Guidance to NHS Boards

APPOINTMENT OF NURSE DIRECTORS

Introduction

1 On 26 February 2002, the Minister for Health and Community Care, Malcolm Chisholm, announced in his speech to the Local Nurse Recruitment and Retention Convention that a Nurse Director would be appointed to each of the fifteen NHS Boards.

2 The purpose of this guidance is:

- to outline the role of Nurse Directors appointed as NHS Board members and the contribution they will be expected to make to the work of NHS Boards; and
- to provide guidance to NHS Boards on the selection and nomination of Nurse Directors for appointment by the Minister.

3 It will be for NHS Boards to interpret and adapt this guidance to suit their local needs and circumstances.

Terminology

4 Throughout this guidance, the term ‘Nurse Director’ is used to describe those nurse leaders who will be appointed by the Minister as full members of NHS Boards. It is not synonymous with the title Director of Nursing, which may continue to be used to describe those senior nurses employed by NHS Trusts and Boards – see also paragraphs 8 and 9 below.

Background

5 Rebuilding our National Health Service, published in May 2001,\(^1\) described the purpose, objectives and functions of the fifteen NHS Boards. NHS Boards are boards of governance, not representative bodies or management boards. Their membership is conditioned by the functions of the Board, which include:

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\(^1\) The policy document Rebuilding our National Health Service is available on the Scottish Executive website at the following address: [http://www.scotland.gov.uk/library3/health/ronh-00.asp](http://www.scotland.gov.uk/library3/health/ronh-00.asp)
strategy development (including health promotion and health improvement);
- resource allocation;
- development and implementation of the Local Health Plan; and
- performance management of the local NHS system as a whole.

6 The decision to designate a seat on NHS Boards for a Nurse Director is intended to enhance the work of NHS Boards, and not to restrict the opportunities for nursing and professional input from other sources within the local NHS system.

7 All members of NHS Boards – executive and non-executive – enjoy equal status and share collective responsibility for the performance of the local NHS system as a whole. The membership of the NHS Board must therefore reflect the partnership approach which is essential to improving health and health care.

Nurse Directors as members of NHS Boards

8 There will be a Nurse Director on each of the fifteen NHS Boards. The Nurse Director will be a local nurse leader appointed to serve as a full member of the NHS Board. These will be additional Ministerial appointments and not new employed posts.

9 Although Nurse Directors will be members of the NHS Board, they will continue to be employed by their existing employer, which may be the NHS Board or any of the NHS Trusts in the area – just as Trust Chief Executives remain Trust employees, and Directors of Finance and Public Health remain employees of the NHS Board, even though they sit together as NHS Board members.

Eligibility

10 The pool of potential applicants eligible to be appointed as Nurse Directors will be limited to:

- existing Trust Directors of Nursing; and
- Nurse Advisers who were employed by the former Health Boards immediately prior to the establishment of NHS Boards.

11 Applicants may only apply for appointment to the NHS Board for the area within which they are employed.

Appointments process

12 The aim should be to keep the selection and nomination process as simple as possible. The process is designed to result in the appointment of a Nurse Director to sit on each of the fifteen NHS Boards. It is not intended to destabilise existing local advisory mechanisms or to undermine the role of other nurse leaders in local NHS systems, the level and importance of whose contribution will remain undiminished.

13 The following process should be managed locally:

a. the NHS Board Chair should invite all those local nurse leaders eligible for appointment (in accordance with paragraphs 10 and 11 above) to submit an application;

b. the NHS Board Chair should convene a small panel including a mix of Chairs and Chief Executives drawn from within the local NHS system, to consider the applications;

c. if there is more than one applicant, the panel should hold selection interviews;
d. the panel will need to be satisfied that individual applicants demonstrate the ability to perform the role outlined in paragraph 14 below;

e. the panel’s decision should be informed by professional advice, which may appropriately be obtained from the Chief Nursing Officer for Scotland;

f. the role of the panel is to reach a decision on who the NHS Board Chair should nominate for appointment to the NHS Board;

g. the NHS Board Chair should submit the preferred applicant for the Minister’s consideration;

h. the Minister will be invited to appoint the nominees submitted.

14 The role of the Nurse Director will be:

- to share collective responsibility for governance across the local NHS system;

- to ensure that nurse leadership is seen as integral to the corporate management of each NHS Board area;

- to focus the contribution of nursing to strategic leadership and decision making;

- to enhance the nursing expertise available to the NHS Board;

- to provide an effective conduit through which other nurse leaders within the local NHS system can influence the work of the NHS Board;

- to bring their expertise to the Board in a number of areas such as clinical quality, patient responsive services and health promotion.

In addition, the person will need to demonstrate:

- a high level of professional credibility; and

- a proven capacity to make a contribution at national level.

15 Nominations should reach the HD Public Appointments Unit by the end of May at the latest. If particular circumstances make this impossible, the Chief Nursing Officer should be advised.

**Remuneration and support**

16 In common with all other executive members of NHS Boards, Nurse Directors will not be separately remunerated for their contribution to the NHS Board.

17 We will, however, expect NHS Boards and the relevant employers (if different) to provide the practical support required to enable Nurse Directors to carry out the significant role described in paragraph 14 above.

**Attendance at NHS Board meetings**

18 Already, many nurse leaders attend and participate in local NHS Board meetings as a matter of course. The appointment of Nurse Directors is not intended to discourage this best practice. It should be for NHS Boards to decide what arrangements suit their particular circumstances in future.

19 In particular, the fact that one of the nurse leaders is to be designated ‘Nurse Director’ should not prevent other Directors of Nursing or Nurse Advisers from attending and participating in NHS Board meetings.
**Term of appointment**

20 Initial terms of appointment of Nurse Directors to NHS Boards will be for two years. Appointments may be renewed, subject to Ministerial approval. Appointment to the NHS Board would automatically cease if the appointee no longer fulfils the eligibility criteria set out in paragraphs 10 and 11 above.

**Further information**

21 Enquiries in respect of Nurse Directors should be addressed to the Chief Nursing Officer.

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E-mail: anne.jarvie@scotland.gsi.gov.uk

22 General enquiries in respect of NHS Boards should be addressed to:

Robin Benn:  Tel: 0131-244-2297  
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23 Further information on the Ministerial appointments process can be obtained from the **HD Public Appointments Unit.**

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