



Saxton Bampfylde

Road to Recovery

Integration, inclusion and innovation
in the Healthcare sector

After a period of unprecedented change and challenge for the healthcare sector there is much to reflect upon to help aid recovery. In this reflection we believe that there must be a clear emphasis on learnings – what worked and what didn't – and how these can be integrated in to delivering meaningful and people-centred models for the future.

Saxton Bampfylde is delighted to bring you a short series of interviews from senior leaders across a range of health and care settings to discuss and demonstrate the importance of learning, challenging and innovating to make a positive impact in their own organisations, and more broadly across the sector. We are very grateful to each interviewee who has generously and honestly shared their experiences and learnings with us.

Richard Stubbs

CEO of Yorkshire and Humber AHSN
and Vice Chair of AHSN Network

As an expert in healthcare innovation Richard's role and experience are a perfect synergy for this series. We were delighted to be able to talk to him and discuss more about the role of the Academic Health Science Network at a regional and national level, and learn about its impacts and potential to transform systems and pathways in health and care through enhanced innovation and collaboration.

In addition to his 20-year career in the NHS and senior executive roles, Richard's wider community, social and policy-based non-executive work has shaped a clear perspective on leadership in health and care. We asked Richard to share his views and advice for upcoming leaders now and in the future and his observations and insight provide a lot to think about.

Richard, as CEO of Yorkshire and Humber AHSN can you tell us about your ambitions for the organisation?

The reason we exist is to transform lives through innovation and so really our key ambition is to both support the NHS by helping them to transform the way they deliver care in a whole variety of different ways, but also recognising the economic growth benefits we can bring through that work. That is the day job – how can we support and nurture the wonderful innovation that is around us, get it into use, get it impacting on patients' lives and by doing so help to grow and sustain high value life science jobs in the UK and particularly for me in Yorkshire and North of England. There is a win-win of supporting our economy and supporting our NHS. That has to be ambition number #1.

Ambition #2 focuses on banging the drum for Yorkshire and Humber – we are one of the few organisations which spans that footprint, and it is a region which has an awful lot to shout about. For instance, there are, surprisingly, more life sciences companies in this area than in Oxford and Cambridge combined. However, you would imagine, the relative scale of those companies in Yorkshire and Humber is dwarfed by the scale of the life science sector in Cambridge and Oxford. There is a real potential for growth here. It is not a greenfield site and we have the industrial base and potential to scale up easily. We need to think about who talks about that and creates the narrative about that and reflects what levelling up really means to us in the North. We need to highlight how and why investment is crucial to our region, but also the benefits that it brings to UK Plc. For me, levelling up is an offer not an ask. We need to better articulate how investment here benefits the whole country.

My #3 ambition is to highlight the legacy that the 10-year investment in our AHSN has provided. As CEO my goal is to shape this organisation so that there's a sustainability and a diversification of what the

organisation offers to the region. I want to take the investment that the NHS has made in us by being an AHSN and make us 'more than', by creating something that could be at the centre of driving transformation and growth in the region for the next 10-20 years.

We are looking to create interesting, high value and different career paths that don't always exist in the north of England. We want to attract and retain research and innovation jobs that are often synonymous with London and the South-East.

It's not just about jobs, it runs deeper than that. There is a productivity gap between the North and the South and 30 percent of that is based on ill health. So really, we need to ask ourselves the question: *why would we not invest in health, innovation and research in the communities that need it more?*

It does stand to reason that the communities which are based around health and life science assets are going to benefit from their outputs quicker than if there is something which starts in the South of England. So that is the real business case to me – we should be looking at building real health and life science research powerhouses in the North of England – we have large populations and it has been estimated that we could add £13 billion GVA to the UK economy if we levelled up that ill health productivity gap between North and South.

Innovation is at the heart of the AHSN model – can you explain how the AHSN Network (of which you are Vice Chair) helps to connect innovators and the wider NHS to make sure that good ideas are shared widely?

There are 15 AHSN organisations across the country and we see ourselves at the centre of a triangular network with the three points being academia, the NHS and industry. Our role is to connect the dots and improve the innovation culture that exists within the NHS at a combined national level.



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At a strategic level it is about how you bring the life sciences industry and the NHS closer together and how do you improve the innovation culture that exists. That could be at policy level or on the ground in a tactical or operational way. Historically, the NHS has not been great at signalling its own needs to

meet demand, but that is changing and particularly so in the last 5-8 years. With the introduction of the Five Year Forward View and the NHS long term plan I believe it has become a lot better at sharing pain points and challenges with industry. Equally industry is starting to have a much greater understanding of its market potential and the key areas to focus on. We are right at the centre of those discussions at the AHSN at a very practical basis to make the difference.

We really pride ourselves on those innovations that can be delivered to our NHS colleagues and to support the pathway changes which are going to be most beneficial for them given their needs. There is a filtering aspect too, the NHS does not have the capacity to implement everything that exists, we need to prioritise our efforts. We are looking to create a win-win situation for all. It is a role that we believe is adding value and helps to accelerate an awful lot of understanding. For those innovators who are looking to increase market share, we want to ensure that they can collaborate with the NHS to help practically and make the change needed on the ground. That also benefits local jobs and as a network we believe very strongly that health is wealth.

We need to make the connections much easier, and create single points of contact, so that people are not needing to go to multiple doors and ask the same questions. We need to think about how we can increase both local and national penetration. Many of the needs and problems are not specific to one area or region and we want to support the knowledge and solutions getting to the right places more broadly.

The real joy of being an AHSN and being part of the wider AHSN Network is that we are both local and national at the same time. We work seamlessly together in a way that (hopefully) makes us look like a single national organisation to deliver a series of national programmes in our respective patches. But we look to do that in as efficient a way possible. We share resources, best practice and work out what is best for our areas. We are deeply rooted in delivering at the local level and are trusted and valued by our local NHS colleagues and those in academia and industry.

We are looking at the here and now and also thinking five to ten years ahead. We are always asking about how we take the ideas and concepts to the ecosystem and through the innovation pathway and pipeline. We have to evaluate it, test it and understand how easily it might be adopted and how beneficial it could be.

One of the impacts that you are looking to address at YHAHSN is on climate change – how are you doing this?

This is a real passion of the network and we are taking a national leadership role on how health innovation has the potential to produce a positive impact on climate change. Our approach is twofold: we have innovations which are particular and specific and designed to alleviate climate change. We also have other innovations (perhaps the majority) which are not primarily intended by their innovators as climate change enablers, but when you look at them with a Net Zero lens, it is clear that their secondary benefits are in sync with the NHS's green objectives.

One of the areas that is seriously going to make a difference is digital. It is logical – you don't have to be a climate change expert to understand that being able to do something online or remove the need for travel can alleviate carbon emissions. Approximately five percent of all road travel in England is linked to the NHS (staff, patients, supply chain, logistics) – if we can reduce that and still retain good care then we are already making an impact.

Another area is trying to reduce harmful greenhouse gases and we have a wonderful example of that through the AHSN. Recently our NHS colleagues in Hull worked with AstraZeneca on the Sentinel programme, which focused on improving care for people with uncontrolled asthma and looking to reduce the reliance on blue short-acting beta agonist (SABA inhalers) as the greenhouse gases emitted from them are particularly harmful. Blue inhalers are hugely over prescribed in the UK, and when patients are taking more than 6 in one year, this means that their asthma is uncontrolled, and they are at risk of asthma exacerbations, hospitalisation and death. By ensuring good prescribing practise, we can improve the health of the patients and reduce the impact on the environment. From November

2020 to April 2022 the project focused on 3000 patients in Hull and East Riding and it reduced blue inhaler use by 26,000 units. This removed as much potential carbon emission as would equate to 907 transatlantic flights from Leeds to New York!

It is a remarkable project and we have the statistics which can prove that it is making a difference. This has also won awards which is great to help communicate the results and get more people involved and wanting to know more so we can make more attempts to move it to a national level programme.

Can you share what attributes you look for in senior leaders in healthcare?

I'm very much of the opinion that it's about collaboration, not competition. Partnership is fundamental to how I operate. I think that successful leaders are those who recognise that solutions don't always come from within their own four walls. The leaders that I most admire, and that I've learned from the most in the NHS, are those people who have intuitively tried to break down walls and encourage partnership and collaboration. Siloed-working and thinking does not work for me.

I think that it is something that the NHS is getting better and better at recognising. There is more strategic thinking about where partnerships might exist and often not in the obvious places. One particular example is around the work I do with our local mayoral combined authority, which doesn't have a healthcare delivery responsibility, but the work they do around transport, education, housing and jobs all relate to, and have an impact.

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The NHS is moving more to a systems way of thinking. Not just systems which are specifically health and care focused but at a macro level considering all the levers which impact on someone's health and understanding. It is really important that we have leaders that can understand and help to deliver that.

And, finally on a more personal basis for me, leadership must be about authenticity. I'm lucky to have had a variety of roles within healthcare and to learn from different cultures and leadership approaches. But I'm a big believer that you always have to show care and concern for your staff as a fundamental part of leadership.

One of my really formative experiences was when I was on the management training scheme when I was just coming into the NHS. I was really lucky to spend four months working on a training scheme at Leeds University with a professor who had a huge interest in transformational leadership. Her work basically broke down the elements of what makes a transformational leader into 14 specific areas of development. She was able to weight each area to total 100 percent. There was one area however, which accounted for 60 percent of the total: showing concern to staff. That has always stuck with me. So, the most important characteristic I look for in a leader is someone that considers all staff – not just peers and superiors, but everyone in the organisation and that also makes the equality and diversity agenda more deliverable.

And what advice would you give to aspiring leaders in healthcare?

I love working in the NHS – it's been an absolute pleasure in the last 20 years and I've had a variety of different roles. We are clearly going through a period of transformation of what healthcare delivery means and looks like, and this will mean that over the next 10-15 years it will require a wider or different variety of skill sets and roles.

Particularly in data and digital there will be more key roles such as an increase in chief information officers. My advice is for people to think more about how healthcare will look in the future rather than how healthcare has looked in the past. And for those people wanting to reach their full potential in the next 20 years, they need to reimagine how healthcare will be delivered and position themselves to be at the cutting edge of that knowledge.

We must have different voices, experiences and energy in the room. That will be really, really important to overcome the slight inertia which the NHS experiences at times when trying to bring in change. I do believe the scales are tipping now so that the transformation of patient pathways, particularly through digital, is coming through. We are benefiting from looking at other sectors and how they interact with their customers and communities. The NHS has to go through its own journey and it is important to think about its future state, future roles, future knowledge and the skill sets that are needed. That will make the difference and boardrooms will be crying out for those important skills, perspectives and experience.

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Our Health Practice Team

At Saxton Bampfylde we know the importance of game-changing leadership appointments for the health and care ecosystem. Our dedicated team are proven partners in supporting critically-strategic appointments at the most senior Executive and Non-Executive levels in the Health & Care sectors. From start-up healthtech businesses to leading NHS Trusts; from private healthcare businesses to national institutes and emerging NHS system leaders.



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Department for Health and Social Care, Chief Scientific Advisor

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Surrey County Council and Surrey Heartlands ICS, Joint Executive Director of Adult Social Care

HCA Healthcare UK, Chair and Advisory Board

Hampshire Hospitals NHS Foundation Trust, Chief Operating Officer

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Countess of Chester Hospital NHS Foundation Trust, Chief People Officer

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