



Derby and Derbyshire
Integrated Care Board



Nottingham and Nottinghamshire
Integrated Care Board



Joint Chief Finance Officer

Candidate briefing pack

August 2024



Welcome from the CEOs

Thank you for your interest in our Joint Chief Finance Officer opportunity across NHS Derby & Derbyshire and Nottingham & Nottinghamshire Integrated Care Boards (D2N2). This is a career-defining role to develop a financial strategy and champion financial sustainability across two diverse systems. We're now seeking a Joint CFO who shares our ambition.

Since the statutory creation of ICBs, D2N2 have been increasing our joint working arrangements and have a vision and aspiration to enhance the health and care outcomes for the populations we serve by working more effectively together and harnessing the skills and expertise across both organisations. A fantastic opportunity has arisen for an innovative financial leader to maximise strategic synergies and benefits across two systems, aligned with the new Combined Authority and ICS aims.

You will be deeply committed to the integration agenda and have a natural ability to engage, influence and collaborate with multiple and varied stakeholders to continue our shared purpose towards improving the health and wellbeing of our population.

You will be a credible leader, capable of leading the health and care system through this period of significant financial challenge and in driving forward an ambitious sustainability plan at both system and Integrated Care Board (ICB) levels.

Key responsibilities will include the development and implementation of the financial strategy – including ensuring incentives are properly aligned within the systems to help delivery of a 'system control total' reflected in operational business plans.

Your experience will help ensure systems, resources and teams are in place to provide complex analysis to understand the financial and service implications associated with commissioning decisions and performance of providers, as transformational developments are agreed and implemented.

We are looking for a high calibre individual who can lead us through this continued journey of transformation. If you share our ambition, vision, and values, then we look forward to receiving your application and meeting with you in due course.

For an informal conversation about the post, please contact Brendan Davies, on: bdavies@hunter-healthcare.com or phone: 07585 356985

Amanda Sullivan
Chief Executive Officer
Nottingham and Nottinghamshire ICS

Dr Chris Clayton
Chief Executive Officer
Derby and Derbyshire ICS

Our Systems

Our ICBs are partnerships of local health and care organisations that have come together to plan and deliver joined up services to improve the health of people who live and work in our areas.

By working together as two systems and collaborating, we are better able to tackle complex challenges, such as: improving the health of children and young people; supporting people to stay well and independent; acting sooner to help those with preventable conditions; supporting those with long-term conditions or mental health issues; caring for those with multiple needs as populations age; and getting the best from collective resources so people get care as quickly as possible.

Our ICBs are anchor institutions for our staff, people and communities, providing high-quality and necessary services.

We have four overarching functions:

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- supporting broader social and economic development.

Both geographies are known for its stunning natural landscapes, rich history, and vibrant cultural scene. Working across two ICBs will require our Joint CFO to understand the needs of each of the localities and their people.

By collaborating closely, we will be able to better support place-based care and deliver at scale as one joined up team, driven to improve the care for our people across D2N2.



Our Organisations

The ICBs are Category One responders. We are both governed by a Unitary Board, comprised of a Chair and Chief Executive, further non-executive and executive members, along with partner members that bring the perspectives of a range of different health and care sectors to the work of the Board. You can read more about the composition of our Boards and individual Board members via the below links:

- [NHS Nottingham and Nottinghamshire ICB: Our Board](#)
- [NHS Derby and Derbyshire ICB: Our Board](#)

NHS Nottingham and Nottinghamshire ICB employ approximately 675 people. NHS Derby and Derbyshire ICB employ approximately 500 people.

The staff include clinical and professional advisors and Board members. This includes staff who work on behalf of our ICB and the other four ICBs across the East Midlands (NHS Derby and Derbyshire ICB, NHS Leicester, Leicestershire and Rutland ICB, NHS Lincolnshire ICB and NHS Northamptonshire ICB) to commission pharmacy, optometry, and dental services and in support of the East Midlands Cancer Alliance.



About Nottingham and Notts ICS

NHS Nottingham and Nottinghamshire ICB is a statutory NHS organisation which covers the geographic areas of Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark, Rushcliffe, Sherwood, and the City of Nottingham.

We have statutory responsibilities to develop a plan to meet the health needs of our population, to allocate NHS funding to deliver our plan, and to arrange for the provision of the following health services in line with our plan:

- Most planned hospital care for the diagnosis and treatment of illness (including responsibility for 59 specialised services, as delegated by NHS England).
- Urgent and emergency care (including out of hours services, accident and emergency services, ambulance services and NHS 111 services).
- Mental health services (including psychological therapies).
- Services for people with learning disabilities and autism.
- Maternity and new-born services.
- Children's healthcare services (mental and physical health).
- Most community health services.
- Rehabilitative care.
- Palliative care.
- NHS continuing healthcare.
- GP services (responsibility delegated to us by NHS England).
- Pharmacy, optometry and dental services (responsibility delegated to us by NHS England).

We are also responsible for making certain that the healthcare provided is of a high standard, delivers quality improvements and offers value for money.

Where we work



We also have legal duties to safeguard the wellbeing of adults, young people and children who access the services we arrange, and to improve outcomes for looked after children and care leavers, and children and young people with special educational needs and disabilities (SEND).

Patients are at the heart of everything we do, and we actively encourage people living in Nottingham and Nottinghamshire to help shape our plans and the work we do to transform services.

About Derby and Derbyshire ICS

Our Integrated Care System is known as Joined Up Care Derbyshire. Our priority is to make improvements to the Derby and Derbyshire populations' life expectancy and healthy life expectancy levels in comparison to other parts of the country, and reduce the health inequalities that are driving these differences.

Our Places

'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people.

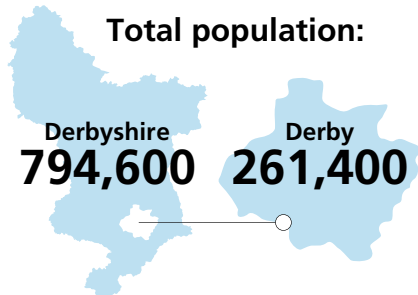
There are eight 'Place Alliances' across Derbyshire: Amber Valley; Bolsover and North-East Derbyshire; Chesterfield; Derby City; Derbyshire Dales; Erewash; High Peak and South Derbyshire

'Place' is all about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities. To deliver this vision we are working out what people and local communities need to stay well and what already works.

We then focus on making sure we use the resources we have to support people's wellbeing, which stretches far beyond the ability to access a hospital, see a GP or receive care in a bed.

Derbyshire is a big county with a vibrant, busy city which altogether has a population of more than one million – a big place to understand. So we have broken the whole county into eight areas and called them 'Place Alliances'. This helps make sure care and support best meets the needs of local people.

Population size



- 90,900 High Peak
- 71,500 Derbyshire Dales
- 182,300 Bolsover & North East Derbyshire
- 103,600 Chesterfield
- 126,200 Amber Valley
- 112,900 Erewash
- 261,400 Derby City
- 107,200 South Derbyshire



We serve a population of **1.06** million people

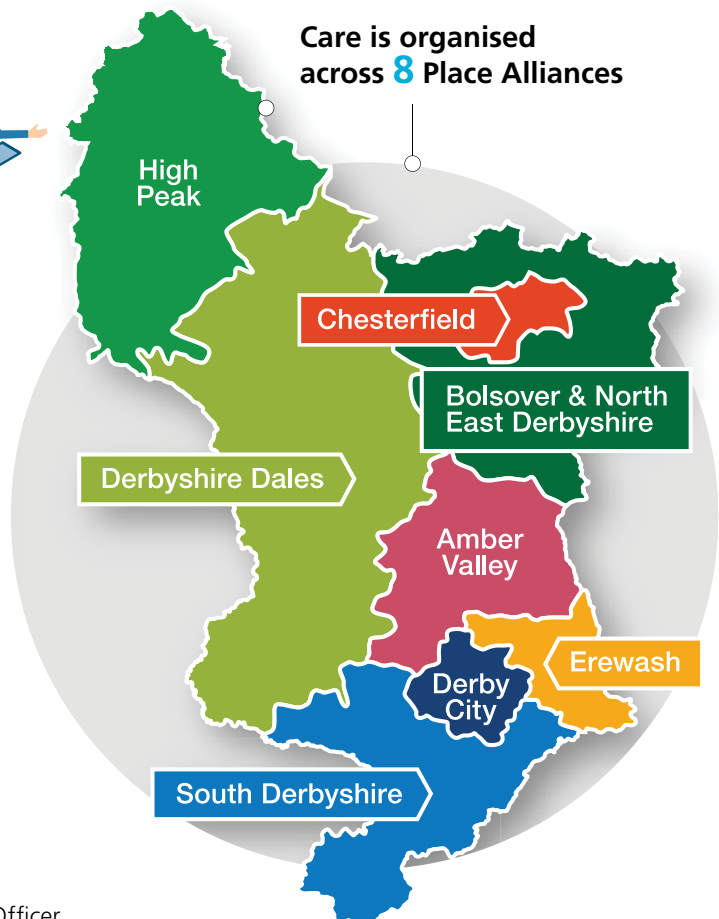


...across **114** GP practices

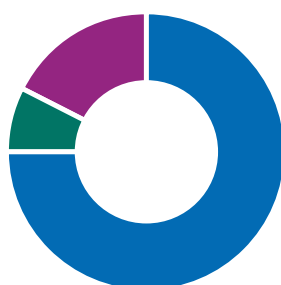


...in **15** Primary Care Networks

Care is organised across **8** Place Alliances

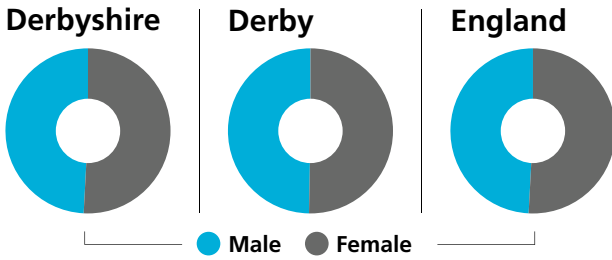


Financial position

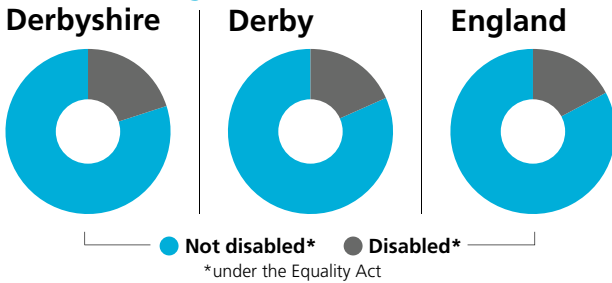


NHS funded services: **£2.9bn**
 City Council: **£284m**
 County Council: **£668m**

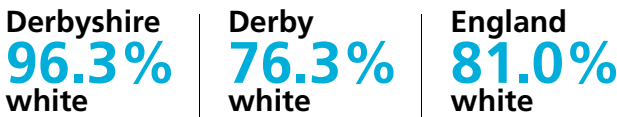
Sex



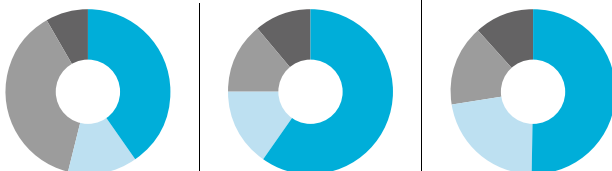
Disability



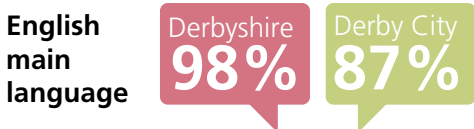
Ethnic group



The other groups are:



- Asian, Asian British or Asian Welsh
- Black, Black British, Black Welsh, Caribbean or African
- Mixed or multiple ethnic groups
- Other ethnic group



NHS Derby and Derbyshire ICB has direct responsibility for:

- the local NHS budget – planning and commissioning of services, working closely with partners across the system
- the delivery of high quality and safe local health and care services
- producing a five-year delivery plan

Our system

- | | |
|--|---------------------------------------|
| 2 Acute Trusts | 1 Ambulance Service Provider |
| 1 Community Foundation Trust | 2 Upper Tier Local Authorities |
| 1 Mental Health Trust | 2 Healthwatches |
| 1 Out of Hours and 111 Provider | 1 VCSE Alliance |



£2.9bn for NHS funded services

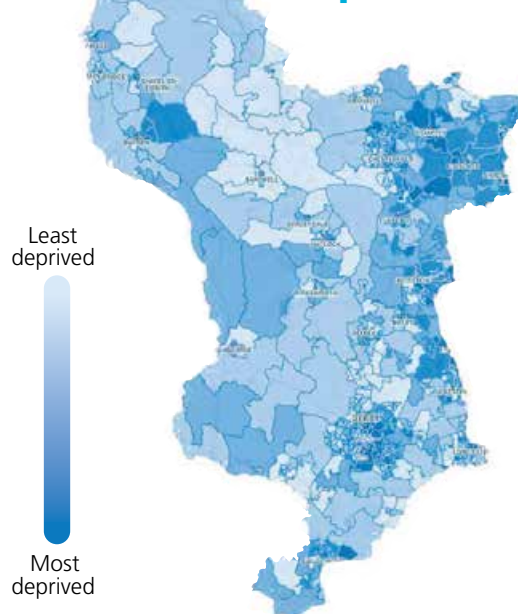


1 Provider Collaborative



A health and care workforce of **53,000** people

Index of Multiple Deprivation



Equality, Diversity and Inclusion

The Public Sector Equality Duty (PSED) of the Equality Act 2010 requires the ICB to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations.

These are often referred to as the three general aims of the PSED. Having “due regard” requires the ICBs to consider removing or minimising disadvantages, taking steps to meet people’s needs, tackling prejudice, and promoting understanding. In addition, we must publish equality information annually, demonstrating how we have met the general aims of the Public Sector Equality Duty and prepare and publish one or more equality objectives at least every four years.

ICBs recognise and value the diverse needs of the population we serve, and we are committed to reducing health inequalities and improving equity in health outcomes for local people. We are committed to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes, and employment practices.

We recognise that equality is about ensuring that access to opportunities is available to all and that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability. We believe diversity is about recognising and valuing differences by being inclusive, regardless of age, disability, gender, marriage or civil partnership status, pregnancy or maternity status, race, religion or belief, sex, or sexual orientation.

We are committed to:

- Improving equality of access to health services and health outcomes for the diverse population we serve.
- Building and maintaining a diverse, culturally competent ICB workforce, supported by an inclusive leadership team.
- Creating and maintaining an environment where dignity, understanding and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

The opportunity

Post title:	Joint Chief Finance Officer
Employing Organisation:	NHS Derby & Derbyshire Integrated Care Board
Grade:	VSM
Responsible & Accountable to:	The Chief Executive of the NHS Derby & Derbyshire AND NHS Nottingham and Nottinghamshire Integrated Care Boards (ICBs)
Location:	Contractual base tbc. Required to work at any establishment at any time throughout the duration of their contract, normally within the location of the organisation, or as set out under the terms of their contract.

Background & Context

An exciting opportunity has arisen for an innovative financial leader to develop a financial strategy for financial sustainability across two systems. The post holder will maximise strategic synergies and benefits across the systems, aligned with the new Combined Authority and ICS aims. There are well developed finance functions in each ICB, who will provide senior support for day-to-day activities and relationships.

NHS Integrated Care Boards (ICBs), as set out in statute, have a fundamental role in facilitating and supporting the development of Integrated Care within the NHS; furthermore, alongside the wider Public Health, Social Care and Local Authority system, support the creation of broader integrated care under the framework of the Integrated Care Partnership (ICP).

ICB executives will all be expected to play their part in the developing integrated leadership model of the NHS & ICP in Derby & Derbyshire and Nottingham & Nottinghamshire (D2N2), including, where appropriate, supporting the development of Provider Collaborative structures and functions including, but not limited to, Place partnerships, Provider Collaboration at Scale and associated Delivery Board structures and functions.

Since the statutory creation of ICBs, the ICBs in D2N2 have been increasing their joint working arrangements and have an ambition an aspiration to enhance the health and care outcomes for

the populations they serve by working more effectively together and harnessing the skills and expertise across both organisations. This Joint CFO is an important element and step in this joint working opportunity and venture.

Developing a system-wide integrated leadership approach to financial strategy, strategic commissioning and transformational change, the Joint Director of Finance will work with partners to develop and deliver the NHS long term plan aimed at improving clinical outcomes, achieving better life outcomes and reducing health inequalities.

Bringing a compassionate leadership style to support our staff and inclusive culture, the Director of Finance will support the development of our place partnerships and provider collaborations at scale working with partners, clinicians, other staff groups and local people as a credible, resilient, and visionary financial leader with substantial experience of either working in complex organisations at Board level or senior system leadership experience within a regulatory environment.

Adept at building sustained and inclusive relationships in challenging environments, the Director of Finance will have a track record of achieving change through empowering others and bring a focus on continuously seeking improvement in outcomes whilst delivering value for money through innovation.

Job Purpose/Summary

The Chief Financial Officer will be required to ensure that the Integrated Care Boards meets the financial targets set for them by NHS England, including living within the overall revenue and capital allocation, and the administration costs limit. Jointly with other system partners, the Chief Financial Officer is responsible for ensuring that the Integrated Care Systems (ICS) deliver their financial targets.

The Chief Financial Officer will support the development and delivery of the long-term plan of the ICBs. They will ensure this reflects and integrates the strategies of all relevant partner organisations of the ICS, with a particular focus on developing a shared financial and resourcing strategy.

As a member of both unitary boards, each board director is jointly responsible for planning and allocating resources to meet the four core purposes of integrated care systems (ICSs):

- 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 Chief Financial Officer will be responsible for developing the funding strategy for the ICSs to support the boards in achieving these aims, including consideration of place-based budgets, and making use of benchmarking to make sure that funds are deployed as effectively as possible.

This will include a responsibility for the development of financial intelligence within the ICBs, which will enable the development of a financial flows mechanism to support and promote transformational change to deliver the stated aims.



Key Accountabilities

- The Chief Financial Officer reports directly to the ICB Chief Executive Officers (CEOs) and is professionally accountable to the NHS England regional finance director. There will be a 50:50 split of time across the two ICBs.
- The joint working arrangements will go through a period of learning and refinement and link to the wider strategic joint working approach between the ICBs and continually inform its development.
- As the strategic financial lead, the Chief Financial Officer is accountable for all matters, relating to the financial leadership and financial performance of the ICB.
- The Chief Financial Officer will also be responsible for ensuring that the ICBs implement a robust financial strategy and ensure that system resources are effectively deployed and used to provide the best possible care for the population.
- The Chief Financial Officer along with other executive members of the ICBs will have an influential executive role and shared accountability for the development and delivery of the long-term financial strategy of the ICBs, ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICSs.
- The Chief Financial Officer will be responsible for building partnerships and collaborating with wider ICS system leaders including provider collaboratives, public health, primary care, local government, voluntary and community sector, other partners and local people to make real transformational differences for the population through local, regional and national forums.
- The Chief Financial Officer will provide financial leadership and influence across the ICSs to ensure that opportunities to drive improvements in population outcomes which includes collaborating and providing financial leadership with key partners (across health, care and wider) to break down barriers, drive innovation and achieve agreed deliverables.
- Alongside other members of the ICBs, the Chief Finance Officer will ensure that population health management, innovation, and research supports the continuous improvements in health and well-being.
- The Chief Finance Officer will influence and work collaboratively as part of a wider system to create opportunities to make sustainable long-term improvements to population health with key partners.
- This may include developing approaches which are non-traditional in nature, ambitious and wide reaching in areas which incorporate the wider determinants that have an impact on improving clinical outcomes, better life outcomes and reducing health inequalities for the population of the ICSs.
- Alongside other members of the ICBs the Chief Financial Officer will work to develop digitally enabled transformation (including financial outcome focused transformation) and the clinical and care elements of a sustainable People Plan for the ICSs' workforce.
- The Chief Financial Officer is professionally accountable to the NHS England regional finance director and may from time-to-time be formally requested to act on behalf of NHS England on key performance, monitoring, and accountability matters.
- This will include the identification of key financial risks and issues related to robust financial performance and leadership and working with relevant providers and partners to enable solutions.
- As a qualified accountant, individuals in these roles will be accountable for their own practice and conduct in the role.

SPECIFIC ROLE DUTIES

- The Director of Finance may also be responsible and accountable for a wider portfolio, such as performance, estates strategy, environmental sustainability. This will depend on the structure of the ICBs.
- To be the lead financial executive for the NHS systems working in partnership with lead finance officers in constituent organisations.
- To be the lead executive for finance for the ICB and support the ICBs in discharging their statutory duties with regards to finance.
- To be the lead executive and support the chair and the function of the ICBs' relevant committees.
- To be the lead executive and support the chair and the function of the ICB's Audit committees.
- To work alongside system colleagues and other ICB/NHS executives to create a triangulated strategic plan for the system that takes of operational planning requirements and financial, people & estate resources.
- To support the systems with their system efficiency and improvement plans.
- To lead the development and delivery of system Medium Term Financial Plans (MTFPs).
- To develop a new approach to the consideration of financial resource that aligns with the system's objectives, principles and the notion of value.
- To be the lead officer for liaison with NHS England regional and national colleagues with regards to finance.
- To be the Data Protection Officer (DPO) for the ICBs.
- To develop and lead the required financial capacity and capability in the finance function of both ICBs and support the development of enhanced joint working arrangements between the teams.
- To support both ICB boards, including both executive teams, to enhance joint working arrangements between both ICBs.

SETTING STRATEGY AND DELIVERING LONG-TERM TRANSFORMATION

- The Chief Finance Officer will be responsible for influencing and contributing to the ICBs' plans and the wider system strategies of the ICSs, with the aim of driving innovation in clinical outcomes, reducing health inequalities and achieving better life outcomes across the ICSs.
 - ▶ This will include creating and influencing leadership relationships and wide scale system change to ensure that the ICB acts as an enabler to harness system development opportunities to improve the population health of the ICSs.
- As a systems leader, the Chief Finance Officer will provide leadership across organisational and professional boundaries to lead and facilitate transformational change for the ICS population.
- The Chief Finance Officer will ensure that the ICB influences and seeks input from wider ICS system leaders including provider collaboratives, public health, primary care, local government, voluntary and community sector, other partners and local people to make real transformational differences for the population through local, regional and national forums.
- The Chief Finance Officer will support the production and delivery of five-year ICB plans with the key aim to produce a financial and resources strategy aimed at improving clinical outcomes, better life outcomes and reducing health inequalities, working with the chief executive officer, other board members, partners across the ICSs and the local communities.
 - ▶ This will include the interpretation and implementation of the NHS Long Term Plan, contracting and performance standards and other national strategic priorities.
- The Chief Finance Officer will ensure that there are effective mechanisms for anticipating, identifying, and responding to key financial risks (including risk sharing arrangements) that could impact on the successful delivery of the ICB strategy.
- The Chief Finance Officer will also establish appropriate governance structures (with NHS partners in the ICSs) to deliver on the collective requirement of system financial balance and risk sharing.

- The Chief Finance Officer will also be responsible for developing the necessary financial and performance leadership and functions to ensure the delivery of the ICBs' financial strategy including leading and influencing the development of a diverse group of leaders to enhance the opportunities for collaboration across the ICSs.
- The Chief Finance Officer will be accountable for the production and delivery of a robust supporting financial strategy that delivers effective use of system resources to deliver improvements in outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money and help the NHS and ICS partners support broader social, economic, and environmentally sustainable development.
- The Chief Finance Officer will aim to influence system leaders to ensure that there are effective mechanisms for anticipating, identifying, and responding to key contracting, performance and wider organisational risks that could impact on the successful delivery of the ICS strategy.
 - ▶ This will include engaging with system leaders from across the ICS to drive research, innovation, quality improvement, patient safety and population health outcomes from a risk-based approach across the ICS footprint.

BUILDING TRUSTED RELATIONSHIPS WITH PARTNERS AND COMMUNITIES

- Success in this role is dependent upon the implementation and performance of a robust financial strategy for the ICB including ensuring the effective use of system resources through strong collaborative system decision-making.
- Ensuring and influencing strategic collaboration with ICS partners, clinical and care leaders across health and care at all levels of the system, this role will develop a collective strategic financial leadership approach for the ICB and place-based use of resources, through the effective and efficient use of ICB allocations and commissioning opportunities to meet the needs of the system population.
- You will demonstrate commitment to working and engaging constructively with internal and external stakeholders on a range of business sensitive issues, developing and nurturing key relationships, maintain networks internally and externally, including national networks. including but not limited to:
 - ▶ **Internal:**
 - ▶ Members of the ICBs:
 - ▶ Chair
 - ▶ Chief Executive
 - ▶ ICB Executive Team
 - ▶ Clinical & Professional Staff
 - ▶ Senior Managers
 - ▶ **External:**
 - ▶ The Public & patient voice
 - ▶ Provider and Local Authority organisations' executive teams
 - ▶ NHS England Directors and other senior functional leaders
 - ▶ Commissioning Support Services
 - ▶ Regulatory Bodies
 - ▶ Health and Wellbeing board members
 - ▶ Citizens, patients, councillors and the voluntary sector
 - ▶ Representatives of the care sector
 - ▶ Chief Executives, COOs, MDs, Executive Directors and Non-Executive
 - ▶ Members of Parliament, Councillors and other Governors
 - ▶ NHSE and Department of Health and NHS Midlands and East.
 - ▶ Local Authority, Directors of Social Services & Senior Staff, District Council senior staff & LSP
 - ▶ Commissioning Support Services
 - ▶ Local NHS Providers, Foundation Trusts
 - ▶ Care Quality Commission,
 - ▶ Voluntary & Private Sector leaders
 - ▶ Other Interest Groups
 - ▶ Non NHS Bodies, i.e. HEIs
 - ▶ The Media
 - ▶ Relevant professional associations
 - ▶ Service Users and Representatives.
 - ▶ Offer statements to the media on portfolio related issues as appropriate and develop positive relations with local media, enhancing public education where appropriate.
 - ▶ Represent both financial opinion and the local service at external groups and events as appropriate.

LEADING FOR SOCIAL JUSTICE AND HEALTH EQUALITY

- Reducing health inequalities is a core objective of the ICBs and the Chief Financial Officer will foster a culture in which equality, diversity, inclusion and allyship are actively promoted across the ICS.
- To drive innovative data evidenced change on behalf of the ICB and on behalf of NHS England and NHS Improvement focusing on ensuring that inequalities across the system are addressed.
- Promoting and enhancing strategic approaches to enhancing and/or further developing personalised care locally in so that the ICBs achieve the best possible health and care for their communities.
- Ensuring that population healthcare needs are met through the appropriate allocation of resources in a system role, utilising close working relationships with system partners to ensure investment and performance of resources is effective in assisting to reduce health inequalities across the ICSs.

DRIVING HIGH QUALITY, SUSTAINABLE OUTCOMES

- The Chief Finance Officer will work with other ICB executive colleagues and ICS partners to collectively oversee the quality of all health services including implementing a safer just culture, safer systems, and safer care.
- The Chief Finance Officer will also work with other ICS colleagues to deliver high quality health and care services.
- As a member of both ICBs, the Chief Finance Officer will collectively work to address underperformance in a timely manner and promote continuous quality improvement through learning, improvement methodologies, research, and innovation.
 - ▶ This will include embedding and delivery of system wide transformation and efficiency programmes, and any related recovery programmes.
- The Chief Finance Officer will take a lead role on behalf of the ICB and where required NHS England to ensure that there are appropriate and effective financial and contracting monitoring and performance arrangements in place to ensure the delivery of effective health services.

- The Chief Finance Officer will positively engage with key system leaders to collectively provide ICS leadership for the finance profession within health and care.
- Taking the role of a system leader to promote and lead data quality driven improvements which have a direct impact on the population health needs of the ICS.
- The Chief Finance Officer will support wider executive colleagues in influencing strategic change and collaborative initiatives which have a direct impact on population health outcomes including key matters such as collective financial and contracting opportunities, future workforce supply, quality and safety initiatives and system wide joint working at a strategic board level with system partners.
- The Chief Finance Officer will promote awareness and understanding of financial, value for money and commercial issues, including robust and considered challenge and ICB decision-making at all levels.
- The Chief Finance Officer will ensure that the ICBs meet the required financial and governance arrangements as a statutory body.
- The Chief Finance Officer will promote continuous quality improvement through learning, improvement methodologies, research, innovation, and data driven improvement initiatives both at a strategic and operational level.
- The Chief Finance Officer will take action to ensure underperformance in any service commissioned by the ICB is addressed in a timely manner, working with the relevant providers and the NHS England and NHS Improvement regional team as required.
- The Chief Finance Officer will ensure effective systems are in place for both ICBs to manage all delegated budgets to the agreed levels and anticipate and address any adverse movement from plan.
- The Chief Finance Officer will support the work of the Executives to lead negotiation and agreement for the range of contracts the organisation has statutory responsibility for, including secondary care contracts, mental health, community and prescribing and support the development of novel contracting mechanisms in the ICS that understand and recognise the emergence of Provider Collaboratives and Place Partnerships.

- By working with key executives, the Chief Finance Officer will ensure the information service provided to the ICBs identifies and stimulates opportunities to deliver improved quality more cost effectively and transform care delivery. Furthermore, to actively promote the use of benchmarking, national tools and datasets to drive service improvement.
- The Chief Finance Officer ensure that mandatory financial returns and reports required by NHS England and/or any other statutory/legally empowered body are made in an accurate and timely manner.

PROVIDING ROBUST GOVERNANCE AND ASSURANCE

- As Chief Financial Officer of an ICB you will be responsible for financial leadership of an NHS statutory body, compliance with all ICB business rules and ensuring that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB.
- Specifically, this involves putting in place an adequate system of financial control, strategic planning, budget setting, financial reporting, and risk management.
- The Chief Finance Officer will therefore ensure as the responsible officer that the ICBs are positioned to produce their required monthly reporting, annual reports, and accounts; this is in accordance with strategic requirements to demonstrate effective stewardship of public money and accountability to tax payers in accordance with nationally determined timescales.
- The Chief Finance Officer will be charged with being the ICBs' professional expert on finance and ensure through robust systems and processes the regularity and propriety of expenditure is fully discharged.
- The Chief Finance Officer will be able to advise the ICBs on the effective, efficient and economic use of their allocations to remain within that allocation and deliver the required financial targets and duties.
- The Chief Finance Officer will liaise with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory, and professional requirements.
- The Chief Finance Officer will ensure that the ICBs are supported by efficient and effective Internal Audit and Counter Fraud Services and that comprehensive annual plans are in place for both that address the relevant risks and provide the highest standards of assurance.
- The Chief Finance Officer will support the work of the Audit and Finance Committees in accordance with statutory requirements, ensuring that there are robust integrated governance arrangements in place and that the ICBs operate to the highest standards of quality, probity, accountability and openness.
- The Chief Finance Officer will ensure the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.
 - ▶ In addition, the Chief Finance Officer will lead allocations to organisation and place level for all revenue and capital.
- To be the lead officer for the ICBs' Audit Committees, ensuring the ICBs are managed in accordance with robust financial controls and good governance.
- The Chief Finance Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk and promote the freedom to speak up.
- The Chief Finance Officer will be accountable for managing the NHS budget across the ICBs, ensuring financial balance for the NHS, good value for money for taxpayers and promoting and ensuring long term-financial health for the system.
 - ▶ This will include ensuring the establishment of and compliance with standing financial instructions and standing orders and reporting arrangements for the ICBs and wider partnership organisations across the system as necessary.

- Where services are commissioned across ICBs the Chief Finance Officer will oversee successful performance on the use of resources in line with the agreed system oversight framework for the ICS, ensuring appropriate escalation arrangements are in place and appropriate actions is taken as necessary.
 - The Chief Finance Officer will work closely with system partners to ensure that financial and commissioning arrangements which support and promote integration and meeting the needs of the population are effective and transparent. This will include ensuring user/patient involvement in decision making relating to the use of resources and commissioning where appropriate.
 - The Chief Finance Officer will lead on the identification of performance risks and issues related to financial and contracting performance and work with relevant providers and partners to enable solutions, including making recommendations for informal/formal intervention where appropriate.
- The Chief Finance Officer will create and promote a culture of inclusive, professional leadership. The Chief Finance Officer will be visible as a collaborative financial leader and role model, engaging health and care professionals across the whole system in the development and delivery of the ICBs' plans. This includes:
 - ▶ Providing mentoring and support to other health and care professional leaders.
 - ▶ Ensuring that health and care professional leaders are supported to perform their roles and given opportunities to develop.
 - ▶ Ensuring that the talent management and development of health and care professional leaders (including finance and contracting staff) is embedded at all levels of the system.
 - ▶ Providing effective leadership for staff and act as a role model across the ICBs.
 - ▶ Providing direct and professional management to all members of the finance directorate.
 - ▶ Supporting the development of an open, supportive, "can do" culture and approach across the ICBs, which challenges the status quo and delivers real improvements for patients.
 - ▶ Being seen as a highly credible, knowledgeable and influential leader in the health economies and be able to influence policy development.

CREATING A COMPASSIONATE AND INCLUSIVE CULTURE

- The Chief Finance Officer will have responsibility for developing the finance functions of both ICBs, delivering the five-year finance development programme and for ensuring that work on equality, diversity and inclusion is taken forward.
 - ▶ To do this the Chief Finance Officer will need to actively engage with the regional finance community and the workstreams of any finance leadership councils and be responsible for improving the diversity of senior finance leadership in the ICS.

Supplementary Duties and Responsibilities

OTHER DUTIES

The above is only an outline of the tasks, responsibilities and outcomes required of the role.

The job holder will carry out any other duties as may reasonably be required by the Chief Executive Officers.

The nature of this role is one of continual development and the duties and responsibilities outline above will change from time to time to reflect the emerging legislation.

Take part in the Director "On Call" arrangements supporting the work of the ICBs in a pro-rata basis as a category 1 responder.

CODE OF CONDUCT FOR NHS MANAGERS

Managers are required to carry out their duties in a manner which complies with the NHS Code of Conduct for Managers Directions, 2002.

ADDITIONAL INFORMATION

INFECTION CONTROL

Infection Prevention and Control is everyone's responsibility. All staff, clinical and non clinical, are required to adhere to the ICBs' Infection Prevention and Control Policies and Procedures and must make every effort to maintain high standards of Infection Prevention and Control at all times, thus minimising the risks associated with healthcare associated infections.

Staff involved with patient care, whether directly or indirectly, have a duty to:

- Clean their hands before and after direct contact with patients and when entering and leaving a clinical area;
- Ensure that patient equipment is cleaned and/or decontaminated appropriately between each patient use;
- Ensure that all environments, where patient care is provided, is clean at all times, maintained to a high standard and appropriate for patient care;

- Provide patients, relatives and the public with clear and consistent HCAI messages and advice on standard Infection Prevention and Control precautions and key infections (MRSA and Clostridium Difficile).

All staff have a duty to:

- Attend/undertake Infection Prevention and Control training programmes provided by the ICBs;
- Report to Occupational Health any infections that they develop which may be transmissible to patients or colleagues;
- Adhere to the ICBs' Uniform and Non Uniform Dress Code Policies;
- Challenge and address inappropriate Infection Prevention and Control practice;
- Report and take action on areas where Infection Prevention and Control standards are not being met.

HEALTH AND SAFETY AT WORK

You must not wilfully endanger yourself or others whilst at work. Safe working practices and safety precautions will be adhered to. Protective clothing and equipment must be used where provided. ALL accidents / incidents must be reported to your immediate senior officer, and you are asked to participate in accident prevention by reporting potential hazards and to ensure that appropriate forms are completed. A copy of the ICB's Health and Safety Policy document will be given to the successful applicant on appointment.

REHABILITATION OF OFFENDERS ACT

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the ICB. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

PROTECTION OF CHILDREN OR VULNERABLE ADULTS

Disclosure of Criminal Background of Those With Access to Children or vulnerable adults whether it be in-direct or direct contact.

Following a report by the Home Office, the Government accepted its recommendations regarding the disclosure of criminal convictions of those with access either direct or non-direct access to children or vulnerable adults. If therefore this post involves substantial access to children or vulnerable adults, a check will be made with the police as to whether you have a criminal record before the appointment can be confirmed.

DATA PROTECTION AND INFORMATION GOVERNANCE

If you have contact with computerised data systems you are required to obtain, process and/or use information held on a computer or word processor in a fair and lawful way. To hold data only for the specific registered purpose and not to use or disclose it in any way that is incompatible with such purpose and to disclose data only to authorised persons or organisations as instructed.

You must abide by all the conditions laid down within the most recent NHS Information Governance Toolkit.

ACCESS TO HEALTH RECORDS

All staff who contribute to patients' health records are expected to be familiar with and adhere to, the Trust's Record Keeping Policy and other related documents. All staff who have access to patients records have a responsibility to ensure that these are maintained efficiently and that confidentiality is protected in line with the ICB's policies and related documents.

Staff are also subject to this obligation both on an implied basis and also on the basis that, on accepting their job description, they agree to maintain both patient/client and staff confidentiality.

- In addition, all health professionals are advised to compile records on the assumption that they are accessible to patients in line with the Access to Health Records Act 1998.

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.

The Leadership Competency Framework (LCF) is designed to support board members to perform at their best and will form part of the annual appraisal process. The LCF is based on six domains (below), each with a range of competencies.

- Driving high-quality and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Delivering a compassionate, just and positive culture
- Building a trust relationship with partners and communities

Board members should:

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

The competency domains will be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

Person Specification

PERSONAL VALUES

- Personal commitment to the values of the NHS Long Term Plan, the NHS People Plan, Nolan Principle and the Fit and Proper Persons regime.
- Demonstrates a compassionate leadership style with a track record of improvements to equality, diversity, and inclusion.
- Lives by the values of openness and integrity and has created cultures where this thrives.
- Demonstrates commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer
- Committed to continuing professional development.

EXPERIENCE

- Substantial board level leadership experience and/or system leadership experience within a regulatory or similar environment is essential
- Experience of managing highly sensitive situations with stakeholders.
- Experience of managing relationships with the media and political stakeholders
- Experience of providing financial leadership, mentorship, and professional development at a very senior level with demonstrable outcomes.
- Experience of leading highly complex and contentious transformational change at significant scale.

KNOWLEDGE

- Extensive knowledge of the health, care and local government landscape and an understanding of the resourcing implications related to the social determinants of public health.
- Current evidence and thinking on practices which reduce health inequality, improve patient access, safety and ensure organisations are Well Led.
- Extensive knowledge of health and care financial planning and budgeting at a board and/or system level.
- A detailed understanding of good governance and the difference between governance and management;

SKILLS

- Exceptional communication skills which engender community confidence, strong collaborations, and partnership.
- Strong critical thinking and strategic problem solving; the ability to contribute to a joint strategic plan and undertake problem resolution and action. Analytical rigour and numerical excellence.
- Highly sophisticated leadership and influencing skills; building compassionate cultures where individuals and teams thrive at organisation, partnership and system levels.
- Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform the ICB deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;
- The confidence to question information and explanations supplied by others, who may be experts in their field;
- The ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill;
- The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives;
- The ability to recognise key influencers and the skills in engaging and involving them;
- The ability to demonstrate how your skills and abilities can actively contribute to the work of the governing body and how this will enable you to participate effectively as a team member.

QUALIFICATIONS

- Essential: Qualified accountant with full membership and evidence of up-to-date continuing professional development.
- Desirable: Experience of utilising health economics experience in a relevant role/setting and/or a relevant qualification.

How to Apply

The closing date for applications is **15 September 2024**.

Applications should include:

- A covering letter explaining why the appointment interests you, how you meet the appointment criteria and what you specifically would bring to the post.
- A Curriculum Vitae (CV) with education and professional qualifications and full employment history. Please include daytime and evening telephone contact numbers and email addresses. The CV should include names and contact details of three referees. References will not be taken without your permission.
- A completed **Diversity Monitoring Form** and **Fit and Proper Person Monitoring Form**.

Please note that the information you provide will be treated as confidential and is for monitoring purposes only. It will not form part of the application process.

All applications should be sent to: applications@hunter-healthcare.com. All applications will be acknowledged.

For an initial conversation about this role please contact our partners at Hunter Healthcare: Brendan Davies, on: bdavies@hunter-healthcare.com or phone: 07585 356985

KEY DATES

Application closing date	Sunday 15 September 2024
Stakeholder sessions	24 September 2024
Interviews	26 September 2024





Derby and Derbyshire Integrated Care Board



Nottingham and Nottinghamshire Integrated Care Board



Floor 2, Berkshire House
168-173 High Holborn, London WC1V 7AA

T: 020 7935 4570
E: enquiries@hunter-healthcare.com