



# Non-Executive Directors Candidate Briefing Pack



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Thank you for your interest in becoming a Non-Executive Director (NED) in the North West London Acute Provider Group (APG).

The North West London Acute Provider Group is a partnership of the four acute NHS trusts within the West and North London Integrated Care System (ICS): Chelsea and Westminster NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, London North West University Healthcare NHS Trust, and Imperial College Healthcare NHS Trust, with shared governance arrangements and shared leadership, including a Chair in Common and a shared Accountable Officer.

Building on the foundations of the Acute Provider Collaborative established in 2022, the Group which will go live from 1 April 2026, now represents one of the largest integrated acute provider systems in England. Together, we operate 12 hospitals, employ over 35,000 staff, and serve a diverse population of more than 2.4 million people across central, west and north west London. Our collective strength lies in our internationally recognised expertise in research and education, our long-standing commitment to innovation, and our deep-rooted partnerships with local communities.

In July 2024, we set out our vision for how we can work together most effectively,





publishing the North West London Acute Provider Collaborative Strategy for 2024-27 after extensive engagement with colleagues and patients across our geographical areas.

We have begun to put these principles into practice: we have set out 28 clinical specialties common to all four trusts in the APC, and the clinical teams have been aligning the pathways to agreed best practices to improve outcomes and patient experience. As teams challenge themselves and one another on ways to offer the best possible care through these pathways, we expect to see shorter waiting times, faster diagnoses, and better experiences for our patients as a result. Phase two of the clinical specialties programme is currently being designed.

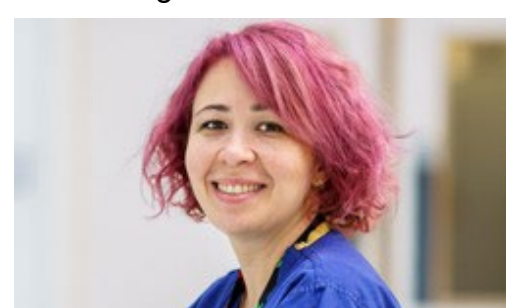
Such outcomes are already evident at our North West London Elective Orthopaedic Centre (EOC), which recently received accreditation from the national Getting It Right First-Time programme. The EOC offers a state-of-the-art centre of excellence for routine bone and joint surgery, with care based on national standards and best safety practices. So far it has treated more than 5,800, with length of stay just 2.3 days, and 96% positive feedback through the friends and family test.

Safety remains at the core of our work to improve care, and we are very proud that in north west London, we are one of the safest group of hospitals anywhere in the country based on the summary hospital-level mortality indicator (SHMI) measure. At the time of writing, three of our four trusts sit in the top ten positions on the SHMI, while for all four the measure compares favorably to the NHS average. This impressive achievement reflects the outstanding commitment to patients that we see every day from colleagues across each one of our hospitals.

Throughout our strategy, we welcome the ever-increasing role that technology and innovation must play in providing high-quality care. In North West London, we have been ahead of the curve in making the most of the fresh opportunities offered by the national Federated Data Platform (FDP). A project known as Timely Care Hub, for example, has allowed colleagues on our wards to track patients' status in real time, from expected discharge dates to tasks that still need to occur before someone can leave hospital. This kind of work will be essential in the year ahead, as we seek to provide a combination of greater efficiency, value for money, and exceptional patient care.

While each Trust remains a sovereign statutory organisation, from 1 April we will operate under a unified governance model with a single Group Chief Executive and a shared Board in Common. This model enables us to make strategic decisions collaboratively, reduce duplication, and ensure the most effective use of our collective resources. As a Non-Executive Director, you will be appointed to the Boards of two of our four Trusts and will also serve as a member of the Group's Board in Common, contributing to the strategic direction and oversight of the entire Group.

As we enter this new phase of our collaborative journey, we are seeking forward-



thinking, committed individuals with the insight, integrity and determination to help shape the future of healthcare across North West London. You will play a vital role in ensuring that our governance is robust, our leadership is inclusive, and our services are delivered to the highest standards.

We are looking to appoint a diverse mix of highly capable and credible board-level or equivalent leaders with a sustained track record of success in relevant sectors whether public, private or not-for-profit. While we welcome applications from individuals with a broad range of skills, we are particularly seeking candidates with financial, or, local authority and, or complex workforce change experience. You will be a visible and effective role model, demonstrating collaborative leadership behaviours and providing strategic vision, constructive challenge and support.

We are especially keen to hear from individuals who reflect the diversity of the communities we serve. We actively encourage applications from women, people from Black, Asian and minority ethnic backgrounds, and people with disabilities. We also welcome candidates who bring lived experience and insight from outside traditional boardroom settings, and who can offer fresh perspectives to our leadership.

This is a unique opportunity to make a meaningful impact at a time of significant transformation. We hope you will be inspired to join us in shaping a more integrated, equitable and high-performing healthcare system for North West London.

You can find out more at our online open event on Thursday 5 February between 17:00 and 18:00. To register your interest – or to learn more about the roles or the organisations – please contact Simon Hudson, [simon.hudson1@nhs.net](mailto:simon.hudson1@nhs.net), who can also support you with any questions about the application process, which is outlined at the end of this pack.

We look forward to hearing from you.

Best wishes

Matthew Swindells  
Chair  
North West London Acute  
Provider Collaborative



# NED roles

We are seeking to appoint two new non-executive directors as existing board members reach the end of their terms of office. Under our group governance structure, each non-executive director is a member of the board of two of our trusts and, therefore, a member of the Group's board in common.

The roles that we are looking to fill are:

- A lead NED for Finance and Performance at **The Hillingdon Hospitals NHS Foundation Trust (THHFT)**, working closely with the Chief Financial Officer and Chief Operating Officer (the role requires financial qualification or strong financial experience)
  - Member of the Board in Common on behalf of THHFT and **Imperial College Healthcare NHS Trust (ICHT)**
  - Member of THHFT and ICHT Trust Standing Committees
  - Member of THHFT Audit Committee
  - Attendance of THHFT Council of Governors
  - Member of ICHT Redevelopment and Estates Committee
  - Member of the Group Digital and Data Committee
  - Member of the Group Finance and Performance Committee
- A lead NED for People at THHFT working closely with the Chief People Officer
  - Member of the Board in Common on behalf of THHFT and **Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)**
  - THHFT Freedom To Speak Up (FTSU) and Wellbeing Champion
  - Chair the THHFT Audit Committee
  - Member of THHFT and CWFT Trust Standing Committees
  - Attendance of THHFT and CWFT Council of Governors
  - Member of the Group Strategy Committee
  - Member of the Group People Committee



# Time Commitment

These are not easy roles, we are overseeing a £4.5 billion Group. The time commitment will vary by month depending on cycle of meetings, but the table below provides a reasonable estimate. Typically a NED in the Group has:

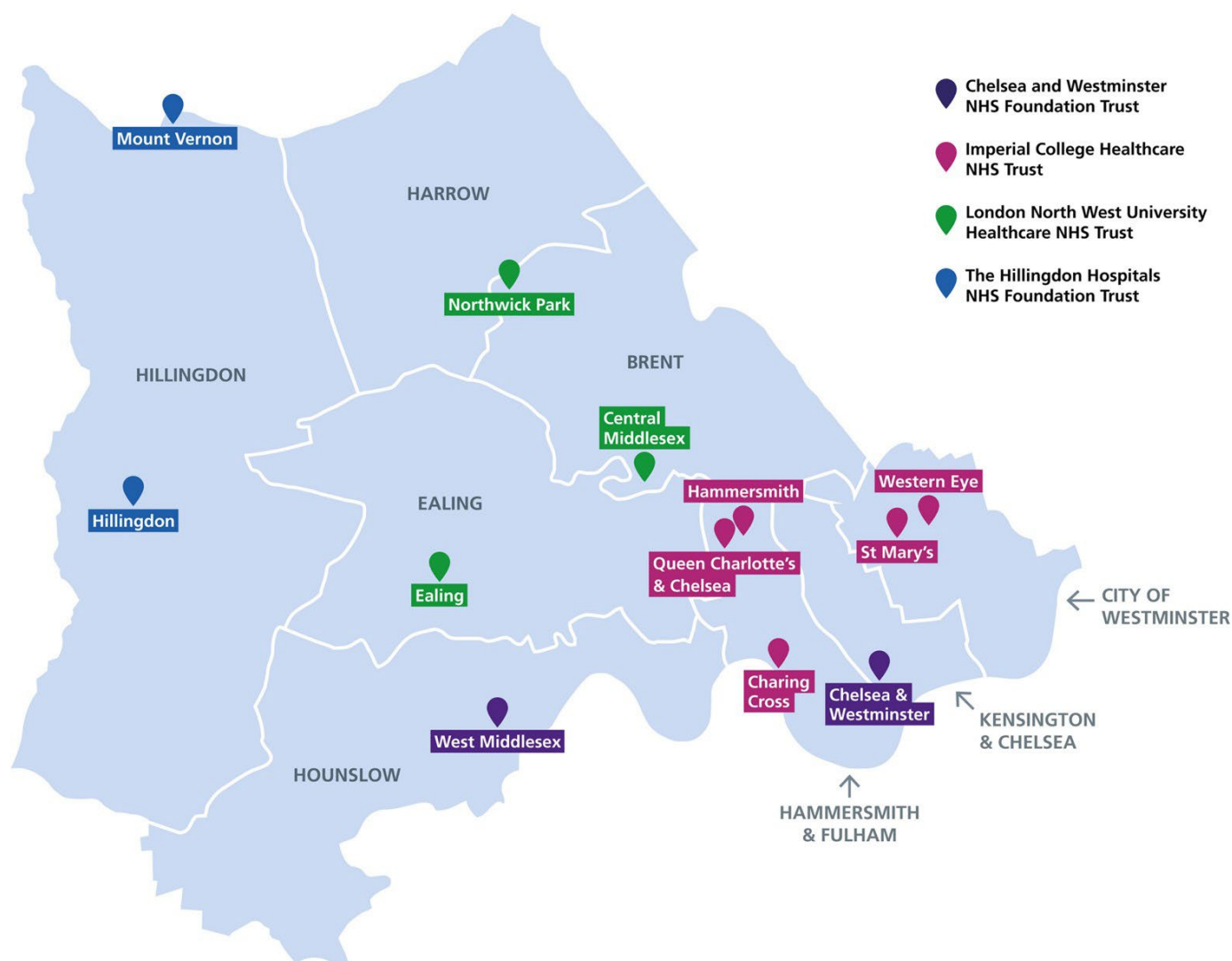
Meeting (per quarter)	Approx time (hours)	Approx prep (hours)
Trust Standing Committee x 2	8	4
Audit Committee x 1	3	1.5
Group Committee x 2	6	3
Board in Common x 1	8	4
Board Development x 1	4	2
Council of Governors meeting 0-2	2	1
Lead role	12	6
Ward visits	6	0
Misc calls/meetings	12	0
Hours	57	19.5
<b>Total (per quarter)</b>	<b>82.5</b>	

82.5 hours equates to around 11 days per quarter and our terms and conditions ask for 3-4 days per month. Any remaining time will be consumed by a mixture of other calls and meetings and how much time you want to spend in your Trusts.





# Our vision for collaboration



We believe that together, we have all the elements to create one of the best health systems in the world; a committed and diverse workforce, world-leading research and innovation and deepening relationships with our communities and stakeholders. If we share and embed the best of what we see across our four trusts in terms of ways of working, outcomes and experience, we have the potential to do something extraordinary.





In particular, we want our Group to:

- make the most of our collective resources, ensuring we provide high quality care as quickly as possible according to clinical need
- achieve continuous improvements in quality, efficiency and outcomes by supporting each other to identify, align, adopt and embed best practice
- proactively tackle unwarranted variations and inequalities in access and experience
- make better, collective use of our corporate and clinical support services
- promote the development of alliances and networks at all levels to support the development of more joined up care between and within specialties
- ensure our hospitals attract and retain excellent staff by fostering a supportive and inclusive working culture with a commitment to learning and development, health and wellbeing
- develop care models and care pathways that better meet the needs of our patients and communities, ensuring we understand and respond to views of all our users
- achieve more rapid and consistent spread of innovation, research and technology. We want patients to be at the heart of everything we do and, further, to actively benefit the health and wellbeing of our local communities. We are committed to providing the best possible care to patients irrespective of age, disability, religion, race, gender or sexual orientation, ensuring that our services are accessible to all but tailored to the individual.

We have established governance arrangements that enable us to reach joint decisions effectively and efficiently, which each organisation is then committed to upholding. These arrangements also enable us to hold each other to account, ensuring that we implement decisions and realise the benefits.



## Board in common

Our board in common strengthens our collaborative decision-making and helps us make best use of our collective resources

# Role profile

Non-executive directors play a crucial role in bringing an independent perspective to the boardroom in addition to any specific knowledge and skills they may have. Non-executive directors have a duty to uphold the highest standards of integrity and probity and to foster good relations in the boardroom.

## Responsibilities

Non-executive directors have a responsibility to:

- support the Chair, Group Chief Executive, Trust Chief Executives, Vice Chairs and Executive Directors in promoting the trusts' values;
- work with the Chair, Group Chief Executive, Trust Chief Executives, Vice Chairs, Governors and other Board members to create a culture that encourages visionary and innovative thinking, acting on and promoting transformation and ideas generated within and outside the organization;
- support a positive culture throughout the trusts and adopt behaviours in the boardroom and elsewhere that exemplify the corporate culture;
- constructively challenge the proposed decisions of the Board and ensure that appropriate challenge is made in all other relevant circumstances;
- help develop proposals on priorities; risk mitigation; values and standards, and contribute to the development of strategy;
- ensure that any relevant committee is well informed and has timely access to all the information it requires;
- provide leadership to any relevant committee to ensure that it is effective in its role and that internal control systems are in place and operating;
- ensure that the board receives sound advice, assurance and useful and timely reports from the committee;
- Audit committee chairs should have financial, audit and risk understanding. They share the functions of the other non-executives, and in addition have responsibilities to:
  - bring independent financial acumen to the work of the audit committee across its governance, risk management, assurance and internal control functions;
  - facilitate the contribution of all members of the audit committee, auditors and other invited participants.

## Key working relationships

External: Patients, Patient Groups, Members, NHS England, Care Quality Commission (CQC), West and North London ICB, Local Authority leadership, relevant educational/research bodies or regulatory/monitoring bodies.

Internal: Non-executive director colleagues; Council of Governors, Group Chief executive, Chief executive and executive and divisional directors, all staff, volunteers.

## External relationships

Non-executive directors have a duty to:

- represent the organisation to patients, governors, members, suppliers, government, fellow NHS bodies, regulators, the media and wider stakeholders;
- ensure effective communication with Governors, members and other key stakeholders, ensuring that all Directors are aware of the views of those who commission or choose to use the Trust's services;

- scrutinise the performance of the executive management in meeting agreed goals and objectives;
- satisfy themselves as to the integrity of financial, clinical and other information;
- satisfy themselves that financial and clinical quality controls and systems of risk management and governance are sound and that they are used;
- take account of external advice as necessary;
- ensure that they receive adequate information to monitor the reporting of performance. Board focus

#### **Non-executive directors are expected to:**

- work alongside other non-executives and executive colleagues as an equal member of the board;
- bring independence, external perspective, skills, and challenge to strategy development;
- hold the executive to account by providing purposeful, constructive scrutiny and challenge;
- shape and actively support a positive culture for the trusts in which they are appointed.

#### **Non-executive directors are responsible (acting in the relevant committees) for:**

- participating in the appraisal of executive directors, including the chief executive,
- determining appropriate levels of remuneration of Executive Directors;
- contributing to the appraisal of the Chair;
- participating in succession planning for key Executive posts;
- promoting and enabling positive working relations with the Council of Governors in Foundation Trusts.

### **The Role of a Lead Non-Executive Director within the North West London Acute Provider Group**

An important part of our governance model is the oversight of Trust-level delivery. Therefore, as well as the group-level committees we have appointed non-executive 'lead' roles within each board for functional areas such as finance, quality and people. The responsibility of these champion roles is to lead and retain a relationship with the respective executive director between formal meetings, to provide non-executive support and oversight, and to provide assurance to the Trust Standing Committee (TSC) and Board in Common regarding the effectiveness of each function and performance against business plan priorities. These lead roles are in addition to the established NED Champions, required to be established by Boards – maternity board champion, wellbeing guardian, FTSU champion, doctors' disciplinary, and security management.

A Lead Non-Executive Director (NED) provides senior, independent oversight and strategic challenge/support to the executive team, focusing on high-level governance, strategy, performance, finance and risk, rather than daily operations, ensuring accountability and effective delivery for the board. They foster cohesion among other NEDs, champion best practices, and act as a key link between the board and senior leadership to drive efficiency and achieve strategic goals.

#### **Core Responsibilities of a Lead NED**

- Strategic Leadership: Contributes to strategy development and challenges the executive team on policy and delivery, ensuring alignment with overall goals.



- **Governance and Oversight:** Acts as a guardian of governance, providing independent assurance on areas such as performance, finance, quality, people, risk management, and standards.
- **Performance Scrutiny:** Challenges the executive on meeting objectives, financial targets, and improving service delivery.
- **Support and Challenge:** Offers advice, support, and constructive challenge to executives, leveraging external experience.

### Key Attributes

- **Independence & Objectivity:** Provides an external, unbiased viewpoint.
- **Strategic Thinking:** Focuses on long-term goals, not day-to-day operations.
- **Constructive Challenge:** Asks probing questions and holds executives accountable.

In essence, the Lead NED ensures the board provides strong, independent, and cohesive leadership, improving how the Trust functions and delivers its objectives.

### Expectations

Each Lead NED will devise and agree routines with the respective Lead executive but the minimum expectation will be that Lead NED has regular contact with the lead Executive for their functional area, including touchpoint meetings and regular formal meetings to review performance (which could include other NEDs if desired locally). Touchpoint meetings can take various forms, from 1:1 meetings to 'committee-lite' meetings including other executives or non-executive directors, but the Lead NED will report to each TSC, to support the functional performance report being presented by the lead executive.

# Person Specification

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 non-executive roles.

### Skills, knowledge and abilities

Skills in strategic or operational or financial management such as strategic business planning, workplace development, clinical and quality assurance, customer focus or wider business services experience (e.g. customer services, place based or demographic planning, estates planning, stakeholder engagement, change management).

Ability to chair a board level committee, with an understanding of the wider determinants of health including the needs of our local patient community, the roles and responsibilities of the Council of Governors, statutory and regulatory requirements, risk management and board assurance processes.

### Specific experience in one or more of the following:

- substantial experience in governance, assurance and risk, and capability to bring independent financial scrutiny;

- clinical leadership experience gained from any discipline, strategic level understanding of quality and/or assurance;
- strategic HR/OD that promotes collaboration, innovation, health and well-being and is passionate about sharing, advising and assuring in this area;
- strategic partnership / alliance experience and an understanding of stakeholder engagement;
- experience of communicating complex messages in a strategic context, internally and externally, and leading large scale change;
- experience of large scale, complex healthcare IT project deployment;
- experience of commissioning and interpreting complex legal advice;
- experience of operating at senior or board level within a large and complex public or private sector organisation with a background in collaborative working;
- experience of community engagement or working with under-represented group.

# Terms and conditions

## Remuneration and time commitment

- The time commitment for a Non-Executive Director role is around 3-4 days per month although it is possible that more time may be required given the strategic change agenda in the NHS.
- The remuneration for a Joint Non-Executive Director is currently £18,000 per annum.
- The successful candidate will need to devote sufficient time to ensure satisfactory discharge of his/her duties. This will comprise a mixture of set commitments (such as a monthly Board/ Board Sub-committee meetings) and more flexible arrangements for ad hoc events.
- Remuneration is taxable and subject to National Insurance Contributions. It is not pensionable.
- The successful candidate is also eligible to claim allowances for travel and subsistence costs incurred whilst on Trust business.

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. In line with NHS England's "fit and proper" requirements, the host Trust will carry out a number of specific background checks to ensure that those we appoint are people to hold these important roles in NHS trusts. More information can be found the NHS England [website](#).

## Appointment & Tenure of Office

- This appointment will be for up to 3 years and will be subject to annual performance reviews. Renewable on review for a further 3 years
- You should also note that this post is a public appointment or statutory office rather than a job and is therefore not subject to the provisions of employment law. To ensure that public service values are maintained at the heart of the National Health Service, you are required to subscribe to the Code of Conduct and Standing Orders and Standing Financial Instructions for the Trust(s).
- As a Non-Executive Director, you must demonstrate high standards of corporate and personal conduct. Details of what is required of you and the NHS Board on which you serve are set out in the Codes of Conduct referenced above.
- You will be required to declare any conflict of interest that arises during Board business and also declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies.

# Leadership qualities and behaviours

All non-executive directors must champion the standards of public life – by upholding the highest standards of conduct and displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

The successful candidates, as leaders, will be able to demonstrate the range of behaviours required to contribute effectively in this board role. These are outlined in the [NHS Leadership Academy's Healthcare Leadership Model](#):

Patient and community focus	High level of commitment to providing quality service and care to service users, carers, and the community and to tackling health inequalities.
Strategic direction	The ability to think and plan ahead, balancing needs and constraints.
Holding to account	The ability to accept accountability and probe and challenge constructively, whilst understanding the boundaries of confidentiality.
Effective influencing and communication	The ability to influence, persuade others and interact constructively with multiple stakeholders and senior managers.
Team working	Commitment to working as a team member.
Self-belief and drive	The motivation to improve NHS performance and confidence to take on challenges. The ability to undertake specific projects as appropriate.
Intellectual flexibility	The ability to think clearly, creatively, and objectively.
Analytical skills	The ability to understand and evaluate a complex range of information and evidence.

## Qualifications

Educated to degree level or equivalent qualification or experience

Applicants should ideally live in or have strong connections with the areas served by the Trusts.

## NHS Leadership Competency Framework for board members

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. [The NHS Leadership Competency Framework \(LCF\)](#) responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework for board members (FPPT).



There are six domains which are aspirational competencies to support leadership and management development:

1. Driving high quality and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting equality and inclusion, and reducing health and workforce inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities

NEDs are expected to demonstrate these leadership competencies and promote them among the Board.

### **NHS leadership competency framework for board members**

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance. NHS England have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best.

The competency domains reflect the [NHS values](#) and the following diagram shows how they are aligned:



<b>Working together for patients*</b>	<b>Compassion</b>
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
<b>Respect and dignity</b>	<b>Improving lives</b>
Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
<b>Commitment to quality of care</b>	<b>Everyone counts</b>
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

The competency domains are aligned to [Our NHS People Promise](#), [Our Leadership Way](#) and the [Seven Principles of Public Life](#) (Nolan Principles).

## The six NHS leadership competency domains:

### Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

### Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

### Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

### Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin

our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

### **Creating a compassionate, just and positive culture**

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

### **Building a trusted relationship with partners and communities**

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

## Key dates

- Closing date for receipt of applications: 11.00am, 19 February 2026.
- Longlisting: w/c 23 February 2026
- Shortlisting: w/c 2 March 2026
- Stakeholder panel sessions: 9 March 2026
- Interview: 11 March 2026

## Making an application

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 as well as previous employer(s) from the past six consecutive years. They should also cover any regulated health or social care



activity or where roles involved children or vulnerable adults. Your references may be taken prior to interview and may be shared with the selection panel

- If you have previously held a Director, Chair or Non-executive Director position in an NHS funded organisation or a regulated services organisation (see list below), a Board Member Reference (BMR) will also be requested from your former organisation(s), for posts ending after September 2023:
  - NHS Trusts and Foundation Trusts
  - Integrated Care Boards
  - NHS England (national and regional teams)
  - Arm's Length Bodies if they deliver regulated services
  - Independent providers commissioned by the NHS (e.g. private hospitals, social enterprises)
  - Community Interest Companies (CICs) delivering NHS-funded care
  - Joint ventures or partnerships involving NHS statutory bodies
- In accordance with [NHSE's FPPT framework](#) if appointed your references and other background checks will be shared with the Trust
- please complete and return the monitoring information form which accompanies this pack
- tell us about any dates when you will not be available
- **Please forward your completed application to [england.chairsandneds@nhs.net](mailto:england.chairsandneds@nhs.net) quoting reference L3607**

We welcome applications from people of all backgrounds and abilities. If you have a disability or long-term health condition, we encourage you to apply. We want every candidate to have a fair and comfortable recruitment experience.

If you need any reasonable adjustments at any stage of the process, for example extra time, accessible interview formats, or support with technology please let us know. We will work with you to make sure the process meets any reasonable adjustments.

Under the Member and Procedure Regulations, not everybody is eligible for appointment as chair or non-executive Director this includes existing employees of the four organisations. More information can be found [here](#).

## Getting in touch

You can find out more at the <https://www.nwl-acute-provider-collaborative.nhs.uk/about-us/who-we-are>

You can attend our online, open event 18:00-19:00 on Thursday 5 February. To register your interest in our open online event – or just to find out more - please contact Simon Hudson, [simon.hudson1@nhs.net](mailto:simon.hudson1@nhs.net).

If you need any assistance with the application process please contact NHS England Helen Barlow, [helen.barlow2@nhs.net](mailto:helen.barlow2@nhs.net)

We look forward to hearing from you.