

Today's provider chief executive: Impact of the Aspiring Chief Executive Programme

Summary

An independent study by the Institute of Employment Studies (IES) of the impact of first two cohorts of the national Aspiring Chief Executive Programme demonstrates the Programme's success in:

- providing a pool of provider candidates ready for appointment
- accelerating the readiness of individuals for the role through job preview, intensive development and ongoing supportive networks
- enhancing individuals' understanding of the drivers of effectiveness in the chief executive (CEO) role, including their strategic thinking and understanding of the purpose of their leadership
- demonstrate a change in leadership behaviours towards being more open, inclusive, visible and system- focused.

Compared to a reference group of newly appointed CEOs, participants from the Programme are more likely to:

- ensure real weight is put behind the diversity and inclusion agendas

In addition to these programme impacts, the report analyses participants' applications and their outcome. As a group, participants made 51 applications for CEO roles. Thirteen had become CEOs during the study period. Feedback to unsuccessful candidates indicates that often Trusts were seeking an experienced CEO.

Case studies of both programme participants and newly appointed CEOs who have not been on the programme map how CEOs and others judge success and impact, how people in provider organisations and their wider systems perceive CEOs. The report provides a solid and consistent map of what people across the system see as the characteristics of an effective provider CEO which should serve as a development framework for CEOs and a valuable insight into the attractions and challenges of the role.

The Aspiring CEO Programme

The NHLA designed the Programme, now in its third cohort, in 2015 in collaboration with NHSI and NHS Providers. Its aims were to:

- increase the pool of candidates ready to take up provider CEO roles

- develop leaders who can lead NHS provider organisations to a high standard *and* work effectively within a complex and increasingly integrated health economy
- develop participants' knowledge, skills, attitudes and behaviours, to support them taking lead roles in in reshaping care systems to provide new, sustainable models of care based on patient need.

The Programme lasts around a year and aspiring CEOs are assessed by fellow participants, their facilitators and current CEOs as to their readiness to gain the award. Cohort 1 of 14 participants completed in January 2017, cohort 2 of 13 participants in October 2017.

At the end of the evaluation period in November 2018, nearly a half of participants – 13 out of 27 participants - had gained provider CEO roles.

Evaluating impact

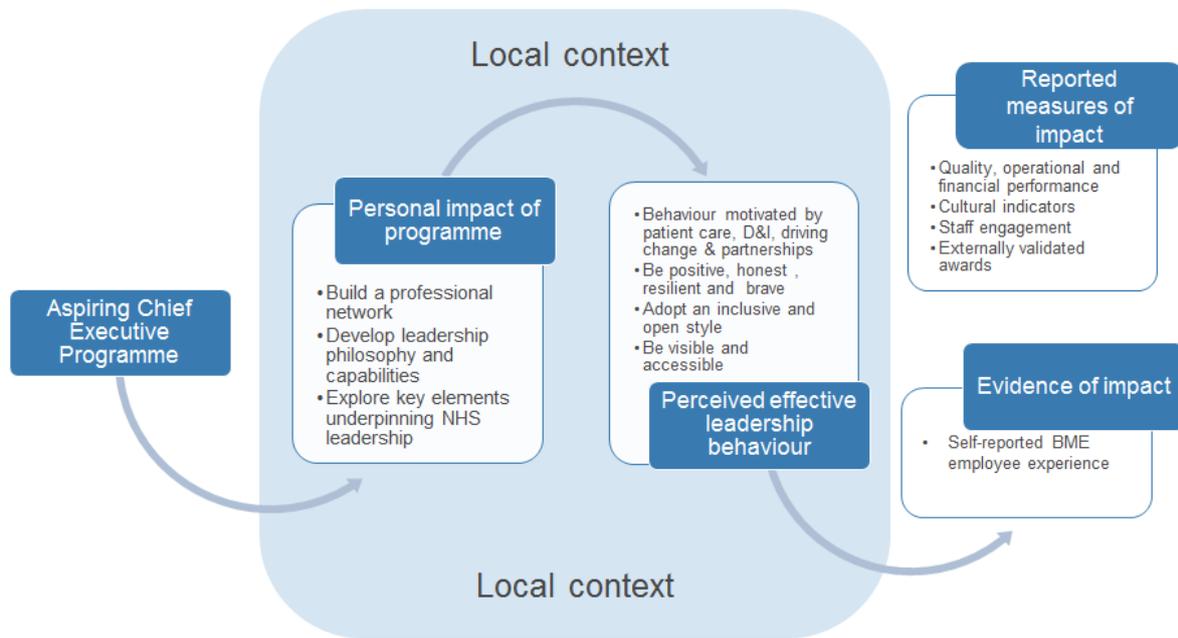
From 2016 to 2018, IES undertook a study of the first two cohorts to establish:

- the impact of the Programme at a personal, organisational and system level
- how participants operate once in CEO roles and the extent to which this reflects the Programme's outcomes
- whether participants differ from other newly appointed CEOs
- how many participants get CEO jobs, what inhibits appointment and how many attempts they make.

IES gathered data from two waves of interviews with a sample of ten programme participants and ten newly appointed CEOs as a reference group. Both sets of interviewees identified others from their local system who were likely to have a view on their effectiveness. In all, 120 interviews were conducted.

IES triangulated interview data with information from published sources including staff surveys, board papers, CQC reports and performance against financial and operational targets. In a related study, IES tracked the careers of participants, measuring the number and types of posts applied for, the outcome of those applications and the feedback received.

It is notoriously difficult in social research to identify causality – how you know that an effect really comes from a course or an experience and not from some other cause. From their interviews, IES were able to identify a 'chain of impact' from the experience of participants on the Programme through to the impact they had in their roles as judged by themselves, colleagues in the system and through published indicators.



Source: IES, 2018

The Impact of the Programme

The evaluation found a close association between the Programme's focus and participants' definition of a successful CEO, their personal motivation and their approach when they become CEOs. Participants considered that the programme:

- enabled them to '*get there quicker*' in terms of preparation for a CEO role, provided an excellent job preview and for many programme participants, the programme was '*perfectly timed*' for their career stage. In the case studies, participants provide detail on areas of their leadership where they believed they directly benefitted from the programme
- facilitated an invaluable network that was a huge support during the '*intensive*' programme, but also an ongoing resource and support to draw upon in the 'day job'
- enabled them to recognise and develop their thinking around strategic areas that would be critical levers for successful leadership in the NHS. It made them think about '*where and how to put effort in*' and it '*gave insight into the key elements underpinning a CEO role*'
- enabled them to develop an approach to leadership characterised by:
 - system working
 - close attention to internal and external relationships
 - forming and sustaining an effective executive team
 - a visible focus on diversity, equality and inclusion.

- challenged the way they looked at the world, unpicking their assumptions, biases and beliefs to develop to establish what their '*leadership stands for*'.

'One of the things the course really did for me is getting to grips with what my leadership stands for...my leadership is about being in service to others. My job is to help other people do their job well.'

Programme participant

- gave them the opportunity to reflect on whether they were ready, or indeed would ever be ready, to become an NHS CEO.
- gave an 'extra edge' to support their development through work with a patient and staff mentor
- provided a '*safe-space*' for self-reflection and to receive constructive feedback
- participants commented that the programme specifically enabled them to focus on developing capabilities in the following areas:
 - Influencing, both externally and internally.
 - Building relationships.
 - Being accessible and approachable.
 - Gaining confidence in their own abilities.

'I was moving in the right direction, but what it's allowed me to do is to step back and be much more thoughtful about approach and impact...In a nutshell, it's much more about the 'how' than the 'what'.'

Programme participant

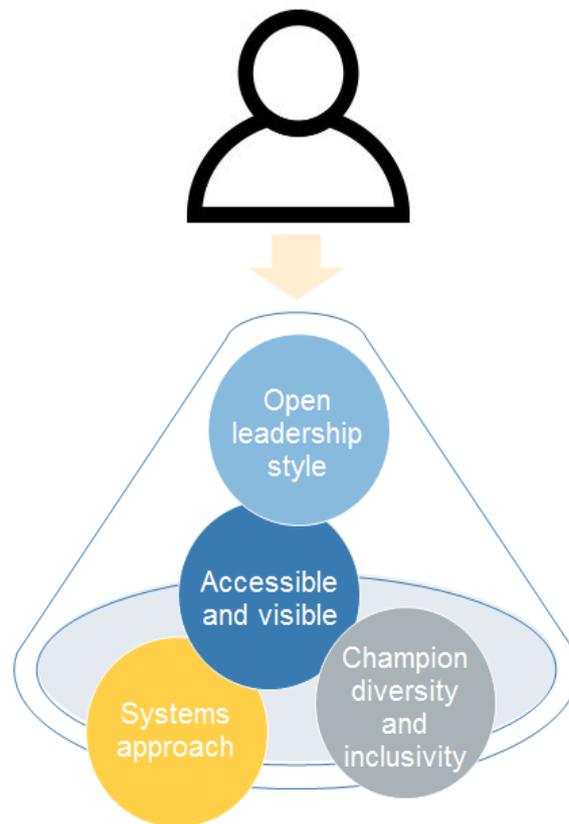
Both programme participants and reference group CEOs identified the same two drivers that were essential for effectiveness in a CEO:

- a passion for patients
- perceiving oneself as an agent of change within the system.

Three additional drivers were more commonly identified by programme participants:

- making a difference around diversity and inclusion
- leading through others
- The health of the public.

Summary of the key impacts on participants



Source: IES, 2018

How these motivations play out once the participants are in CEO role can be judged from a sample of the case studies in the attached appendix which draws on interviews with organisational and system colleagues and published data on organisational performance.

An effective CEO today

In the course of the evaluation, a valuable map of what makes for an effective CEO emerged, reflecting the very consistent views of participants, reference group CEOs and the other interviewees from across the health system.



Source: IES, 2017

Route to the role

Twenty-five participants were interviewed about their aspirations, the jobs they had applied for and the outcomes of those applications; nineteen took part in two of these career tracking interviews. This part of the study sheds light on the route to becoming a CEO. Four participants had not yet applied for a chief executive role and an additional two participants did not plan to apply for a CEO role in the short term. For some people, this was due to a need to stay in a certain part of the country, whilst others were questioning whether they wanted to take on the responsibility and

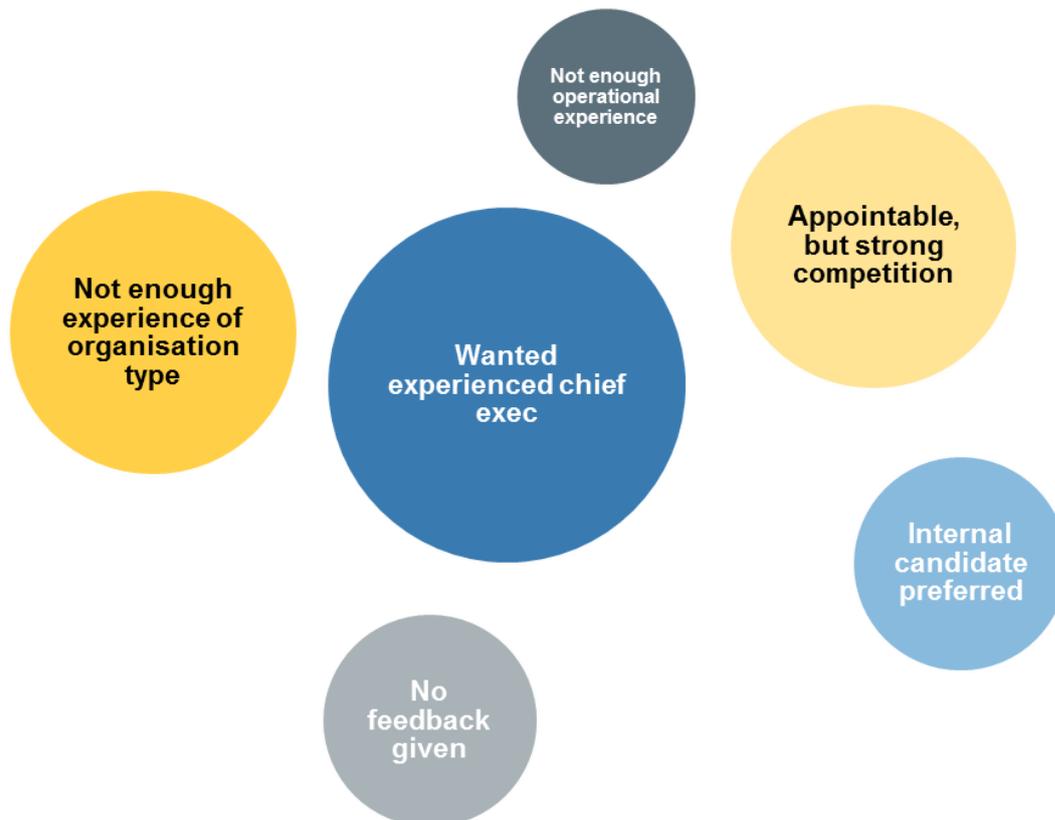
accountability of the position. The public nature of the role and the criticism CEOs can encounter was discouraging for some.

Some participants felt that their leadership style was not the right 'fit' in the current NHS climate, and thought this was a reflection of a disconnect between development and recruitment priorities in the NHS. For those currently in CEO positions, all wished to remain in a CEO role until retirement, with most expressing a desire to progress to larger and more complex organisations.

- 13 participants gained CEO roles – some had achieved a second CEO appointment in the course of the study.
- Collectively, participants made 51 applications for CEO roles; some participants applied for as many as six CEO jobs

The feedback received after unsuccessful application is summarised in the diagram below, which is presented with the proviso that these data are based on participant recall.

Feedback received from unsuccessful CEO applications



Source: IES, 2018

Conclusions

This evaluation is a rare example of a programme evaluation that goes beyond collecting the reactions of participants and what they have learned to examine how the experience affects behaviour and the impact this has. By establishing a chain of impact and gathering detailed data from interviews and published data, the study sets out the association between the Programme and the impact participants have on their organisations and systems.

The Programme has a clear impact on its participants, encouraging them to challenge their assumptions and beliefs, to articulate the purpose of their leadership for staff and patients and to gain clarity about where they need to focus effort in their work. Like their reference group of newly appointed CEOs, participants have a clear commitment to patients and a view of themselves as agents of change, but are distinctive in their approach to both leading their organisations and collaborating in their systems, in their commitment and success in making a difference on diversity and inclusion, and their visible and open leadership style; characteristics consistent with the transformational leadership required to help re-shape the NHS. The Programme achieves its goal of reducing the isolation of these top leaders through enabling a strong peer network and it provides a pool of potential CEOs to the system.

Nearly half of participants from the first two cohorts had gained a CEO role by a year after the end of the second cohort. There is variation in how many jobs participants apply for before achieving these roles. There is some indication of an uncertain fit between the transformational aspirations for system change of the pool of potential candidates the Programme provides, the provider CEO roles available and the appetite of trusts to appoint a first time CEO. Factors such as geography and type and reputation of organisation clearly influence participants' decision to apply for a CEO post or not.

The case studies provide detail on how participants take up those roles and their impact within them. These examples from both participants and newly appointed CEOs provide a fascinating glimpse into the motivations of CEOs, their challenges and how people assess them and their success.

In addition to its evaluation of the Programme's impact, the extensive data that the study has gathered from people across the NHS and social care system provides an invaluable map of the characteristics of today's successful provider CEO which can serve a development framework for CEOs.

The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and HR practice

Appendix: Case studies of CEOs

This is a sample of the case studies of programme participants who have gained CEO roles, which alongside those participants not yet in role and reference group CEOs will be published in full.

(insert photo)

Sam Allen - Chief Executive, Sussex Partnership NHS Foundation Trust

Background

Sam's career

Sam took up her role as Chief Executive of Sussex Partnership NHS Foundation Trust on 1st March 2017. Starting her career as an NHS receptionist in 1996, Sam has exclusively worked in mental health, both in provider and commissioning organisations. Sam first joined Sussex Partnership's board in 2013 as the commercial director and then moved into a strategy director and Deputy Chief Executive role.

When starting the Aspiring Chief Executive programme, Sam was Director of Strategy and Deputy Chief Executive at Sussex Partnership NHS Foundation Trust. Securing a chief executive position was always a goal for Sam, motivating her participation in the programme; however she was unaware that the trust's CEO role would become available before she had even graduated. Despite still being in the midst of the programme, Sam successfully secured the position in December 2016.

At the time of the first interview, in summer 2017, Sam was still in the final stages of the programme. Sam says that the programme became a very personal journey to her. She had to dedicate a huge amount of time and energy to personal reflection and critical analysis. Whilst beneficial, the self-reflection element made the programme intensive.

Impact of the programme

Sam identified a number of things she now does differently which she attributes to the programme in whole or in part.

Accessibility and visibility

Participation in the programme reinforced Sam's personal leadership philosophy which is underpinned by the concept of being in service to others. Sam feels that accessibility and visibility as a leader are a fundamental part of the responsibility that comes with being an NHS CEO. This is reflected in the high premium she places on being accessible for people to speak to, open to challenge and new ideas, and being visible across the organisation. She particularly attends to making herself available to meet with families, especially on those occasions when people have not had a positive experience of the Trust's services.

Developing a personal leadership style

Sam believes the programme helped shape and strengthen her belief in the importance of an authentic, participative and optimistic approach to leadership. This philosophy manifests itself in the notion of 'grounded optimism' in which awareness and acknowledgement of the difficult, demanding challenges faced by health and social care is combined with a strong sense of hope for the future, based on what can be achieved when people work together in partnership. The programme encouraged her to reflect and gain a clearer sense of what her leadership 'stands for' and how she can lead in a way that reflects that meaning. She has sought to use her experience of the programme to create and nurture a leadership environment which encourages reflection, continuous learning, trust, openness and positive risk taking. Fundamentally, this is through demonstrating leadership in service of others. When establishing herself in the role, Sam says she focused on recruiting a new executive team who are highly visible throughout the organisation. Her approach with her team is also different because of the programme: Sam takes a coaching approach with her executive team in order to empower and enable them to flourish. From a wider perspective, Sam feels that she has role modelled leadership that incorporates the whole system. This approach is based on doing what is best for the patients, families, colleagues and local communities that health and social care organisations are service to; rather than acting out of organisational self-interest. Sam says:

'One of the things the course really helped with is getting to grips with what my leadership stands for...my leadership is about being in service to others. My job is to help other people do their job well'.

Network

Another important area of impact for Sam was the development of a highly valuable network the programme facilitated. She has developed relationships with people she can call upon in the future and provide ongoing support, which is an incredibly positive aspect of the programme.

Evidence of impact

Sam offered a variety of evidence which demonstrates the impact she feels she has had – working in partnership with others - as Chief Executive.

- In her previous Board-level roles and as CEO, Sam has been instrumental in helping the organisation undertake and sustain an ambitious programme of cultural, strategic and structural change over the last four years. This is based on challenging the traditional management orthodoxy that decisions can only come from the 'top' of the organisational hierarchy. Instead, it is designed to promote collaborative working, genuine engagement and freedom for people to take decisions themselves that are in the best interests of patients, families and colleagues.
- Thanks to the efforts of people across the organisation, the Trust was awarded an overall rating of 'Good' by the Care Quality Commission (CQC) in January 2018 and 'Outstanding' for caring (having been rated 'Requires Improvement' in the previous two inspections). The CQC found that

executive leadership had a demonstrable impact in the trust and there was evidence of good leadership at all levels.

‘We rated well-led at the trust level as good. The senior leadership team changes had brought with it a new, invigorated and open approach to the direction of the trust and culture in which the staff worked. Staff were excited about the changes and empowered to make improvements to their services. Staff felt valued and felt proud to work for the organisation and engaged effectively with managers.’

CQC

- Sam has personally championed the development of the Trust’s values and the ongoing work to reflect and embed them within a culture that puts people first. For Sam, this goes way beyond simply putting value statements on a poster and hoping people will pay attention to them. It is about consciously using the values (especially when things get tough) to inform what the organisation does every day and how it does it. This involves the values being consistently modelled by the behaviour of the CEO and the wider leadership team, thereby encouraging them to be embraced and adopted across clinical and support services.
- Sam has done a huge amount of work around equality. She has been visible through the BAME network and attended all network meetings. She chairs the Equality and Diversity steering group and the trust has working groups across all protected characteristics. Recently, the NHS Confederation asked her to be the Chair of the Health and Care Women Leaders’ network. Sam took on the role after much deliberation over concern the role would take her out of the local system.
- In June 2018, Sam was named as one of the Health Service Journal’s top 50 Chief Executives¹.

Perceptions of others

A number of system stakeholders provided their perspective on Sam’s impact and effectiveness. They explained that the trust has been through a huge change, quicker than expected, and Sam has been able to bring stability very quickly. Despite those changes, Sam’s positivity, optimism and energy has not only held the team together but developed the team. Sam’s approach has been very helpful in developing a transparent, open culture.

‘One of her other strengths is that she is interested in the detail as well, she is interested in people, she is interested in getting out there, and so she challenges traditional views... her door is open to the most junior and most senior staff’.

- Stakeholders perceive that Sam has become more confident and her ability to influence external stakeholders, such as the CCG and NHSI, has been excellent.

¹ Source: <https://guides.hsj.co.uk/5704.guide>

'She was always a really good speaker, but she is very eloquent now and is able to articulate her views and her vision in a way that is seductive in a professional sense'.

- The stakeholders confirm that Sam makes herself very visible in the system. She is often out and about, meeting the whole teams (not just managers) as well as patients and carers. An example of this is that on one of her visits she worked with the domestic team in a hospital and spent the morning cleaning alongside them. This approach is thought to send a good message to the organisation, as it shows the trust supports people who often get forgotten. From a systems perspective, stakeholders reaffirmed that Sam is trying to engage with the system as a whole rather than operating in a specialist mental health provider silo.

'She's got a lot of energy and that's really important, there is no doubt about that. People know who she is, she is open and accessible'.

- Stakeholders observed that Sam had a clear view of how her direct reports should *'step up'* and create a leadership style and culture in their own areas which aligns with the organisation's principles.

New into the role, stakeholders observed that Sam got below the surface of the issues facing the trust. They also observed that that the culture is now focusing on enabling staff to develop, take responsibility and ownership and equip them with the tools and confidence they need to do a good job. The engagement of the staff has increased. This is because Sam has got out and about and talked to staff, found out where the issues are and how people can work together to help identify solutions.

'She is prepared to get beneath things a bit more, maybe that has come from the work on the course, but that's really important and useful to see and that shows a bit of maturity in the role'.

"Sam has done one hell of a job both within the Trust and within in the area'.

Success Factors

Sam says she is challenging tradition. She is using new technologies, has an open door policy, allows anyone to email her directly and goes into services on a Sunday in her jeans. She describes being *'out there'*, talking with people, discussing things and acting on feedback. She has a deep knowledge of the team and the service, so the conversations are genuine. Sam says that she goes out because she wants to, not because she has to. *'It's authentic.'* This has also been noted by stakeholders, one of whom says:

'Sam shows the human side of a chief exec'.

(Insert photo)

Cara Charles Barks: Chief Executive Officer, Salisbury NHS Foundation Trust

Background

Cara trained as a nurse in Australia and worked in a variety of different roles ranging from a ward sister and speciality nurse to working as the Nursing Director. When Cara moved to the UK in 2008, she spent 5 years in an operational post as a General Manager and Deputy Chief Operating Officer of Peterborough & Stamford Hospital Foundation Trust. More recently she was Deputy CEO and Chief Operating Officer at Hinchingsbrooke Health Care Trust, before both trusts were merged to form North West Anglia Foundation Trust.

In Australia, Cara was working at Board level and, after being in the UK for nearly 10 years, she felt that it was time to *'step up'*. Due to the merging of trusts, Cara felt there was also a *'burning platform'* to explore new roles as she only had the opportunity to apply for an operational post in the new merged board structure. This was not the direction she wanted to take her career, thus motivating her to apply for her first chief executive position.

Shortly after starting on the Aspiring Chief Executive programme in July 2017, Cara was appointed to her first CEO position at Salisbury NHS Foundation Trust.

'I was really fortunate, the first time that I decided to actively pursue a Chief Executive job, I was successful in being appointed'.

Impact of the programme

Cara believes that the structure of the programme was very effective as it gave real insight into the key elements that underpin the role as a CEO. It helped her to identify what she needed to do further work on and develop. The programme exposed her to a huge amount of experience and intellectual capacity across the NHS and beyond, and provided a *'safe space'* to *'test out'* new ideas and ways of doing things. However, one of the most valuable elements of the programme is the network it facilitated:

'The biggest thing is the peer network that you build out of the programme. When you're an executive you're part of a peer group...when you're the Chief Executive you're there on your own and it's quite lonely. How do you get your support around you? One of the biggest things for me has been the other participants in the cohort. ... there's the local peer-based support as well as the wider exposure to new ideas, new opportunities, what best practice looks like, how you might want to think about things going forward'.

Stakeholders also noted the utility of Cara's network in being a resource which could be called on to provide trusted and confidential advice and perspective.

There were a number of other programme components which were of particular value to Cara such as having a patient mentor, which enabled a deep understanding of the perspective of a service user:

‘That principle is amazing and it’s something that I use quite a lot because I do like to spend a lot of time out talking to patients and finding out what it’s like for them, and getting real time feedback’.

Additionally, the programme challenged Cara’s assumptions, biases and prejudices and her views around diversity and inclusion. This has changed the way she goes about her job, the way she thinks about things and the way she role models behaviour.

At the time of the first interview in 2017, Cara had been in post just six months and could identify a number of things she was doing differently due to the programme: proactively engaging with NHS Improvement and regulators; looking outside of her organisation, making sure she doesn’t become too insular and ‘organisation-centric’; looking after herself and keeping herself healthy which is considered vital for effectiveness; introducing a much more disciplined approach to their integrated governance and accountability framework; and creating a clinical leadership structure – two days a week which gives them the opportunity to lead as clinicians and influence clinical leadership across the organisation. Stakeholders noted that the new structure has positively influenced the culture.

Stakeholders also commented on Cara’s personal impact after six months of her tenure:

‘She definitely presents as a very competent and credible person, there’s no doubt about that. She’s committed and hard-working, there’s absolutely no doubt about any of that. She also does demonstrate that she understands system wide issues but obviously she’s at a stage of still trying to get to know her organisation... I’m definitely seeing somebody that I’m excited about the idea of working with’.

Evidence of impact

Cara was able to identify some initial evidence of the impact of her first six months in post:

- Seen an improvement around their performance of quality standards – tighter grip around how they’re delivering those. Less variation and more consistency around delivery.
- Grown their commercial business – taken on another payroll for another organisation.
- Feedback from executives – feel that they’ve come together as a really cohesive executive team.
- Positive relationship with their regulators and the CCG – they have a supportive relationship and know the Trust has some challenges but they’re working with them to move things forward.
- Positive feedback from the Chair and Non-Executive Directors – recognise that they’re on a journey and holding the mirror up to themselves to evaluate whether things have worked.

At the time of the second interview during 2018, Cara had been in post for a year and was able to provide additional data which she felt demonstrated her ongoing effectiveness:

- A Deloitte Well-Led review reported that her stewardship of the organisation is seen as open and transparent with a real willingness to work collaboratively in partnership.
- A range of key performance indicators showed organisation performance improvement from 2017 to 2018, including²:
 - Percentage of cancer patients seeing a specialist within 2 weeks increased from 93.5% (2017) to 94.8% (2018).
 - The target of 85% of patients being treated within 62 days was exceeded (87.2%) and month position for March 2018 finished at 93.6%.
 - Emergency Department performance against the 4 hour target improved from FYE 90.8% (2017) to FYE 93.6% (2018)
 - Clostridium Difficile trust apportioned cases decreased from 13 (2017) to 8 (2018).
 - Mixed sex accommodation breaches fell from 235 (2017) to 143 (2018). Since June 2017, there have been zero breaches.
 - HSMR mortality indicator fell from 116 (2017) to 107 (2018).
 - Non-medical staff appraisals completed rose from 75% against the 85% target to 84.4%. More recently the 85% is being achieved consistently.
- Financial awareness and ownership across the organisation have improved and measures put in place for continued improvement, e.g. appointed a new financial director, worked to build a cost recovery plan this year and a longer term recovery plan.
- The trust avoided special measures by working hard with NHSI to build confidence in their improvement strategy as well as working with key system partners to gain their support in working together towards a long-term sustainability plan for the trust.
- Engagement survey response rate increased from 35% (2016) to 48% (2017). There was a slight non-significant decrease in some indicators, but this is not considered worrying as they are receiving more representative feedback, including staff groups who haven't spoken up previously. Actions have been taken based on the findings.

Cara believes that her impact as a chief executive is influenced by how her style and approaches matches the organisation:

'You can have all these tools in your toolkit, but it still comes down to your believability, your credibility that people feel you are genuine and that you are able to make that connection with the organisation and the wider system and that will come down to style and approach'.

Perceptions of others

At the six month point, stakeholders identified how they would judge her success:

² Source: Salisbury NHS Foundation Trust, SFT3934IntegratedPerformanceReportOct17

- Changing the executive team to create a stronger, more collaborative team, giving clear guidance about how they should operate on the board but also throughout the organisation.
- Making difficult decisions in terms of investment and finances.
- Bringing the regulators on board in a more collaborative way than Salisbury had before – demonstrating her ability to work with external stakeholders.
- Integrating herself into the organisation and community which will be vital to the success of the trust going forward.

'I saw in Cara, somebody who would come in and really change the place but also take the place with her, and I think the place is ready for that. I'm not saying it has a total burning platform mentality, but it was ready for change'.

At the one year point, stakeholders observed that Cara had continued to make a positive impact. In particular they suggested the following evidence of her effectiveness as Chief Executive:

- The financial and operational figures are all going in the right direction and, although there is still a lot of work to do from a financial perspective, Cara is not willing to compromise on quality in order to save money. She has made very considered and deliberate decisions, about which she is open and transparent.
- She is highly visible internally, and is working well with the STP, nonetheless at present the large majority of her focus remains internal to the organisation.
- Cara has the respect of her team: stakeholders who talk to her directors know she has 'followership'.
- Effective handling of the Russian poisoning situation: this would be a crisis point for anyone, let alone a small hospital. Cara's visibility was strong, her support of her team was strong and also she managed to carry on with the day to day job, plus manage all the national and international media interest that went along with the situation.

Success Factors

Cara herself says that she loves being a chief executive and wishes in some ways that she'd done it sooner, however *'these things are about finding the right organisation for you'*, so it cannot be rushed.

Making effective use of her diverse network, both from the Aspiring Chief Executive programme and the wider system, Cara feels has been invaluable. She has supplemented her network with a coach and a mentor to maximise the support and development she receives in what can at times be a very lonely job.

Dr Navina Evans – Chief Executive, East London Foundation Trust

Background

Navina's career

Navina began her career as a psychiatrist within East London Foundation Trust (ELFT), progressing to Consultant Psychiatrist before taking on management responsibilities. She worked her way up to Clinical Director and had responsibilities around medical education and training. Unusually, as a clinician, Navina took on the role of Chief Operating Officer and Deputy Chief Executive, before becoming ELFT's Chief Executive in August 2016. Navina finished the Aspiring Chief Executive programme about two months prior to being appointed Chief Executive.

Becoming a chief executive was something that Navina and her previous CEO had discussed in depth, and it was actively part of the succession planning for the trust. Due to the imminent retirement of the previous chief executive, there was a very clear plan for Navina to be the internal candidate for the position, and participating in the programme was part of this strategy. For Navina, she didn't want to be a chief executive of any trust; she only wanted to be Chief Executive of ELFT.

Impact of the programme

Navina felt that the programme was very useful for her particular career stage; the year running up to becoming an NHS chief executive. Every element of the programme seemed to coincide with her development needs at that time. All the components supported her in specific areas of how to prepare to be a chief executive, such as: formulating her own ideas and values; working with the Chair; working with the board; forming an executive team; keeping the '*show on the road*'; inspiring staff at all levels of the organisation and managing stakeholder relationships and partnerships. Navina felt that the programme saved her a lot of time from a preparation perspective and it helped her to be really methodical about her approach.

It was difficult for Navina to comment on anything she had specifically done differently since participating in the programme. However, she felt that she has used a lot of the thinking and learning around working with her executive team; specifically, how she inspires and motivates them and how she negotiates the transition from being a peer to being the CEO. Navina also felt she focused on building a meaningful connection with patients and staff, engaging with staff at all levels of the organisation and keeping patient care at the core of decision making.

On reflection, the role of a chief executive was not as Navina had envisaged it to be.

'It has not been the job I thought it would be. It is not a regular job in an organisation that is doing pretty well. I have had to be very adaptable and do a lot of thinking about: what it means to be a Foundation Trust; engaging with partners to make integrated care systems work so that they actually impact the wider system; change the focus of the organisation to be more outward focused; do all that whilst keeping business as usual going; and making sure my board has confidence as we deviate from previous strategy.'

Evidence of impact

When asked about her effectiveness as a chief executive, Navina put forward evidence from many different domains. She believes it is important to have positive results across a wide range of factors to demonstrate effectiveness in post. Evidence includes:

- The 2017 staff engagement survey recognised the trust as having the highest staff engagement score for combined mental health and community trusts in the country at 3.96, well above the average of 3.80³. However, there was a dip in some key engagement indicators. Navina recognises that she is different from the much-loved previous CEO and, with the effort of putting new strategy together; she may have taken her eye off the ball of establishing herself. An action plan has been put in place to reverse this.
- The 2015/16 and 2016/17 annual report shows a surplus in the financial accounts⁴. The last CQC rating was ‘Outstanding’⁵, although this was just before she took on the post. However, there has been a recent review of core services which Navina says went really well, although they did get some challenging feedback⁶.
- In the last 6 months, Navina had her appraisal and received positive feedback from various sources which she says confirms that: quality of care has been maintained, changes to the leadership team have been successfully made, the organisation remains ‘safe’ and the trust is more outward focused.
- Staff and services have been shortlisted for, and won, a wide range of awards:
- **Winner - Royal College of Psychiatry Award.** In November 2017, memory services across East London won the Psychiatric Team of the Year award at the Royal College of Psychiatry Awards. The award was won in recognition of service improvements that have streamlined the patient journey from referral to diagnosis for people with memory issues.
- **Winner - International Health Partnership Award.** In November 2017, the Butabika East London Link won the International Health Partnership Award at the HSJ Awards. This was in recognition of the educational partnership work in Uganda. The collaboration was instrumental in transforming mental health practices in Uganda with a focus on training and development, service user involvement and advocacy.
- **Top 20 LGBT+ Influential people.** ELFT’s Non-Executive Director Ken Batty was voted into the top 20 in the Financial Times 2017 Outstanding Leading Public Sector LGBT+ Executives list.

³ Source: 2017 National NHS staff survey – Results from East London NHS Foundation Trust

⁴ Source: East London NHS Foundation Trust Annual Report, Quality Accounts and Financial Accounts 2016-2017

⁵ Source: <https://www.cqc.org.uk/provider/RWK>

⁶ Source: Care Quality Commission East London NHS Foundation Trust Acute wards for adults of working age and psychiatric intensive care units Quality Report

- **Number 2 – Top 50 NHS chief executives.** Navina herself reached number two in HSJ’s Top 50 Chief executives in 2018⁷.

Perceptions of others

Personal Impact

A number of stakeholders commented on Navina’s personal impact as CEO and one said:

‘The key for me has been Navina’s passion and energy and drive in, I think, looking at a population as opposed to an organisation. And in many respects she has done a huge amount with her chair and her board and her exec team to get them to start to think about the future in quite a different way’.

Partnership and systems working

Navina has focused on partnership and alliance working. Part of her drive to push North London’s STP to be *‘bold and brave’* is because she understands that staying the same isn’t going to *‘cut it’*.

‘Working with the other providers, she has been quite instrumental in starting to think a bit more out of the box about how services could be re-provided to enable not only some savings from her perspective but also for others as well.’

‘Navina is very comfortable with having that external collaboration and you can see that integration is going to be something that really chimes with her way of working. I think that is probably the most effective thing, just the right time really, we need to see those kind of skills’.

Quality improvement

Stakeholders noted that Navina has a focus on quality improvement and the drive to look at different clinical models to improve efficiency. Sometimes, the pace of change may be a little too fast for everyone, but too fast was considered better than too slow. Navina is not afraid to speak her mind and challenge the status quo; she takes calculated risks to improve quality.

‘I think certainly...[the top team are] passionate about the quality element, they put a lot of energy as an organisation and drive into that, but also keen to share that with others not just in London or even in our patch, but nationally as well... that’s really important’.

Staff inclusion and engagement

Navina has a unique approach to empowerment and inclusion of staff:

‘She has taken the opportunity to get to know staff in quite a lot of detail and certainly through their communications it does feel very much that it’s an organisation built as a community’.

⁷ Source: <https://guides.hsj.co.uk/5704.guide>

“On a personal point a view, I’ve noticed a difference working with Navina as chief exec in terms of I feel now I’m more empowered, we’ve got a vision and values’.

Patient focused

Stakeholders report that the patients are at the heart of Navina’s approach. She involves service users and carers and will change things based on their input. Board meetings always begin with a patient story and Navina is said to have ‘a very canny way’ of making sure something from the story is linked into one of the board papers for discussion. This is thought to be a really nice way of weaving in the patient story and using the information to actually improve things in the organisation.

“The service users, carers and families really appreciate her... they know that she cares...then they feel that, ok we can participate, we can make a change, we’ll get listened to”.

“She always talks about when things get tough, let’s think about why we are here and that’s for the people, and I think that runs through, somewhere that’s in her decision making for pretty much everything’.

Success Factors

Contributing to her success as a chief executive, stakeholders point to a unique leadership style which encompasses the following elements:

- A patient centred approach; patients remain at the heart of all decisions
- Partnership working and collaboration within the system
- Risk taking and challenging the status quo
- Utilisation of data - particularly paying attention to information that Navina ‘doesn’t like’.

(insert photo)

Deborah Lee – Chief Executive, Gloucestershire Hospitals NHS Trust

Background

Deborah's career

Deborah was appointed to her current Chief Executive role in June 2016 whilst still participating in the Aspiring Chief Executive programme. She had enjoyed her time as Deputy Chief Executive at United Hospitals NHS Trust in Bristol for three years but felt the time was right to move *“I didn't want to play second fiddle any more”*.

Deborah was a PCT Chief Executive early in her career but her current post is her first time as a provider Chief Executive. The main attraction of the role for Deborah was *“being passionate about making the biggest possible impact for staff and patients, within my potential.”*

Within five weeks of starting as a Chief Executive at Gloucestershire, the enormity of the challenge facing her became apparent, resulting in long hours and a huge scale of change which she estimates as a 2 3 year slog to turnaround. An apparent £18m surplus turned out to be a £30m deficit. Deborah was unaware that she was taking on an organisation in a turnaround and recovery situation: she had expected to be taking the organisation ‘from good to great’. She says *“I felt 30 years older after one year.”*

Impact of the programme

Two clear benefits of programme participation stand out for Deborah.

Supportive network

Deborah says that the challenges of being a CEO are considerable and so the programme coinciding with her new role could not have been better timed. She described her programme participation as a huge source of support. A peer group of thirteen other people thought she could do it (her new role) and were a sounding board and a source of calibration. She says:

‘I am challenging and determined by nature, some might say ruthless, though they are equally likely to describe my patient centeredness and support to those that I work with. The programme provided me an invaluable support network and resilience to do the job. All these things were needed in a tough first year. I could have walked away.’

Personal impact and effectiveness

The programme content helped Deborah crystallise what her leadership was for, how she could make a difference and gave her the confidence to stick with it. She says that what you say as a CEO has a different impact than what you say as a Deputy and the programme *“gave me practical ideas of how to land as a CEO.”*

Local stakeholders confirm the unexpected discovery about finance and performance and Deborah's determination to improve patient care and ways of working. In addition, they point to someone who deals sensitively with people affected by change. Particular comments from stakeholders include:

'Her personal impact is very high. She works at 100 miles an hour. She is empathetic and everyone sees her as one of us. She works sensibly with the regulators without cow towing to them. She has a razor sharp attention to detail and has been working with data to get proper evidence of what's happening. She has got us some high quality new executives. Most importantly she epitomises a patient-facing approach.'

'She has been the catalyst to change. She has released a lot of energy.'

'She has established a fabulous group of Executives. Now the focus is to optimise the new team. This means she can step back and spread the load. It will be less of the Deborah Lee show and more of the Exec team show.'

'When Deborah arrived, there was an immediately apparent change to an inclusive rather than an exclusive approach to involving people – governors, staff and patients. She has gone down well. People know who she is.'

'Deborah has been visible. She sets the culture. When she sees a significant problem she thinks about how to drive the change on the ground. She is not afraid to tackle big issues.'

Evidence of impact

Organisational results

Deborah led the Trust to an improved CQC result⁸ with improvements in the 'Requires Improvement' rating in key areas and with more than 70% of the Trust's services rated good or outstanding. The CQC report published in July 2017 rated the well-led domain as Good and highlighted, amongst other things, a more open culture. The Chief Inspector of Hospitals, Professor Sir Mike Richards is quoted in a CQC press release⁹ as saying:

'It is clear that Gloucestershire Hospitals NHS Foundation Trust are trying to drive forward improvements. The new leadership has encouraged an open culture and we found the majority of staff feel engaged with this process.'

Improvements in A&E

Deborah has steered the Trust through a number of significant challenges and overseen some significant improvements including the Trust achieving the 4 hour A&E performance standard for the first time in more than four years. A letter of congratulation from the Secretary of State for Health

⁸ See <http://www.cqc.org.uk/provider/RTE/reports> of an announced inspection 24-27 January 2017 and an unannounced inspection at Gloucestershire Royal on 6 February 2017, accessed 14/08/17

⁹ Source: <https://www.cqc.org.uk/news/releases/gloucestershire-hospitals-nhs-foundation-trust-shows-improvement-says-cqc>, accessed 17/08/18

confirms the improvements in A&E performance against the standard over the previous 3 months up from 83.8% to 90% and invited the Trust to share its experience of achieving this success with other Trusts¹⁰.

In addition, the organisation is one of the trusts which have seen the greatest improvements in indicators of timely identification and timely treatment of serious infection from data received on the Sepsis/AMR CQUIN. NHS England data¹¹ shows on average: an increase in Emergency Department assessment for sepsis from 52% to 89% since this part of the CQUIN started in April 2015, and timely treatment increased from 49% to 76% in the same period. In-patient assessment for sepsis increased from 62% to 70% since this part of the CQUIN started in April 2016, and timely treatment has increased from 58% to 80% for these patients.

Improved patient outcomes: reducing mortality and improving capacity

When Deborah arrived, money aside, her greatest concern was the excess mortality associated with care in the Trust at an HSMR of 116 against England average of 100. Deborah says between January – December 2016, the Trust cared for almost 800 hip fracture patients in the age range 60 – 104 years old and had some of the worst mortality figures in England at its Gloucestershire Royal site. A series of improvements in the care pathway led to an array of improved outcomes for these patients, including a 36% improvement in risk of death in December 2016, when compared to risk in January 2016 (equivalent to 20 lives saved).

Perceptions of others

Local stakeholders describe a Trust that hasn't been modernised for 10 years and therefore one of Deborah's biggest challenges as a CEO is how best to use the current capacity. Raising quality is therefore the key to addressing the financial position. Stakeholders were keen to highlight the relationships and partnerships she has nurtured or turned around to enable organisational improvements to be realised. Specific comments included:

'She really is good at getting people on board with her. This includes local councillors and the local MP.'

'The rest of the system was ready to help in the re-design and transformation required. She got lots of good quality people around her and embraced local partnerships. We have lots of primary care clinicians wanting to work with the Trust. A provider is not an island.'

'She brings people along with her. Anybody would aspire to work for her.'

Stakeholders also describe how the Trauma and Orthopaedics (T&O) Department team have been working on a GIRFT programme [Getting It Right First Time] which has led to big improvements during the period of winter pressures. The Trust Chair says they are one of only four Trusts nationally who have been listed as an exemplar for their turnaround in this area. A local stakeholder

¹⁰ Source: Letter of congratulations to all staff at the Trust, dated 21 Dec 2017, sent from Rt. Hon Jeremy Hunt, Secretary of State for Health

¹¹ Source: Letter of congratulations to staff at the Trust, dated 15 Jan 2018, sent from Mrs Celia Ingham Clark, Medical Director for Clinical Effectiveness, NHS England

acknowledged the work and achievement of the T&O team whilst highlighting Deborah's contribution perceived as: putting a focus on the patient, providing the vision to improve quality, putting effort into persuading people to work with it and having the determination to drive it forwards. One comment is:

'She did this through lots of meetings and held up a mirror to the current dire performance mortality – it was 10.6% against a national benchmark of 6%. Clinicians don't like to be outliers. She generated enthusiasm for a redesign of the clinical programme.'

Success Factors

According to one local stakeholder, getting the right team around you is critical and Deborah is an exemplar in that respect:

'There is a judgement call to be made as a Chief Exec about how you spend your time, plus who you get to help you and how good they are. You have to take the opportunity when you start to re-organise the team. The organisation can't afford for you to be tolerant of the wrong people.'

Silas Nicholls – Chief Executive, Southport & Ormskirk Hospital NHS Trust¹²

Background

Silas' career to date

Silas began his NHS career as a graduate management trainee. He has since held a wide range of general management posts, including commissioning roles in health authorities, management of community services and as a divisional manager at hospital trusts across the North West. He is a former Director of Operations and Performance and Deputy Chief Executive and Director of Strategy. Silas's first Chief Executive post was at University Hospital of South Manchester NHS Foundation Trust (UHSM) in 2016, having joined the organisation two years earlier as Chief Operating Officer. His promotion came whilst Silas was a participant on the Aspiring Chief Executive programme. When the trust merged with another trust in October 2017, Silas became Group Deputy Chief Executive at the merged organisation, Manchester University NHS Foundation Trust, and shortly afterwards became Acting Chief Executive of Manchester Royal Infirmary, a hospital within the Trust.

He was appointed to the post of Chief Executive of Southport and Ormskirk Hospitals NHS Trust in December 2017 after a rigorous recruitment process.

Programme participation

Silas feels the value of programme is the way it helps participants to unfreeze their attitudes and mind sets, helping them develop different ways of looking at the world and different ways of behaving. As a sportsman and triathlete, Silas deliberately and carefully stresses his body in training so that it adapts. He felt that the programme similarly stressed the participants by encouraging them to give very critical and constructive feedback to each other. While it was *'pretty uncomfortable'* at the time he believes it enabled him to think about things differently. Patient and staff mentors and panel interview provided *'a different edge'* and *'made it more real than other programmes I've been through'*.

Another advantage for Silas was the time out to consider what you are letting yourself in for in that role and to consider the skills you need. Silas commented that what the programme was working on with participants has informed how he has *'set up my stall here in my first month at Southport & Ormskirk'*.

Impact since the programme

Building relationships

Silas suggested that NHS CEO jobs are intensive roles, especially in organisations that are struggling and need to move forward, so being effective means putting your *'heart and soul'* into the job. He is realistic too about the time it takes to be effective. When you move into a new organisation as CEO, it takes time *'to understand the organisation and to win trust and confidence of people'*. Winning

¹² Silas was Chief Executive, University Hospital South Manchester when interviewed in 2017 and Chief Executive, Southport and Ormskirk NHS FT at interview in 2018. This case study draws on data from both

people over, particularly senior clinical staff, is vital as without it you cannot effect meaningful change. He says:

'It's all about the people really, the ability to build relationships, challenge constructively, excite people, inspire people'.

We heard from stakeholders that this is an area where Silas excels. Building relationships with clinical staff was seen by stakeholders as a real challenge at UHSM. Silas was the sixth chief executive in ten years and if people did not like what they heard, they would wait until a new one arrived. Stakeholders commented that Silas had greatly improved the Trust's relationship with senior clinicians. His *'very open, candid style'* in a series of Town Hall meetings had helped him to build a bridge and to *'regain their trust and confidence'*.

Silas described the role of an NHS Chief Executive as inherently challenging and difficult:

'The thing you can control is yourself. An effective Chief Executive understands and positively manages their responses to pressure, emotions and experiences. Developing that self-insight means that 'you start to act more positively on that insight and change accordingly'.

One of the things that Silas does differently since the programme is showing more of himself as a person within his chief executive role. He has found that people knowing a bit about him, seeing him as a rounded person, rather than a figurehead, has helped him to build the kind of relationships that a chief executive needs to be really effective.

Silas also described being more purposeful in thinking about how he does things since the programme. He described *'taking a heartbeat or two to think about things'*, and consider a wider range of tactics, before ploughing in. Now he thinks more purposefully about how he is going to manage a situation or an issue; or how he wants to present himself and have an impact on people.

Stakeholders have noticed that Silas has *'more clarity of thought in things.'* A specific example is discovering a RTT (referral to treatment) problem. He had the confidence to be open about it with commissioners and to *'build a plan with the stakeholders.'* That open, collaborative approach *'got a lot of respect from everybody'*, we heard.

Adopting a services lens

The programme made Silas think well beyond *'just staying on the pitch'* through essential activities such as sorting out the money and meeting targets. He says he has become much more concerned about inequalities and the public health agenda, thinking about the difference he can make for the local population and for the staff working in the organisation through staff and public engagement.

Stakeholders agreed that Silas had *'absolutely'* been involved with UHSM's health economy partners and developing relationships with system stakeholders. They saw him engaging with local authorities, with the CCG, with the Greater Manchester partnership, other Chief Executives and the NHSI. They felt that was *'really really important'*, commenting that system stakeholders value his input and support. Yet they noted; *'it's only a year, so hard to say whether that has been effective'*.

'He's willing to challenge stakeholders, he's willing to have the difficult conversations, to have the co-operative conversations, he's willing to set that vision to get across difficult messages, both externally and internally'.

His strong belief, which he has brought to Southport & Ormskirk is that *'you need to de-couple sustainability of an organisation from sustainability of services'*. Adopting a services lens, rather than an organisational lens *'opens up the questions, and it opens up the solutions, and I think it probably gets a more robust answer'*. Doing so requires some bravery Silas says, as the better outcome for the system may not mean a better outcome for the Chief Executive personally. Silas has demonstrated this commitment at UHSM where he really got behind the merger to make it work, in full knowledge that the job he was doing would cease to exist. But, for him, it comes back to values and thinking *'what do the population need?'* The good news, however, is that Silas sees the health system as *'getting better at recognising brave leaders who are prepared to do the right thing'* by the population, rather than working in service of their own career agenda.

Organisation results

In his first year as UHSM Chief Executive, Silas offered three organisational examples of impact:

- Letter from Health Secretary, Jeremy Hunt, acknowledging that UHSM was the most improved hospital in the country for A&E performance over the previous 12 months. It has gone from being bottom in the country 2-3 years ago to being in the top 25% and often in the top 10%.
- While managing the money is still challenging, UHSM has gone from a £400k surplus to a £3.5m surplus. Silas was keen to point out that they did it *'in a way that was sensible... by engaging and involving staff'* rather than *'slash and burn'*.
- At a time when the merger was being planned it was notable that UHSM maintained its good levels of staff engagement according to the national staff survey¹³. He commented that it shows *'people feel more confident in the organisation... and I think that feeds through to the good results'* they have had.

Stakeholders commented that Silas had clearly articulated the benefits of the merger to staff and regulators, adding *'we wouldn't be merging on Sunday if we hadn't done that'*. They noted he and others had demonstrated dedication, commitment and drive to enable the merger to go through *'quicker than most people thought it could'* and felt he had led the team in a good way. Silas credited success to the team around him:

'I don't believe in heroics... and individuals leading an organisation. It's about how to create good teams that work'.

Three weeks into his new role, we asked Silas if there were any areas where he felt he had been able to make a difference. In terms of immediate impact, it is all about getting people to think differently about their behaviours; challenging behaviours that are *'just wrong'* but have become normalised

¹³ Source: 2017 National NHS staff survey – Results from University Hospital of South Manchester NHS Foundation Trust

over time e.g. treating people in corridors in A&E. Silas has focused attention on finding a fix that will make a difference in 12 weeks. With *'a fresh pair of eyes'*. Silas is working hard *'to mobilise people and get them behind it'*. Even if the problems are not fully solved in that timeframe, Silas will *'have helped staff to demonstrate to themselves that they can be an agent of change themselves'* and they do not have to wait for solutions.

Perceptions of others

Overall, stakeholders felt the programme had benefitted Silas enormously. It had also benefitted the NHS because it helped him to *'get ready quicker'* for his first chief executive role. Stakeholders also noted that Silas is *'more confident in his style'* and his ability to work with stakeholders. They felt he had developed greater *'maturity and perspective'* giving him a better understanding of how to influence, direct and lead the organisation by example. A specific example was a mass meeting where staff were complaining about car parking and Silas showed empathy by sharing his own experience of making the long walk across a muddy car park at the end of a long day; giving a sense of being down in the trenches with the troops.

Success Factors

Stakeholders commented that the combination of having the underpinning theoretical background of the programme and the practical experience afforded by his first chief executive job had probably been helpful.

The benefit of networks and connections was also highlighted as *'being the CEO of a Trust is a lonely place to be'*. Silas is still in contact with many people he met on the Aspiring Chief Executive programme and values being able to pick up the phone to ask for help with something or to let off steam if he is having a bad day.

'Sometimes, as a new Chief Executive, you want to get someone's advice on a few things, and you don't necessarily want to ring up someone on patch'.