

Joint Non-Executive Directors

Application Pack

January 2026

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Foreword

Thank you for your interest in applying to become a Joint Non-Executive Director at Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS FT. This is an exciting time to consider a non-executive role within our organisations.

Our Trusts have been working together in close partnership since 2020, with exceptional leadership from our Joint Chief Executive, Karen James OBE. I was appointed as a Joint Chair, in April 2025. This first Joint Chair role has marked a critical development for our partnership, as we begin to bring our Boards and governance together, and are developing a shared strategic vision for the benefit of our staff and the communities we serve.

Stockport NHS FT is a leading provider of hospital and community health services in Greater Manchester. Its services include acute hospital care, specialist treatments, and community-based services. With an annual budget of around £514m and 6,610 staff, the Trust serves patients across Stockport, as well as patients from neighbouring Cheshire East and the High Peak area of Derbyshire. Tameside & Glossop Integrated Care NHS FT also provides acute and community services, supporting around 250,000 patients working across ICBs in both Greater Manchester and neighbouring Derbyshire. It has an annual budget of £375m and 5,033 staff, with a CQC rating of Good overall. Both Trusts are dedicated to improving the health and well-being of the communities we serve.

We are committed to strengthening our collaborative approach by developing a new Joint Organisational Strategy aligned with the 10-Year Health Plan. This strategy will focus on enhancing patient care, improving health outcomes, and ensuring the long-term sustainability of healthcare services within our communities. To support this vision, both Boards have agreed to transition to joint corporate governance arrangements, effective from 1 April 2026. As part of this next phase, we are recruiting three new Joint Non-Executive Directors. These appointments, alongside our existing shared executive roles, will be pivotal in driving forward our strategic ambitions and shaping the future of our partnership.

I hope you will consider applying for a role with us, and I look forward to meeting candidates whose ambitions and values support ours.



David Wakefield
Joint Chair
Stockport NHS Foundation Trust & Tameside & Glossop Integrated Care NHS Foundation Trust

1. The Opportunity

We are looking for three Joint Non-Executive Directors to join our Board. These are exceptional opportunities to join forward thinking, innovative, friendly organisations with whom you can share your talents and expertise to make a positive difference to the lives of those served by our Trusts.

We believe that the best Boards are those that reflect the communities they serve. We are therefore seeking to improve the diversity of our Board to make it truly representative of our workforce and local populations. We are committed to equality of opportunity for all, and appointments are based on merit.

We are keen to receive applications from all protected characteristics and those who either have a strong connection to their local community or those with lived experience, either as carers or service users. We would particularly welcome applications from Black, Asian and minority ethnic communities and individuals with a disability, people who we know are under-represented in chair and non-executive roles.

1.1 The Roles

As a Joint Non-Executive Director, you will provide independent oversight, constructive challenge, and strategic guidance to the Board. You will need to ensure the Trust remains aligned with its vision, values, and long-term strategy, bringing fresh perspectives to decision-making and hold the organisation to account for performance and quality.

Work collaboratively with Executive colleagues to drive innovation, transformation, and financial sustainability, you will also champion diversity, inclusion, and patient-centred care at every level. We are seeking Joint Non-Executive Directors who have skills and expertise in the following areas:

- Digital, Innovation & Transformation
- Strategic Partnerships & Change Management
- Commercial & Business Acumen

Whilst experience of being a non-executive in the NHS would be advantageous, this isn't essential. Likewise experience of working in the NHS will be valued but is not essential; experience in the wider public or private sectors would be welcomed. In addition to these specific skills, we are looking for people who understand and are committed to the health and wellbeing agenda, and who are passionate about making a positive difference. You will need to be a strong leader with a strategic perspective, and you should be committed to the principles of operating as part of a unitary Board.

A full role description and person specification can be found towards the end of this document on pages 14-17.

2. About Us

Our Trusts have a long history of partnership working as geographical neighbours. We have a Joint Chief Executive, Joint Chair and some of our Executive Directors sit across both Boards, driven by our shared commitment to enhancing patient care, improving health outcomes, and ensuring the sustainability of services for the benefit of our patients and communities. Both Trusts provide integrated acute and community services for the populations they serve.

Stockport NHS Foundation Trust delivers acute hospital services across the Stockport locality of Greater Manchester, supporting around half a million patients every year from across Stockport, East Cheshire, and the High Peak area of Derbyshire. We have an annual budget of £514m and 6,610 staff. Our latest CQC rating was “Requires Improvement” overall, with a rating of “Good” in the Caring domain, and we continue to make progress in our transformation journey.

Tameside & Glossop Integrated Care NHS Foundation Trust supports around 250,000 patients in Tameside, Glossop working across the ICBs in both Greater Manchester and in neighbouring Derbyshire. We have an annual budget of £375m and 5,033 staff, with a CQC rating of “Good” overall. Our strategy is focused on reducing inequality and improving the population health of our communities.

2.1 Our Strategy

The Trusts are embarking on a new future together that will see the development of a new joint organisational strategy. This pivotal work between the Trusts is focused on strengthening collaboration, driven by NHS policy and the opportunities that exist with greater integrated care.

The joint strategy aims to maximise potential for working together while the Trusts remain legally separate entities. This strategic collaboration builds on the shared corporate objectives that exist. Key elements of the strategy are likely to include:

- A focus on delivering improved access to services, reduced waiting times, financial sustainability and a focus on the workforce alongside working towards a single service model for specific clinical areas as the joint clinical strategy takes shape.
- A consideration of the impact and opportunities that exist within the 10 Year Health Plan, the three shifts and the wider development of collaborative partnerships across Stockport, Tameside, and Greater Manchester.

Details on each Trust’s current strategies can be found on their respective websites. We have a number of objectives, improvement measures and details of how we will monitor these. Each reflects our intention to continue as an integrated, acute and community provider of services.

2.2 Our values

Our organisational values say who we are and what we stand for. They also help our people to deliver the commitments that we make to our patients, service users and each other. It is therefore important that our organisational values are simple to grasp, motivational, aspirational and authentic all at the same time. We have a joint set of values across both Stockport NHS Foundation Trust and Tameside & Glossop NHS Integrated Care NHS Foundation Trust.

Staff told us what values and behaviours are important to them, what behaviours they would like colleagues to display more and what behaviours they do not want to see. We distilled the feedback into a refreshed set of values and behaviours, designed around the acronym '**CARE: Compassion, Accountability, Respect, and Excellence**' These will now feature in all aspects of the employee life cycle, performance management and appraisal documents and are supported by our hugely ambitious OD & People Plan.



2.3 Corporate Objectives – 2025/26

In seeking to achieve our vision, we set ourselves a number of objectives which help to define what success for the organisation will look like over the coming year. These objectives cover ‘business as usual’ – continuing to provide high quality care to people in our area – as well as transformational objectives which will help us to achieve our approach to health and care which better meets the needs of the local population. These are the specific priorities of the organisation for 2025/26.

1. Deliver personalised, safe and caring services
2. Support the health and wellbeing needs of our community and colleagues
3. Develop effective partnerships to address health and wellbeing inequalities
4. Develop a diverse, talented and motivated workforce to meet future service and user needs
5. Drive service improvement through high quality research, innovation and transformation
6. Use our resources efficiently, effectively and sustainably
7. Develop our Estate and Digital infrastructure to meet service and user needs

2.4 Challenge and Context

Like many other NHS organisations, both Trusts have their challenges in terms of improving the quality and performance of its services, as well as managing our finances. Both Trusts face historic issues of underfunding and financial deficits and it is remarkable that we have delivered a financial outturn close to breakeven during 2024/25.

It is no exaggeration to say that both Trusts face an unprecedented demand for their services. Our Emergency Departments have seen increases in demand which means meeting targets for ambulance delays and long waits in A&E prove difficult. Our clinicians work heroically in dealing with unrelenting stresses and pressures including a significant strain on the availability of beds especially over winter and the need to improve the experience and outcomes for patients. The challenging environment facing us presents an opportunity for us to deliver our services in new ways; working across traditional boundaries and seeking innovative solutions that will help all parts of our health and social care system become truly integrated around the needs of our communities. We also know that the role of the hospital is changing, with one of the three priorities within the 10 Year NHS Plan being a shift from treatment to preventative health. We recognise the part we must play in preventing ill health and that more services will be provided closer to or at patients’ homes, with many provided via digital technologies in the future.

We are not content to just deal with the challenges of the here and now. We have ambitious plans for major changes to how and where care is delivered. We are working on a Joint Business Case for a Joint Electronic Patient Record (EPR) which will help us transform some of our working practices and bring further efficiencies associated with the digital world.

We recognise that our workforce is at the heart of our strategy, ensuring there are sufficient staff with the right skills and experience is an ongoing challenge for many NHS organisations, and it is one that rightly concerns our Board of Directors. We have a hugely ambitious OD & People plan that aims to build a compassionate and inclusive culture.

2.5 Workforce

We continue to take positive steps forward in recruiting to some traditionally difficult to fill consultant roles, and we have made good improvements in the reduction of agency staff as a result. Safe staffing levels are monitored closely and regularly reported to the Board of Directors.

We continue to strengthen our leadership and management development offer to support organisational performance and culture. Activity includes the relaunch of Appraisals with Impact training following the refresh of our Let's Talk Appraisal process and the commencement of two new cohorts of the Aspire Leadership Development Programme.

A new overarching framework, aligned with the Trust's C.A.R.E. values, has been developed around three interconnected strands:

- People Management Excellence – focused on everyday line management aligned with the NHS Expectations of Line Managers, supported by practical 'Know-How' sessions on HR systems.
- Operational Management Excellence – developed in collaboration with Corporate Services colleagues, this strand enhances technical capabilities including data analysis, project management, financial acumen, and digital literacy.
- Leadership Excellence – includes the Aspire Programme and regular development sessions for senior leaders, with the most recent session focussing on strategic alignment, collaboration, and innovation.
- Development opportunities are designed to be flexible and person-centred, supported by a self-assessment tool for all managers.
- The Our C.A.R.E. Leadership Way was launched in July 2025 and will evolve to meet organisational needs. Uptake and impact will be monitored, with concerns escalated as appropriate.

Each Trust has an Equality, Diversity & Inclusion (EDI) Strategy which sets out the Trust's EDI ambitions and key objectives for the next 3 years. As we come to the end of our Equality, Diversity & Inclusion (EDI) Strategy we have embarked on a consultation with our staff, Staff Side and Staff Networks regarding a new Joint EDI Strategy which we hope to launch in the new year. In January 2025 we were successful at both Trusts in

achieving the key deliverables for Bronze status against the NW BAME Assembly Anti-Racism framework. We are one of four Trusts in Greater Manchester (GM) that have achieved the Bronze award.

We remain committed to working with local partners to attract community talent into the Trusts and work in partnership with local authorities, schools and colleges with a view to increasing the education and employment opportunities within the Trusts and the localities.

3. About Stockport

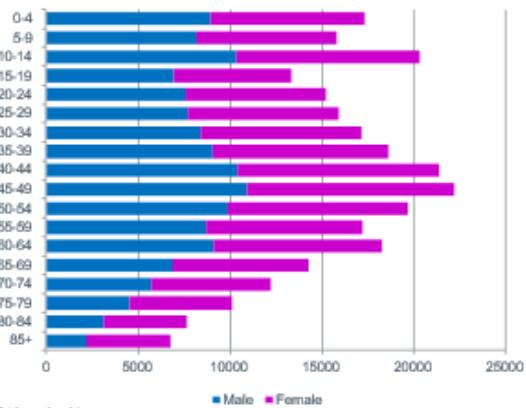
Overall, Stockport is one of the healthiest places to live in Greater Manchester, and the wider North West, with health outcomes broadly in line with national averages. Rates for deaths from cardio-vascular disease, road injuries, childhood obesity and physical activity in adults are all better than national averages. However, rates of alcohol harm, breast feeding initiation, and infant mortality are all below the national average.

While health and wellbeing in Stockport is, on average, among the best in the North West, we know that this is not the experience of all our communities. We want to give everyone in Stockport the best possible start in life and support them to live well and age well with equal opportunities and access to quality services, in the right place and at the right time.

These borough wide figures mask significant health inequalities between different parts of the borough, for example life expectancy is 11 years longer for men in the most affluent parts of the borough than for those living in the most deprived. Declining health starts earlier in the more deprived parts of the borough; 55 years compared to 71 years.

The Health Economy Demographics

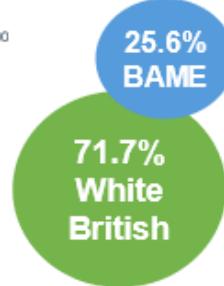
Stockport Age profile



Ethnicity

87.4% of residents are white British

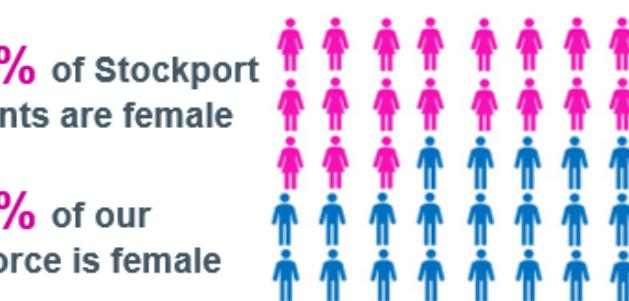
71.7% of our workforce are white British



74.0% of our workforce live in Stockport

51.4% of Stockport residents are female

76.9% of our workforce is female

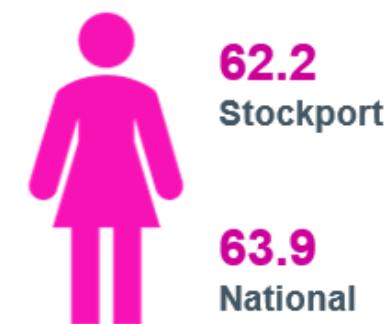


Healthy life expectancy

65.1
Stockport



63.1
National



The Health Economy Demographics

Prevalence

18.15% have a disability, compared to **17.53%** nationally



Long Term Conditions

53,310 residents have a long-term condition



21,700 have two LTCs

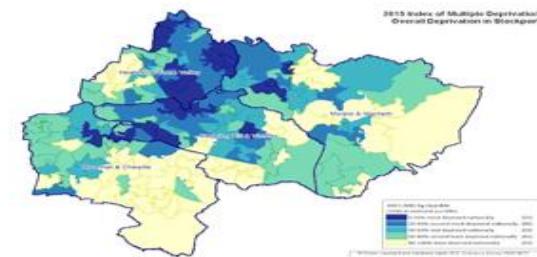
9,040 have 3 LTCs

3,840 have 4 or more LTCs

Deprivation

Stockport is the 8th most polarised borough in England - estimated population of Stockport 291,775 people.

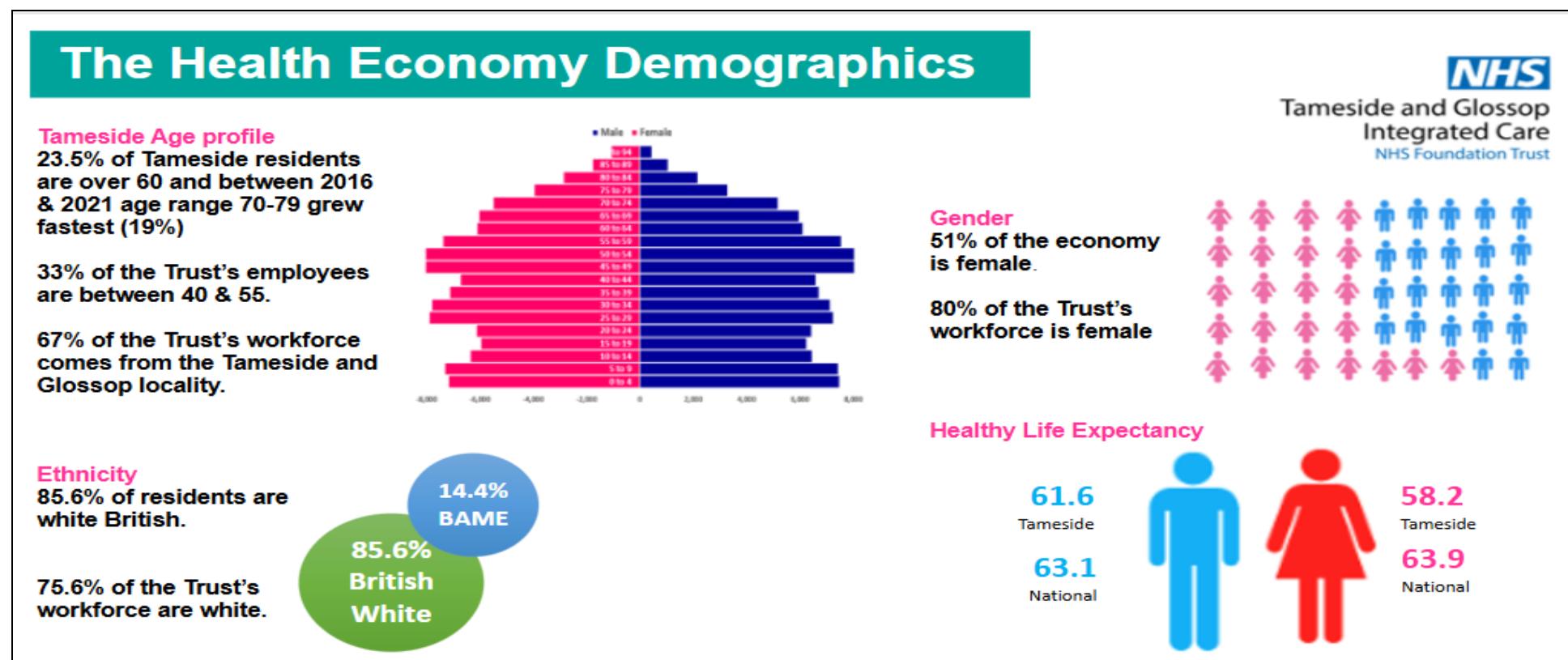
17.4% live in our most deprived quintile and **25.6%** in the most affluent quintile.
13.4% of children live in low income families



4. About Tameside & Glossop

Tameside can be a great place to live. Situated on the East side of Greater Manchester, there is a diverse range of towns as well as a wealth of green spaces and countryside within the borough. Bordering Manchester to the West and High Peak and the Peak District to the East, there are fantastic opportunities, places to live and visit, and scenery on the doorstep. The make-up of 9 individual towns across Tameside creates a unique community spirit within the borough and a strong sense of identity in each of our towns, demonstrated by the number of community-led initiatives and events held throughout the year.

In general, health outcomes are better in Glossop than in Tameside, which is more urban and less affluent. The health of the population has improved in recent years, however inequalities persist between communities, and we recognise more must be done to tackle these. Average life expectancy in England is 78.7 years for men and 82.8 for women: in High Peak, life expectancy is slightly better than the national average at 80 for men and 83.1 for women. In Tameside, life expectancy is lower at 76.9 year for men and 80.1 for women.



The Health Economy Demographics



Tameside and Glossop
Integrated Care
NHS Foundation Trust

Prevalence



21% have a disability,
compared to **17.53%**
nationally

Deprivation

Tameside is the 23rd out of 317 most deprived local authorities in England

24.9% (11,429) of children live in low income families.

Long Term conditions

34,000 residents have one long-term condition

14,500 have two LTCs

6,000 have 3 or more LTCs



5. Role specification

JOB TITLE: Joint Non-Executive Director

RESPONSIBLE TO: Joint Chair

ROLE SUMMARY:

The Non-Executive Directors work alongside the Joint Chair and Executive Directors of the Foundation Trust Board to advise on the development of strategy and to oversee the performance of Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust.

They share responsibility with other Directors for the success of the organisations using the available resources to deliver healthcare and improve the health of local people. They will bring independent and objective judgement to bear on issues relating to the strategy, direction and performance of the Trusts.

KEY RESPONSIBILITIES:

As members of a unitary Board, Non-Executive Directors (NEDs) have a duty to act with a view to promoting the success of the organisations, maximising the benefits for their patients and the public.

The Board is collectively responsible for the performance of the NHS Foundation Trusts. Non-Executive Directors constructively challenge and scrutinise the Trusts' performance against agreed goals and objectives.

They should satisfy themselves as to the integrity of financial, clinical and other information, and ensure that systems of governance and risk management are robust.

In addition to any specific knowledge, experience and skills they may have non-executive directors play a crucial role in providing an independent perspective. Furthermore, it is the duty of Non-Executive Director to uphold the highest standards of probity and integrity as per the Trust's values, as well as encouraging good relations within the Boardroom.

The post holder will be expected to chair designated Committee meetings and participate full as a member of other assigned committees.

Main duties of the role of Non-Executive Directors

- Provide input in setting the strategic direction of the organisation whilst considering the views of the Governors
- Support the Chair, Chief Executive and Executive Directors in the governance and stewardship of the Trusts
- Provide support and constructive, considered and appropriate challenge to the Executive Directors holding them to account for the delivery of the strategy and the performance of the Trusts
- Ensure the Trusts place patient safety at the heart of their work and that mechanisms are in place to ensure staff are able to speak up
- Ensure as part of the Board that the Trusts manage risk effectively
- Participate in Board service visits and report findings back to through the appropriate committee in line with procedures
- As a member of the Board work with local communities and collaborate with partner organisations to address health inequalities and ensure that the Trusts provide the best possible care for local communities
- Promote and support the equality, diversity and inclusion agenda
- Attend the formal Council of Governors meetings including the Annual Members Meeting and take part in any Governor and Non-Executive Director working groups as required
- Promote and uphold the Trust values and fulfill any assigned Non-Executive Director champion roles

Specific role responsibilities for each identified role

As well as the general and broad board responsibilities noted above, the postholders will provide expertise in one of more of the following areas:

Role 1 - Digital, Innovation & Transformation

- Provide robust and informed challenge to the Board on plans for building a technology-driven organisation, ensuring that proposed programmes align with strategic priorities and deliver value.
- Offer independent scrutiny on emerging technologies, including opportunities for innovation and associated risks, and resilience of current digital strategies.
- Bring a strong understanding of emerging technologies and their potential impact to support effective decision-making at Board level.

Role 2 - Strategic Partnerships & Change Management

- Provide independent and informed challenge to the Board on strategic partnership plans and change initiatives across a wide range of stakeholder relationships, ensuring alignment with the Trust's vision and objectives.

- Scrutinise proposals and progress to keep the organisation on course, driving continuous improvement through robust questioning and assurance.
- Offer oversight on major contracts and partnerships, testing assumptions and value for money, and bring insight into PFI and alternative funding agreements to help secure the best possible outcomes for the Trust.

Role 3 - Commercial & Business Acumen.

- Provide independent and informed challenge to the Board on commercial strategies, testing assumptions and ensuring approaches deliver long-term value and sustainability.
- Ability to scrutinise options for income generation and alternative revenue streams, offering oversight on proposals to ensure they are robust, innovative, and aligned with organisational priorities.
- Bring strong commercial, business and financial acumen to evaluate risks and opportunities; and ensure funding models and investment decisions support the Trust's strategic objectives.

5.1 Person Specification

	Essential	Desirable
Eligibility and Commitment		
Ability to commit average of 4-5 days per month to Trust's business; and flexibility to commit more if required for defined periods	X	
You are, or are eligible and willing to become, a Member of the Trusts <ul style="list-style-type: none"> • Resident in England and Wales • Not otherwise disqualified 	X	
Ensure you meet the criteria for eligibility for appointment as a member of the Board of Directors including the criteria for Fit & Proper Person in accordance with NHS England and CQC principles.	X	
Background and Experience		
Have experience of operating at a board level or equivalent in either the NHS, public or private sector in organisations or environments of comparable complexity	X	
Have leadership experience in at least one of the following: delivering digital transformation, innovation & transformation; strategic partnerships, major change management and commercial improvements	X	

Have an awareness of the current challenges and opportunities in the National Health Service	X	
Have previous experience as a Non-Executive Director within the NHS, public or private sector		X
Have an awareness of developments in the local health economies of Stockport and Tameside & Glossop		X
Are able to engage in strategic thinking and development for complex organisations and/or systems	X	
Able to demonstrate a strong connection to their local community or have lived experience, either as carers or service users		X
Knowledge		
Have experience of working as part of a diverse Board or equivalent to reach consensus		X
Have an awareness of the differing roles of a Non-Executive Director and executive management	X	
Have strong emotional intelligence	X	
Have an understanding of accountability for actions, including collective accountability for Board decisions	X	
Have experience of engagement with a diverse and large group of stakeholders and interested parties, including the general public; and feeding that intelligence back into the work of the organisation		X
Have an awareness of the principles of effective corporate governance and effective Boards	X	
Abilities		
Capable of chairing a committee, have an understanding of the needs of our local patient community, the roles and responsibilities of the Council of Governors, statutory and regulatory requirements, risk management and board assurance processes	X	
You are able to participate in a unitary Board, balancing challenge and collective responsibility, to deliver statutory responsibilities	X	
You are able to both support and challenge the Chief Executive and the Executive Team	X	
You are able to successfully engage with a range of statutory regulators and local stakeholders	X	
You are able to exercise judgements independently of Trust management, discuss them robustly with colleagues, and reach a final view	X	
You are able to engage with and constructively challenge complex proposals and arguments	X	
Good interpersonal skills. Able to work as a team to meet common goals and willingness to utilise skills and experience for the good of the organisation	X	
Able to assess strategies and plans of action to achieve objectives	X	

6 Other Information

6.1 Time commitment

The expected commitment is 4-5 days per month on average. Non-Executive Directors are expected to attend the Board meetings and informal Board development sessions and are likely to be appointed to sit on two Committees.

6.2 Induction and Training

A detailed induction programme has been developed for newly appointed Non-Executive Directors. In addition, there is access to a number of nationally-organised training events.

6.3 Remuneration

Remuneration is set at £15,000 per annum, taxed through payroll under PAYE. It is not pensionable.

Non-Executive Directors are eligible to claim travel expenses, currently in line with national rates, for travel and subsistence costs incurred on Trust business. This does not include travel expenses for travelling to or from home to your normal place of work, e.g. Trust Headquarters, which may change from time to time.

6.4 Appointment, tenure and termination of office

Non-Executive Directors are appointed for an initial period of three years, subject to a satisfactory appraisal. They are eligible to be considered for a second term, but there is no expectation of automatic re-appointment.

These posts are statutory offices and are not subject to the provisions of employment law: a Non-Executive Director is an office-holder, not an employee. To ensure that public service values are maintained at the heart of the NHS, all Chairs and Directors of NHS Boards are required, on appointment, to agree to comply with standards for members of NHS boards.

6.5 Criteria for Disqualification (Including Fit and proper Persons Test)

It is a statutory requirement that all Directors meet the 'Fit and Proper Person' test set out in [Regulation 5 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). This requires that -

- a. You are of good character;
- b. Have the qualifications, skills and experience necessary to undertake your Trust role;

- c. Your health enables you (after reasonable adjustment, if required) to undertake the role;
- d. You have not been involved with or aware of any serious misconduct or mismanagement in relation to the provision of services regulated by the Care Quality Commission
- e. You are not subject to certain other matters related to bankruptcy, being on a Barred Person's List, or having been struck-off by a health or social care regulator.

You will be asked to self-certify your eligibility under this Regulation, and the Trust will undertake checks prior to confirming an appointment. All Directors are subject to review, at least annually, to ensure that they continue to meet these requirements.

6.6 Criteria for eligibility for appointment as a member of the Board of Directors

The following paragraphs identify the circumstances where an individual would not be eligible for appointment as a member of the Board of Directors. These are quoted directly from the Trust Constitutions.

A person may not become or continue as a Director of a Foundation Trust if:

- They have been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- They have made a composition or arrangement with, or granted a trust deed for, his / her creditors and has not been discharged in respect of it;
- They have within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him / her;

6.7 Checks with the Disclosure and Barring Service (DBS)

Non-Executive Directors may occasionally have access to children or vulnerable adults through their work for the Trusts. To safeguard patients by identifying unsuitable candidates, all appointments will be dependent upon satisfactory completion of a disclosure through the DBS. Checks will be carried out by the Trust after the appointment and before the individual takes up their full duties.

6.8 Trust Membership

Part of the legal qualification for serving as a Non-Executive Director is that you are a formal Member of the Foundation Trusts. To qualify for membership, you must:

- a. Be resident in England.
- b. Not be subject to vexatious complainant procedures at the Trusts.
- c. Not have been dismissed from any health service body save for reason of redundancy.

The successful candidates will require to have been accepted into membership prior to assuming office.

7 Applying for the role

The **closing date** for these roles is **9am Monday 26 January 2026**

Applications for these roles should be submitted via GatenbySanderson, our recruitment partner via their secure website. To apply for these roles, please:

- Submit an up to date copy of your CV, along with a Supporting Statement of no more than 2 pages, that addresses the criteria set out in the person specification.
- A completed fit and proper person form – the template can be downloaded from the same place as this pack and role description.
- Detail any employment or education gaps.
- You should also provide the names, positions, organisations and contact details for two referees, one of whom should be your current or most recent employer. Please note, should you be appointed, you will be required to provide references covering your last 6 years of employment. Where there have been gaps in employment, this six-year period will be extended accordingly. Referees will only be contacted for those proceeding to the final stage - we will always gain your permission before we contact referees.
- Please provide your telephone and email contact details and let us know of any dates when you are not available or where you may have difficulty with the indicative timetable.

For an initial conversation or for support with your application please contact our recruitment partners at GatenbySanderson: Niamh Blair niamh.blair@gatenbysanderson.com or Emma Pickup emma.pickup@gatenbysanderson.com.

Once you have submitted your application, you will receive an acknowledgement to confirm this has been received.

Your application will be assessed to see the extent to which you meet the necessary criteria and have the qualities and expertise specified for the post before it is passed to the Nominations Committee for consideration.

You may be invited to participate in a preliminary shortlisting interview with GatenbySanderson, the purpose of which will be to obtain further details about yourself, your interest in the role and to understand your skills and experience in order to inform the Nominations Committee as part of the shortlisting process.

It is anticipated that this preliminary process will be completed **w/c 2 February 2026**

Shortlisted candidates will be informed by no later than **10 February 2026**, if they have been selected for interview and the interview details will be confirmed by email and letter.

Final Interviews with the Nominations Committee will be held on **Wednesday 25 and Thursday 26 February 2026**. Exact times and venue will be confirmed. Further details will be provided nearer the time.

The Nominations Committees at each Trust will recommend their preferred candidates to the respective Councils of Governors who will make the final appointment.

The successful candidates will be contacted by the Director of People & OD.

8 Diversity and Monitoring

Stockport NHS Foundation Trust and Tameside & Glossop ICFT are committed to being organisations within which diversity is valued and appreciated, regardless of race, age, disability, gender, sexual orientation, faith or religion and socio-economic status. The Trusts recognise that everyone is different, valuing their unique contribution that individual experience, knowledge and skill can make in the delivering the goals and objectives of the organisation.

The Trusts undertake monitoring of its workforce and that of its applicants and in order to ensure its effectiveness, we will ask that you complete and the monitoring information when you upload your application on the secure GatenbySanderson website. Please note that this information will be provided on a confidential basis and held by our recruitment team for monitoring purposes.