NHS
Bedfordshire Hospitals
NHS Foundation Trust

Incorporating Bedford Hospital and
Luton & Dunstable University Hospital

# Appointment of Chair

**October 2026**
**Ref: ABZHA2**

Saxton Bampfylde

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# Contents


1 Welcome to our Trust

2 About us

3 Job description and Person specification

4 NHS England Leadership Competencies

5 Additional Information

6 Links to Key Publications and resources

7 How to apply and Recruitment timetable

NHS
Bedfordshire Hospitals
NHS Foundation Trust

# Welcome to our Trust

On behalf of the Council of Governors, we are delighted that you are interested in the Chair role at Bedfordshire Hospitals NHS Foundation Trust. It is an exciting time for the Trust as we continue to grow and develop to meet the needs of the 704,000 population we serve.

We are a large, complex organisation employing almost 9,000 staff and supported by around 500 volunteers. With an annual turnover of £877 million, the Trust maintained a financial surplus for 25 consecutive years before reporting a small deficit last year. A robust recovery plan is in place, and a return to surplus is anticipated this financial year.

The Trust operates two main hospital sites - Bedford Hospital and Luton and Dunstable University Hospital (L&D) – and also provides services in a number of community locations across Bedfordshire.

We have delivered significant investment in our estate, including the £168 million Acute Services Block at L&D, one of the largest capital programmes in the NHS. This development has transformed critical care, maternity, neonatal and surgical services, complemented by major upgrades to both Emergency Departments and further plans for future site development.

**Why Bedfordshire?**

BHFT sits at the heart of one of the UK's most significant areas of economic growth and investment.

Major developments are reshaping the county, including East West Rail, which will connect Oxford and Cambridge and bring a new railway station to Bedford. Luton Airport is expanding its capacity to meet growing passenger demand, while Universal Studios has secured planning consent for what is expected to become Europe's largest theme park, just outside Bedford.

In addition, the Government's New Towns Taskforce has identified Tempsford as a potential location for a major new settlement. If approved, this could bring up to 40,000 new homes and more than 100,000 additional residents to Bedfordshire.

These developments present both opportunities and challenges for local public services. As Bedfordshire's largest employer, BHFT will play a pivotal role in supporting the region's growth and prosperity.

**Why BHFT?**

As a Chair you will join the Trust at a defining point in its development. Six years on from the merger of Bedford Hospital and Luton & Dunstable University Hospital, we have built increasingly integrated clinical and operational services while retaining the strengths and distinct identities of both hospitals.

You will be joining a values-driven organisation where leaders are expected to demonstrate integrity, respect, openness and a long-term commitment to our staff, patients and communities. You will also work closely with a highly engaged and effective Council of Governors.

With the NHS 10-Year Plan shaping the future of healthcare, we are considering what BHFT should look like over the next decade. Our newly appointed Chief Executive, Pippa Nightingale, joined the Trust in August 2026.

Together, the Board will develop and deliver a compelling long-term vision centred on the needs of patients, service users and local communities.

You will join a high-calibre Board undergoing positive renewal, with the opportunity to shape its culture and contribute meaningfully through effective oversight, insight and foresight.

Our Board brings together Executive and Non-Executive Directors to provide strategic leadership, oversee performance and quality, ensure strong governance, and maintain financial sustainability.

Supported by a committed Council of Governors, the Board is accountable for delivering the highest standards of care and organisational performance.

**Working in Partnership**

We recognise that our future success depends not only on the quality of the services we provide but also on the strength of our partnerships. We work closely with Central East Integrated Care Board, our three local authorities, our neighbouring NHS providers, primary care, voluntary sector organisations, service users and our local communities to improve health outcomes across Bedfordshire and Luton.

The NHS 10-Year Plan reinforces our commitment to shifting care closer to communities, embracing digital innovation and prioritising prevention. While these ambitions bring challenges, they also create exciting opportunities for the Trust and the populations we serve.

**Our Commitment to staff and community**

The wellbeing of our staff remains at the heart of everything we do. We are proud of our diverse workforce of more that 8,500 colleagues representing over 100 nationalities.

We are immensely grateful for their dedication and continue to prioritise a culture that supports, values and empowers our workforce, recognising that outstanding staff experience leads to outstanding patient care.

As Chair, you will be expected to champion a positive organisational culture founded on trust, openness, honesty, integrity and inclusion. You will also support collaborative leadership across the wider health and care system, always acting in the best interests of patients, service users and staff.

We believe the strongest boards reflect the diversity of the communities they serve. We particularly welcome applications from women, people from Black, Asian and minority ethnic communities, people with disabilities, and from LGBT+ community who remain under-represented in these roles.

This is a unique opportunity to help shape the future of Bedfordshire Hospitals NHS Foundation Trust and influence the healthcare we provide for our communities. If you are passionate about improving healthcare and contributing to a high-performing organisation in a rapidly changing environment, we would encourage you to consider becoming Chair of Bedfordshire Hospitals NHS Foundation Trust.

Yours faithfully,

**Yvette King**
Lead Governor and Deputy Chair of the Council of Governors

Luton and Dunstable
University Hospital
NCE
EMERGENCY DEPARTMENT
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# About us

Bedfordshire Hospitals NHS Foundation Trust was formed on 1 April 2020 following the merger of Luton and Dunstable University Hospital and Bedford Hospital. Previously the hospitals were run by two separate NHS trusts, Luton and Dunstable University Hospitals NHS Foundation Trust and Bedford Hospital NHS Trust.

## A full range of acute hospital services is delivered by both hospitals to a population of approximately 704,000.

While primarily serving the population of Bedfordshire, care is also provided for parts of neighbouring Hertfordshire, Cambridgeshire, Northamptonshire, and Buckinghamshire.

The clinical sustainability of both sites has been ensured through the merging of the two hospitals, allowing key services such as A&E, Obstetrics-led Maternity, and Paediatrics to be maintained at both locations. Completion of several redevelopment projects is anticipated, including the Acute Services Block at the L&D, which will house Theatres, Critical Care, Maternity, and Neonatal services, and a Same Day Emergency Care (SDEC) unit at the Bedford site. A very positive impact on patient care is expected from these developments.

A workforce of approximately 9,000 staff members is employed by the integrated Trust, making it the largest NHS employer in Bedfordshire. Support for the hospitals is provided by an army of 500 volunteers, whose invaluable contributions support service delivery. As a Foundation Trust, accountability to the public and staff is maintained through the Council of Governors, which includes 21 members of the public, 12 staff and volunteers, and 5 appointed members.

Our integrated care system has been BLMK and we have worked closely with them to develop strategies for health in the local area. However, this is now expanded to cover three ICSs including Cambridge and Peterborough ICN and Hertfordshire. Our intention is to develop close working relationships in the period ahead to support services for our local population.

We are also committed to working with our local Bedfordshire stakeholders including our three local authorities and University of Bedfordshire and supporting our local voluntary, community and social enterprises (VCSEs).

Bedfordshire is also at a pivotal time with new and upcoming developments, including Universal Studios, East West Rail, new proposed towns, and Luton Airport. Bedfordshire is also one of the only places in the country with a growing birth rate, and the Borough of Bedford having the highest population growth. That all brings significant opportunities and risks that the Trust needs to engage with over the coming months and years.

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# Our Vision

**To attract the best people, value and develop them so that the teams they work in deliver outstanding care to our patients**

# Our Values

# Our Strategic Pillars

At the heart of our strategy are six key principles that will be our focus for the next three years:

### Our People (and our Culture)

To establish the conditions, and to create and maintain the culture, that attracts people, especially those from our local communities, to become, and to remain, valued, respected and impactful employees and/or volunteers of our Trust

### Our Resources

To create the physical, digital and financial conditions that enable our services, and the staff that deliver these service, to maximise their individual and collective potential

### Our Services

To provide clinical services that are demonstrably excellent and which are highly valued by well-engaged users/ patients

### Our System and Our Partners

To play a leading role in developing and delivering integrated care within BLMK

### Our Population's Health

To improve the health and wellbeing of the populations we serve, whilst at the same time, reducing the health inequalities they experience

### Our Communities

To make a significant and measurable contribution to our communities, and to the lives of local people, by being an active, engaged and responsible corporate citizen

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# Job description and Person specification

As an NHS Foundation Trust, Bedfordshire Hospitals' Board brings together both Executive and Non-Executive Directors (including the Chair) to provide effective leadership and governance. The Board is collectively responsible for setting strategic direction, overseeing financial performance, ensuring the highest standards of clinical quality, and maintaining robust corporate governance. Its decisions are subject to oversight by a Council of Governors, who hold the Board to account for its actions and performance.

The NHS Long Term Plan, Fit for the Future, is built around three fundamental shifts: moving care from hospital to community, embracing digital innovation over analogue processes, and shifting the focus from sickness to prevention. Our Trust Strategy 2024–2027 sets out how we intend to achieve this transformation. Building on our progress since merger, it marks a key milestone for the organisation and provides a clear framework and direction for the future of hospital services.

Delivering on these priorities requires a broad and diverse range of skills. We are therefore seeking to appoint Chair to join Bedfordshire Hospitals NHS Foundation Trust. Working alongside fellow Board members and our system partners, will play a pivotal role in helping to transform our hospitals and services, reduce health inequalities, and make a lasting difference to the communities we serve.

| | |
|---|---|
| **Job Title:** | Trust Chair |
| **Accountable to:** | Council of Governors |
| **Salary:** | £55,000 |
| **Hours:** | 3 days per week |
| **Base:** | The Chair will be expected to work at both main sites, Bedford Hospital and Luton and Dunstable Hospital. |

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# The role: the Chair

NHS Foundation Trusts are primarily responsible for delivering safe, high quality services and outcomes for patients, service users and the wider community.

The Chair has a unique role in leading the NHS Trust Board. The role combines the duty to lead effective governance, consistent with the Nolan principles and NHS values, with securing a long-term vision and strategy for the organisation. Fundamentally, the Chair is responsible for the effective leadership of the Board and the Council of Governors. They are pivotal in creating the conditions necessary for overall Board and individual director effectiveness.

## Central to the Chair's role are five key responsibilities:

### 1. Strategic

Ensuring the Board sets the Trust's long-term vision and strategic direction and holding the Chief Executive to account for achieving the Trust's strategy

### 2. People

Creating the right tone at the top, encouraging diversity, change and innovation, and shaping an inclusive, compassionate, patient-centred culture for the organisation

### 3. Professional Acumen

Leading the Board, both in terms of governance and managing relationships internally and externally

### 4. Outcomes Focus

Achieving the best sustainable outcomes for patients/ service users by encouraging continuous improvement, clinical excellence and value for money

### 5. Partnerships

Building system partnerships and balancing organisational governance priorities with system collaboration; this role will become increasingly more important as local organisations move to delivering integrated care, prioritising population health in line with the NHS Long Term Plan. [1]

# Role description

The relationship between the Chair and the Trust's Chief Executive is key to the role's success. The Chair must cultivate an effective working relationship with the Chief Executive. Many responsibilities in the role description will be discharged in partnership with the Chief Executive. It is important that the Chair and Chief Executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary Board.

The fundamental difference between these roles is that the Chair leads the Board and is responsible for the Non-Executive Directors' effectiveness and the Board as a whole. The Chief Executive leads the organisation and is responsible for managing the Executive directors. In foundation Trusts, the Chair also Chairs the Council of Governors. This special relationship between the Chair and the Chief Executive sets the tone for the whole organisation.

Together, the Chair and the Chief Executive set the tone for the whole organisation. They are ultimately responsible for ensuring that the population the Trust serves and the wider system in which the organisation sits receive the best possible care in a sustainable way.

[1] www.longtermplan.nhs.uk

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NHS Foundation Trust

# Responsibilities of the Chair

This detailed description of the Chair's role has been aligned with NHSE Leadership Competency Framework's key domains. While each set of responsibilities has been aligned with the competency domain most relevant to discharging that element of the role, a good Chair will demonstrate competence in all domains across all their responsibilities, maintaining, for example, outcomes focus while discharging their role as a board member;

## 1. Strategic

1.1. In their strategic leadership role, the Trust Chair is responsible for:

- ensuring the whole Board of directors plays a full part in developing and determining the Trust's vision, values, strategy and overall objectives to deliver organisational purpose and sustainability (and for foundation Trusts, having regard to the Council of Governors' views)
- ensuring the Trust's strategy aligns with the principles guiding the NHS and the NHS values
- ensuring the Board identifies the key risks the Trust faces in implementing its strategy; determines its approach and attitude to providing effective oversight of those risks and ensures there are prudent controls to assist in managing risk
- holding the Chief Executive to account for delivering the strategy and performance.

## 2. People

2.1. In their role shaping organisational culture and setting the right tone at the top, the Trust Chair is responsible for:

- providing visible leadership in developing a healthy, open and transparent patient-centred culture for the organisation, where all staff have equality of opportunity to progress, the freedom to speak up is encouraged, and ensuring that this culture is reflected and modelled in their own and in the Board's behaviour and decision-making
- leading and supporting a constructive dynamic within the Board, enabling grounded debate with contributions from all directors
- promoting the highest standards of ethics, integrity, probity and corporate governance throughout the organisation and particularly on the Board
- demonstrating visible ethical, compassionate and inclusive personal leadership by modelling the highest standards of personal behaviour and ensuring the Board follows this example
- ensuring that constructive relationships based on candour, Trust and mutual respect exist between Executive and non-Executive directors (and for foundation Trusts between elected and appointed members of the Council of Governors and between the Board and the Council of Governors)
- developing effective working relationships with all the Board directors, particularly the Chief Executive, providing support, guidance and advice.

2.2. In their role developing the Board's capacity and capability, the Trust Chair is responsible for:

- ensuring the Board sees itself as a team, has the right balance and diversity of skills, knowledge and perspectives, and the confidence to challenge on all aspects of clinical and organisational planning; this includes:
  - regularly reviewing the Board's composition and sustainability with the Chief Executive and the nominations committee
  - considering succession planning (and for foundation Trusts, remuneration) for the Board, including attracting and developing future talent (working with the Board, Council of Governors and Remuneration and Nominations Committees as appropriate)
  - considering the suitability and diversity of non-Executive directors who are assigned as Chairs and members of the Board's committees, such that as far as possible they reflect the workforce and respective communities served by the Board
  - where necessary, leading in seeking the removal of Non-Executive Directors and giving counsel in the removal of Executive Directors
- leading on continual Director and Governor development of skills, knowledge and familiarity with the organisation and health and social care system, to enable them to carry out their role on the Board/ Council of Governors effectively, including through:
  - induction programmes for new directors/governors
  - ensuring annual evaluation of the Board/ Council of Governors' performance, the Board's committees, and the directors/governors in respect of their Board/ Council of Governors' contribution and development needs, acting on the results of these evaluations and supporting personal development planning
  - taking account of their own development needs through, for example, personal reflection, peer learning and mentoring/reverse mentoring as part of the wider NHS provider Chair community
- developing a Board that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures, including the Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); and Equality Delivery System (EDS).

# Responsibilities of the Chair cont.

## 3. Partnerships

3.1. In their role as an ambassador, leading in developing relationships and partnership working, the Chair is responsible for:

- promoting an understanding of the Board's role, and the role of Non-Executive and Executive Directors
- representing the organisation externally, developing and facilitating strong partnerships, and promoting collaborative, whole-system working through engagement with:
  - patients and the public
  - members and governors (foundation Trust)
  - all staff
  - key partners across public, private and voluntary sectors
  - regulators
  - other Chairs in the system and the wider NHS provider Chair community, including where appropriate, through:
    - integrating with other care providers
    - identifying, managing and sharing risks
    - ensuring decisions benefit the local population, prioritising the needs of the citizens served by the organisation at a system level
- ensuring that effective communication with stakeholders creates Board debate encompassing diverse views, and giving sufficient time and consideration to complex, contentious or sensitive issues
- for foundation Trusts, facilitating the Council of Governors' work on member engagement, so the governors can carry out their statutory duty to represent the interests of Trust members and the general public to the Trust
- for foundation Trusts, ensuring that governors have the dialogue with directors they need to hold the Non-Executive Directors (which includes the Trust Chair), individually and collectively to account for the Board's performance.

## 4. Professional acumen

4.1. In their role as governance lead for the Board and for the Council of Governors, the Chair is responsible for:

- making sure the Board/Council of Governors operates effectively and understands its own accountability and compliance with its approved procedures – for example, meeting statutory duties relating to annual reporting
- personally doing the right thing, ethically and in line with the NHS values, demonstrating this to and expecting the same behaviour from the Board
- leading the Board in establishing effective and ethical decision-making processes
- setting an integrated Board/Council of Governors agenda relevant to the Trust's current operating environment and taking full account of the important strategic issues and key risks it faces (and for foundation Trusts, aligned with the annual planner for Council of Governors meetings, developed with the lead governor)
- ensuring that the Board/Council of Governors receives accurate, high quality, timely and clear information, that the related assurance systems are fit for purpose and that there is a good flow of information between the Board, its committees, the Council of Governors and senior management including quality, performance and finance
- ensuring Board committees are properly constituted and effective
- leading the Board in being accountable to Governors and leading the Council of Governors in holding the Board to account.

4.2. In their role as facilitator of the Board and of the Council of Governors, the Chair is responsible for:

- providing the environment for agile debate that considers the big picture
- ensuring the Board/ Council of Governors of Governors collectively and individually applies sufficient challenge, balancing the ability to seize opportunities while retaining robust and transparent decision-making
- facilitating the effective contribution of all members of the Board/ Council of Governors, drawing on their individual skills, experience and knowledge and in the case of Non-Executive Directors, their independence
- working with and supporting the Associate Director of Corporate Governance and Trust Board Secretary in establishing and maintaining the Board's annual cycle of business
- liaising with and consulting the Senior Independent Director

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Bedfordshire Hospitals
NHS Foundation Trust

# Responsibilities of the Chair cont.

## 5. Outcomes focus

5.1. In their role as a catalyst for change, the Chair is responsible for:

- ensuring all Board members are well briefed on external context – e.g. policy, integration, partnerships and societal trends – and this is reflected in Board/ Council of Governors debate
- fostering a culture of innovation and learning, by being outward-looking, promoting and embedding innovation, technology and transformation through the Board/ Council of Governors' business and debate
- promoting academic excellence and research as a means of taking health and care services forward
- ensuring performance is accurately measured against constitutional and Care Quality Commission 'well-led' standards
- ensuring performance on equality, diversity and inclusion for all patients and staff is accurately measured and progressed against national frameworks, including WRES, WDES and EDS
- above all, ensuring the Board maintains an unrelenting interest in and focus on the continuous improvement and self-assessment of patient safety, experience and clinical outcomes.

## 6. Nolan Principles

6.1. The post holder must adhere to the seven Nolan Principles:

- Selflessness - holders of public office should act solely in terms of the public interest.
- Integrity - holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- Objectivity - holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- Accountability - holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- Openness - holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- Honesty - holders of public office should be truthful.
- Leadership - holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

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NHS Foundation Trust

# Person specification

## Essential criteria - required skills, experience and attributes:

**Professional acumen**

- The ability to lead an effective Board, drawing on members' different perspectives, managing disagreement constructively and securing clear decisions.
- Experienced NHS Chairs from Acute, Mental Health, Community Trusts or Ambulance Trusts.
- Experienced NHS Vice Chairs from NHS Acute Trusts.
- Experienced NHS Non-Executive Directors from NHS Acute Trusts.
- Candidates with a strong understanding of healthcare regulation, quality governance, financial stewardship, partnership working and leading organisational transformation
- Evidence of successfully demonstrating the NHS provider chair competencies in other leadership roles
- An ability to identify and address issues, including underperformance, and to scrutinise and challenge information effectively for assurance

**Values**

- A clear commitment to the NHS and the trust's values and principles

**Strategic**

- Experience of leading and delivering against long-term vision and strategy
- Experience leading transformational change, managing complex organisations, budgets and people

**People**

- Strong interpersonal, communication and leadership skills
- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top and championing diversity at, and across, all levels
- Strongly focused on the experience of all staff and patients
- Fully attentive towards issues of equality, diversity and inclusion

**Outcomes focus**

- A demonstrable interest in health and social care and a strong desire to achieve the best sustainable outcomes for all patients and service users through encouraging continuous improvement, clinical excellence and value for money
- Strong understanding of financial management, with the ability to balance the competing objectives of quality, operational performance and finance
- An appreciation of constitutional and regulatory NHS standards

**Partnerships**

- A desire to engage with the local population and to collaborate with senior stakeholders across the health and care system
- Experience managing conflict, finding compromise and building consensus across varied stakeholder groups with potentially conflicting priorities

## Desirable criteria:

- Experience of chairing a board, committee or comparable decision-making forum, encouraging effective participation and holding others to account.
- Senior leaders from Integrated Care Boards (ICBs) and the wider health and care system.
- Senior leaders from the wider public sector who have previous NHS Non-Executive Director experience, particularly within Acute Trusts.
- Local Authority Chief Executives and other senior public sector leaders with previous NHS Non-Executive Directors experience.

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 achievement have been demonstrated in previous/other roles, to satisfy the experience being sought.

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, people with disabilities, and LGBTQIA+ candidates who we know are all under-represented in these important roles.

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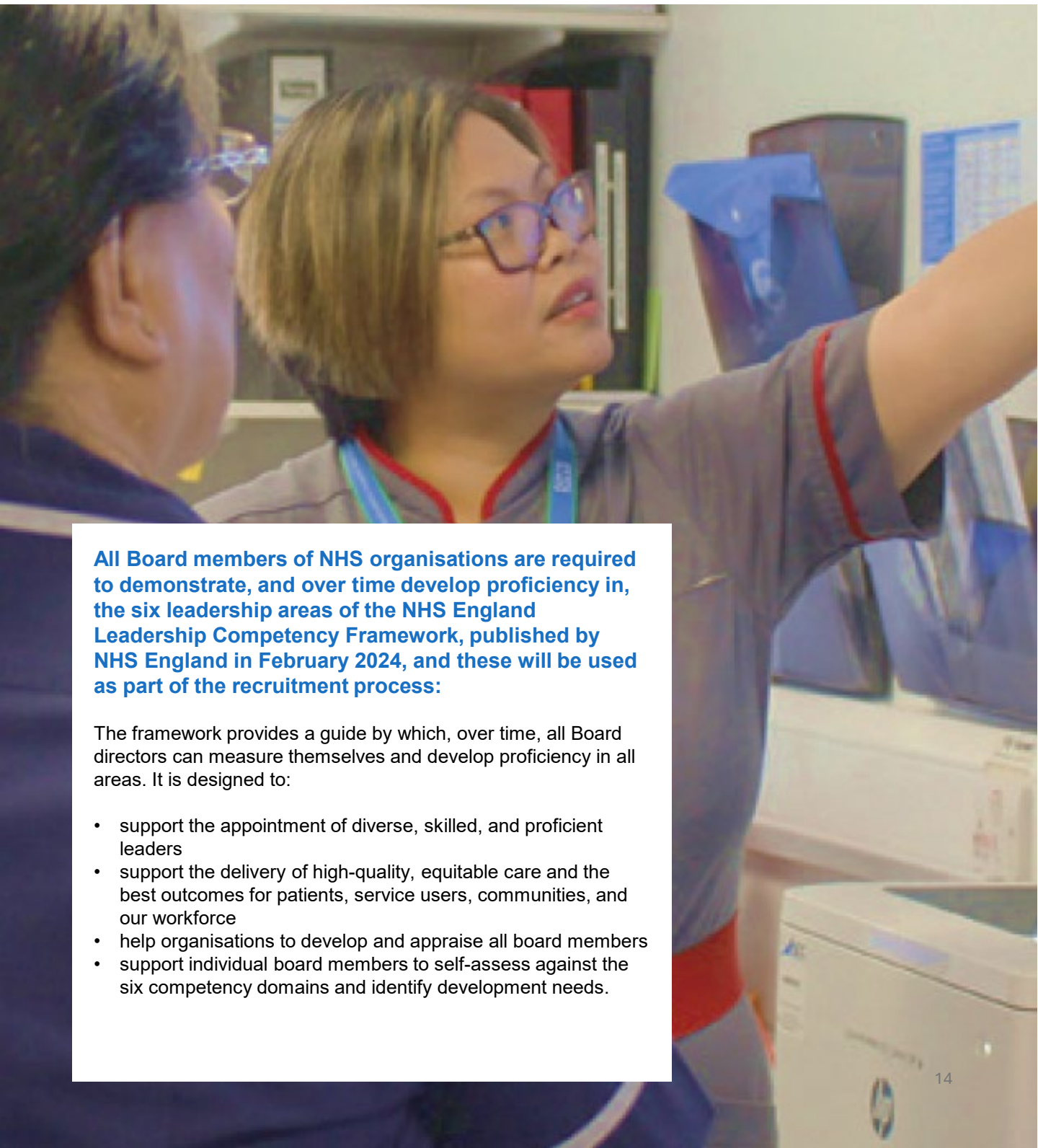
NHS Foundation Trust

# NHS England Leadership Competencies



**All Board members of NHS organisations are required to demonstrate, and over time develop proficiency in, the six leadership areas of the NHS England Leadership Competency Framework, published by NHS England in February 2024, and these will be used as part of the recruitment process:**

The framework provides a guide by which, over time, all Board directors can measure themselves and develop proficiency in all areas. It is designed to:

- support the appointment of diverse, skilled, and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities, and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

# The six NHS leadership competency domains:

## 1. Driving high-quality and sustainable outcome

- The Board Member personally seeks out and acts on performance feedback and review and continually build their own skills and capability.
- The Board Member is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care, including our workforce.
- The Board Member seeks to ensure that their organisation demonstrates continual improvement, increases productivity and brings about better health and care outcomes with lasting change and improvement.

## 2. Setting strategy and delivering long-term transformation

- The Board Member personally seeks out and uses new insights on current and future trends and use evidence, research and innovation to help inform strategies.
- The Board Member leads the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities.

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

As a leader, the Board Member:
- improves population health outcomes and reduce health inequalities by improving access, experience and the quality of care
- ensures that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes

## 4. Providing robust governance and assurance

- The Board Member understands their responsibilities as a board member and how the Board works together as a unitary board to reach collective agreement on their approach and decisions.
- The Board Member uses a variety of information sources and data to assure the organisation's financial performance, quality and safety frameworks, workforce arrangements and operational delivery.
- The Board Member, together with the rest of the board, id visible throughout the organisation and their leadership is underpinned by the organisation's behaviours, values and standards. They are seen as a Well Led organisation and they understand the vital importance of working collaboratively.

## 5. 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.

The Board Member personally:
- speaks up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when they might be the only voice
- challenges constructively, speaking up when they see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly
- promotes flexible working where possible and uses data at board level to monitor impact on staff wellbeing and retention

The Board Member contributes as a leader:
- to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
- to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
- to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)
- to ensure there is a safe culture of speaking up for our workforce

## 6. Building a trusted relationship with partners and communities

- The Board Member is part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce.
- The Board Member identifies and communicates the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest.
- The Board Member recognises and champions open and constructive communication with all system partners to share a common purpose, vision and strategy.

NHS
Bedfordshire Hospitals
NHS Foundation Trust

# Additional Information

## Terms of Office Appointment and Tenure of Office:

- This appointment will be for a term of up to three years subject to satisfactory annual performance review.
- A further term of appointment may be considered at the end of the first term, contingent upon consistently good performance, a thorough review with a satisfactory appraisal. But there is no expectation of automatic reappointment.
- Chair and Non-Executive Directors may serve longer than six years, subject to a rigorous review, a recommendation by the Board of Directors, approval by the Council of Governors in accordance with the Trust's constitution and Code of Governance, and NHS England approval to serve beyond six years.
- Chairs or Non-Executive Directors should not remain in post beyond nine years.
- Chair and Non-Executive Directors must demonstrate high standards of corporate and personal conduct. The Trust Constitution para 13.11 includes disqualification criteria for those who may not become or continue as a member of the Board of Directors.
- Chair and Non-Executive Directors are appointed by the Trust's Council of Governors, and more information on them can be found here.

## Time Commitment:

- Chair must be able to allocate sufficient time to the Trust to discharge their responsibilities effectively. This is typically 3 days per week although it is acknowledged that the requirements of the role may see this time commitment exceeded.
- This time commitment includes attending meetings of the Council of Governors (monthly evening meetings held on a Wednesday), Board of Directors, relevant Board committees, task groups, strategic advisory boards, meeting with NHS system partner, informal meetings with executive and Non-Executive Directors (including Chair), training and development events, Board walk rounds and redevelopment site visits. Chair is required to Chair the Annual Members' Meeting of the Trust held in September.
- Whilst the majority of Board business takes place on Wednesdays, Chair and non-executive directors are required to work in a flexible manner to meet the needs of the Trust. The meetings are held both in-person and virtually; however, all subcommittee meetings are conducted through MS Teams. Meetings are held at both L&D Hospital and Bedford Hospital. The Board Away Days are conducted off-site.

- A degree of flexibility will be required and some time commitment may be during the evening.
- Chair and Non-Executive Directors may be required to participate in and support the appointment process for executive directors. The Chair is required to chair consultant appointment panels and some non-executive directors will be asked to take on specific 'Champion' roles at Board level in line with national requirements.
- Chair and Non-Executive Directors need to ensure sufficient reading time for Board and committee papers and keep informed of the work of the Trust, developments within the Trust and the wider NHS. They are also required to ensure that their personal development needs, identified through their annual appraisal process, are met.
- Candidates do not need to be based within a certain geographic catchment area in order to be eligible, but the successful candidate will be expected to be a visible Chair across the Trust's sites.

## Independence Requirement:

- Chair and Non-Executive Directors should at all times meet the independence requirement:
- The position of Chair and Non-Executive Directors is a public appointment or statutory office and is not subject to the provisions of employment law. Chair and Non-Executive Directors are appointees not employees of the Trust, this to ensure their independence.
- A major contribution of Chair and Non-Executive Directors is to bring wider experience and a fresh perspective to the boardroom. Although required to establish close relationships with the Executive Directors and be well-informed, all Non-Executive Directors and Chair need to be independent of mind and willing and able to challenge, question and speak up.
- Chair and Non-Executive Director is considered independent in character and judgement and there are no relationships or circumstances that could affect, or appear to affect, the person's judgement.
- The Financial Reporting Council's UK Corporate Governance Code currently provides that Chair and Non-Executive Directors should be independent of management and free from any business or other relationship which could materially interfere with the exercise of their independent judgement.

## Remuneration:

- Remuneration on appointment is £55,000. The Council of Governors is responsible for setting the remuneration of Chair and Non-Executive Directors within a national framework and will review these levels annually.
- Remuneration is taxable and subject to Class 1 NI Contributions; it is not pensionable.
- All Non-Executive Directors and Chair are eligible to be reimbursed for travel, subsistence and other associated costs necessarily incurred on Trust business in accordance with the Trust's policies.

## Conflict of interest

You will be required to declare any conflict of interest that arises in the course of Board business and also declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies. These will be published in the annual report with details of all Board members' remuneration from NHS sources.

Fit and Proper Persons Criteria for Directors in the NHS:

- Given the significant public profile and responsibility members of NHS Boards hold, it is essential that those appointed inspire confidence of the public, patients, service users, carers and NHS staff at all times.
- A number of specific background checks will therefore be undertaken to ensure that those appointed are 'fit and proper' people to hold this important role.
- All candidates will be required to complete a self-declaration that they meet the requirements of the Fit and Proper Persons regulations; and the successful candidate will be required to meet these regulations on a continuing basis.

BEDFORD HOSPITAL
BEDFORD HOSPITAL
Main Entrance
01234
800 800
A1 CARS

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# Links to Key Publications and resources

- Trust Website : https://www.bedfordshirehospitals.nhs.uk/
- Trust Constitution : https://www.bedfordshirehospitals.nhs.uk/wp-content/uploads/2024/09/Bedfordshire-Hospitals-Final-Constitution.pdf
- Annual Reports : https://www.bedfordshirehospitals.nhs.uk/corporate-information/trust-publications/annual-reports-and-key-documents/
- Trust Strategy 2024-2027 : https://www.bedfordshirehospitals.nhs.uk/corporate-information/trust-publications/strategies
- Most recent Board pack : https://www.bedfordshirehospitals.nhs.uk/corporate-information/board-meetings-and-directors/board-meetings/
- CQC Rating : Good - https://www.cqc.org.uk/provider/RC9 https://www.bedfordshirehospitals.nhs.uk/corporate-information/cqc-report/
- Executives & Non-Executive Directors: https://www.bedfordshirehospitals.nhs.uk/corporate-information/board-meetings-and-directors/non-executive-directors/
- Council of Governors : https://www.bedfordshirehospitals.nhs.uk/get-involved/ft-membership/council-of-governors/
- How to become a Foundation Trust Member : https://www.bedfordshirehospitals.nhs.uk/get-involved/ft-membership/become-a-member/
- Nolan's Principles of Public Life : https://www.england.nhs.uk/non-executive-opportunities/wp-content/uploads/sites/54/2021/02/The-Nolan-Principles-of-Public-Life.pdf

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# How to apply

Saxton Bampfylde Ltd is acting as an employment agency advisor to Bedfordshire Hospitals NHS Foundation Trust on this appointment. To discuss the role, please contact Alex Richmond (alex.richmond@saxbam.com) and Brett Anderson (brett.anderson@saxbam.com).

Candidates should apply for this role through our website at roles.saxbam.com using code **ABZHA2**.

Click on the 'apply' button and follow the instructions to upload a CV and cover letter and complete the online equal opportunities monitoring* form.

The closing date for applications is **noon on Monday 16 November 2026**.

If you require any reasonable adjustments to be made as part of the recruitment process please can you advise us so that we can ensure this is accommodated.

* The equal opportunities monitoring online form will not be shared with anyone involved in assessing your application. Please complete as part of the application process.

**GDPR personal data notice:**
According to GDPR guidelines, we are only able to process your Sensitive Personal Data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, health, sex life, or sexual orientation) with your express consent. You will be asked to complete a consent form when you apply and please do not include any Sensitive Personal Data within your CV (although this can be included in your covering letter if you wish to do so), remembering also not to include contact details for referees without their prior agreement.

**Due diligence:**
Due diligence will be carried out as part of the application process, which may include searches carried out via internet search engines and any public social media accounts.

# Recruitment timetable

Please note, dates are approximate and may be subject to change.

| | |
|---|---|
| Longlist meeting | W/C 16 November |
| Preliminary virtual interview with Saxton Bampfylde | W/C 23 November |
| **Final selection process** | |
| Face to face, Stakeholder Session at L&D Hospital | W/C 7 December |
| Face to face, Final Panel Interviews at Bedford Hospital | W/C 14 December |

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Saxton Bampfylde