessary support in place.

### **Workplace Adjustment Passport for disabled colleagues**

The passport helps employees capture a record of the adjustments needed and the agreements made with their line manager and other relevant parties. It's a confidential, optional record that is owned by the employee and can be taken with them if they move teams.

## **APPENDIX C**

To download the monitoring form please visit [www.rraresponses.com](http://www.rraresponses.com) or email [Responses@RussellReynolds.com](mailto:Responses@RussellReynolds.com) to request a copy.