NHS Leadership Academy

NHS Providers

CLINICIAN TO CHIEF EXECUTIVE

Supporting leaders of the future

OCTOBER 2018

CLINICIAN TO CHIEF EXECUTIVE
Supporting leaders of the future

FOREWORD

Attracting clinicians into chief executive positions is a challenge as old as the NHS. Throughout the 70 years of the NHS, there's a danger that too great a cultural distance has separated the doctors, nurses and other professionals that deliver care, from those who decide how that care should be arranged and resourced. Though the challenge is not unique to the NHS it is notable that, compared to other national healthcare systems, relatively few talented individuals seek to progress from the clinical frontline to the NHS boardroom. That seems odd given how many executive opportunities exist across 227 NHS provider trusts.

Why do we need more clinicians at board level? Clinical expertise is no prerequisite for success – many of the NHS' most-lauded chief executives honed their leadership skills in other industries, or through diverse NHS careers. But the chief executive role, and other executive director roles, are more complex and challenging than they have ever been. There is also a well-recognised need for NHS leadership that reflects the diversity of its workforce.

This report shows that, among the advantages clinicians bring to these roles, is their deep understanding of what matters most to patients, their loved ones and staff. Holding that line under pressure relies on recognising this. Clinicians know first-hand that decisions driven by short-term financial or operational efficiency imperatives can undermine quality, damage staff morale and cost more in the longer term.

The survey that informed this report shows that, despite the difficulties, clinically-trained chief executives get much satisfaction from their responsibility to improve the experience and outcomes of NHS care. The short profiles of the chief executives included in this report give further insight into the value a clinical background offers to executive director roles.

We are grateful to the trust chief executives who shared their experiences in the survey and case studies. Our hope is that this report will inspire more clinicians to see the chief executive and other executive board roles as a worthwhile and rewarding career, that offers the prospect of making the lives of thousands of patients and staff better.

Chris Hopson
Chief Executive,
NHS Providers

Peter Homa CBE
Chair,
NHS Leadership Academy

INTRODUCTION

Strong clinical leadership at all levels is a feature of high-performing healthcare organisations. For NHS foundation trusts, recent independent research has found it to be a critical factor of successful board leadership to improve the safety and quality of care[1]. However, the relatively low number of clinically-trained individuals on NHS boards and in particular taking up chief executive positions, provides compelling evidence that for this group of leaders, there are cultural and practical challenges that make the leap into executive management seem risky and unappealing[2].

Our recent leadership report with The King's Fund[3] reflected the impact that financial and operational challenges, regulatory burden, the risk of organisational failure and rapid staff turnover have had in contributing to perceptions of how difficult the role can be. In addition to constraining the autonomy of leaders within board level roles, these conditions now seem to be discouraging talented, qualified candidates with clinical backgrounds from coming forward to take on chief executive positions.

We also know there are other barriers to progressing into senior NHS leadership positions; inequalities across gender and ethnicity persist, and the sheer complexity of the operational pressures mean there are very few opportunities for newly appointed chief executives to follow a supported path into the role.

However, encouragingly, we also know from this research and our previous work, that trust chief executives view their jobs as immensely rewarding: a vocation and a privilege. It is clear from their responses that making a positive impact for large patient populations and for staff within a complex and financially constrained environment provides the biggest personal reward, and biggest challenge, they face in their careers.

This research is based on the NHS Leadership Academy's response to recommendations made in 2017 by the Faculty of Medical Leadership and Management to the secretary of state for health and social care, to address the barriers and enablers that influence whether clinicians perceive senior executive healthcare management opportunities to be viable and appealing.

This report outlines the results of a survey which NHS Providers conducted in June 2018, to better understand what current trust chief executives see as the main attraction and barriers for clinicians seeking to progress into chief executive roles. The second section provides 13 short case studies from trust chief executives, many of whom hold clinical qualifications themselves, offering insight and advice for clinicians considering whether to follow in their path.

1. The professional backgrounds of NHS provider chief executives

We surveyed all NHS provider chief executives about their professional background and qualifications, and supplemented the findings with desktop based research. The combined results established that a third of chief executives (CEOs) hold a clinical qualification. Of these 78 CEOs, 63% trained as nurses, 19% trained as medical doctors, 4% trained as pharmacists and 11% as allied health professionals (AHPs).

The diversity of professional and education backgrounds among them – while welcome given the breadth of perspective and experience it offers – reinforces the absence of a well-worn path into NHS executive management roles. Clinical CEOs come from varied clinical backgrounds, with 42% from mental health (including psychiatry) and 12% trained in paediatrics. The majority of clinical CEOs also work in the same sector as their clinical specialty.

Of the clinical CEOs who responded to our survey, 77% were appointed in the last five years, and 93% had held a previous NHS board role, most likely to have been medical or nursing director, deputy chief executive, chief operating officer, or manager of an NHS regional organisation. They have, as a group, slightly longer tenure than the 28 chief executives without clinical backgrounds who also responded to the survey, of which 85% were appointed in the last 5 years.

The challenges of maintaining professional practice are well recognised as a particular concern for clinicians considering management roles. Of our survey respondents, 79% of the clinician chief executives are no longer practising. The reasons for this primarily included a lack of time due to the busy nature of their role, and not being able to fulfil clinical requirements as they had limited exposure to patients or clinical practice.

However, 48% of clinical CEOs had maintained their professional registration. Those who were still registered were mostly specialised in nursing (59%), followed by medicine (36%), and pharmacy (5%). The different professional requirements around revalidation may, in part, explain why a higher number of nurses remain on the register compared to doctors. Chief executives who are still practising cited the opportunity to undertake regular shifts which they can schedule effectively with their CEO duties, or have opportunities to shadow their full-time clinical staff and visit wards where they can be involved in directly delivering care to patients in their professional speciality.

Our survey respondents felt strongly that it is necessary to attract more clinicians into the role of NHS chief executive, as part of the broader focus on building up the pipeline of future NHS leaders with the necessary skills and experience to lead in such a complex environment. They also suggested that prospective applicants will benefit by gaining real on-the-job experience by spending time with a range of CEOs leading NHS provider organisations, and that there is a need to start encouraging clinicians to consider a future in management much earlier in their career. They also felt the NHS needs to do more to directly tackle the practical barriers and risks relating to senior management for clinicians and to consider the post-CEO pathway for clinicians who desire to return to practice after their tenure as a CEO.

Encouragingly, the majority of our survey respondents indicated they are willing to offer their experience as mentors or advisors to aspiring clinical chief executives. NHS Providers and the NHS Leadership Academy and are currently exploring now how best to deliver this opportunity to grow our future NHS leaders.

34% of all trust CEOs hold a clinical qualification

The range of clinical qualifications held by current trust CEOs

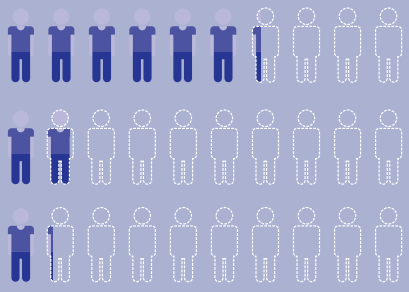
- Nursing
- Speech and language therapy
- Medical
- Podiatry
- Pharmacy
- Social work
- Physiotherapy
- Medical lab scientific officer

Breakdown of those trust CEOs who have a clinical qualification

63% held a nursing qualification

19% held a medical qualification

11% held an allied health professions qualification



79% of trust CEOs with a clinical background are no longer practising

48% of clinical trust CEOs are still on the relevant professional register

83% of respondents said that they had held a previous NHS board role

PARTICIPANT PERSPECTIVES

CONTENTS

IFTI MAJID

Derbyshire Healthcare
NHS Foundation Trust

Ifti holds a nursing qualification and a postgraduate management qualification with a focus on business process design. Before becoming chief executive at Derbyshire Healthcare NHS Foundation Trust, Ifti held various clinical posts in adult mental health services including community mental health team clinical lead.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

The role where I realised I wanted to move into more strategic leadership was some 16 years ago as a lead clinician for a community mental health service. I recognised that I wanted to influence care delivery but to do that for more than just the person sat in front of me or for those people on my caseload. This sense was enhanced by a leadership programme I attended that provided me for the first time with a leadership coach which gave me the confidence to put my head above the parapet and get involved in some trust-wide pathway design work. It was a turning point in my career that set my career path into operational management, then into strategic leadership (board level leadership posts) some eight years ago.

> ***One of the core roles of a chief executive is about setting or creating the tone and culture of the organisation...something that is driven by the person you are as a chief executive, your own beliefs and values and what drives and motivates you.***

How does your clinical background help you to perform effectively as a trust chief executive?

My clinical background brings with it an in-depth knowledge of the sector I operate within which means that I not only understand the services within the sector, but understand them from having worked and navigated them as a clinician. This knowledge has given me vital credibility with staff, commissioners and the public. I have also found that my clinical background gives me a confidence in interacting with people who use our services when they are at their most unwell, which is a very important way of hearing about how it feels to use services. As a chief executive we have a leadership role in setting strategy, organisationally and within the health and social care system. My clinical background helps me to ground that strategy in focusing on quality improvement and innovation. My development from clinician to strategic leader has helped me to influence our workforce strategy, to be accessible and meaningful to colleagues starting off in their career development, as well as meeting more strategic requirements.

What do you think is more important for your performance as a trust chief executive – the background you have or the person you are? Why?

One of the core roles of a chief executive is about setting or creating the tone and culture of the organisation, and developing and living values that support the culture. I think this is something that is driven by the person you are as a chief executive, your own beliefs and values and what drives and motivates you. I don't believe it is possible to separate that from your background because those things will have influenced the career path you have taken. I do think that that your background will influence the narratives and stories you use in setting culture and that will have a significant influence on performance, in particular the connectivity within the organisation and how much colleagues at all levels buy into the strategy you set.

What are the challenges you've faced balancing your priorities as a clinician and your responsibilities as a trust chief executive? How have you overcome these?

For me those challenges tend to occur around responding to national priorities when they don't match up to my experience, expectations or beliefs. For example, priorities focused on short-term tactical improvements rather than a passionate belief I developed from being a clinician around prevention. In addition, when working strategically in a system if the focus doesn't adequately reflect the needs of the population you serve, this can be a challenge and frustration. The answer to these challenges for me lies with furthering my involvement at a national level, where opportunities arise. Getting involved in policy setting and development as a chief executive is an opportunity open to me and helps to feel my voice has been heard, even if the outcome might not exactly match my expectations.

Have you considered maintaining clinical practice alongside your chief executive responsibilities? And why/why not?

This is something I have considered from time to time and something that clinicians have occasionally asked me. It is very practical reasons around competence and continuity of care that have led me to not maintaining clinical practice. I worry that I would not be able to offer the continuity of care needed, nor be responsive enough to patients in the way I operate my diary as a chief executive, though I do recognise some do it successfully. In addition, I personally worry I wouldn't be able to commit the clinical time needed to be assured of my own level of clinical competence.

PATRICIA WRIGHT

Hounslow and Richmond Community Healthcare NHS Trust

Patricia holds a pharmacy qualification. Before becoming a chief executive at Hounslow and Richmond Community Healthcare NHS Trust, Patricia worked as a hospital pharmacist, general manager and health authority pharmacist. She has also been the chief executive of the Royal College of Physicians, director of strategic commissioning at a primary care trust and the chief executive of three other NHS trusts.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

While working for the eight North West London Primary Care Trusts (PCT) as director of strategic commissioning, I realised that as a commissioner I could significantly influence not only healthcare delivery, but the health of the population. The chairman of Kensington and Chelsea PCT was passionate about health and social care improvement and his vision encouraged me to apply for the chief executive role. Together we commissioned some innovative work on changing public behaviour and the value of 'place'.

As a clinician, what makes the trust chief executive job rewarding for you?

I still feel that I can make a difference, but in this role I have more autonomy to shape how care is delivered at a personal, disease-specific and system level.

The critical issue for success is behaving with integrity, creating strong and credible teams, taking risks and trusting yourself and those around you.

What do you think is more important for your performance as a trust chief executive?

Coming from a clinical background, I have grounding in the language and behaviours of the NHS and find it relatively easy to interpret clinical behaviour and put clinical information into context. However, a good non-clinical leader should be able to gain that knowledge and will bring different skills to the senior team. The critical issue for success is behaving with integrity, creating strong and credible teams, taking risks and trusting yourself and those around you.

"If I knew then what I know now…" - your advice for clinicians thinking about stepping in to a chief executive role?

When I moved into a senior leadership role I completely underestimated the value of strong and supportive networks of colleagues and experts in the field. I had these in place as a clinician, but underestimated how difficult it would be to create new skills and knowledge and the networks to provide personal and organisational support. Knowing who the go-to people are and who you can trust is really important.

Have you considered maintaining clinical practice alongside your chief executive responsibilities? And why/why not?

I have continued to maintain my registration as a pharmacist since I moved into a pure general management role. I don't provide direct care, but I am able to demonstrate through continuing professional development and reflective practice, that I have the skills and knowledge to influence practice in relation to medicines management, and the role of pharmacists in integrated systems. It also means that I have a much greater understanding of the clinical implications on patient outcomes when reviewing complaints and incidents and can challenge poor practice.

STEVE JENKINS

Queen Victoria Hospital
NHS Foundation Trust

Steve holds a qualification in social work and an MBA. Before becoming a chief executive at Queen Victoria Hospitals NHS Foundation Trust, Steve worked for a local authority children's service. He has held a number of chief executive roles including a national learning disability charity and Peninsula Community Health, a social enterprise providing community healthcare.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

I have held chief executive roles prior to my current position at Queen Victoria Hospital. For nine years I was chief executive of a national charity supporting adults with a learning disability, and then three years running a social enterprise in Cornwall for adult community health services that had transferred out from the NHS under Transforming Community Services in 2011. Having successfully transferred the services in Cornwall back into the NHS in 2016, I saw the future in sustainability and transformation partnerships (STPs) being around collaboration and integration. I was attracted to the role at Queen Victoria Hospital, as in terms of clinical excellence and patient experience, it punches above its weight as the second smallest trust in the country, and I wanted to use my experience of collaborative working to secure the hospital's future.

What makes the trust chief executive job rewarding for you?

Very clearly, it's patient experience – we have a fantastic reputation and strong brand for delivering outstanding care to our patients. It is extremely rewarding in the daily routine of reporting and the challenges both operationally and financially to receive as many comments back from patients of the services we provide. Also fantastic to see the clinical engagement and the can-do approach of our staff wanting to make a difference.

> ***For me I can see the immense value that our clinical professionals bring to our board, to our staff, patients and external stakeholders.***

What skills/qualities/values do you think that clinical professions bring to senior leadership positions?

For me I can see the immense value that our clinical professionals, (the medical director and director of nursing) bring to our board, to our staff, patients and external stakeholders. People

look up to them and respect them and in our hospital they demonstrate sound leadership, direction and support to colleagues.

What more should the NHS be doing to support clinicians into chief executive roles?

It is not easy to be an executive director of a board with all the challenges we face. Our medical director is currently enjoying the senior clinical directors course with The King's Fund. It is clear if we want our clinical staff to become directors and/or chief executives we need to invest in their personal and professional development. I would be a strong supporter of replacing me in the future with a clinician.

What words of wisdom do you have for clinicians thinking about stepping into senior leadership roles?

Have a good work/life balance – keep the clinical role going but not more than one day a week. Ensure the board invests in your development. Appoint the right people around you for their specialities and let them blossom on to their roles. Real opportunity exists for you to make a difference, particularly at STP level, to make change happen well with counterpart clinical leaders.

Is there anything you have done or anything you've seen done, to encourage clinicians into senior leadership positions?

I encouraged my current medical director to attend a course. In addition we now have a sound hospital management team comprising of the executive team, clinical leads and clinical directors, business managers and heads of nursing. I have a large team of around 26 people, but use that team together to make the important decisions for the trust such as how we will spend our capital next year and what our joint priorities are. For these priorities, clinically-led decision making is vital.

NICK BROUGHTON

Southern Health
NHS Foundation Trust

Nick holds qualifications in medicine and psychiatry. Before becoming a chief executive at Southern Health NHS Foundation Trust, Nick was a clinical director for a forensic service, medical director of an NHS trust and a chief executive at another NHS trust. He has also been chair of the national clinical reference group for secure and forensic mental health services and director of Imperial College Health Partners.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

Applying was the natural next step in my career having been a medical director for a number of years. I was inspired to go down this route by a couple of medical colleagues (both psychiatrists) who were already chief executives and have been great mentors to me. Once I decided I wanted to become a chief executive I then set about trying to find a suitable job. Advice from colleagues and my extended professional network was instrumental in this.

As a clinician, what makes the trust chief executive job rewarding for you?

It is the opportunity to influence things at scale and hopefully help ensure the delivery of the best possible care to a large population. In clinical practice there is a limit as to how many people you can help. I also firmly believe that clinicians can and do make the best leaders for healthcare organisations. In addition, I find the job rewarding as a result of its variety and the fact that I am continuing to learn and develop in the post.

> ***I firmly believe that clinicians can and do make the best leaders for healthcare organisation.***

How does your clinical background help you to perform effectively as a trust chief executive?

I believe that this helps considerably and for many reasons. As a doctor I have a clear understanding as to what equates to good healthcare, it is not a nebulous concept but something I have intimate knowledge of and care hugely about. I also have first-hand experience of the challenges and stresses facing my clinical colleagues, as such I believe I have credibility with them. In addition, as a psychiatrist, I am used to managing clinical uncertainty and considerable clinical risk. Such experience and expertise is invaluable. Finally good healthcare is all about good teamwork and I have worked in multidisciplinary teams throughout my clinical career.

What do you think is more important for your performance as a trust chief executive?

Both are equally important. I think that there are limits as to what extent leadership skills can be taught. The best leaders are authentic and true to their personal values and principles. Communication is also a key leadership skill and this is an area where my clinical background certainly helps. As a psychiatrist you are trained to listen, the importance of which for chief executives can often be overlooked. I also consider that the intellectual rigour of medical training and practice is incredibly helpful. As a chief executive you frequently have to assimilate information from multiple sources and simultaneously manage multiple different problems.

What are the challenges you've faced balancing your priorities as a clinician and your responsibilities as a trust chief executive? How have you overcome these?

A lack of time is the greatest challenge. I was able to continue with clinical work on a limited basis for the first 18 months I was a chief executive, however, since the advent of STPs, that has proved impossible. The increased need to work at a system level has placed considerable demands on my diary. Having said that my clinical background informs virtually everything I do as a chief executive.

ANGELA McNAB

Camden and Islington
NHS Foundation Trust

Angela holds a qualification in speech and language therapy. Before her current chief executive role at Camden and Islington Foundation Trust, Angela was director of public health, delivery and performance at the Department of Health and once led the Human Fertilisation and Embryology Authority. She has also been the chief executive of Kent and Medway NHS and Social Care Partnership Trust, NHS Luton and NHS Bedfordshire.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

I first began to think of applying for a chief executive role when I was offered the chance to attend The King's Fund top manager programme. Meeting people on that programme who gave me informal support, encouragement and feedback that this was a role I should consider, played the next part in my career journey. Finally a close peer signposted some chief executive roles coming up and I then became, convinced, if not persuaded, to put a toe in the water.

As a clinician, what makes the trust chief executive job rewarding for you?

As a paediatric clinician what I enjoyed most was working with my team to assess where individual patient's strengths were as well as the areas where skills were not developed. I loved jointly planning with families and providing clinical interventions to enable them to acquire those skills. It always felt like a creative problem-solving task. Being a chief executive I feel I do likewise – assess an organisation's strengths and its areas of limitation and then plan with people and teams to take actions that address those gaps. I find the joint assessment and problem solving and the successful development in areas that were difficult really rewarding.

My experience as a clinician means I see things from all angles – staff, patients, carers and managers.

How does your clinical background help you to perform effectively as a trust chief executive?

I believe my clinical background helps me perform as a trust chief executive in many ways. Firstly it helps to keep my focus always on patient care and the quality of services which as a clinician was all I cared about. I think my experience as a clinician means I see things from all angles – staff, patients, carers and managers and I remember the frustrations as a clinician

which disengaged me and I try hard in this role to ensure we prevent those frustrations or at least acknowledge them and share solutions. I know I also learned a great deal about communicating and building good relationships when I was a clinician and that is absolutely key to leadership.

What do you think is more important for your performance as a trust chief executive?

The values I hold are I believe most important for my performance as a trust chief executive. These values were to some extent grown and strengthened through my clinical experiences. However the person I was initially with the values and motivations that led me to clinical roles is the person I still am. I may no longer practice as a clinician but I have never stopped feeling that is a key part of my identity and I cannot separate out the clinical background from the values within me.

What support have you had along the way to get to where you are?

I have had enormous support from a range of individuals along my career journey. Perhaps I recall most critically my peer directors in my first trust director post when I was definitely the new and green member of the team. I had lots of encouragement, informal mentoring and coaching and endless goodwill as I asked questions. The director of nursing in this team was amazing and as well as offering lots of her own experience and calm take on situations she also kept up my resilience with her wonderful sense of humour. This helped me learn the benefits of a team around you, whatever role you are in.

SIOBHAN MELIA

Sussex Community
NHS Foundation Trust

Siobhan holds a postgraduate degree in podiatry and a health executive MBA. She has held a number of clinical leadership roles in the NHS. Prior to becoming a chief executive at Sussex Community NHS Foundation Trust, Siobhan held senior management and board positions in another community health provider, was the head of the telehealth division in Telefonica UK and was deputy chief executive and director of partnerships and commercial development at Sussex Community NHS Foundation Trust.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

I was working as a director at Sussex Community NHS Foundation Trust and had been appointed as deputy chief executive, when, after six weeks my chief executive resigned. I was in a real dilemma about what to do next and after some excellent executive coaching sessions I decided that I would grasp the opportunity, and apply to become chief executive. It was sooner in my career trajectory than I had planned, but I did not want to regret not going for it. The coaching sessions, which were with an independent coach outside of the NHS sector, enabled me to realise that I was ready, and gave me the confidence to go through the assessment process.

Don't underestimate the power of clinical training and being a clinician – it creates credibility with frontline staff and helps you to stay focused on keeping patients at the center of what we do.

What do you think is more important for your performance as a trust chief executive – the background you have or the person you are? Why?

I think it is both. My background is varied, I worked clinically in complex environments, I have managed operational teams and I have held strategy and commercial roles in the NHS. I also worked for Telefonica for two years in the health technology business, and learned a lot about customer relationship management, marketing and commercial development. As a chief executive I draw on all aspects of my career background, but also on who I am as a person. I am motivated to enable teams to make a difference for the patients, children and families that we care for, and that energy helps me to maintain a positive perspective. I am also calm under pressure, and that certainly helps in this job.

"If I knew then what I know now…" – what is your advice for clinicians thinking about stepping in to a chief executive role?

Seek breadth and challenge throughout your career, and make sure you get experience around the business, financial and commercial aspects of the health sector. Leadership development opportunities are key, especially ones that focus on personal impact, emotional intelligence and personal resilience. So, invest time in your own development and have the confidence to challenge yourself. Don't underestimate the power of clinical training and being a clinician – it creates credibility with frontline staff and helps you to stay focused on keeping patients at the centre of what we do. It also means that the skills developed as a clinician around effective communication, teamwork and differential diagnosis are highly transferable, be proud of that.

Have you considered maintaining clinical practice alongside your chief executive responsibilities? And why/why not?

No. I gave up my professional registration at the point where I moved into an assistant director of adults and older people services in a community organisation a number of years ago. I found that I did not have time to undertake clinical practice in a way that could be planned and regular and therefore it was a challenge to maintain professional registration as a podiatrist. Subsequently, in my role as chief executive, I spend time visiting a range of frontline clinical services and listening to patients and our staff, rather than undertaking clinical practice.

What support have you had along the way to get to where you are?

In terms of formal training, I completed an MBA while in a senior leadership role and this was a good way to complement my clinical and operational experience and to develop commercial and business acumen. The most pivotal leadership development programme for me was the athena programme, run by The King's Fund. This gave me insight about personal impact and political awareness that was invaluable. I also developed clarity about my values and beliefs that have helped to shape the leader that I have become. I have had some coaching sessions more recently that have really helped me to adjust to being a chief executive, and to cope with some of the complex demands of the role.

HELEN GREATOREX

Kent and Medway
NHS and Social Care Partnership Trust

Helen holds a nursing qualification and an MBA. She has worked as a nurse in mental health services for 35 years. Helen won the Florence Nightingale leadership programme scholarship which encouraged her to apply for her current chief executive role after being an executive director of nursing for 14 years.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

I won a scholarship for the Florence Nightingale leadership programme at the end of 2015. It was pivotal in my decision to apply for a chief executive job. By the end of the residential week, in early 2016 which was an immersion with tutors from Harvard, I had rediscovered my forgotten ambition to lead an organisation. By the Thursday of the same week I had had an initial telephone conversation with my now chair and that was it, I was off! The scholarship challenged, stretched and reconnected me to something that I had forgotten. The luxury of the residential week was truly life affirming and life changing. It connected me with not only my identity as a nurse, but as a leader and crucially, a potential chief executive.

The best chief executives bring their whole selves to the role. Some have had clinical backgrounds, others have not. What makes them stand out as brilliant is their confidence to be themselves.

How does your clinical background help you to perform effectively as a trust chief executive?

Having a clinical background enables me to see some things more easily and to understand the clinical perspective when we are considering strategic direction and priorities. It informs my thinking and approach in ways I am not always aware of at the time. My mental health nursing career began as a student nurse 35 years ago and is truly part of who I am. I can still remember my training, working night shifts and supporting people to move out of long-stay hospitals to live independently. I remember the frustration I felt working at the frontline, when I could see that the service managers had no idea about what it was really like to provide good quality care in very demanding environments. That experience, combined with directly working with our service users, informs my approach as a chief executive.

What do you think is more important for your performance as a trust chief executive?

Great question but impossible to answer! I became a registered mental health nurse because of the person I am. The two are indistinguishable and make me, me. The best chief executives, those I have been privileged to work for and those who have mentored me, bring their whole selves to the role. Some have had clinical backgrounds, others have not. What makes them stand out as brilliant is their confidence to be themselves. That's where authenticity lies and it is compelling when you see it in action.

Have you considered maintaining clinical practice alongside your chief executive responsibilities?

I have up to date registration and will retain it. I work shifts on the wards sometimes, these days I do it as a healthcare assistant. Every month I dedicate one shift or whole day, to practice of some sort. Sometimes it is on the wards, sometimes out in the community. It keeps me connected to the reason we are all here and truly shapes and informs my thinking. As chief executive, I hold a small caseload of service users. Sometimes I meet them in the course of a complaint or concern and then work with their clinical team to ensure that the team has everything they need to put things right. Being able to work directly in this way, though it forms only a small part of my week, brings together my responsibility as chief executive, with my clinical background and experience.

What support have you had along the way to get to where you are?

The Florence Nightingale leadership programme was outstanding. It pulled and pushed me in ways that other courses and an MBA definitely did not. It also gave me time to think in a way that day-to-day life as an executive director for 14 years, hadn't. Mentorship and coaching as a result of that programme were pivotal in supporting me to think about my career and life in a different way. I was 52 when I finally applied for my first chief executive job and I can honestly say it was the best thing I ever did.

TRACY DOWLING

Cambridgeshire and Peterborough
NHS Foundation Trust

Tracy holds qualifications in radiography, an MBA and a management qualification from the Institute for Health Service Management. Before becoming chief executive, at Cambridgeshire and Peterborough NHS Foundation Trust, Tracy was chief officer for Cambridgeshire and Peterborough Clinical Commissioning Group, and prior to that held director-level roles in commissioning and the acute sector.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

There have been a few along the way that have been fundamental in my journey to chief executive. The first was the opportunity to be seconded from radiology to undertake a strategic review of neuro-rehabilitation services. This was a safe move, and confirmed that the skills I had developed within radiology management were transferable to areas where I was not relying on clinical experience. Another significant opportunity was through a high potential executive programme where I gained insight into the NHS beyond the acute sector and decided that I would take time to undertake director-level roles in commissioning and other sectors first so that by the time I did become a chief executive, I would have breadth and depth of experience across the NHS.

My clinical background has also given me a solid foundation in risk management, knowing how to deliver good patient experience and high service standards and how to work effectively as both a member and as a leader of a team.

How does your clinical background help you to perform effectively as a trust chief executive?

It surprises me how much my clinical background as a radiographer enables me to perform effectively as a chief executive. My clinical experience means I am comfortable having conversations (often in challenging circumstances) with patients and families. I am confident I can grasp clinical concepts quickly and to seek clarification if I don't follow a clinical logic – the worst that can happen is I learn something new! And finally, working with clinical staff as a peer is second nature. My clinical background has also given me a solid foundation in risk management, knowing how to deliver good patient experience and high service standards and how to work effectively as both a member and as a leader of a team. These skills all transfer to organisational leadership and management.

"If I knew then what I know now…" – what is your advice for clinicians thinking about stepping in to a chief executive role?

I'd offer the following guidance. It really is a fantastic role and a genuine privilege. It is also something of a lifestyle choice! It's important to be really clear about why you want to be a chief executive, what added value you will personally bring to the role and to the organisation, and what you want to achieve. Make sure you understand the corporate responsibilities and corporate governance as these responsibilities are significant. Expect to spend as much time outside of your organisation as inside it. Be comfortable to not necessarily have the answers – many of the challenges you are presented with do not have straightforward answers and if they did, others would have already dealt with them! Finally, you are only as good as your team.

What are the challenges you've faced balancing your priorities as a clinician and your responsibilities as a trust chief executive? How have you overcome these?

It was not possible as a radiographer to continue to practice and also to progress as a manager to an extent that would have led me to becoming a chief executive. I kept my professional registration for about two years while I made the transition into management and, although it was a difficult choice, I recognised that if I ever wanted to return to clinical practice that I should retrain and re-register.

I also recognised that to be a really effective manager and leader I should train professionally in that too. I completed an Open University Institute of Health Services Management certificate and followed this up with an MBA undertaken part time over two years, while still working full time. I have continued with professional development as a manager and as a leader, in much the same way as clinical staff would maintain competence through CPD.

What support have you had along the way to get to where you are?

Of particular note is that the superintendent radiographer who employed me as her deputy and coached me in general management. Then there are many chief executives who spotted my potential and gave me opportunities to broaden my experience. Some were supportive and coaching in style; others more demanding and performance driven. I learned from all of them and took time to develop my own style, which is probably somewhere between the two. Also of note are the female leaders I have worked for and worked with, who helped me develop my personal resilience and confidence.

Finally, as a chief executive, I do need a coach. It can be a lonely role and I find it invaluable to have someone who is knowledgeable but removed from the local system, and where it is safe to share thoughts and concepts while they are still forming. This safe space is really valuable to support reflection and thinking.

SUZANNE RANKIN

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Suzanne holds a qualification in nursing. Before joining Ashford and St Peter's Hospitals NHS Foundation Trust as chief executive, Suzanne worked in nursing and management roles in the Royal Navy including senior nursing officer at NATO headquarters in Lisbon. She has also worked in the Surgeon General's Department at the Ministry of Defence and has been deployed in Iraq, Afghanistan and the Gulf War.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

There are four factors which contributed to me becoming a trust chief executive. First, my experience and training in the military – I always wanted to be the 'commanding officer', it was what I was trained to do. Second, being the chief nurse in the hospital enabled me to develop a bird's eye view of what the role would entail. Third, I knew I was able to develop relationships, credibility and trust – all of which I knew would be key to future success. Finally, my colleagues (especially the clinicians) very much encouraged me to apply for the chief executive role.

How does your clinical background help you to perform effectively as a trust chief executive?

Having clinical credibility and a track record within the organisation of professionalism, dedication to the patient need and a deep understanding of the nature of clinical care delivery has enabled me to develop trusting and effective critical friend relationships with the key clinical and operational leaders in the organisation. Being able to effectively challenge clinical practice and cultures is essential to being a successful chief executive and I am certain that being a clinician is deeply enabling to this.

Being able to effectively challenge clinical practice and cultures is essential to being a successful chief executive and I am certain that being a clinician is deeply enabling to this.

What do you think is more important for your performance as a trust chief executive – the background you have or the person you are? Why?

The person and chief executive I am now is a result of my background and experience – I can't separate the two. Being a nurse is very beneficial and important to me and enabling of my ability to influence and lead clinicians. I think it would be possible to be an effective chief executive if I was not a clinician but the following five characteristics are

very important in both cases; resilience, optimism, passion, a sense of purpose or having a mission, and integrity.

"If I knew then what I know now…" - your advice for clinicians thinking about stepping in to a chief executive role?

Your commitment to the values of ethical and good clinical practice will be tested (and potentially used against you). The need to deliver on the full spectrum of financial and performance requirements will be challenged by clinicians who may well suggest that you have lost your moral compass and that the money and the performance are (becoming) more important that the quality of patient care. My view is that I always seek to do the right thing for all the patients and all the team and the decisions made will be the right ones, but not everyone will agree and some people will use this argument to avoid changing their way of working or practice.

Have you considered maintaining clinical practice alongside your chief executive responsibilities? And why/why not?

Yes. I worked hard for my qualification, it is an important part of my credibility and so I am determined not to lapse my registration.

ADRIAN BULL

East Sussex Healthcare
NHS Trust

Adrian is a qualified doctor and holds specialist qualifications in general practice and public health medicine. Prior to becoming a chief executive at East Sussex Healthcare NHS Trust, Adrian had a varied career having worked as an epidemiologist, a medical officer at the Royal Navy, a senior executive at AXAPPP Healthcare and a managing director at Carillion Health. He was also the chief executive at Queen Victoria Hospital NHS Foundation.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

No. It had been an ambition of mine for a while and the right opportunity came up at the right time.

How does your clinical background help you to perform effectively as a trust chief executive?

I had my clinical experience long ago, so my expertise as a clinician is not relevant. However my experience as a clinician is helpful. The biggest contribution that the shared experience makes is providing a common understanding of the culture of medical professionalism, the demands and responsibilities of the role, and the nature of the work being undertaken. Having a shared experience of that sort (over ten years as medical student and practising clinician, followed by consultant in public health medicine), provides for a mutual understanding and affinity. This is a good basis for a relationship with the medical and wider clinical body which is important to their engagement in the organisation and my general leadership of them.

"If I knew then what I know now…" - your advice for clinicians thinking about stepping in to a chief executive role?

Get early experience in more junior leadership roles and formal training in business management – not necessarily an MBA but some explicit executive development programme. I did not undertake an MBA because I felt that I had had enough of academic study (in addition to my basic medical degree I was dual qualified as MRCGP and MFPHM as well has having an MD). In retrospect I would have liked to have done either an MBA or a year's accelerated programme in business management. However my experience outside the NHS in commercial organisations provided a crash course in these issues by experience. If I had not had that I do not think I would have had the necessary skills and knowledge to perform the role effectively.

What are the challenges you've faced balancing your priorities as a clinician and your responsibilities as a trust chief executive? How have you overcome these?

Not really relevant. My consultant role was as a public health physician which overlapped naturally with management.

Have you considered maintaining clinical practice alongside your chief executive responsibilities? And why/why not?

No. I do not think I would do either of the roles proper justice if I attempted that.

MILES SCOTT

Maidstone and Tunbridge Wells NHS Trust

Miles started his NHS career by completing the NHS general management trainee scheme. He is now in his fourth NHS trust chief executive role at Maidstone and Tunbridge Wells NHS Trust. Prior to this he worked at The King's Fund and was an NHS director of operations and director of planning and performance.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

The work of a chief executive is incredibly varied. I have been fortunate enough to touch every clinical service and part of the NHS during my career which includes working at a regional and national level.

It was the variety of my work and experience that gave me the confidence to become a chief executive. Back in the 90s I was a director at one of two main trusts in Sheffield and lead director for a merger there. It was that experience in particular that convinced me to take the step up to chief executive. The merger involved really significant clinical engagement and buy-in to our vision. It was the success of doing this role that really gave me the confidence to be a chief executive.

What makes the trust chief executive job rewarding for you?

For me it's all about people and patients. I love going to our wards, spending time as a support worker and meeting colleagues and patients during the course of their day. I also really like the feedback we receive, even the challenging comments I get from our patients and staff, it is where I get my inspiration from. I genuinely find our staff inspiring. They give me the motivation and energy to carry on helping people to be the best they can be. Being a chief executive is a great opportunity to help people with their careers and reach their full potential.

What skills/qualities/values do you think that clinical professions bring to senior leadership positions?

Our clinical colleagues can bring a really powerful patient focus to leadership roles alongside their many other qualities. NHS management is a team sport and by default, people who are successful as clinicians tend to be so because of their ability to build and work with teams of people. These are the qualities that clinicians coming into management should really hold onto and bring to the fore alongside their patient focus.

What our clinical colleagues also bring with them is their experience in a general sense.

That's not so much about their knowledge in a specific field or success in a specific area. If they fall back to their knowledge gained in a specific service they will get their comeuppance. Most of the time the things you achieve as chief executive are not based on your technical expertise in one area, which still counts, but it is because of your wider skills, experience and knowledge.

What more should the NHS be doing to support clinicians into chief executive roles?

Medical management, in my view, should be encouraged as a legitimate career choice at an early stage. We often seem to assume that every NHS medical student will become a practising doctor and it's a failure if that doesn't happen. That isn't the way it pans out in other countries, where medical students choose to specialise in management.

I would also recommend that all clinicians gain some form of experience of our wider systems of care covering hospital, community and mental health and the bureaucracy and experience that come with these roles. Most chief executives with a clinical background work their way up through chief nurse or medical director, but actual experience of IT or operations would be helpful.

It is about being a leader; be confident in your own skin and use whatever knowledge and expertise you have.

What words of wisdom do you have for clinicians thinking about stepping in to senior leadership roles?

You're applying for an incredibly rewarding job with great scope and variety. Being a chief executive is a job where you have much more control over what you are doing and the way you use your time. Like so many clinical roles, it's not a nine-to-five job. What's important is how you use those 60 - 70 hours a week and that's really down to you. That's not something I clocked when I became chief executive. I found it very liberating, how you're not at someone's beck and call in quite the same way.

Also, remember no one is an expert at everything and being a chief executive is mostly about not being an expert. Don't pigeonhole yourself as clinical expert and financial novice because if you do, that is how everyone else will see you. You need to have an equal understanding across all aspects of the job regardless of your previous background.

Is there anything you have done or seen done, to encourage clinicians into senior leadership positions?

In the past there were more coherent systems at regional level that gave people of all backgrounds opportunities, and it would be good to recreate those. Today, most clinicians get into management via an improvement programme such as an IT initiative, or by taking their turn to organise their clinical department. It is about how you use these opportunities, these jobs that need doing, to ensure they are opportunities for your own personal development.

SONIA SWART

Northampton General Hospital
NHS Trust

Sonia has a medical degree and a doctorate in medicine and became a consultant in clinical haematology. She took on a variety of medical management and leadership roles from her first days as a consultant, including clinical director and associate medical director roles before becoming medical director for six years prior to taking on the chief executive role in 2013.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

I sometimes describe myself as the accidental chief executive because I never aspired to take on the role. In many ways I was also the accidental medical director. My temptation into these roles came from a longstanding conviction that clinicians have a duty to deliver and improve care and lead changes in service delivery based on the need to improve services to patients. I spent six years in my medical director role and during that time worked with six chief executives. I came to understand that a key requirement for our hospital was continuity and commitment from the senior team and was drawn into the role with a degree of humility on the basis that I had witnessed the considerable challenges at close hand.

As a clinician, what makes the trust chief executive job rewarding for you?

The opportunity to draw our hospital teams back to what matters most with the knowledge that the understanding of frontline services needs to have a major say in the direction in which services need to develop, is a privilege. On a day-to-day basis speaking to patients and staff is often humbling – sometimes because of the positivity and sometimes because it gives me a chance to hear about the key improvements needed. The difficulty of the role is usually overshadowed by being able to make a difference everyday in some way or another.

I think my performance is linked both to my background and to the person I am. I chose my career on the basis of my values and interests and the career has shaped who I am.

How does your clinical background help you to perform effectively as a trust chief executive?

Being a clinician who has spent over 35 years in active clinical service means that clinical medicine is in my blood and the things I have learned from that will always be with me. Some of the lessons come from an understanding of front line services, some from learning

about what matters to patients and some from managing families and carers. The lessons of medicine are often also lessons for life and for understanding how staff feel about the care they give at the most difficult of times. All of this I think helps to keep perspective and in managing the most complex of environments. It is these lessons that always remind me that in the end I am accountable to patients and to staff above all other groups and organisations.

What do you think is more important for your performance as a trust chief executive?

I think my performance is linked both to my background and to the person I am. I chose my career on the basis of my values and interests and the career has shaped who I am. Medicine has given me a basis for understanding the human condition and I use that every day in the decisions I make.

What are the challenges you've faced balancing your priorities as a clinician and your responsibilities as a trust chief executive? How have you overcome these?

Strange as it may seem, one of the biggest challenges I face is around the engagement of senior medical staff. I am more prone to challenge them than someone who does not have a clinical background and they may be disappointed that I cannot champion their views over those of others. This can be tricky on a number of levels. I have put in a clinically-led and managed structure in the hospital but clinicians still do not feel that their views are appropriately regarded on many occasions.

I also know how hard it is to balance the priority of the patient in front of one with the priorities of all the patients who might need a service and perhaps most importantly I understand the heartbreak of not being able to deliver the care that one would wish. I have come to terms with this myself by having satisfaction that I have done the very best I can each day but I often feel a sense of regret that I cannot do more to improve things.

BRUNO HOLTHOF

Oxford University Hospitals
NHS Foundation Trust

Bruno holds a medical degree, a PhD in Health Economics and an MBA. Before joining Oxford University Hospitals Trust as a chief executive, Bruno was a partner at McKinsey and Company for 15 years and was the chief executive of the Belgian healthcare system. Alongside his chief executive duties, Bruno is also a board member of the European care home operator, Armonea.

Was there a particular job, opportunity or experience which convinced you to apply for the chief executive role?

After a career of 14 years in management consulting, the opportunity to implement recommendations rather than just develop recommendations was the key attraction for me. As a partner in McKinsey you deal with complex issues and try to find ways to address those, but you're not responsible or accountable for delivering the results that are required. As a chief executive you are accountable for the success of the whole organisation. So that difference between the intellectual contribution as a management consultant versus being able to do it as a chief executive was the key motivation. An additional factor was that I was born in Antwerp, and it meant being able to have an impact on the health system where I was born.

How does your clinical background help you to perform effectively as a trust chief executive?

My PhD was in health economics looking at outcome measures, and the key thesis was that high quality is associated with more efficient, lower cost care, so high quality and lower cost go hand in hand. It is still one of my driving beliefs and it is also the way to engage clinicians. Clinicians want to deliver high quality care – they are often not so interested in the financial consequences. But high quality care is more reliable care and in most cases is also more efficient care. Clinical executives have more of an affinity for that than if you don't come from a clinical background. Medicine is complex, and hospitals are very complex organisations, so people without a clinical background often feel more comfortable just looking at the financial numbers, and then it becomes a financially driven organisation, and that doesn't usually work very well with the clinicians. So it's making the link – that high quality means you can also do very well financially.

What do you think is more important for your performance as a trust chief executive?

Certainly the person you are. My belief is that having a clinical background helps but it is not sufficient, and as a leader of complex healthcare organisations, the person and the leadership style is very important. Healthcare organisations require a very collaborative,

consensus driven approach and require a lot of bottom-up input and buy-in from clinical teams, which comes from an inclusive and more facilitative leadership style rather than a top-down directive style.

Try to embrace different opportunities to learn from different healthcare organisations because you'll be more creative when working within the constraints of your local healthcare system and try to solve the problems.

"If I knew then what I know now…" - your advice for clinicians thinking about stepping in to a chief executive role?

Get diverse experiences, and diverse could mean different organisations, different countries, different roles, is important. Try to embrace different opportunities to learn from different healthcare organisations because you'll be more creative when working within the constraints of your local healthcare system and try to solve the problems.

How has training and working abroad supported you in your role as a trust chief executive in the NHS?

I've worked as a chief executive in another healthcare organisation and as a management consultant in a number of healthcare systems around the world and what I've learnt is that the problems are very similar – to improve outcomes for patients, with the most efficient use of resources. That is the main challenge in most healthcare systems, and the solutions lie through clinical engagement and convincing teams that they can improve outcomes and be more efficient with the use of resources. What helps having worked in different healthcare systems is to see that the solutions are different from system to system. It is great to see that the NHS looks for best practices in the UK and internationally, such as the US, and tries to adopt them across the health service.

References

Richard Vize, University of Manchester Business School (January 2018). *Responses to Francis: changes in board leadership and governance in acute hospitals in England since 2013,* (pdf). Available at: https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/Publications-HSMC/2018/Responses-to-Francis-report-January-2018.pdf [Accessed 9 September 2018]

Richard Vize, (28 February 2015). *Why doctors don't dare go into management* (pdf). Available at: https://www.bmj.com/bmj/section-pdf/891755?path=/bmj/350/7997/Feature.full.pdf [Accessed 7 September 2018]

NHS Providers and The King's Fund, (July 2018). *Leadership in today's NHS: Delivering the impossible (pdf)*. Available at: https://www.kingsfund.org.uk/sites/default/files/2018-07/Leadership_in_todays_NHS.pdf [Accessed 17 September]

NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

NHS

Leadership Academy

The NHS Leadership Academy's purpose is to develop outstanding leadership in health in order to improve people's health and their experience of the NHS. It brings together for the first time all national activity supporting leadership development in health and NHS-funded services.

Clinical chief executives programme

NHS Providers are currently working with the NHS Leadership Academy to establish a new mentoring programme for clinicians interested in senior NHS leadership and in particular, the role of chief executive. The programme, which is being developed in consultation with current NHS chief executives of clinical and non-clinical backgrounds, will help clinicians with leadership aspirations to develop a fuller understanding of the requirements of a chief executive role, and develop the skills required to explore potential routes into NHS executive leadership.

To find out more visit
www.leadershipacademy.nhs.uk

NHSProviders

One Birdcage Walk, London SW1H 9JJ
020 7304 6977
enquiries@nhsproviders.org
www.nhsproviders.org
@NHSProviders