

If you think you have the experience needed, and time to give to the health service and could fill an empty seat on a board, why not apply...?

Role of a non-executive

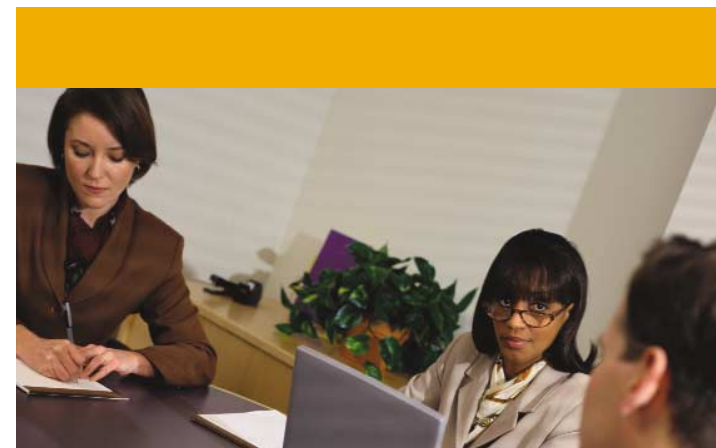
Responsibilities of an NHS non-executive are:

- helping to plan for the future to improve healthcare services
- making sure that the management team meets its performance targets
- making sure that the finances of the organisation are managed properly with accurate information
- helping the board work in the public interest and keep its patients and the public properly informed
- serving on important board committees.

Experience needed

The NHS looks for people who can contribute to the improvement of their health services and have had significant or senior level experience in one or more of the following areas -

- Finance
- Governance
- Commercial
- Voluntary or community
- Specific expertise in relation to the work of the board such as HR, customer focus, change management



How appointments are made

The Appointments Commission makes public appointments for the NHS on behalf of the Secretary of State for Health. The appointments we make follow the Commissioner for Public Appointments' Code of Practice to guarantee fairness. All paid appointments are advertised in either the national or local press to give as many people as possible the chance to apply.

For more details of vacancies and information about NHS public appointments go to the our website at www.appointments.org.uk/vacancies

To receive details of future vacancies in your area by e-mail, complete the form at www.appointments.org.uk/list or phone 0870 240 3802 during normal office hours.

Do you have time
...to make a
difference in the NHS?

Did you know that across the country hundreds of people use their professional skills as part-time directors, helping to manage the NHS?

You could be one of them by applying for a non-executive role based in your local area.

A public appointment in the NHS is an opportunity to be involved in decisions that affect you and your community and to gain board-level experience. It's a rewarding and influential role, putting your commitment to the health service into practice.

As part of an NHS board team you get the chance to influence strategy, use your skills and be involved in complex problem solving.

In return, the NHS pays remuneration and can help with childcare and carers' costs. It also provides training and annual performance appraisal for your continuing development. The hours are flexible so you can combine with other commitments.

As they are sometimes under-represented on boards, applications from disabled people, women and/or from candidates in the black and minority ethnic (BME) communities are particularly welcome.

Here is what some non-executive directors say about their roles in the NHS...

Mark Hicks

Mark Hicks became a non-executive at Barking Havering and Redbridge Hospitals NHS Trust two years ago. In his 30s, he works for a large insurance broking and risk management organisation and does voluntary work at his local hospital. "Becoming a non-executive in the NHS is one of the best decisions that I have made. If you can balance your life to meet the commitment and are passionate about the delivery of healthcare to your local community, you really can do this," he said.

Gill Haydon

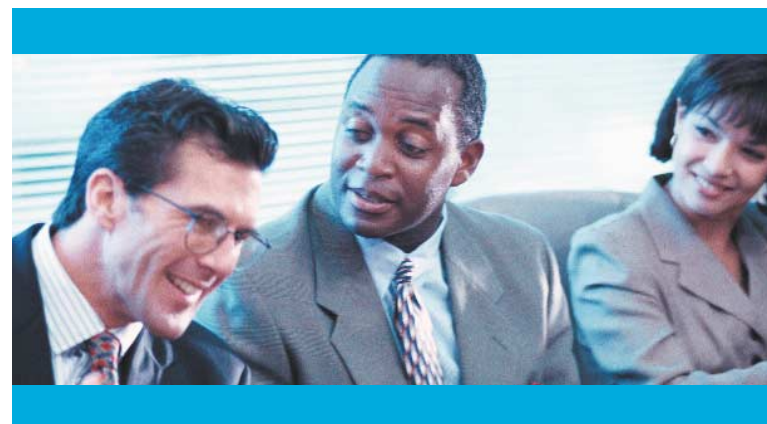
Gill Haydon decided to apply for a non-executive role on her local Mental Health Trust in Cumbria to combine a responsible post with bringing up her family. With a background in banking, she chairs the audit committee and says that as a third party on an NHS board she can help them "to see the wood for the trees." "I wanted to make a difference. To carry out this role you need a sense of humour, a dedication to the NHS and a focus on patient care which is the main purpose - I would recommend the role to anyone," she said.

Andrew Govier

Councillor Andrew Govier has been an NHS non-executive at Taunton Deane Primary Care Trust (PCT) since 2001. In his late 30s, he has been a serving local authority member since the early 1990s, now working as an elected councillor on three local authorities including Somerset County Council. He is in a unique position to know what is happening in his home town of Wellington, and in Somerset more widely, across the fields of health, housing and education and to use his knowledge for the good of the community. "I became a councillor in order to make a difference in my community and applied to be a non-executive for the same reason. I also feel that I am a bridge across the inter-related organisations that run health and other local services especially in times of change. I enjoy the variety and challenges of the NHS role - it would certainly appeal to someone who wanted to develop their professional skills," said Andrew.

Michelle Howard

Michelle Howard is currently chair of Swindon PCT and first became a non-executive in 1997 after being involved in other community organisations. A qualified solicitor, she is a member of the Appointments Commission's disability advisory group. A wheelchair user, she is assisted in carrying out her role by the support available from the Department for Work and Pensions. "I have been a heavy user of health services since the age of 16 - though I am still learning about them as a PCT chair and I really enjoy the challenge," she said.



Tara Mistry

Tara Mistry trained as a probation officer, later becoming a university lecturer. The chair of Bristol South and West PCT, she now works on a freelance basis having extensive experience in patient involvement, race equality and health and social care issues. A member of the Appointments Commission's BME Advisory Group, she admits that her first role as a non-executive on the Avon Health Authority in the late 90s was "daunting" but quickly became a part of the team responding to challenges faced by the board. "I originally went to a recruitment event for non-executives and heard from others who had taken on this role. I had experience of representing the community and my background was in social care so I decided I could do it. I have thoroughly enjoyed my time as a PCT non-executive and chair and feel that I have contributed to local service development," she said. "The training available to new non-executives now is excellent and I would recommend the role to anyone who feels they want to play a more strategic role in community services."

Non-executives' remuneration

At present, chairs and non-executives are paid up to £21,882 and £5,673 per year respectively. However, rates of pay to non-executives for new appointments to Strategic Health Authorities (SHAs) and PCTs in 2006 will be -

- SHA chairs - London £60,000, elsewhere £40,000 to £50,000 (depending on size and complexity)
- PCT chairs - £30,000 to £40,000 (depending on size and complexity)
- PCT and SHA non-executives - £7,500
- PCT and SHA audit committee chairs - £12,500

This covers around three days work a week for chairs and at two and a half days work per month for non-executives.

NHS boards - what they do

There are currently around 600 local bodies in England responsible for the healthcare provided by the NHS including SHAs, NHS Trusts, PCTs to which the Commission makes appointments although this number is set to reduce in 2006.

All these organisations have a board including non-executive members whose role is to make sure that the authority or trust work effectively and make the best use of public money.

Boards consist of around five executive directors who are paid employees of the organisation including the chief executive and finance director. There is an equal or larger number of non-executive directors including the non-executive chair.

NHS boards are expected to -

- provide leadership
- make decisions about healthcare services and ensure that staff, facilities and finances are managed properly
- work together as a team and take responsibility if things go wrong, as well as when they go well
- plan for the future so that services can be improved