

Integrated Care System Chair

Applicant information pack

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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 communities they serve.

We prioritise Equality, Diversity and Inclusion, team health and wellbeing and the principles of kind leadership in our 'ways of working'. All postholders will have a key role in nurturing this culture.

Our recruitment processes are conducted in accordance with the principles of Cabinet Office The Governance Code for Public Appointments to ensure that they are made on merit after a fair and open process so that the best people, from the widest possible pool of applicants, are appointed.

1. The opportunity

Integrated care systems (ICSs) are partnerships of health and care organisations, local government and the voluntary sector. They exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. They took on statutory form following the implementation of legislation in July 2022 and comprise an Integrated Care Board (ICB) which takes on CCGs' functions and broader strategic responsibility for setting healthcare strategies for the system. The ICB works with an Integrated Care Partnership (ICP) committee formed jointly with Local Authority Partners. Together the ICP and ICB form the ICS. We are looking for candidates who will develop these systems as chair of the statutory ICB, and support the proposed establishment of each system's new statutory arrangements.

Originally created as part of the NHS's [NHS Long Term Plan](#), there are 42 ICSs covering the whole of England, each serving between 500,000 and three million people. Each hold a substantial budget for commissioning high quality patient care and driving health and care improvements for their communities. The chair will lead a unitary board which will bring together leaders from across all parts of the NHS, local government, social care and the voluntary, community and social enterprise sector.

2. Role priorities, accountabilities, responsibilities and competencies

Priorities

The Chair is accountable for ensuring there is a long-term, viable strategy in place for the delivery of the functions, duties and objectives of the Integrated Care Board and for the stewardship of public money.

The Chair champions action to help meet the four core purposes of Integrated Care Systems; to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development.

The Chair is an ambassador for and champion of effective partnership working with local government and NHS bodies, collaborative leadership and new governance arrangements across the Integrated Care System

Accountabilities

Independent, non-executive Chair of the ICB and accountable to the NHS England Regional Director for the development and delivery of the plan of the ICB.

The Chair will ensure the ICB is properly constituted and focused on improving outcomes in population health and healthcare, and encouraging greater partnership, integration and collaboration; both within the NHS and between the NHS and local government.

The Chair will have a responsibility to lead the unitary board of the ICB; which has joint collective and corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and for NHS resources deployed to other organisations.

The Chair provides strong leadership on issues that impact upon organisations and workforce across the ICS, including integration, the People agenda, Digital transformation, and Emergency Preparedness, Resilience and Response (EPRR)

They will play a key role to ensure that the ICB meets its statutory duties, build strong partnerships and governance arrangements with system partners

Roles and responsibilities / competencies

Strategy and transformation

- Leads the board in setting a vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim and the body's regulatory responsibilities.
- Holds the ICB Chief Executive to account for delivery of the strategy of the ICB, the plan for the delivery of health services for the population and effective stewardship of public money.
- Works with Local Government partners to establish the Integrated Care Partnership, establishing a strong relationship between the Board and the Partnership, and a dynamic which encourages a strong focus on health and care outcomes for the population.

Partnerships and communities

- Is an ambassador for system working and collective accountability, building strong partnerships and promoting effective dialogue across the ICS, with local government, NHS England and broader partnerships including the voluntary sector, to ensure joint planning and delivery, working through potential conflicts of interest.
- Engages Chairs and NEDs in partners across the system to work in a collaborative manner and build consensus.
- May act as the ICS Partnership Chair in addition to ICB Chair role. Otherwise, works with the ICS Partnership Chair to drive the ICS Partnership and align the work of the ICB, with local government through the ICB.
- Establishes shared strategic priorities within the NHS in partnership with local government to tackle population health challenges and enhance services across health and social care.

Social justice and health equalities

- Advocates and champions for diversity, health equality and social justice. Fosters strong partnership arrangements with local government and wider partners to deliver these aims.
- Ensures the ICS is responsive to people and communities – and that public, patient and carer voices are embedded in all of the ICB's plans and activities.
- Promotes the values of the [NHS Constitution](#) and role models the behaviours embodied in [Our People Promise](#) and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Sustainable outcomes

- Leads the system through aligning partners in the implementation of the [Long Term Plan](#) and the [People Plan](#), overseeing progress against their objectives.
- Oversees the purposeful arrangements for effective clinical and professional care leadership throughout the ICS.
- Fosters a culture of research, innovation, learning and continuous improvement, to support the delivery of high quality services for all.
- Ensures the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment.

Governance and assurance

- Responsible for leading the board and ensuring it has the necessary constitutional and governance arrangements and committee structures in place to ensure its effectiveness.
- Leads and supports a constructive and inclusive dynamic within the board, bringing independent and respectful challenge to the work programme and prioritisation.

- Actively brings in a range of voices to discussions, ensuring decisions take full account of perspectives from across the health and care system.
- Acts as the guardian of effective system governance; establishing strong place-based arrangements together with local government and dynamic joint working and governance with local partners, championing subsidiarity of decision making.
- Promotes open and transparent decision-making processes that facilitate consensus and manages areas of disagreement to deliver exceptional outcomes.

People and culture

- Responsible for appointing the ICB Chief Executive with approval from NHS England and independent Non-Executive Members (NEMs), and ensuring they are supported and developed to maximise their contribution. Responsible for approving nominated ICB Partner member appointments.
- Together with the ICB Chief Executive, provides visible leadership in developing a healthy and inclusive culture for the organisation which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the board's behaviour and decision-making.
- Responsible for ensuring all members of the board, including the Partner members, comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons test](#).
- As the ICS matures, the Chair would be expected to be actively engaged in NHS provider Chair and CEO appointments.

4. Person Specification

In order to be considered for this role, you should have the following attributes:

Knowledge

- Extensive knowledge of the health, care and local government landscape
- An understanding of different sectors, groups, networks and the needs of diverse populations
- A deep understanding of the NHS triple aim (of improved population health, quality of care and cost-control), the Kark review, and commitment to the values of the NHS Long Term Plan, the NHS People Plan, Nolan principles and the Standards for members of NHS Boards and Governing Bodies in England
- An awareness and appreciation of social justice and how it might apply within an ICS
- Sound understanding of good corporate governance as well as the difference between governance and management

Experience

- Extensive experience of providing compassionate and inclusive leadership in a role such as a Chair or Non-executive Director, at board or equivalent level in a complex public sector organisation such as; an NHS provider, Local Authority or have suitable leadership experience independent of the system
- Comprehensive experience of chairing complex professional meetings at a very senior level in a collaborative, efficient and effective manner
- Considerable experience of navigating politically sensitive situations and environments
- Significant experience of working with different sectors, groups, networks and building teams to deliver major transformation of public services
- Broad experience of working across agency and professional boundaries, collaboratively with the board and other stakeholders to oversee services and consult on transformation initiatives
- Experience of providing leadership and governance of a board, to identify and address issues, including underperformance and balance the competing objectives of quality, operational performance, and finance
- Track record of promoting Equality Diversity and Inclusion in leadership roles at board level and across systems

Skills

- The ability to lead and build strong relationships across different sectors, and to adapt to changing situations
- Exceptional communication skills and be comfortable presenting in a variety of contexts, with experience of dealing with the media and / or politicians on topics of healthcare or other public sector activities
- Ability to remain independent and neutral to provide independent and unbiased leadership of the board with a high degree of personal integrity
- Highly developed interpersonal and influencing skills, with the ability to lead in a creative environment which enables people to thrive and collaborate
- Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
- The ability to thrive and innovate in a complex and politically charged environment of change and uncertainty
- Confidence in constructively challenging information and explanations provided by others and negotiating when needed
- Understanding of your own strengths and the strengths of others, and where these are best deployed to solve challenges

Values

- Demonstrates respect and adopts a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion (in respect of boards, patients and staff).
- Creates and lives by the values of openness and transparency
- Works to espouse the values set out in the ICB, NHS People Plan, Nolan Principles and soon to be published Leadership Way.
- Demonstrate a strong commitment to public sector and NHS values

Key Competencies

Outlined above in the roles and responsibilities / competencies section are the six competency domains that illustrate some of the key behaviours we expect an ICB Chair to exhibit.

The ICB Chair role and person specification have been agreed nationally and will provide a consistent framework for assessment based around the emerging Leadership Competency Framework. A summary person specification included as a graphic below groups the knowledge, experience, skills and values criteria within the competencies outlined above for ease of reference

ICB Chair: person specification summary

Competency	Description	Knowledge, Experience and Skills required
<p>Setting strategy and delivering long-term transformation</p>	<p>Leads the board in setting a vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim and the body's regulatory responsibilities</p> <p>Holds the ICB Chief Executive to account for delivery of the strategy of the ICB, the plan for the delivery of health services for the population and effective stewardship of public money</p> <p>Works with Local Government partners to establish the Integrated Care Partnership, establishing a strong relationship between the Board and the Partnership, and a dynamic which encourages a strong focus on health and care outcomes for the population</p>	<ul style="list-style-type: none"> • Extensive knowledge of the health, care and local government landscape • Ability to thrive and innovate in a complex and politically charged environment of change and uncertainty • Extensive experience of providing compassionate and inclusive leadership in a role such as a Chair or Non-executive Director, at board or equivalent level in a complex public sector organisation such as; an NHS provider, Local Authority or CCG or have suitable leadership experience independent of the system • Considerable experience of navigating politically sensitive situations and environments
<p>Building trusted relationships with partners and communities</p>	<p>Is an ambassador for system working and collective accountability, building strong partnerships and promoting effective dialogue across the ICS, with local government, NHS England and broader partnerships including the voluntary sector, to ensure joint planning and delivery, working through potential conflicts of interest</p> <p>Engages Chairs and NEDs in partners across the system to work in a collaborative manner and build consensus</p> <p>May act as the ICS Partnership Chair in addition to ICB Chair role. Otherwise, works with the ICS Partnership Chair to shape the new ICS Partnership and align the work of the ICB, with local government through the ICB</p> <p>Establishes shared strategic priorities within the NHS in partnership with local government to tackle population health challenges and enhance services across health and social care</p>	<ul style="list-style-type: none"> • Broad experience of working across agency and professional boundaries, collaboratively with the board and other stakeholders to oversee services and consult on transformation initiatives • Exceptional communication skills and be comfortable presenting in a variety of contexts, with experience of dealing with the media and / or politicians on topics of healthcare or other public sector activities • Highly developed interpersonal and influencing skills, with the ability to lead in a creative environment which enables people to thrive and collaborate

<p>Leading for Social Justice and health equality</p>	<p>Advocates and champions for diversity, health equality and social justice. Fosters strong partnership arrangements with local government and wider partners to deliver these aims</p> <p>Ensures the ICS is responsive to people and communities – and that public, patient and carer voices are embedded in all of the ICB’s plans and activities</p> <p>Promotes the values of the NHS Constitution and role models the behaviours embodied in Our People Promise and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system</p>	<ul style="list-style-type: none"> • Understanding of different sectors, groups, networks and the needs of diverse populations • An awareness and appreciation of social justice and how it might apply within an ICS • Ability to remain independent and neutral to provide independent and unbiased leadership of the board • Creates and lives by the values of openness and transparency
<p>Driving high quality, sustainable outcomes</p>	<p>Ensures the ICS has (and delivers on) an ambitious plan for healthcare services, which balances the need to improve longer term health outcomes against short-medium term performance objectives</p> <p>Leads the system through aligning partners in the implementation of the Long Term Plan and the People Plan, overseeing progress against their objectives</p> <p>Oversees the purposeful arrangements for effective clinical and professional care leadership throughout the ICS</p> <p>Fosters a culture of research, innovation, learning and continuous improvement, with a particular focus on quality, safety, access, patient experience, preventative approaches, care closer to home, and more personalised and streamlined service delivery across the patch</p> <p>Ensures the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment</p>	<ul style="list-style-type: none"> • A deep understanding of the NHS triple aim (of improved population health, quality of care and cost-control), the Kark review, the NHS Long Term Plan, the NHS People Plan, Nolan principles and the Standards for members of NHS Boards and Governing Bodies in England • Significant experience of working with different sectors, groups, networks and building teams to deliver major transformation of public services • Problem solving and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions

<p>Providing robust governance and assurance</p>	<p>Responsible for leading the board and ensuring it has the necessary constitutional and governance arrangements and committee structures in place to ensure its effectiveness</p> <p>Leads and supports a constructive and inclusive dynamic within the board, bringing independent and respectful challenge to the work programme and prioritisation</p> <p>Actively brings in a range of voices to discussions, ensuring decisions take full account of perspectives from across the health and care system</p> <p>Acts as the guardian of effective system governance; establishing strong place-based arrangements together with local government and dynamic joint working and governance with local partners, championing subsidiarity of decision making</p> <p>Promotes open and transparent decision-making processes that facilitate consensus and manages areas of disagreement to deliver exceptional outcomes</p>	<ul style="list-style-type: none"> • Sound understanding of good corporate governance as well as the difference between governance and management • Comprehensive experience of chairing complex professional meetings at a very senior level in a collaborative, efficient and effective manner • Experience providing leadership and governance of a board, to identify and address issues, including underperformance and balance the competing objectives of quality, operational performance and finance • Confidence in constructively challenging information and explanations provided by others and negotiating when needed • Demonstrate a strong commitment to public sector and NHS values
<p>Creating a compassionate and inclusive culture for our people</p>	<p>Responsible for appointing the ICB Chief Executive and independent Non-Executive Directors (NEDs) with approval from NHS England, and ensuring they are supported and developed to maximise their contribution. Responsible for approving nominated ICB Partner member appointments</p> <p>Together with the ICB Chief Executive, provides visible leadership in developing a healthy and inclusive culture for the organisation which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the board's behaviour and decision-making</p> <p>Responsible for ensuring all members of the board, including the Partner members, comply with the Nolan Principles of Public Life and meet the Fit and Proper Persons test</p> <p>As the ICS matures, the Chair would be expected to be actively engaged in NHS provider Chair and CEO appointments</p>	<ul style="list-style-type: none"> • Demonstrates respect and adopts a compassionate and inclusive leadership style with demonstrable commitment to equality, diversity and inclusion (in respect of boards, patients and staff) • Works to espouse the values set out in the NHS People Plan, Nolan Principles and soon to be published Leadership Way. • Ability to lead and build strong relationships across different sectors, and to adapt to changing situations • Track record of promoting equality diversity and inclusion in leadership roles at board level and across systems • Understanding of your own strengths and the strengths of others, and where these are best deployed to solve challenges

Eligibility

Applicants should have strong connections with the area served by the ICS.

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.

Fit and Proper Persons Requirements

All NHS board members are required to meet the [Fit and Proper Persons requirements](#). NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The FPPT framework for board members has recently been published. Please see [NHS England » NHS England Fit and Proper Person Test Framework for board members](#) for latest details.

Under the regulations, NHS England will make a number of specific background checks to ensure that we appoint 'fit and proper' people to hold these important roles and that no appointments meet any of the 'unfitness' criteria set out in the [regulations](#). More information can be found on our [website](#).

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 competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values being sought.

Disqualification criteria for board membership

The successful applicants will not have an ongoing leadership role at an organisation within the same ICS footprint. Applicants will need to stand down from such a role if appointed to the ICB Chair role.

Elected officials including MPs and members of councils are excluded from the NHS ICB chair role.

A person whose appointment as a board member ("the candidate") is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted in the United Kingdom of any offence, or outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any health service body.

A person whose term of appointment as the Chair, a Member, a Director or a Governor of a health service body, has been terminated on the grounds:

- that it was not in the interests of, or conducive to the good management of, the Health Service Body or of the health service that the person should continue to hold that office
- that the person failed, without reasonable cause, to attend any meeting of that Health Service Body for three successive meetings,
- that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or of misbehaviour, misconduct or failure to carry out the person's duties.

Health Care Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

- the person's suspension from a register held by the regulatory body, where that suspension has not been terminated
- the person's erasure from such a register, where the person has not been restored to the register
- a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
- a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

A person who is subject to:

- a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

A person who has at any time been removed, or is suspended, from the management or control of any body under:

- section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
- section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

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 communities they serve.

- 50% of the working age population and 77% of the NHS workforce are women
- 14% of the working age population and 23% of the NHS workforce are from ethnic minorities
- 16% of working age population and 5% of the NHS workforce are disabled
- 2% of the population over 16 and 3% of the NHS workforce identify as LGB
- 82% of working age adults and 79% of the NHS workforce are under 55¹

We want to increase the diversity of our NHS leadership and encourage applications from groups we know are all under-represented in these important roles. We prioritise Equality, Diversity and Inclusion, team health and wellbeing and the principles of kind leadership in our 'ways of working'. The successful applicants will have a key role in nurturing this culture.

5. Terms of appointment

This section may be subject to change due to a review of ICB remuneration Framework expected by April 2025

- The remuneration: £70,000 to £80,000.
- The remuneration for this role will be competitive with reference to other such senior roles in the NHS.
- Initial term of appointment as ICB chair will be in accordance with the provisions of the constitution of the ICB and will initially be for a 3 year period and will then be reviewed in line with national guidance.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2.5 to 3 days a week, including preparation time, the occasional evening engagement and events designed to support your continuous development.
- All NHS board members are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements](#).
- The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State for Health and Social Care.

More information

The Government's [White Paper on health and care reform](#) place ICSs at the heart of the NHS. The four core purposes of an ICS are laid out in [Integrating care: Next steps to building strong and effective integrated care systems across England](#), namely to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development, all rooted in underlying principles of subsidiarity and collaboration.

For information about the ICB, such as the 5 Year Forward business plans, annual reports, and services, visit their website: <https://www.lancashireandsouthcumbria.icb.nhs.uk/> Follow the links for more information about:

- [Support to prepare candidates to apply for a non-executive vacancy including:](#)
 - Building your application
 - Sources of information and useful reading

¹ Population data source gov.uk/ons.gov.uk (2011 Census). NHS source: Workforce NHS Digital - Hospital and Community Health Services workforce statistics: Equality and Diversity in NHS Trusts and CCGs in England (2020 September data used)

- Eligibility and disqualification criteria
- Terms and conditions of chair and non-executive director appointments
- How we will handle your application and information
- [View all current chair and non-executive vacancies](#)
- [Sign up to receive email alerts on the latest vacancies](#)
- [Contact details for the Non-executive Appointments Team](#)

NHS England respects your privacy and is committed to protecting your personal data. We will only use personal data where we have your consent or where we need to comply with a legal or statutory obligation. It is important that you read [this information](#) together with our [privacy notice](#) so that you are fully aware of how and why we are using your data.

6. Making an application

We have commissioned the support of an independent executive recruitment firm, Alumni Global, and in the first instance you are invited to contact Simon Green, Deputy Managing Director or David Heaton, Principal Researcher for an informal conversation. Their contact details are:

David Heaton

- Telephone: +44 7842 003 200
- Email: David.heaton@alumniglobal.com

Simon Green

- Telephone: +44 7824 542 970
- Email: simon.green@alumniglobal.com

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

- a CV that includes your address and preferred contact details, highlighting and explaining any gaps in your employment history
- a supporting statement that highlights your skills and experience and allows insights on your values and motivations for applying for the role. You should outline your personal responsibility and achievement within previous roles that demonstrates you have the knowledge, skills and competencies to deliver this role, as outlined in the person specification.
- the names, positions, organisations and contact details for three referees, these will not be contacted without your permission. Your referees should be individuals in a line management capacity (or senior stakeholders), and cover your most recent roles and employer, any regulated health or social care activity or where roles involved children or vulnerable adults. (References should validate a minimum period of six years employment).
- a completed monitoring information form (which you will be redirected to once you have submitted your application)
- tell us about any dates when you will not be available for the selection process

Please upload your information to the dedicated microsite: www.alumniglobal.com/job/chair-lsc-icb

Preliminary selection: information provided by applicants will be relied on to assess whether sufficient personal responsibility and competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values outlined in the person specification. Long-listed applicants may be invited for a preliminary interview. Feedback from any preliminary assessment will be given to the selection panel who will agree the applicants invited to interview.

Shortlisting: the selection panel will use the information provided by the applicants and feedback from any preliminary assessment to agree applicants invited to interview. Assessment will be based on merit against the competencies experience, skills and values outlined in the person specification.

Stakeholder engagement: shortlisted applicants will be expected to participate in stakeholder engagement to meet key stakeholders. Feedback from these discussions will be shared with the selection panel.

Interviews: applicants may be asked to make a 5-10 minute presentation to help the selection panel draw out the competencies, experience, skills and values outlined in the person specification. The formal interview will be 45 mins to an hour of open questions from the selection panel to showcase past experience and explore applicant's values, motivations, creativity and ability.

Appointment: Selection panels will be asked to identify appointable candidates based on merit against the competencies experience, skills and values outlined in the person specification. The preferred candidate will be presented to NHS England and Improvement for appointment and the Secretary of State for Health for final approval of appointment