

NHS Chief Executives

'Bold and Old'

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Foreword

Aspiring NHS Chief Executives (CEOs) used to be warned that it was rare to find CEOs who were both **bold and old**, the implication being that if you wanted to make it through to retirement, don't put your head above the parapet, and certainly don't do anything controversial.

The recent findings of the NHS Confederation's study entitled 'Reforming leadership development ...again', also suggests that NHS CEOs see themselves as operating in an environment described as; "brutal, prone to favouritism, one which is unforgiving of mistakes and intolerant of risk taking". It was felt that leadership of troubled or challenged organisations is particularly difficult, because expectations of the time it takes to reverse organisational failure are unrealistic, with individuals rapidly becoming seen as 'part of the problem'. These are just some reasons for the apparently high casualty rate. NHS CEOs have a shorter shelf life than Premiership Football Managers!

Is this a myth or reality, and what are the implications?

Seven years ago Hoggett Bowers, as a leading executive search company, studied the length of tenure of NHS acute Trust CEOs, and found that this was, on average, 2 years 4 months. Since then, the NHS has seen a number of changes, and in our discussions with senior NHS staff and Non Executive Directors, we have found that there continues to be much interest in this topic. There has also been research carried out in the private sector on tenure and its impact on organisational performance. It seemed timely to repeat and extend this work.

We surveyed NHS organisations in England about the length of tenure of their present and immediate past NHS CEOs and Directors of Finance (DoFs). We also spoke with a number of Chairs, senior executives, human resource directors and senior clinicians. We were interested to see if things had changed since our previous study and to identify some of the drivers for the apparently high attrition rate. We were also keen to understand the implications for strategic consistency, long term sustainable partnership working, talent management and succession planning.

We hope to stimulate discussion about some of the real challenges facing Boards and senior teams and share our findings with wider stakeholders. We are delighted that the National School for Government and a number of business schools such as Aston Business School, Brunel Business School, Cass Business School, Cranfield School of Management, Judge Business School and Said Business School have taken a close interest in our findings and we would value your contribution to this subject.

Annette Sergeant

Head of Healthcare Practice, Hoggett Bowers



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Introduction

'We find it very difficult to recruit people who want to be chief executives - the average time they spend in post is just 700 days.'

David Nicholson

NHS Chief Executive, Health Service Journal, 1st January 2007

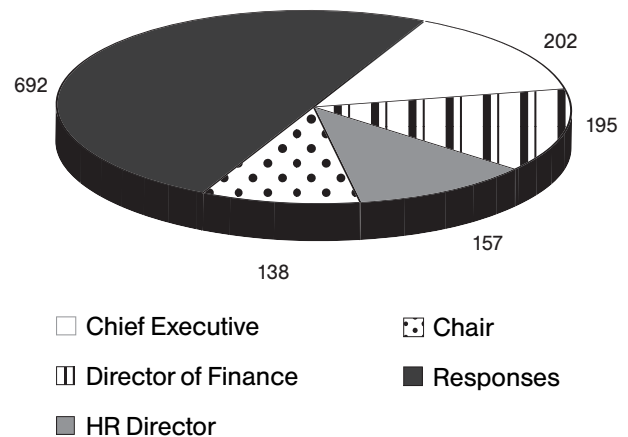
Background

David Nicholson was quoted in the Health Service Journal as saying that NHS CEOs spend on average of only 700 days in post. There are parallels with the tenure of Premiership football managers, some of whom have an extremely short "shelf life" and whose departures are likely to be even more high profile, but what about other sectors, and what are the implications for the NHS organisations involved?

Our Findings

The following chart shows who participated in this survey. We were pleased that the response rate was fifty-seven percent of NHS organisations, confirming that there continues to be wide interest in this topic.

Figure 1 : Responses to the survey



Note: Where more than one response was received from an organisation, we logged only one set of figures, reconciling any conflicting data by going back to the respondents concerned.

The Tenure of Senior NHS Executives

'In my relatively short experience as a Trust Chair, I think the post of a Chief Executive in the NHS is demanding, but can be very rewarding.'

At the time of the survey just over fifty percent of NHS CEOs and DoFs had been in their post for less than two years, whilst just over ten percent had been in post for over seven years. A very few individuals had been in their post for over twenty years, although the nature and scope of the post will have changed substantially during that time.

After two years, just over twenty five percent of CEOs and forty percent of DoFs would have left their post. By the end of year four, around forty percent of both CEOs and DoFs would still be in the same post and sixty percent would have moved on.

We were concerned to ensure that our survey, which by definition is a snapshot, may have been unduly influenced by the restructuring of Primary

Care Trusts (PCTs) and Strategic Health Authorities (SHAs). We have spent the last year testing our findings, within geographical areas, between sectors, and checking against the movements of CEOs and DoFs that have occurred in the past twelve months. The results still hold true.

What Happened Next?

We investigated what had happened to those who left. Twenty five percent were promoted. By that we mean they went onto be CEOs or DoFs in larger or more complex NHS organisations, including moves to a SHA or to the Department of Health.

Almost thirty percent left their post through Trust mergers or PCT “re-organisation”, just under ten percent left to join other sectors, and around ten percent moved into less senior roles in the NHS.

Only five percent retired at their full pension-able age. Few were “sacked”, although in the category of “leaving with a package,” there may have been individual or organisational performance issues (either actual or perceived). About twenty five percent of senior executives had a leaving package, including those covered by a compromise agreement, those taking early retirement and those taking ill health retirement.

Figure 2 : Present Chief Executives (Numbers in post)

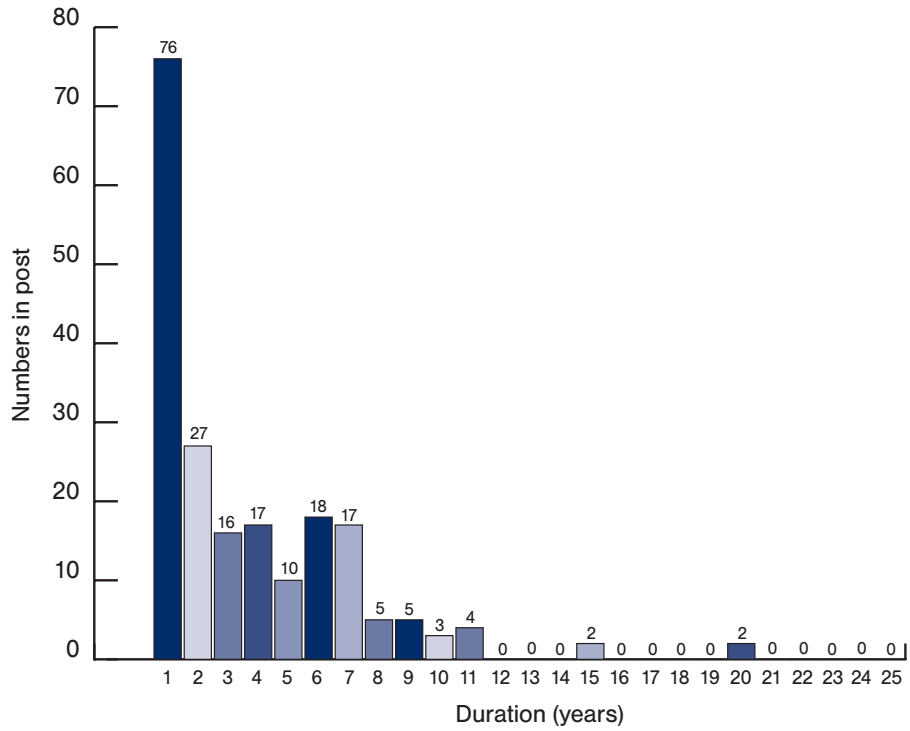
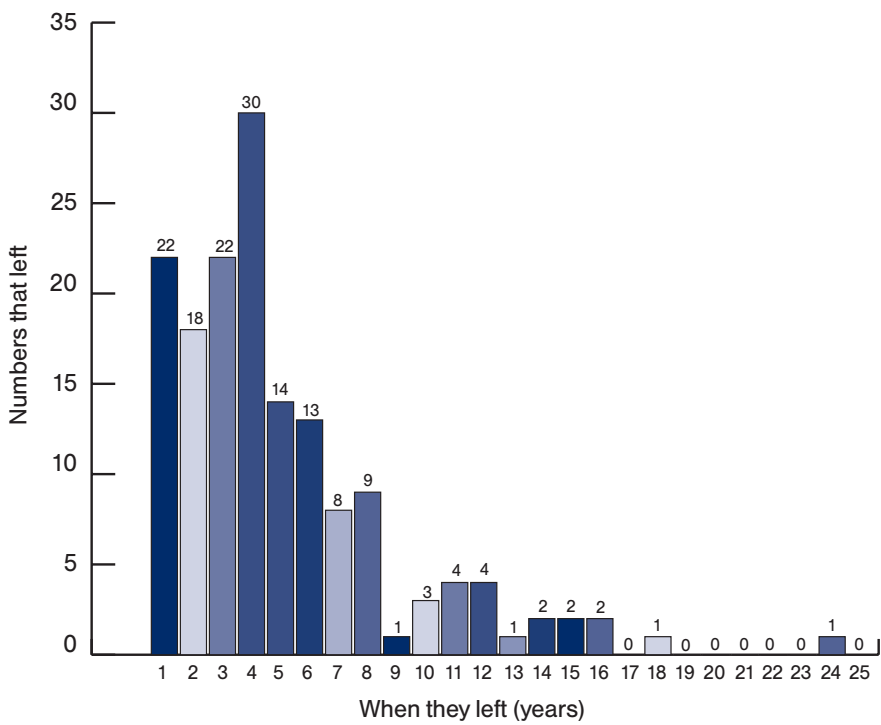


Figure 3 : Previous Chief Executives (tenure)



Note: the figures include interims

Figure 4 : Present Finance Directors (Numbers in post)

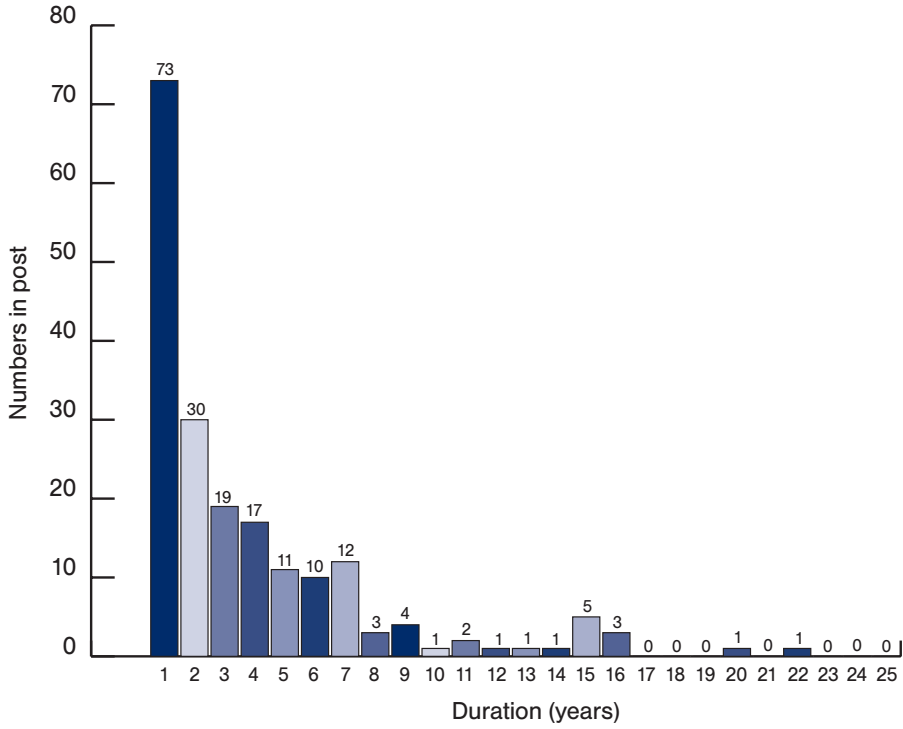
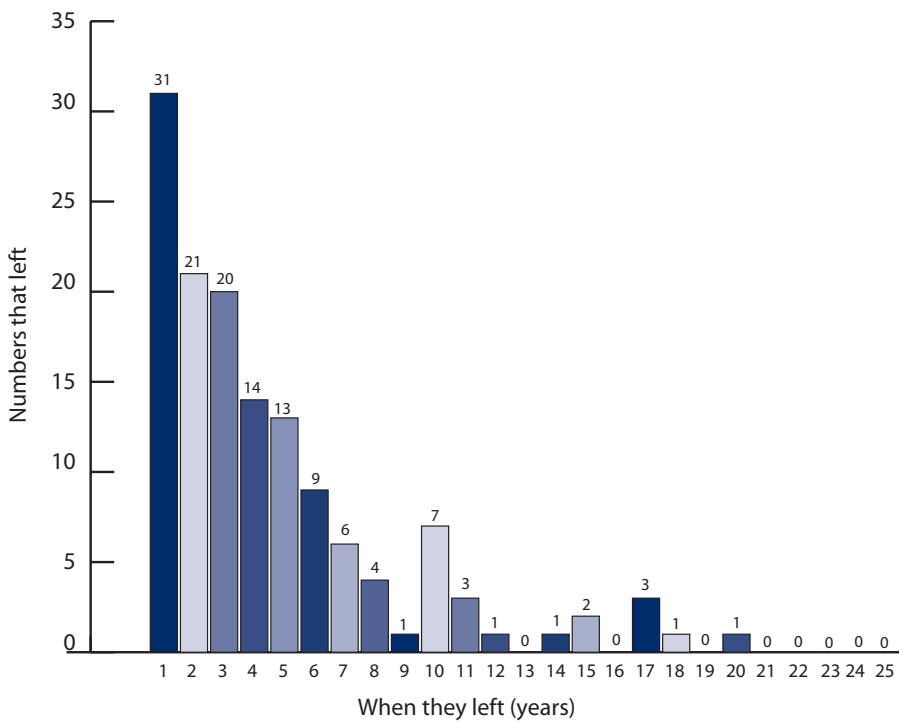


Figure 5 : Previous Finance Directors (tenure)



The 700 Club?

'It is highly desirable that effective CEOs remain in an organisation for at least five years. This allows shared purpose to be potentially developed.'

CEOs are subject to scrutiny on a day to day basis from a wide range of stakeholders, including the press and the public. In short, they operate in a goldfish bowl. The pressure of this can be intense and may also impact directly upon their families, particularly when dealing with controversial local issues, such as service restructuring and hospital closures.

Being an NHS senior executive means continuously performing at a high level. For a number of years anecdotal comment has suggested that CEO turnover in the NHS is rising. The findings from our study confirms that the length of tenure for the majority of NHS executives is short and as many as one in two may not be in the same post after two years. Equally concerning is the high turnover of DoFs, all of whom have had to respond to significant change in financial management policies and the need for a more commercial approach to running NHS organisations.

In very simplistic terms, the CEO and DoF tend to be seen as the leader and financial controller of NHS organisations. The relationship between both parties is a close one, and our results show that the tenure of these roles appears to be a mirror image of the other.

Surveys from the private health sector have shown that the time spent by CEOs in the private health sector has fallen over the last ten years. More than half of CEOs in the private health sector plan their departure. Around a quarter leave an organisation because a merger or acquisition has taken place and a quarter leave office because of performance or "political issues". The time spent by executives in CEO roles in the private health sector averages seven years.

Individual and Organisational Perspectives

Although there are a number of employee turnover models described in the management literature, analysis has focused on either individual or organisational level. It might be worthwhile exploring reasons for turnover from both perspectives in order to have a more rounded picture.

From our conversations with many NHS Chairs and senior executives, there is a consensus that from an organisational perspective, NHS executives are judged on three key deliverables, two of which are tangible. Tangible deliverables are; achieving Government targets for standards of quality service provision and managing finances. The more intangible measure is the quality of the relationships with the Chair, local partners, politicians and the media. The relationships all impact on how the leader is perceived both within an organisation and externally.

'Most senior people can deliver the tangibles, it's the ability of CEOs to deliver on relationships that separates the more successful leaders from the rest and of course, usually if you get this right the other deliverables fall into place. So I would place great emphasis, when developing talent, on this fundamental aspect of the CEO role.'

Senior executives are often given a very short time frame to deliver improved results and make an impact. Many of the Chairs who responded to us estimate that it takes between twelve to eighteen months to integrate a new CEO, even if they already have a career rooted in the NHS. For the more complex roles, the new CEO will often have been a successful CEO elsewhere. However this does not appear to reduce the time the CEO needs to become effective in a new setting.

This view is corroborated by the research of Andrew Kakabadse, Professor of International Management

and Development at the Cranfield School of Management. His studies revealed that the transition time for an internal candidate promoted into the CEO role is about fifteen months; the transition time for an external candidate from within the same sector can be up to twenty two months, whilst the transition time for a candidate from a completely different sector can be thirty two months.

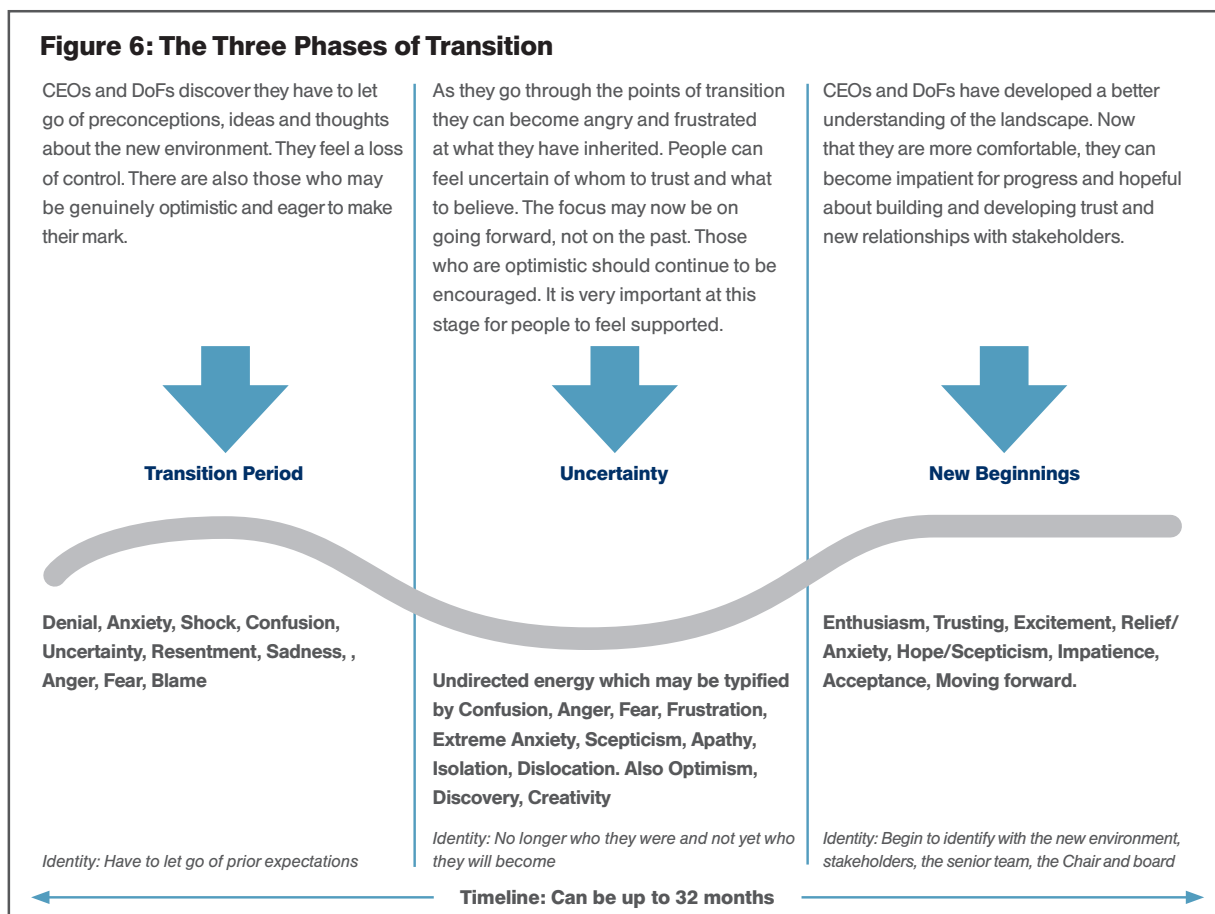
The variation in transition periods had little to do with an individual's technical skills, rather, on the requirement of the CEO to learn how to manoeuvre and influence within a different environment.

Indeed, the information from further confidential discussions with a wide range of NHS Chairs, Non Executive Directors and past and present CEOs suggest that many of the senior staff who signed compromise agreements left post due to one

or more of the following: difficulties in personal relationships either with their Chair, or a senior figure in a key stakeholder organisation, not successfully judging "local politics", not recognising certain key influencers, or not achieving change quickly enough. The ability to be politically astute, and to quickly assess the climate and culture of their new organisation and its surrounding environment is crucial to career longevity as a CEO.

The transition curve in figure 6 explains the phases senior executives go through as they develop in a new role.

In their early days in post, CEOs and DoFs can be safely assumed to be working through a number of conflicting emotions. This, coupled with the weight of expectation regarding performance, can be overwhelming for some.



Tenure and Strategic Consistency

'A regular discussion with senior doctors (GPs and Hospital) goes along the lines "CEOs come and CEOs go" - why should we back you?'

'The clinicians are our key decision makers and resource allocators, we talk about clinical engagement as being the key to sustainable change, but the severely short tenure of CEOs is working against building relationships based on trust and mutual respect.'

'We are in danger of creating a merry-go-round in which no one takes responsibility anymore, but tries to get out 'before they get caught'. The lack of sense in initiatives lies in the fact that no one thinks they will be around to have to carry the can.'

'As Chair, I had the same CEO for ten years and we turned around one of the worst health authorities to become a top performing organisation... but then we had a sense of long term purpose and direction!'

Achieving strategic consistency starts with the Board where the strategic decisions are made. Critical to this is the role of the CEO and Chair and their relationship with each other and other members of the Board. A successful Trust Chair will establish high quality, resilient and open relationships amongst all Board members, so that strategic risk and organisational vulnerability can be effectively addressed.

According to some researchers, strategic consistency is directly related to organisational survival and this could certainly be true in the NHS. A high level competence generally associated with strategic leaders is cognitive complexity. This implies that strategic leaders have unusually rich cognitive maps permitting them to

deal with more complex organisational and environmental challenges.

Dr Elliot Jacques, a Canadian Organisational Psychologist, in his book *Social Power and the CEO: Leadership and Trust in a Sustainable Free Enterprise System* (Greenwood, 2002), proposed that cognitive complexity is revealed particularly by how far into the future a leader is able to plan and influence. As this study reveals, the tenure of CEOs and DoFs is quite short. Therefore, the establishment and development of high quality, long term relationships and the ability of these executives to forward plan will be curtailed.

Studies have shown that senior executive job tenure influences performance either positively or negatively. Tenure needs to be long enough to build sustainable relationships and deliver the expected results. Premature ending of the tenure of a senior executive or being 'stale in the saddle' have both been found to adversely affect performance. (CEO Tenure, Performance and Turnover in S&P 500 Companies, John C. Coates IV, Harvard Law School and Reinier Kraakman Harvard Law School; European Corporate Governance Institute, October 2007, Harvard Law and Economics Discussion Paper No. 595).

Implications for Long Term Sustainable Partnership Working

'I believe Chief Executives need to stay around and deliver what they start. Sustainable leadership is much more challenging and arguably more important than just setting new organisations up.'

'There have been nine Chief Executives at the Trust since 2000; five different people and a Director of Operations who held the temporary CEO position four times during gaps in recruitment. Four of the five CEOs were interim appointments with only one substantive appointment during this period. The current incumbent is temporary.'

'There is a political expediency of blaming CEOs and Boards. This puts pressure on achieving NOW and foundations quickly built will soon crumble.'

Some might argue that regular senior executive turnaround revitalises organisations, but in the NHS successful partnership working is critical to the effective commissioning and provision of quality services.

This requires collaboration, built from strong, positive relationships that have been developed over time. Lengthy tenure brings continuity of partnership knowledge, credibility with stakeholders and improved partnership dynamics and collegiality. A constantly changing senior team does not provide the stability and confidence to steer collaborative working through the inevitable stresses and strains which will arise.

Tenure and Talent Management and Succession Planning

'We have had the same CEO and Director of Finance since the Trust's inception five and a half years ago.'

Talent management and succession planning has been an issue for a number of years, with many NHS organisations facing a talent crunch. The impact of organisational brain drain and the fear of a global talent shortage have caused organisations to focus on finding, developing and retaining talented

employees. Like other sectors, the NHS struggles to ensure a pipeline of talent is ready and willing to take up senior management roles in spite of a number of high profile initiatives aimed at doing so.

The last round of PCT reconfigurations highlighted the scale of this problem, with a number of Chief Executive roles proving difficult to fill, and particular problems in specialities such as Public Health and Finance. The short tenure of many NHS leaders and the demands from "a new NHS" mean there is a real need for an overarching, systematic and structured approach to talent management and succession planning, based on an assessment of the culture of the NHS, and its future needs.

'The DH's imposed salary structure for PCT CEO/Directors is restrictive and does nothing to enhance the likelihood of recruiting high-calibre candidates.'

Talent management strategies are best developed and implemented holistically, and it is essential that this is a priority for the NHS. Senior executives should receive appropriate support to enable them to nurture talent within their organisations and also contribute to attracting new skills into the NHS from other sectors. There are signs that some NHS organisations are adopting a strategic approach to ensure that there is a sustainable pool of NHS leaders committed to commissioning and delivering world class services, with the development of Leadership Academies in SHA areas being a useful step forward.

Figure 7: Some factors affecting talent management in the NHS



In terms of recruitment, one aspect of the process which requires careful and sensitive design is the assessment of candidates prior to interview. Our experience has been that three elements are important in this:

- Running an open and transparent process that acknowledges that we are dealing with experienced candidates – we share the outcomes of assessments with candidates and allow them to test the findings against their self knowledge.
- Ensuring that the process gives some benefit to all candidates regardless of whether they are successful in their application to ensure that the reputation of the recruiting organisation is enhanced by the process.
- Ensuring that the skills that are assessed are relevant to the future challenges facing senior managers – particularly in managing the external environment and developing commercial disciplines.

Conclusion: The Old vs the Bold

The NHS, has gone through a great deal of change since its inception over sixty years ago. It is characterised by a number of defining features, including the range and diversity of its stakeholders, its complex resourcing arrangements and pockets of professional autonomy. Its complexity also arises in part from; the diverse needs and expectations of different client groups; local versus national priorities; and the ways healthcare improvements are promoted and implemented. The NHS is also rarely off the front pages of the local and national press and it is frequently used as a political football.

An increasing number of CEOs are aware that their stay in their chosen post is precarious and many are expecting to take on a number of different roles during the course of their career. Reputation and profile are becoming increasingly important, and there have been several recent examples in the media of high profile departures from a number of Trusts. This will exacerbate a risk averse 'heads down' culture, which will stifle initiative and innovation.

Many of those we spoke to expect to move out of the NHS into other sectors or consultancy before retirement.

A recent example of a local authority deciding to pursue a claim against its former CEO for "negligent mis-statement" could have reverberations in the NHS. Although this piece of legislation has been established for many years, it is relatively rare for employers to pursue these cases. Local Authority CEOs are increasingly negotiating five year, renewable contracts, which they see as giving better security and higher salaries. Similar contracts for Board members were commonplace in the NHS in the 1980s. Current consultation with Foundation Trusts considers a process where Governors review the tenure of the CEO every five years. If this went ahead CEOs may wish this to be enshrined in a five year contract.

In today's NHS, and certainly in tomorrow's, the ability to chart a way through conflicting priorities, to lead change and service transformation, to inspire others and manage within increasingly tight finances all at the same time, will continue to offer very real challenges.

From our survey, and the comments we have received, it would appear that the NHS needs to do more to explicitly encourage and demonstrate support for the unconventional, that is, for the bold CEOs who have the capability, drive and tenacity to initiate and inspire innovation.

'I have learnt that the Board needs to blend the politics of leadership with the science of leadership to truly transform organisations and they should have the courage to stick with their CEO. This, however, is not blind faith. The CEO needs to demonstrate intellectual flexibility, drive and self belief, whilst ensuring they have the political and tactical ability to deliver the change. Complexity and influencing is the key here.'

Leadership can be considered to be both an art and a science. The role of NHS CEO needs to be made more attractive to emerging senior managers and clinicians as a viable career option to ensure a pipeline of talent willing to take on this responsibility. Whilst there are a number of national programmes, academies and initiatives that teach the science of leadership in the NHS, it is much more difficult to teach the political skills, attitude, resilience and the robustness required to survive in a high pressure environment. Similarly, a bold CEO needs the support of a courageous Board, who see the value of taking risks and also the necessity to manage these.

Such risks might include appointing more candidates from outside the NHS and certainly at Hoggett Bowers, we have seen an increasing desire from our clients for candidates who bring a different perspective to their organisations. With the use of robust selection methods, and by managing expectations and offering appropriate support, we have seen candidates transition successfully into senior NHS roles.

We hope that the key messages that have emerged through this discussion will help Chairs, NEDs and CEOs think about how they can work together to share best practice and offer effective solutions.

We would be delighted to receive your comments.

About Hoggett Bowers

Hoggett Bowers is a leading executive search company with a pedigree of over forty years. We recruit for a wide range of private, public and not for profit sector clients at Board and senior executive level. We have a long tradition of being able to source the very best candidates for all types of organisations in the NHS in all functions.

We have an enviable record of recruiting NHS and non-NHS Executives. In the last four years every one of our client's panels has appointed – a 100% success rate.

Annette Sergeant is the Head of the Healthcare Practice at Hoggett Bowers. She is a former NHS Chief Executive with over twenty five years working in the NHS, seventeen of which have been as a Chief Executive. She has had experience of working in Health Authorities, the Department of Health, where she was the national policy lead for transforming Emergency Care Services and as a CEO of four separate hospital Trusts in London and the South.

In the field of Executive Search she offers an unrivalled understanding of the healthcare agenda and the qualities that candidates require to

succeed in demanding posts. She has many years of experience of working closely with and indeed recruiting the most senior staff in the NHS and her personal networks are extensive and nationwide. She retains her interest in healthcare strategy as a Non-Executive Director for Benenden Hospital in Kent.

Elizabeth Solaru worked as a Biomedical Scientist at various London teaching hospitals, following her Master's degree in Medical Microbiology and Parasitology. After senior roles in the NHS she became the Business Development Director of a private sector medical centre, and then Head of MBA Careers at Middlesex University, before becoming a headhunter in 2005.

Elizabeth has managed the delivery of a number of prestigious and diverse senior management and Board appointments for clients in the NHS, education, central government, local authorities and charities. Seconded to the Cabinet Office in 2007, she helped to successfully establish the flagship leadership programme, Leaders UnLtd. She has authored a number of articles on leadership and career issues and delivered several highly commended career management workshops. Elizabeth is a Chartered Scientist and Fellow of the Institute of Biomedical Sciences and holds an MBA from Middlesex University Business School.

Bryn Williams spent twenty three years in finance, programme and technology management to Vice President level. He was with: PriceWaterhouseCoopers Audit and Consulting ("PwC"); Sony; Pinpoint Networks (Intel associate); KPMG; and Vodafone Internet Services, managing teams and across Europe, Asia and North America.

Both prior to and since joining Hoggett Bowers he has worked with clients in both the private and public sectors including: the NHS; companies supplying services to the NHS; National Rail; and the Highways Agency.

Bryn holds a First Class MA in Economics from King's College, Cambridge University with a further degree in Marketing. He is qualified Chartered

Accountant and a Fellow (FCA) of the Institute of Chartered Accountants (ICAEW). He has written a number of management articles ensuring that he keeps up to date with the latest management thinking in operations and strategy.

Adrian Penge works with our specialist practices on Board appointments. He has particular experience of Finance and Commercial roles with a strong knowledge of Mergers and Acquisitions. With over ten years' experience in executive search he has built an extensive network across a broad range of corporate, private and public organisations.

Adrian holds an MA in European Politics and is a post-graduate of University of Wales, Swansea. He has a strong personal interest in the NHS through family connections.

Tim Janman heads up the Hoggett Bowers Central Government team and has recently successfully completed, with Annette Sergeant, the recruitment to a number of Director posts for the Care Quality Commission. Tim joined Hoggett Bowers in 2003 after 6 years with a global top 15 American executive search company. Prior to this he worked for three multinationals (Ford, IBM and Manpower) in industrial relations (Ford Motor Company) and sales/business development. Tim also served from 1987 to 1992 as a Member of Parliament.

In addition to recruiting for the public sector Tim focuses on the construction, support services, transport and oil and gas industries including a wide range of companies who supply services to the NHS.

Tim Clouting has extensive experience over the past twelve years of Executive Search, building upon an earlier career in the leisure sector. His experience includes recruiting senior management and Board roles for a number of large blue-chip organisations. In addition, Tim has also worked with the NHS practice when NHS clients have been keen to attract Board level candidates with experience of delivering high volume, high quality customer services in other sectors.

Rupert Dobson is the Director of the Hoggett Bowers Executive Interim Management Practice. Rupert joined the Executive Search Practice of Hoggett Bowers fifteen years ago and successfully launched the Interim Practice ten years ago. In this time he has delivered numerous senior Interim executives for clients in a variety of sectors and functions, including the NHS.

Rupert is an Executive Committee member of the IMA (Interim Management Association). Rupert is regularly featured in the press and is seen as one of the principal shapers of today's Executive level, Interim management market.

Andrew Dawson is a Director within Hoggett Bowers' Central Government team, as well as working with private, public and not for profit organisations. Andrew works with the specialist health practice particularly on HR assignments, where our clients are interested in recruiting candidates from other sectors.

In his early career, on graduating from Cambridge, he worked as an HR consultant handling assignments in organisation design, management audit, executive incentive pay and talent management.

Throughout fifteen years in senior executive search he has regularly assisted a wide range of clients with human resources recruitment. In addition to recent recruitment for the public sector his sectoral focus is in industry, energy, transportation and infrastructure.

Acknowledgements

Special Thanks

Hoggett Bowers would like to extend our special thanks to the following for their help with this project and in particular for their comments on how our findings compared with their own research work:

Professor Andrew Kakabadse

Andrew Kakabadse is Professor of International Management Development at Cranfield School of Management. He writes a blog on leadership, top team performance and geopolitics, together with his wife Nada Kakabadse at "Kakabadse.com". Professor Kakabadse has published 26 books and around 200 articles and monographs. Best-selling books include 'Essence of Leadership', 'Politics of Management', 'Working in Organisations' and 'The Wealth Creators'. His four latest books are entitled, 'Geopolitics of Governance', 'Smart Sourcing: International Best Practice', 'Corporate Social Responsibility Reconciling Aspiration with Application' and 'Governance, Strategy and Policy: Seven Critical Essays'.

Andrew is co-editor of the Journal of Management Development and Corporate Governance and the International Journal of Business in Society.

Professor Michael West

Michael West is Executive Dean of Aston Business School. He graduated from the University of Wales in 1973 and received his PhD in 1977. He has authored and edited numerous books on leadership. He has also published over 150 articles for scientific and practitioner publications. He is a Fellow of the British Psychological Society, the International Association of Applied Psychologists, The Higher Education Academy, the British Academy of Management and a Chartered Fellow of the Chartered Institute of Personnel and Development. His research interests include team and organisational innovation and effectiveness, particularly in health services. He lectures widely both nationally and internationally on developing effective and innovative organisations.

Professor Michael Osbaldeston OBE

Michael Osbaldeston was appointed Director of Cranfield School of Management, in January 2003, to provide strategic leadership for the School's research, teaching, professional and administrative staff. In 2000-02 Michael was Head of Global Learning in the HR Corporate Centre of Shell International. During 1990-99, Michael was Chief Executive of Ashridge Management College, with responsibility for the strategic development of its management research, executive education and organisation consulting services. Michael's first book, *The Way We Work*, published in 1979, was based on a review of the various approaches to employee participation adopted by major European companies. In 1987, Michael chaired a working party which contributed to BIM/CBI sponsored report, *The Making of British Managers*. Michael is Chairman of the Association of Business Schools, a non Executive Director of the University of Stellenbosch Business School - Executive Education Ltd, a member of the Editorial Board of 'People Management', and a member of the National Forum for Management Education.

Professor Amir M Sharif

Amir Sharif is Professor of Operations Management, and Director of MBA Programmes at Brunel Business School. Amir has ten years of experience working for corporations including JPMorgan, UBS, KPMG, Sony and the BBC. Amir is a grant reviewer for the Economic and Social Research Council, and is an Electoral College Member of the Engineering and Physical Sciences Research Council.

His research interests includes operations and Supply Chain Management, Organisational Decision-making, Information, Knowledge Management and Organisational Learning, Applied Artificial Intelligence and Management Information Systems. Amir has a particular interest in clinicians undertaking management roles. Brunel has developed an MBA programme specifically for NHS staff in addition to its more generic MBA programme.

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We would like to thank all those who participated in the survey and for the views shared with us. In addition we are grateful to the following who have commented on our findings:

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Managing Director, PACT Consultancy

Professor Heather Tierney Moore

Chief Executive, Lancashire Care NHS Foundation Trust

Baroness Wall of New Barnet

Chair, Barnet and Chase Farm Hospitals NHS Trust

Anne Watts CBE

Chair, The Appointments Commission

Diane Whittingham

Chief Executive, Calderdale and Huddersfield NHS Foundation Trust

John Wilbraham

Chief Executive, East Cheshire NHS Trust

Fiona Wise

Chief Executive, North West London Hospitals NHS Trust

Methodology

A questionnaire was sent to the chair and CEO of 360 NHS organisations highlighting the reasons for the study and inviting participants to complete a questionnaire. The questionnaire was divided into sections. The first set of questions focused on the type of organisation and its annual income. Next, we asked about the length of tenure of the current CEO and DoF and that of the previous CEO and DoF, requesting reasons for the departure of the previous post-holders (if known).

We invited all the respondents to make additional non attributable comments to provide insight and context.

In total, questionnaires from 204 organisations were returned, representing a response rate of 57 percent.

The study's respondents included primary care, mental health, acute and ambulance trusts, a small number of national bodies and Strategic Health Authorities reflecting the current structure of the NHS. We also discussed our initial findings with a number of Chairs, senior executives and clinicians to elicit further comments and observations.

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