

# CANVAS

HEALTH EDITION 2019

BY Saxton Bampfylde



## THE CULTURE OF INNOVATION

EMBRACING CHANGE IN HEALTH AND CARE

# WELCOME

Welcome to the 2019 Health edition of Canvas, the insights update from Saxton Bampfylde and its Panorama network.

Our aim is to share interesting thoughts and perspectives on topics and issues that are relevant and current in your sector.

We welcome any thoughts, comments, or inputs you would like to share.

We hope you enjoy this edition!

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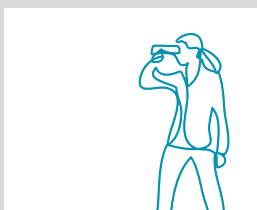
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## EDITION OVERVIEW



**HATTY CADMAN**

**Partner, Head of Health Practice, Saxton Bampfylde**

✉ [hatty.cadman@saxbam.com](mailto:hatty.cadman@saxbam.com)

**H**ealthcare has always been driven by innovation, by clinical and scientific discovery and the ambition always to do more to preserve and enhance life. As the pace of technological advance accelerates and data proliferates, the potential for the digital revolution to transform health and care is real, and immediate. Harnessing that potential, and aligning it with both appetite for innovation and the creation of collaborative healthcare systems is the work ahead for leaders in the sector seeking to maximise these huge opportunities.

System change and the need for greater levels of integration and partnership across health economies has been a central theme in much of our recent work at Saxton Bampfylde. Technology is at the heart of collaborative integration, both supporting different ways of working and enabling information to be shared in ways that become transformative. It promises considerable change, but also requires a significant shift in thinking across the sector, as well as a substantial investment in infrastructure, upskilling for colleagues, and changing approaches to leadership. It is driving cultural as well as operational change and, whilst there remains some scepticism, there is a vanguard across UK healthcare embracing

digital technology as the future and carving new paths for their organisations, leaders, colleagues and patients as a result.


Dame Jackie Daniel is a role model, a leader for whom innovation and partnership working is business as usual, so our interview with her (on page 4) is well-timed. As Chief Executive of the Newcastle upon Tyne Hospitals NHS Foundation Trust, Dame Jackie's commitment to a culture of innovation that empowers colleagues, improves patient care, and brings organisations together is already having a huge impact on the Trust (recently re-rated Outstanding by the CQC) and the health economy. The necessity of a digital approach and the opportunity presented by technology is central to all activity, and Jackie talks compellingly about how this must be considered commercially for success in the future.

The abundance of data produced by a whole population health service in the UK, meanwhile, gives us a distinctive opportunity to improve greatly the integration of care services and provide patients with greater autonomy and control over their own health and care. We talk to another inspiring leader, Samantha Jones, (page 8) at the start of her leadership of Centene UK. Her ambitions for the organisation,

**As the pace of technological advance accelerates and data proliferates, the potential for the digital revolution to transform health and care is real, and immediate."**

and account of how her experience has motivated her to champion and drive forward greater integration across health and care services in the UK, are at the heart of what positive change could look like.

And reflecting on the appetite and need for innovation and collaboration from our feature interviewees, Cassandra Woolgar from our Leadership Services team considers (on page 12) the implications of these changes for healthcare leaders.

We hope you find this edition of Canvas thought-provoking and motivating, and look forward to hearing your reflections on it. 



# PARTNERSHIP IN THE DNA

Interview with **Dame Jackie Daniel**, Chief Executive  
at Newcastle upon Tyne Hospitals NHS FT



Leading one of the most successful NHS Foundation Trusts in the country, we are very grateful to **Dame Jackie Daniel** for finding the time to share her insights and experiences from her time at Newcastle upon Tyne Hospitals NHS FT and previous organisations. With a strong emphasis on the importance of partnership and the potential this brings to the sector, she highlights the strength of communications and the encouragement of innovation to build a culture where partner-working is embraced.

**You have been in your role for just over a year. What attracted you to this role as CEO of Newcastle upon Tyne Hospitals NHS Foundation Trust?**

I was looking for a role that was fresh and would challenge me – that was a key priority. When I started looking at this role in Newcastle, I immediately started to recognise both the challenge and the excitement that it would bring.

This is a really high performing regional centre with a great reputation across both the North East and the wider UK. It had been meeting the constitutional standards and targets while being a going concern financially. It was in a very good place (none of which was my doing), but it made the prospect of working here and the process of the organisation's further evolution very exciting. The Trust is closely aligned with the City's civic partners such as the University of Newcastle and Newcastle

City Council, both with strong leadership and great ambition. This rich mix of partners thinking together about health and innovation presented an excellent opportunity to make a difference.

I don't think there is a place in the UK that is in a better position to deliver on the forthcoming NHS Long Term Plan than the organisations here in Newcastle. I believe we will be able to start to offer something special for the next generation in terms of health and care and that was a huge driver for me in taking on this role.

**You have previously been involved in implementing large cultural change programmes within the organisations which you have led. Has innovation been a priority in delivering sustainable cultural change?**

I do think that we need to be clear that innovation can mean many things

to different people. In terms of cultural change, innovation is about the way in which you move relationships on and work with people. At Newcastle Hospitals we have 15,000 employees and thinking about how as Chief Executive I really connect with people across hierarchies and sites requires innovative thinking. I am a social media fan and I often use different media to communicate with staff in an imaginative and creative way. We have also established programmes of work that bring people together with areas of common interest. In Newcastle I am leading one called Flourish which I also worked with in my last organisation. It is a totally flexible programme and extends across all employees. It focuses on listening to staff to establish how we can create an environment that enables them to bring their best to work and allows them to really flourish. This really has innovation and staff involvement at the heart.

It is important to get staff into a 'discovery' rather than 'defence' mindset. This comes from them feeling supported and valued and can make a transformational difference to patient safety and feedback, as well as staff sickness and absence.

**Can you share an example of an innovative approach that has made a difference to the approach or culture of an organisation where you have worked? Did you implement this in your previous organisation and how has it evolved since then?**

What I would really emphasise is that any innovation or change does need to be tailored to the organisation, the environment, the people and what you are trying to achieve in terms of strategic objectives. In Newcastle, we have a lot of people interested in innovation, research and new product development for example.

A key example to highlight in more detail is

## **"This rich mix of partners thinking together about health and innovation presented an excellent opportunity to make a difference."**

the Flourish programme, which was implemented in my last organisation but has been evolved for Newcastle. Through this programme we hold 'big conversations' where we issue open invitations and regularly get around 200 people there at a time, ranging from consultants to scientists, porters, nurses, catering staff and receptionists. They set the agenda for the programme. We are working on a range of things, including keeping minds and bodies fit and healthy. This may seem rather obvious, but when they are not properly supported there is a risk of burn out and stress. We look at what we can do within the working environment, including our food and catering outlets and what opportunities for memberships of physical exercise classes and social organisations there are.

Another key area is behaviours as we want to try and set particular standards. A cross-profession working group has begun work to develop a behavioural charter and establishing how we share this with staff.

Flourish is pretty freeform and can seem a bit daunting, but we have a group of people who are working on how you can bring that together and it moves and flows. We want it to be as agile as possible, only working on projects and initiatives that offer a benefit to staff.

**How innovative is your approach to partnership working?**

Innovation works best when you bring partners together. At Newcastle there has historically not been a great track record

of working in partnership or collaboration with other organisations. I believe that we can really achieve our best when we use the diverse skills of a partnership arrangement, which is why I am working hard on links with the Newcastle City Council, University of Newcastle, as well as across the commercial and voluntary sectors. We are keen to build these relationships to create physical spaces across the city where people can come together and consider ways to transform and innovate in health, wealth and wellbeing.

In Newcastle we have the National Institute for Ageing with lots of expertise across different sectors and this gives us a leading edge in the UK. It is a true partnership between three big civic groups in the city and is attracting new business, which in turn is driving up economic growth and regeneration. We are continuously thinking about how we can shine a light on opportunities for different sectors to engage and how many more people can we bring into full-time employment in health and care. It is attracting a lot of commercial interest to the city, and this is helping to develop businesses locally.

This is absolute vital innovation, as wealth brings better health overall. It is so inextricably linked, and you can just see the vibrancy of the city and the potential for growth. Our hospitals are at the heart of that innovation, and the regeneration of spaces in the city provides an excellent opportunity for our staff to get into discovery mode and contribute to its development moving forward.

**Looking more broadly, how much opportunity do you believe innovation has to thrive in the UK health and care sectors?**

There really are endless opportunities. However, as health leaders we need to think about how we are prioritising the

innovations and how we translate some of the stratospheric opportunities across the hospital environment for all to understand. I am continuously moving between very local innovations and panning out to international opportunities, and this can be difficult to communicate effectively.

For example, I was in Boston recently with a group of colleagues from health, care and university settings looking at how we might link up with the Age Lab that has been set up at Massachusetts Institute of Technology (MIT). Trying to connect what is being done there with what we are doing here in Newcastle can seem quite remote, so it is vital that we get the narrative right. We need to be connecting with staff, telling the story and explaining why our focus on aging and the link with this project has the potential to be revolutionary. Not just for Newcastle, but for health outcomes and next generation of health and care across the region and beyond. The work we are doing today has the potential to leave a legacy for generations to come - helping people to age better and live a full life into old age.

## **"The work we are doing today has the potential to leave a legacy for generations to come."**

Another key area of innovation for us is in the field of robotics and digital surgery. We are one of very few hospital Trusts that is training staff in digital and robotic surgery. It is an absolute game changer for patients and their experience of care and treatment.

I really don't believe that innovation has boundaries; it is just a case of how fast we can get there.

### **Are there barriers or enablers that you would particularly highlight in this context?**

In order to optimise any of these innovation opportunities, an organisation needs to be in a really good state of readiness. Newcastle is already such a high performing organisation in every sense that it has the ability to be an edge leader. We have the capability here to think about innovation, but we have also the people who can work to deliver it. That key mix is not universal, but there are others including the big teaching hospitals and NHS Foundation Trusts across the country who are also able to really take advantage of innovation.

The fact that we are about to embark on a new NHS Long Term Plan in health opens up

opportunities too. It feels like a permissive context in which to be working with many of the arms' length bodies such as NHS Improvement and NHS England supporting the service. They too seem to be looking for people who can help drive this forward and are supporting us as we look to the future together.

### **How is technology helping to drive innovation in the health and care sector?**

We believe here in Newcastle we are among the most digitally-enabled Foundation Trusts in the UK at the moment. We have been highlighted as a global digital exemplar and are working in partnership with NHS Digital and NHS Improvement to push the digital boundaries as much as possible.

We have well-connected care records, right from general practice and across the network of hospitals in the North East. For example, at the push of a button a consultant can access GP notes or vice versa with images available from theatre for a GP. All our notes, measurements and prescriptions are kept digitally with no paper. Our staff use digitalised rotas which allow them to log in and out, meaning no completion of timesheets is required.

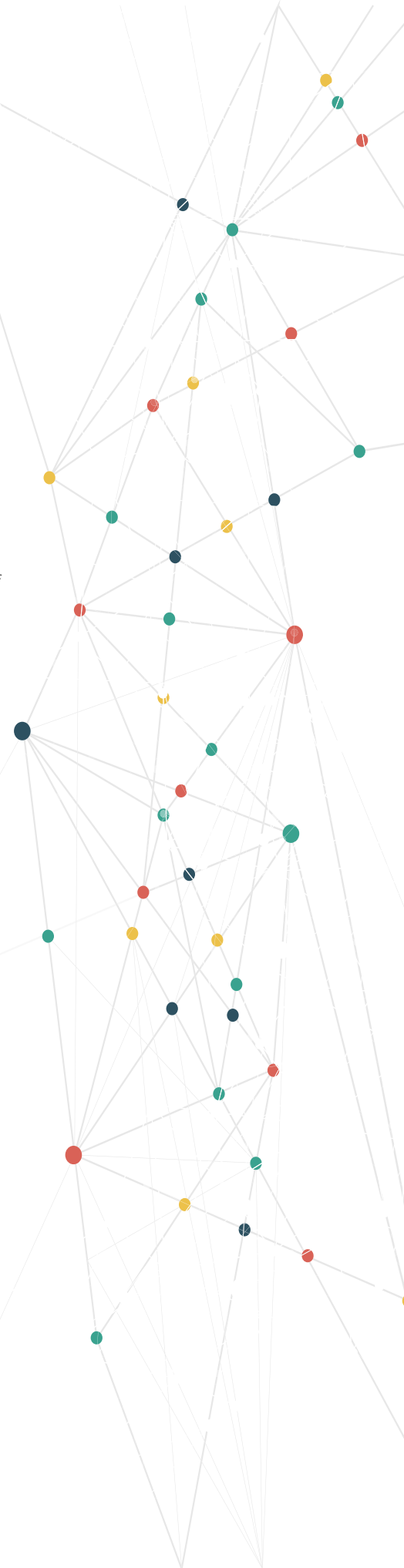
We have also introduced a new system for requesting a porter's services, which is bit like ordering an Uber. It works through a handheld device and a clear tracking system makes the whole thing much smoother and more effective, which is paramount from a logistics perspective when running a billion-pound organisation.

The crux of this is that the technology has to work. We have learned such a lot along the way and adapted as we have gone. We are continually working with the teams to establish the best technology to help them and to ensure our patients receive the best, most efficient care.

### **Has the greater use of technology required more investment in staff training?**

It has taken significant levels of training, but to get everyone on board we have had to go that extra mile. Everything is online, all our statutory, mandatory training is done digitally. We do recognise that we are running busy hospitals, but we needed to be creating bandwidth and even offered the opportunity for an extra day's leave to get the training completed. There are younger staff who need less training but there are cohorts who require quite a lot of support.

The Trust's status as a leader in this area of digital in health and care engenders massive pride for staff: they are part of something that is really developing. I am very interested to see how these advancements will affect where people go and work in the future and how we recruit here in Newcastle. If you can work in a place that makes doing what our staff do each day much easier - digital solutions have the opportunity to provide a very interesting evolution for the NHS, challenging the more





traditional bureaucracy and hierarchy, I believe that is exciting. As a leader you have got to be prepared to let people make decisions and take risks, and this is an important part of how we are aiming to evolve culturally.

**You work in very large multi-discipline organisations. How do you overcome the complexities of communication and drive partnership working?**

A few years ago, in a previous role, I developed a framework around communications and this has stood me in good stead. There are three key areas in the framework. The first one I focus on is leadership and I spend a lot of time in this area. I spend time meeting with small and large groups of leaders at different points of the year in both formal and informal settings. I firmly believe in connecting with leaders, talking and listening about what good leadership looks like, hearing some of the issues, and discussing with staff the importance of their responsibilities in sharing information and communicating.

The second area that I look at is what I refer to as 'System 1' or the 'Science' – the board to ward Governance and performance management structures making sure that the processes are in place, weekly team briefs happen and that clear lines of communication exist. Sound governance structures and processes and clear lines of accountability are key.

The third area that I call 'System 2' or the 'Art' is much more about encouraging coalitions and networks amongst groups of staff with communities of interest or activity. This area is much lighter touch and we establish different forums for getting together. We have many less formal "networking" groups which offer a great deal.

Finally, the use of multiple channels for communications is vital. I am supported by a great comms team and I really believe investment in that is vital. I use social media at the heart of my communications and write a blog every fortnight, come what may. Consistency is essential, and the information has to flow through your leaders, your formal structures and through the whole tapestry of staff appropriately and sufficiently to make it inclusive. You really can't do that through one channel.

**Do you think that coaching and mentoring programmes are necessary and sustainable within the health and care sector?**

In my opinion, this should be part of the day-to-day DNA of any health organisation. I actively encourage coaching and have always believed in it. We have implemented the equivalent of a coaching academy internally and have worked hard to encourage and enable a coaching culture.

**"We need to think about how we are prioritising the innovations and how we translate some of the stratospheric opportunities across the hospital."**

This is particularly important amongst leaders, encouraging them to talk to staff, undertake performance management and conduct appraisals with a coaching conversation style. We prefer to equip our staff and leaders by training them in this style internally, rather than buying in lots of coaching hours onto already very busy schedules. Coaching really is core to making the organisation and the management of its people sustainable.

**You are a champion of sustainable healthcare. What does this look like to you?**

It all starts with your people; they are the most valuable asset. It is important that we are bringing absolutely the best version of themselves to work and that they feel valued for doing so. This drives quality and improvement right across the organisation.

A health organisation must be technologically and digitally enabled. The people and the technology are core areas of investment that cannot be ignored.

Most organisations talk about implementing a sustainability plan, but typically that is a cost improvement plan and that is not what I am talking about here. Over the next three years in Newcastle we are moving forwards with our sustainability plan – it is about enhancing productivity, the elimination of waste and maximising efficiency in a range of ways. Sustainability isn't just about one or two things, it is considering it in a number of connected areas. We will be working in an integrated way with partners across our network regionally and nationally. We are also building global partners as that is what will really help us to make our Trust sustainable – inward investments and innovation, learning from the best.

I have to finish by emphasising the point that better health is inextricably linked to economic wealth. It is vital therefore for the sustainability of health organisations, both here and internationally, that they maintain a clear level of commercial astuteness and proactively look to work with business partners now and in the future. **Q**



**DAME JACKIE DANIEL**  
BIOGRAPHY

Dame Jackie joined Newcastle upon Tyne Hospitals NHS Foundation Trust as Chief Executive Officer in March 2018.

Dame Jackie began her NHS professional career as a nurse before moving into NHS management. She has been a Chief Executive Officer for the last 16 years and has led Acute, Mental Health and a Specialist Trust. She is former Chief Executive Officer of University Hospitals of Morecambe Bay NHS Foundation Trust which she joined in 2012 and led out of special measures.

Dame Jackie was recognised in the 2017 Queen's New Year's Honours for her services to health care. She has a degree in Nursing Studies, a Masters degree in Quality Assurance in Health and Social Care and is a qualified business and personal coach.

Jackie is an Executive in Residence with Lancaster University Management School and an avid commentator on NHS related issues such as integrated care systems and creating a sustainable NHS for future generations. She is passionate about the role leadership plays and is a strong advocate of the creation of diverse leadership and the promotion of women in leadership roles. She is a firm believer in liberating potential through engaging and supporting people.



## Interview with **Samantha Jones**, Chief Executive, Centene UK



Right at the start of her new position as Chief Executive of Centene UK, we were delighted that **Samantha Jones** talked to us about what attracted her to the role in the newly formed UK operation of the established American organisation. Sharing her personal and professional experiences, Sam talks openly and enthusiastically about the absolute need for greater integration of care services and the fundamental role that enhanced data availability and usage will play in positively improving health and care at a local and national level in this country.



**Y**ou have been in your new role as Chief Executive of Centene UK for only a couple of months. What attracted you to the business?

My attraction to the organisation stems from professional experience, but it was also particularly underlined by a recent personal experience.

I was formerly a Director for NHS England leading the vanguard of the national programme focused on prototyping new models of care and working to better understanding where and how integration was needed.

When I stepped down from the national programme I had a bit of a break and was privileged to spend a lot of time with my godmother from her initial diagnosis of motor neurone disease to her death six weeks later. Spending time with someone at the end of life is a privilege, and I felt very lucky to be with her. However, I was also able to see for myself first-hand how the integration of care in London is so incredibly difficult to do. The inability of the multiple care professionals visiting her on a daily basis to communicate with one other was a real challenge for them, and it was really because our systems do not enable this to happen yet in a meaningful way. They were professionally fantastic but there was so much duplication and waste of medication and teams, for example. These are the things that we know are not great but I saw it in real time in a very personal way.

I made a decision then based on that experience – I could see that it was going to be really hard to change the systems and that it would be very hard to rewire, not just from a policy perspective but even more importantly from the cultural shift

associated with it. However, I knew that this was what I needed to do.

It really felt that I was offered the opportunity at Centene UK at the right time – Centene has significant experience that we can learn from, as 95 per cent of the revenue is Government-funded, and it believes that the best solutions are the local ones, which we know also to be the case. I wanted to work with a company that has significant experience in supporting and enabling integration across the world and that is where I now am.

**“I was able to see for myself first-hand how the integration of care in London is so incredibly difficult to do.”**

**You’ve held senior leadership roles in both the NHS and private health businesses: what do you see as the differences in the way public and private sector organisations approach and support innovation?**

My career for 28 years has been in the public sector, with two in the private sector before joining Centene UK, so my experience is heavily biased one way. I think it is probably unhelpful framing the two sectors against each other because I believe

we have a significant amount to learn from each other.

In the private sector there is a greater sense of challenge and energy to meet targets, as well as greater agility and speed to get there. The mindset is one where if you say you are going to do something then you do it. That also means there is greater adoption of change in this environment – it is almost part of the DNA.

However, I firmly believe that in the public sector we totally downplay achievements of innovation. We don’t spread the innovation as wide as we need to or support it often enough outside the immediate team it will benefit.

I made the decision to move to the private sector because I think I can learn and bring public and private perspectives together to improve care for the patient we are serving. We need to learn and share with each other, that is absolutely fundamental.

**How is Centene UK impacting the health and care space in the UK?**

We are right at the beginning of the journey in the UK. We are effectively a start-up in a large global company, with the aim of supporting and enabling integration in the health and care sector in this country. So, I think it is probably too early for me to answer this question fully yet.

However, what I do know is that the capabilities and work in integrated population health systems in Ribera Salud in Spain and from the US, which are supported and backed by Centene are those which we could capture and use in the UK. For example, the ability to take a population-based health data set and identify those individuals both at risk now and in the

## "I think there is a challenge and responsibility for us to oxygenate and enable that innovation to happen consistently."

future, if the right care intervention is not undertaken, is significant. Greater integration is required to offer local care systems access to single source truth-segmented data with multi-agency teams using care management portals to help patients. We need to be open with teams and our datasets. If everybody is working to the same system with the same data we will have much better success.

However, it is not just about the data and the technology for the sake of it; it is about using the technology to enable change to happen faster through both the professionals and the patients.

Centene has significant experience in utilising tech and data through the individuals providing the care. One aspect I really like is the use of Centene University which trains and supports leaders, both clinical and non-clinical across the organisation to better understand change required in each care system built around the user. This is really about making our care systems better and more efficient.

**How innovative do you consider the broader health and care system in the UK to be? Is there enough encouragement and resource to ensure both the innovation, and the system more broadly, thrives?**

I think our health and care system is innovative, absolutely, and I think there is encouragement for this, but I think there is a challenge and responsibility for us to oxygenate and enable that innovation to happen consistently. We really need to be enabling our teams and professionals to be the very best they can be as that is how innovation flourishes and thrives. In the UK I think innovation is more about the softer culture piece, rather than the harder policy piece.

**How is technology helping to drive innovation in the health and care sector, considering both private and public providers?**

If you consider that four out of five adults

own or use a smart phone and manage to control almost every aspect of their lives from these devices, we really must start enabling patient and/or carers to have more control of the care that is needed.

We are helping to develop a care sector that is fit for the years ahead and this needs to be consistent. I am not talking about applications specifically, what I mean is if someone phones up a care provider, GP or other care professional then that patient or carer is identifiable easily. It doesn't take away the fundamental right to data security or stopping the conversation between a patient or carer and the professional but we really need to start providing both sides with the data to make the right discoveries. Greater use of technology and integration is freeing up the time to do the right things. We are not talking about replacing people, and that is a challenging area of conversation, it absolutely is about using their very best skills and removing the need for the tasks that they don't need to do.

**Looking more specifically at Centene UK how integral is technology in the organisation's strategic approach? Can you share an example of this?**

I think it is probably too early for me to talk specifically around this either. However, what is fundamental to the global perspective is accelerating and enabling changes that are required in health and care at a population health level and encouraging the most effective and efficient use of time and skills. We are looking at examples in our work in areas such as YO Salud where everything is open and the patients communicate all the time with the doctors, without inundating or flooding GPs with information.

**How does Centene UK look to engage with partners and what are the criteria in which you aim to collaborate?**

It is all about picking the right partnership. I view it almost in the same way as when my husband and I picked each other – we shared the same values and wanted to spend time together doing the same


things. It is exactly the same in a working partnership. You need to consider if you have a common purpose, if the values are shared and whether the resulting benefits and combined culture can be maximised by existing in partnership together.

Our role at Centene, to be very clear, is to work to the care sector. It is to enable the Foundation Trusts, Community Trusts and local authorities to do the work that needs to be done to support system integration. We therefore need to have the right relationships and behaviours to do that and we fully understand that.

**Centene is part of a broader global organisation with a particularly large focus in North America and operations in Spain. How are innovations in other health and care systems impacting on the approach being taken by Centene UK?**

Centene is a large corporation and it has presence in the majority of the states in North America. We are looking to learn from what is being done in these other geographies and make it context-specific for us here. The thing that I absolutely know is that there is no point in a 'lift and shift' attitude; it really must be right and appropriate for the UK and how we can work here.

**Finally, can you share your aspirations for Centene UK over the next 3-5 years?**

I want to know that we are a fundamental part of supporting and enabling integration of care models because this is a continuation of things that I have done throughout my professional life. People don't get ill in silos, we all know that, and we also know that care integration is hard to do but we really want to do it the very best way that we can. Ultimately, I want to be working alongside many organisations and teams across the country to make a quantifiable difference to those people who use care services. 





## SAMANTHA JONES

### BIOGRAPHY

Samantha started her NHS career as an adult and paediatric nurse and was a national management trainee. Having worked in a variety of operational management roles, and in the national clinical governance support team, she became the Chief Executive of Epsom and St Helier University Hospitals NHS Trust. Following this, Samantha worked in the independent sector before she was appointed Chief Executive of West Hertfordshire Hospitals NHS Trust in February 2013.

In 2014, Samantha was named as the Health Service Journal's (HSJ) Chief Executive of the Year, and West Hertfordshire's 'Onion' was highly commended in the patient safety category of the same awards. 'Onion' was an initiative which focused on supporting staff to be open and transparent about concerns and empowered them to help address them.

Until June 2017, Samantha was Director of the New Care Models Programme, leading on the implementation of the new care models outlined in the NHS Five Year Forward View. This included launching 50 vanguards to take the lead developing new care models to act as the blueprints for the NHS.

Following a period of working independently across a range of private organisations and institutions, connecting business and industry with health to design and deliver better healthcare solutions, in January 2019, Samantha was appointed as CEO/President of Centene UK to lead the UK's strategy aimed at enabling and supporting integrated care across the UK.

## LEVERAGING TECHNOLOGY TO MEET POPULATION NEEDS

### YO SALUD CASE STUDY



**YO Salud** is the health portal for the Ribera Salud Group in Spain, providing citizens with multi-modality worldwide access to their personal medical records, a secure communication channel to interact with their care providers, and health promotion and education content specific for their age, sex, and existing health conditions.

Currently utilised by more than 135,000 citizens (44 per cent of the population covered), YO Salud actively engages citizens in the management of their health needs via the portal resulting in increased citizen satisfaction with their care experience, reduction in care gaps within the population and a reduction in face-to-face primary care visits. It has also resulted in a significant reconfiguration of the Primary Care workload.

#### CITIZEN FUNCTIONALITY:

- Appointment scheduling and requests
- Secure citizen to nurse/doctor communication with 48-hour response times, average response time 22 hours
- Video consultations with nurses and doctors
- Health assessment questionnaires
- Comprehensive medical record
- View lab and radiology results
- Ability to upload electronic clinical documents
- Register and share information and home monitoring results for chronic conditions

YO Salud has also benefited the clinician community serving the population, significantly impacting daily workflow and how primary care practice operates within Ribera Salud with dedicated "administration time" to access YO Salud each day to manage citizen questions and inter-clinician communication.

#### CLINICIAN FUNCTIONALITY:

- Secure clinician to citizen and clinician to clinician communication
- Access to comprehensive integrated medical record
- Access to lab and radiology results
- Active management of patient lists
- Inter-clinician video consultations

# CHANGING HORIZONS

## HOW TO KEEP A HEALTHY BALANCE



**CASSANDRA WOOLGAR,**  
Partner in our Leadership  
Services practice, considers  
the importance of creativity  
and innovation in our leaders  
of today and tomorrow. She  
highlights how important

it is to understand the distinction  
between the two, whilst recognising and  
encouraging them across organisations  
to bring about change and develop  
health and care leadership with very  
positive results.

**S**axton Bampfylde has built a strong reputation over 20 years for finding and nurturing leadership talent in the UK's health and care sector.

As trusted partners in this area, we have championed bringing the most talented, innovative and strategic leaders to the public and private organisations and groups that provide health and care in the UK and internationally.

Over time the sector has evolved and developed considerably. The rise of technology and the enhanced capabilities and potential to revolutionise the way health and care is delivered has made the necessity of change a constant. The management of such a significant rate of change requires strong leadership; more so than ever before. It also places a far greater spotlight on the need for strong working and management cultures where innovation, communication and collaboration are all fundamental.

Within this environment the importance of culture and creativity are critical areas to consider when appointing, advising or coaching leaders. We work closely with clients to support, assess and advise in these key areas and would like to share some of our experience and learnings.

### CULTURE IS KING; CULTIVATE IT

Culture is created by people, specifically those leading an organisation. Their values and behaviours can shape those of others, often unknowingly encouraging or discouraging the actions of others. For established cultures it is vital that the desired culture, values and actions, are tied into organisational policies and values. Leaders should be aware of their own behaviours and values in order to determine where these are beneficial or should be adapted, and to be aware of how others may have different values, and hence need motivating differently to themselves.

### LETTING CREATIVITY BLOSSOM

The key to successfully bringing a focus to this area is understanding the difference between creativity and innovation and the impacts of each on an organisation: put simply, creativity is the generation of ideas and innovation is the implementation of ideas. Leaders can be good at both, one or neither. Identifying this is an essential first step when considering where energy should be directed to ensure the greatest productivity and the right team, working together to build the right culture to breed both creativity and innovation. Leaders who are creative can be great at generating ideas and original thinking, but they need to ensure they are not so creative that their ideas get diluted due to quantity or that others struggle to understand the concepts. They need to be careful to pick out the ideas worth pursuing, consider implementation enough and ensure they don't neglect listening to other people's ideas.

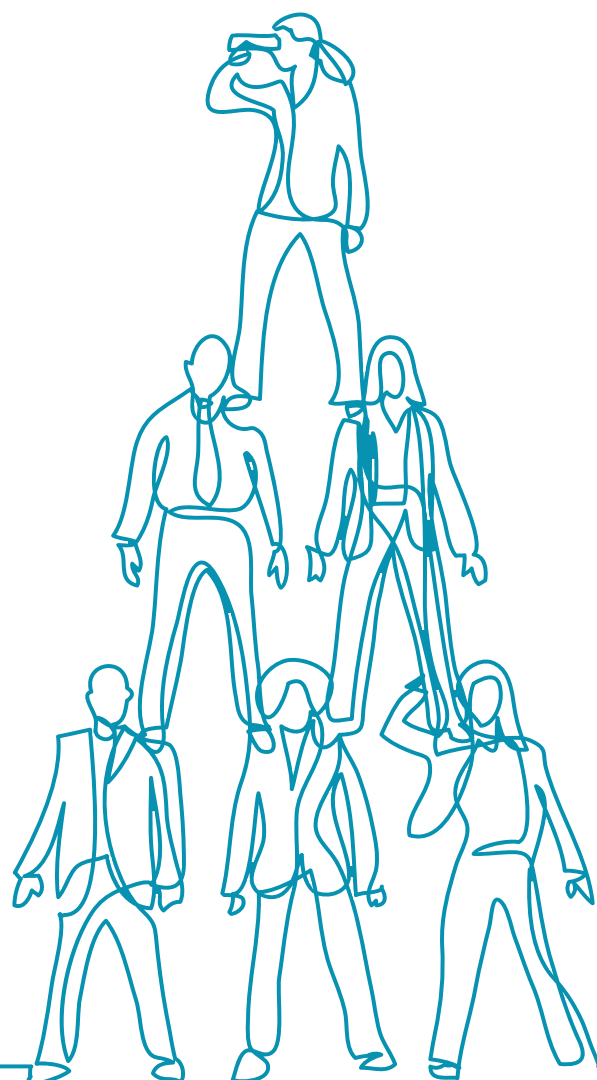
### INSPIRE TO INNOVATE AND CREATE

Leaders who are innovative can be great at bringing ideas to fruition, but they need to ensure that they are listening to others and drawing on the creativity in the organisation. They need to be willing to implement other people's ideas and to help highlight the practical considerations without stifling inventiveness.

Collaboration is essential at all stages, to harness creativity of ideas and innovation for implementation. Leaders who are less innovative and creative themselves can still create the right culture to draw on others for the creativity and innovation: be open to innovation, open to listen to others, willing to try new things, creating a no-blame culture to allow creativity and innovation to thrive.

Saxton Bampfylde works with experts who have completed research and consultation around creativity and innovation, running 'hackathons' to draw creativity out of the people in an organisation and guide innovation. We also work at the individual level, coaching to help leaders understand their own strengths, and harness the skills and culture needed. If you would like to know more or discuss these services in more detail, please contact Cassandra, we would be delighted to talk further.

✉ [cassandra.woolgar@saxbam.com](mailto:cassandra.woolgar@saxbam.com)





# LIVE BREATHE DATA

Our 2018 thought piece, *Live Breathe Data*, responded to the increasing demand from Board leaders in the health and care sectors to understand more about how the proliferation of data and digital innovation are changing operating models and leadership dynamics across these two wide-ranging sectors. In the report, we looked at emerging ideas and changing practice, and drew some conclusions from steps the most effective Boards are taking to enable their organisations to benefit from these huge potential changes.

Following the report, Saxton Bampfylde's Health team, led by Hatty Cadman, has hosted a series of events across the UK for Board leaders in public and private health and care. These events have offered an opportunity for confidential discussion of the challenges and opportunities facing senior leaders as they strive to ensure health and care provision is fit for the future. Best practice, innovations having real impact, and potential obstacles have been shared and debated, and new relationships forged, particularly between private and public sector potential partners.

In particular, discussions have considered:

- **The increasing importance of potential digital transformation for boards, and some approaches to enable Boards to consider it properly, given operational pressures;**
- **The importance of integrating consideration of digital change into the overall strategic approach of organisations, so that it is an enabler rather than an end in itself;**
- **A recognition of the need for greater collaborative and partnership working, both inside and beyond the NHS and even outside the UK;**
- **The cultural and operational impact of introducing technology and innovative working models and the importance this has at executive and board level;**
- **The importance of overcoming reputational challenges to encourage more effective collation and aggregation of data;**
- **The new skills and sector experience required at senior level, as well as that coming through the sector;**
- **And the changing expectations of leaders in digitally-enabled environments, and the different sorts of leadership behaviours that are likely to be required in the future as a result.**



**This is a rapidly evolving area and we welcome any comments, thoughts and insights from those within or considering joining the sector.**

To download a copy of *Live Breathe Data* visit our website: [www.saxbam.com/live-breathe-data](http://www.saxbam.com/live-breathe-data)

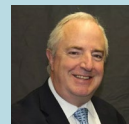
# KEY APPOINTMENTS

**Saxton Bampfylde and its global colleagues around the world advise many health leadership roles. We are delighted to share with you a selection of some of the appointments that we have been privileged to work on recently.**



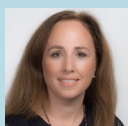
**PAULA VENNELLS**  
Imperial College  
Healthcare  
Chair

Paula Vennells CBE became Chair of the new Imperial College Healthcare NHS Trust in April 2019. She joined the Trust from the Post Office, where she is Group Chief Executive. Paula is an experienced leader in business. She is a Non-executive Director at the Cabinet Office and sits on the Board of Morrisons Plc. Prior to the Post Office, she held senior positions at Whitbread and Argos, beginning her career with Unilever and L'Oreal.



**ED SMITH**  
HCA Healthcare UK  
Chair

Ed Smith was appointed Chair of the new HCA Healthcare UK advisory board. The Board was set up to support HCA UK's agenda around quality care and sector-wide collaboration, and provide strategic insights and guidance to the HCA UK leadership team. Ed brings huge experience to the role, as the former Chair of NHS Improvement and Deputy Chair of NHS England. He is also the former Global Assurance Chief Operating Officer and Strategy Chair of PricewaterhouseCoopers (PwC).



**BETSY BASSIS**  
NHS Blood and  
Transplant  
Chief Executive

NHS Blood and Transplant announced the appointment of Betsy Bassis as its new Chief Executive. Betsy has been working as the Chief Operating Officer at Defra for the past four years and has managed wide-ranging and complex transformation programmes, including large scale IT programmes. Prior to joining Defra, Betsy spent twelve years at Centrica/British Gas.



**BARONESS JULIA NEUBERGER**  
UCLH  
Chair

Baroness Julia Neuberger DBE became the Chair of UCLH in February 2019. Throughout her career, Julia has made an extensive contribution to healthcare policy and management. In the 1990s she was Chair of the Camden and Islington Community Trust and she has been closely involved with national reports on the Liverpool Care Pathway and the Mental Health Act Review.



**PROFESSOR KARIM BROHI**  
London Ambulance  
Service  
Non-executive Director

London Ambulance Service has announced the appointment of Professor Karim Brohi as Non-executive Director to its Board. Professor Brohi has worked as a consultant in trauma and vascular surgery at Barts Health NHS Trust since 2006 and is the clinical lead for pre-hospital care. Since 2014, he has been the Clinical Director of the London major trauma system, incorporating four specialist trauma centres, and the care of over 15,000 patients a year.



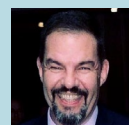
**MICHELE ACTON**  
Royal Society of  
Medicine  
Chief Executive

The Royal Society of Medicine (RSM) has announced the appointment of Michele Acton as Chief Executive. Michelle will join the RSM from the eye research charity Fight for Sight where she has held the position of Chief Executive since 2006. She is also a Trustee of the Centre for Ageing Better, a member of the What Works Network. She worked previously as Chief Executive at UCL Hospitals Charitable Foundation and before that as an investment banker, latterly at HSBC Investment Bank.



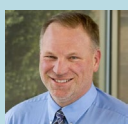
**ANDREA SUTCLIFFE**  
Nursing and Midwifery  
Council  
CEO

Andrea has over 30 years' experience in health and social care and joins the NMC from the CQC where she was Chief Inspector of Adult Social Care. She joined the CQC from the Social Care Institute for Excellence where she was Chief Executive 2012. Previously Andrea was Chief Executive of the Appointments Commission and was an Executive Director at the National Institute for Health and Clinical Excellence for seven years. She was awarded a CBE for services to adult social care in the 2018 New Year's Honours List.



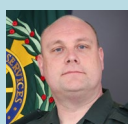
**FLAVIO SANTORO**  
Alnylam  
Pharmaceuticals  
Country Manager, Brazil

The US-based global pharmaceuticals company, Alnylam Pharmaceuticals, has appointed Flavio Santoro as Country Manager in Brazil. Flavio brings 26 years of experience in the Pharmaceutical Industry in Sales, Sales Training & Marketing and joins after 5 years at Biogen Idec as Sales and Marketing Director.



**KEVIN VAN DEN BOSCH**  
Samaritas, USA  
COO, Child & Family  
Services

Samaritas, one of the largest private foster care agencies and provider of refugee services in the US which offers independent and assisted living, rehabilitation centers, and skilled nursing centers, has appointed Kevin Van Den Bosch as COO, Child and Family Services. Kevin joins following a long career at Wedgwood where he held the role of COO for four years.



**RICHARD LEE**  
ST JOHN AMBULANCE  
COO

St John Ambulance has appointed the former Director of Operations at the Welsh Ambulance Service (WAST) as Chief Operating Officer in a new role created to drive forward the charity's vision of building safe and healthy communities. Richard Lee, a registered paramedic and former RAF medical assistant who has worked 25 years in the NHS ambulance sector, joined as COO.



**SALLY WARREN**  
THE KING'S FUND  
Director of Policy

Sally Warren, current Director of EU Exit Preparedness and Response at the Department for Environment, Food and Rural Affairs (DEFRA), has been appointed as the new Director of Policy at The King's Fund. Sally has extensive experience of health and care, having previously held positions at the Department of Health and Social Care, Public Health England, the Care Quality Commission and, the Cabinet Office.

# VIEW FROM THE RIVER

## TEAM INSIGHT



Take a closer glimpse into the people at Saxton Bampfylde and its global partners with our regular team insight feature 'View from the River'.

## BRETT ANDERSON

PARTNER AND CONSULTANT, HEALTH PRACTICE

### PAST, PRESENT AND FUTURE WITH SAXTON BAMPFYLDE

Since joining the firm in 2012, my role has developed to cover health, higher education and the space between. Working with leaders and their teams to understand the skills that will move their strategy forward, while also parsing the type of personality that would complement the current team, is a challenging goal which makes every day in this role exciting and different.

### RAINY DAY DREAMS

The six years I spent living in Scotland have clearly had an impact, because I love being outside in the rain, but I do understand the desire to run in from the cold. I'm originally from a small town outside Chicago and one of my favourite memories is rushing into the Art Institute of Chicago during a blizzard. The Art Institute is one of



Art Institute of Chicago

my favourite places to explore, looking at the Thorne Miniature Rooms, modern wing and the Museum's famous collection of impressionist paintings.

### PASSIONATE ABOUT

If I had my way, every holiday would involve diving.

### HOT TIP

I love taking a walk with the deliberate aim of getting lost. Using the time to just really look around and experience makes time slow down and old haunts seem new.

### WHO - DEAD OR ALIVE - DO YOU VIEW AS A PARTICULARLY INSPIRING LEADER, AND WHY?

This job has taught me that leaders can only be successful through contributions of a dedicated and passionate team, so I have always preferred to take the time to think about the people who are making real contributions to our day to day lives. The ability to empower, support and challenge, alongside a good dash of humour, goes a long way. If I had to choose one person,

Greta Thunberg continues to be an inspiration; it takes a lot of courage to speak truth to power in that way.



Greta Thunberg

### AND FINALLY....

### IS A PROVEN

### TRACK RECORD IN

### PARTNERSHIP WORKING BECOMING MORE IMPORTANT IN HEALTHCARE LEADERS?

Deepening integration between organisations and systems has been a key thread of healthcare discourse for some time. Now we have the opportunity to really think about what this means for our leaders and the team around them as they realise that strong performance is increasingly dependent upon positive and creative partnerships across the space.

### GET IN TOUCH WITH BRETT

✉ [brett.anderson@saxbam.com](mailto:brett.anderson@saxbam.com)



# Saxton Bampfylde

9 SAVOY STREET  
LONDON WC2E 7EG  
+44 (0)20 7227 0800

46 MELVILLE STREET  
EDINBURGH EH3 7HF  
+44 (0)131 603 5700

[www.saxbam.com](http://www.saxbam.com)

## **SAXTON BAMPFYLDE MISSION STATEMENT**

We exist to change the world by changing leaders in interesting and important organisations. At the same time we aim to create an environment wherein all members of our community can grow to their fullest extent emotionally, intellectually and spiritually.

*Saxton Bampfylde is an employee-owned business*

## **GLOBAL HEALTH TEAM** **KEY CONTACTS**

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### **UK**

Hatty Cadman Partner, Head of Health Practice  
[hatty.cadman@saxbam.com](mailto:hatty.cadman@saxbam.com)

Brett Anderson, Partner, Health Practice  
[brett.anderson@saxbam.com](mailto:brett.anderson@saxbam.com)

### **GERMANY**

Anya Schelte, Partner, Delta  
[anja.schelte@delta-maco.de](mailto:anja.schelte@delta-maco.de)

### **AUSTRALASIA**

Jackie Besley, Partner, Cordiner King  
[jackie.besley@cordinerking.com.au](mailto:jackie.besley@cordinerking.com.au)

### **NEW ZEALAND**

Michelle Hawkins, Partner, Hobson Leavy  
[hawkins@hobsonleavy.com](mailto:hawkins@hobsonleavy.com)

### **NORTH AMERICA**

Patrick Kenniff, Partner, Kenniff & Racine  
[pkenniff@kenniff Racine.com](mailto:pkenniff@kenniff Racine.com)

Craig Buffkin, Partner, Buffkin/Baker  
[craig@buffkinbaker.com](mailto:craig@buffkinbaker.com)

Shelina Esmail, Partner, PFM Executive Search  
[shelina@pfmsearch.com](mailto:shelina@pfmsearch.com)

Blaire Miller, Partner, The Hunter Group LLC  
[blaire.miller@huntergroup.com](mailto:blaire.miller@huntergroup.com)

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firms around the world.  
[www.panoramasearch.com](http://www.panoramasearch.com)

