



#### Personal Profile Qualifications & Contact Points

#### **Key Experience**

- On An experienced NHS Chief Executive & Director within NHS for over 30 years
- ① 20 years as CEO in complex teaching hospitals
- Extensive experience in large scale change management
- Proven record of service and financial turnaround academic transformation and organizational development
- Organisational Leadership Lead Trusts employing over 1600 staff and operating turnovers of £950m
- Organisational Development Proven expertise in complex, challenging turnaround of teaching hospitals in last two decades through clear vision, strategic goals and inspired leadership.

#### Qualifications

- (i) 8 'O' Levels
  - 4 A Levels
  - 1 S Level
- BSc (Econ)Economics London School of Economics and Political Science
- Diploma Health Services Management
- I have completed a PhD at Birmingham University on Strategy and Acute Trust which was examined, and I still have to finish. Regrettably I have not been able to do so, due to work pressures.

Location: West Midlands

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#### **Professional Profile**

- Operated as a Chief Executive and Director within the NHS for over thirty three years with 20 years at CEO in complex teaching hospitals.
- Organisational Leadership Lead Trusts as CEO employing over 16000 staff and operating turnovers of £950m to smaller organisations of 3000 staff and £100m turnovers. Developed strong organisations which have achieved Foundation Trust status by redesigning the culture, strategy, planning and performance systems and creating strong operational units. A focus on the development of the Boards to secure more effective development of the Hospitals and the health system.





























System Leadership - Developed system wide plans for service and financial sustainability, led successful emergency care solutions, created highly successful clinical networks through clear vision and commercial models with providers, delivered complex hospital acquisition of a troubled Foundation Trust, led and implemented sophisticated partnerships with private sectors and created successful joint ventures in public and private sectors and established strong research partnerships with world class universities to ensure organisational success.

Led the National Review for Home Care Medicines which resulted in a new vision, strategy and governance system in the NHS. This involved working with senior civil servants, the Chief Pharmaceutical Officer at Department of Health, Home Care Providers, National commissioning bodies, pharmacy professionals, the pharmaceutical industry and professional bodies. The Hackett Report has been seen in the NHS very positively and contributed too major changes in approach in this sector. I have led numerous regional reviews in procurement, workforce development, IT and estates.

Organisational Development - Proven expertise in complex, challenging turnaround of teaching hospitals in last two decades through clear vision, strategic goals and inspired leadership. At University Hospitals Southampton inherited a £25m underlying deficit and through rigorous leadership returned to delivering surplus from 2006 onwards, growing clinical services, partnering with a private sector treatment centre, transforming emergency care, disinvesting from £30m of core business to increase regional specialist work and developed world class research capacity with nationally recognised Bio Medical Research Centres. Personally, led trust to success fun foundation trust in 2010.

At University Hospitals North Midlands led the acquisition of the worst provider in England to rejuvenate the service and quality performance with widely regarded successful integration of Mid Staffordshire Foundation Trust into the University Hospitals North Staffordshire to create a £750m new organisation, secured a record £270m investment in local health system, reduced the operating deficit by £30m and increased income by over £267m in less than three years. I worked directly with top civil servants, the Secretary of State and all the major health regulators.

The delivery of large complex cost improvements of over 6% per annum very year from 2004 which are generally twice the efficiency levels expected. The creation of clear visions which are owned in the health system linked to realistic service strategies focused on the market opportunities and delivered through major improvements in productivity, partnerships with referral hospitals and deep clinical engagement.

Extensive experience in leading change through empowering and developing clinical and other leaders in the organisation to be capable of adapting to the future needs of the organisation and passionate about staff engagement.

Operational Delivery and Development - Secured sound operational delivery of key performance targets, improved quality of services with ratings of good at Southampton and requires improvement at North Midlands in CQC ratings, won numerous national awards for service and research excellence, and delivery in modern clinically led organisations.



























Research and Education- Created a research culture in hospitals with 70% of staff feeling the trust at UHNM was research led, successfully increased research income at Southampton by £25m linked to £80m of capital investment with university, created over 50 academic posts aligned to a joint research strategy, secured prestigious Biomedical Research Units and Centres for world class research in respiratory, nutrition and cancer and commercial clinical trials. The development of a country leading clinical academic centre with University of Southampton with integrated research governance, joint investment programmes, leadership of research networks, MRC, Welcome and UKCRC research centres, integrated all professional and nonprofessional training and education in a new directorate headed up by a clinician linked to new leadership strategy and developed new roles to improve labour productivity.

### **Career Summary**

2017 to Date The Hackett Consultancy Partnership Ltd - Director

2016 to 2017 NHSI – Programme Director

2013 to 2016 University Hospitals of North Staffordshire NHS Trust – Chief Executive

2004 to 2013 Southampton University Hospitals NHS Trust - Chief Executive

1999 to 2004 The Royal Wolverhampton Hospitals NHS Trust - Chief Executive

1996 to 1999 Birmingham Women's Hospital - Chief Executive

1995 **Good Hope Hospital – Executive Director of Development** 

1993 to 1995 Good Hope Hospital – Executive Director of Operations

1986 to 1993 Good Hope Hospital, West Glamorgan, St, George's Hospital – Various general and

**Operational management roles** 

1984 to 1986 Central Birmingham Health Authority - National Management Trainee

### Assignments Undertaken

#### The Hackett Consultancy Partnership Ltd

The Partnership offers strategic analysis and implementation support to NHS and private sector providers along with planning, operational improvement, financial improvement and commercial strategic advice and support. The focus is on delivery and execution to turn the strategic intent into action and deliver the results which patients, regulators and the organisation or systems require.





























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### Assignments in the NHS -

### 1 Torbay and South Devon NHSFT April - September 2017

I continued the role i was performing under NHSI and through my leadership working with the CEO, Executive Directors and the divisional teams secured a £40m recurrent cost reduction programme in a non PBR environment through changing the culture and mindset of the leaders, instilling a sense of ownership and accountability at all levels, creating robust planning and performance systems to support clinical and financial sustainability, introducing innovation and improved decision taking backed by a strong PMO. The client was delighted with the results and the change in culture.

### <u>East Kent University Hospitals NHSFT April 2017 - completion November 2018</u>

I continued my role in the trust after April 2017 and was appointed by Stephen Hay as the Financial improvement Director when the Trust went into Financial Special Measures in April 2017. I have personally led and supported the creation of the Financial Recovery Plan for the Trust working with the CEO and executive team as well as the operating teams. There has been a strong emphasis on delivery of income plans, expenditure control and cost improvement delivery through the executive team, clinical teams and the operational teams. The CIP delivered £32m recurrent in 2017/18 and we developed many months ago the plans for 2018/19 which will secure another £30m CIP in 2018/19 in a trust which has a operating income of £583m.

A wide range of new ideas, approaches and solutions I led where embedded in the Trust. The scope and content of the two sets of CIP are rather different reflecting the organisational maturity of the financial improvement journey the Trust has come along. Through a combination of investment and better operational control the trust is being substantial improvements in its operational performance. I will be finishing my work in the trust in November 2018.

### East Sussex NHS Trust November 2017- March 2018

I have provided five months support to this very challenged trust at the request of NHSI South. The results are we have established a £20m opportunities pipeline in four months and £12m are rated green with nearly all cost reduction schemes. I was only prepared to support the Trust in the initial phase of work which completed at the end of March 2018.

I have overseen the development of the FRP as the Trust is in Financial Special Measures, introduced a completely new approach to financial improvement plan, introduced a new PMO, engaged directly with divisions, clinicians and the corporate functions and introduce new approaches and ideas to install a new set of ownership and accountability at divisional level.

### Medway NHSFT May 2018 to date

I am supporting the Trust in its long-term service and financial recovery based on driving much higher levels of productivity, a service strategy, improved operational performance based on developing out of hospital and in hospital improvement and delivering improved leadership, systems and processes. The Trust is achieving a £20m CIP plan in 2018/19 which is around £12 more than in previous years and seeing improvement in this key performance indicators.

### O Programme Director Kent Single Pathology Service May 2018 to date

I am leading the creation of the SOC/OBC of the creation of a single pathology service across the 2.2 m population of Kent following the CEOs approaching me. This service is run on £75m and employs over 1200 people across Kent. It is a complex large-scale change project which I am well suited too and we are making considerable progress amongst a range of stakeholders who have



























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struggled to work together. The SOC has been produced for Trust boards to agree in December 2018

I provide consultancy advice to a number of private sector providers in England in the medical equipment, productivity, in sourcing and pharmaceutical areas.

### O Programme Director NHSI April 2016- March 2017

I was on a secondment with NHSI working for Jim Mackey NHSI CEO on a range of projects to support health providers and systems around national initiatives on temporary and agency staff reduction , pathology reconfiguration , troubleshooting in providers with specific problems and i have helped some trusts in Liverpool with their desire to start a formal merger process . I supported the CEOs in Torbay and South Devon (an integrated care organisation ) and East Kent University Hospitals with financial improvement at the request of NHSI South where i have diagnosed the root causes of financial failures , set a clear set of recommendations and are supporting the direct implementation of these with large scale cost improvement programmes and run rate reduction . The style I adopt is to understand the culture, behaviours and context to these challenges and how to change the way people act and behave to secure success.

## Chief Executive University Hospitals of North Staffordshire NHS Trust 2013 – 2016

Key achievements

I led the transformation of a Trust with a part PFI and part NHS owned estate which was in major difficulties through the development of a clear vision and strategy, a major acquisition of a district general hospital, development of key provider strategic alliances with three NHS trusts and private hospitals, a focus on core clinical and research strengths which increased income by over £267m in three years and cut the P&L deficit by £30m. This was achieved through deep clinical engagement centered on the creation of clinical divisions and a clinically led organisation, improved planning, governance and performance processes, a focus on improving patient quality and staff engagement and partnership working with local and national bodies.

The results were: -

- ① A newly created University Hospital Trust of £730m with improved planning, governance and performance systems to deliver the vision and strategy of the trust and meet the needs of the commissioners
- Secured the successful acquisition of the Mid Staffordshire NHS Foundation Trust in 2014 based on a radical service transformation plan which changed or moved a wide range of emergency and elective services in Staffordshire to four NHS providers. To achieve this, I personally led the consultation with the public, local and national politicians, clinical staff and key providers which resulted in a record £270m funding plan approved by the Secretary of State which i successfully argued for. The acquisition reduced staff costs by 10%, cut expenditure run rate by £20m and improved safety and quality. I lead the change in clinical models, relationships with the Administrator, created strategic partnerships with other trusts to execute the transaction and delivered the service and financial plan two years ahead of the original timelines. This involved me working with the Secretary of State and his ministers, leaders of health regulators and top civil servants to secure success





























- ① Reduced the combined trust deficit by £30m through major productivity programmes of over 6% per annum, clinically led change, improved partnership working with key providers on clinical service integration and rationalisation, operational efficiency measures and commissioner collaboration on service reconfiguration.
- ① Expanded clinical market share through strategic alliances, partnerships, and capacity expansion /productivity by £267m in three years.
- Restructured Executive Team and improved leadership capacity and capability at all levels in trust to deliver the vision and strategy - hence the results.
- Increased dramatically clinical activity in the Trust whilst being affordable to commissioners through growth in clinical networks, regional service development, returning patients in local markets to the trust and developing new services. This increased out patients by 40% and elective work by 25% over 125000 patients seen extra in three years.
- ① Set a compelling 2025 Vision which was driven by a range of board approved strategic objectives and critical success factors as well as strategic risk management actions. Led the creation of new enabling strategies around information technology, estates, workforce, research and quality to support delivery of vision.
- Improved staff satisfaction from bottom 25% nationally to top 25% through new people strategy, staff participation and engagement, effective leadership and good change management.
- Improved patient quality around patient experience, a new patient care improvement plan and focus on mortality and morbidity.
- Worked with academic partners to increase research capacity and capability, reviewed with Dean of medical school the future organisation of the research partnership, increased income by £3m by focusing on commercial trials and government funded research.
- ① Lead complex change programmes for £100m estates and IT development to integrate hospital systems, deliver estates strategy, and create an integrated care record to support community, hospital and primary care integration.
- Delivered major improvements in hospital and community emergency care linked to internal and system transformation. This resulted in major improvements in productivity with a 30-40% increase in hospital discharge, a 20% reduction in length of stay in medical and elderly care, and greater focus patient's daily needs. This was achieved through introducing discharge to assess models, taking responsibility for community hospital beds and services including intermediate care and for key long-term condition management in the local system.
- 1 Influencing and developing with health partners a move to a accountable care organization.
- Oblivered new clinical management structure and reorganised central functions to support devolved business units.





























- Led major renegotiation on hospitals Private Finance hospital (£450m) to improve service quality and reduces costs.
- ① Delivered consistent 6% plus cost improvement plans per annum which reduced deficit in trust by £30m in three years against national trend.
- Ohief Executive Southampton University Hospitals NHS Trust 2004 2013
- ① I led a nationally successful Trust for ten years which developed into a world class clinical and academic centre securing Foundation Trust status in 2010/11.
- Oreated an inspiring 2020 vision and direction with a greater focus on tertiary work, a relative reduction in elective local workloads and the transformation of emergency care, linked to PCT development. This centred on building up six defining services for the Trust around clinical excellence, research and education to become world class by 2020. This was aligned to a disinvestment strategy which will result in around £40m of services being provided in the independent or community sectors.
- The development of a nationally leading clinical academic centre with the University of Southampton which delivered one of only two Biomedical Research Centres outside London, a Biomedical Research Unit, a new MRC Experimental Cancer Centre, Welcome Research Unit to drive our clinical research capability, fund new nationally funded clinical research infrastructure, develop clinical-academic centres and growth of the research and development resource. The Trust has a joint academic investment programme with the University which grew Trust research income by £25m per annum and resulted in over £70m capital investment largely secured from the government. For these achievements i received the prestigious Fellow of University of Southampton.
- Integrated all education and training capability and capacity in the Trust, linked to a new education strategy, new leadership strategy and developing new roles to improve labour productivity. This was nationally leading and particularly innovative around widening participation and a new clinical academy to bring multidisciplinary development around service transformation.
- 1 The development of constructive partnerships and alliances with Commissioners, Local Authorities and Providers to sustain clinical services across Hampshire, Isle of Wight, Dorset and the southern part of England which improved a wide range of services, repatriated specialised work from London, developed centres of excellence in major trauma, neurosciences, cardiac, cancer, respiratory and children services. I personally led the innovative partnership with Oxford University Hospitals to retain paediatric cardiac and neurosurgical services in the South of England.
- These approaches have ranged from supporting vulnerable services with providers, to major shifts of clinical services, substantial cost reduction in clinical support services as well as maintaining crucial services in the South of England. For example, locally in Southampton and West Hampshire I led a system plan which saw the creation of a new independent treatment centre which released capacity for major tertiary development linked to devolving services to a new PFI community hospital and closing one of two sites in the trust. This was politically challenging with much resistance from clinicians to the treatment centre and required sophisticated negotiation and influencing approaches



























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with commissioners, private and public operators. Conversely the retention of paediatric heart surgery in Southampton required major public mobilisation and sophisticated influencing of the national review team which won through.

- Management of a substantial number of capital schemes to deliver strategic direction with cancer centre consolidation (£15m), a new cardiac centre (£60m), expansion of critical care (£5m), building up defining services (£50m), research capacity (£70m) and new leasing for radiology equipment (£40m).
- ① Created three enabling strategies to drive 2020 Vision around patient experience, staff experience and citizen's experienced six strategic objectives to deliver the vision from Board to ward. The results were: -

Complete alignment of vision strategic objectives, critical success factors and key performance indicators at Board and Divisional level to drive success.

- O Board working in accordance with the Intelligent Board format and new Board business cycle preparing for Foundation Trust status.
- ① An innovative Patient Improvement Framework focused on patient experience, safety and outcomes which aspires to world class service delivery.
- ① A new HR and workforce strategy, which is compliant with Monitor's requirements.
- ① Development and close partnership working with the local authority; universities and public agencies around supporting delivery of Local Authority objectives in areas such as carbon reduction, transport, skills regeneration.
- A competitive strategy for the trust to secure objectives
- The delivery of large, complex financial recovery plans from 2004 -2013 which averaged 6.5 % per annum or around £25m- £30m per annum. This delivered the trust into a recurrent balance from 2006 the first time in five years and it remained in surplus until I left the trust. The "turnaround" resulted in:
  - i. A reduction in workforce by over 10%
  - ii. A reduction in the number of beds by nearly 13%
  - iii. A reduction in operating costs by over £50m in two years.
  - iv. An improved service level to customers with increased access to services
- ① Developed greater financial control and ownership by delivering income and expenditure budgets to clinical directorates, focusing on cash management, workforce control, service line accounting, productivity improvement and better alignment of budgets with service plans.
- Strengthened our core governance systems and process around clinical and non-clinical risk management, renewed and implemented new board structures and improve operational control through the Trust Management Board.
- Introduction of new performance management systems and a Director of Performance which has strengthened service delivery alongside a new project director who accounted to the CEO for the service and financial plan.



























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- Use of the PWC national turnaround partner to advise the Trust on overall approach to recovery. This enabled greater clinical engagement, more ownership in the Trust and the achievement of very large recurrent savings consistently since 2005.
- ① Strengthened financial management of services with new performance systems, CEO review, more robust financial planning and delivery, service line accounting and workforce plans linked to real run-rate budgets this was leading edge in the United Kingdom. Alongside service modernisation linked to improving service performance and labour productivity and improved clinical divisional structures to improve accountability.
- increased dramatically clinical and staff engagement which changed organisational culture and performance.
- Chief Executive The Royal Wolverhampton Hospitals NHS Trust
   1999 2004

#### Key achievements

- ① The transformation of a failing Trust to being a regional leader. The key results were:-
- i. Major growth in Trust income from £98m in 1999/00 to £173m in 2003/04
- ii. Developed a more outward focusing Trust which seeks to support external stakeholder's aspirations.
- iii. Achievement of teaching hospital status with 150 undergraduate medical students, new teaching roles for Medical Physics, Dietetics and Nutrition, Radiography and major postgraduate medical expansion.
- iv. Expansion of consultant numbers by 35% from 1999/00
- v. A £150m redevelopment of the Trust with a mix of public and private finance based on a clear service strategy
- vi. A successfully performing Acute Trust with many National Plan targets achieved ahead of the plan
- vii. Securing the development of our major tertiary services with leading edge national developments such as a major cardio-thoracic centre, regional developments for services such as cancer, renal and specialist surgery and local developments in areas such as emergency care all of which attracted national interest.
- ① A successful review of the Trust's strategic direction which built tertiary services refocused secondary care and promoted primary care linked to the Trust and community development.
- ① Leading and securing commitment to build the Trust's clinical capabilities around cancer, cardiac, renal and emergency care.
- New emergency care organisation based on consultant delivered emergency care. These changes have resulted from 1999/00in a 25% increase in Emergency Care, achieving emergency care targets, a turnaround in public and external stakeholders opinion, a 2.0 day reduction in length of stay, considerable capital investment, high quality care and a sense of energy and commitment from the workforce.
  - Developing sound clinical governance systems within the Trust with active clinician engagement.



























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- Developing numerous alliances and partnerships with key external stakeholders to deliver improve clinical services.
- iii. The Trust played a pivotal role in local regeneration initiatives with our health partners, City Council, Members of Parliament, University and other local partners.
- iv. Created a performance culture which has secured the largest reduction in waiting lists and times in the region during 199/00 and 2001/02 (with the second largest in 2000/01) against a backcloth of 25% rise in emergency admissions and increasing stringent quality targets

### **REGIONAL ROLES**

I have chaired numerous regional forums around caner networks, information system development, procurement collaborative, pathology partnerships, provider alliances and partnerships on clinical services, leadership development, efficiency and system working - all have delivered.

#### **NATIONAL ROLES**

- National Home Care Medicines Review in England 2010-2012
- O Review of Leeds University Teaching Hospitals for North of England Strategic Health Authority 2011
- O CEO lead Wessex Academic Health Science Network 2011-2013
- Ohair Shadow Wessex Local Education and Training Board 2009-2011
- Ohair Brookfield Group of teaching hospitals 2011-2013
- Member NICE Interventional Procedures Advisory Committee 2011-2012
- ① Advisor Medtronic International Hospital Executive Board 2011-2013
- 0 NIHR NHS/Biopharmaceutical Industry R&D Leadership Forum 2009-2013
- ① DH/NHS CEOS Biomedical Research Centres / Unit Group 2009-2013
- Senior Partner NHS Interim Management Advisory Service 2008-2011
- Service Delivery and Organisation NHS Trust Research Development Network Advisory Board 2006-2007
- Non-Executive Director South East Innovations 2004-2007
- Maidstone and Tunbridge Wells NHS Trust Inquiry Investigator 2003
- 1 NHS CEO National Sounding Board 2001-2003
- West Midlands Higher Awards Committee 2002-2004
- West Midlands Commissioned Research Advisory Committee 1996-2002
- Member DH Medical Research Advisory Committee on Scientific Advances in Genetics 1998-2002

### **Special Interests & Reference**

Interests include all types of sport, Current affairs, Food and enjoying my four Children. Referee
John Trewby
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Referee
Michael Marsh
Previous Medical Director now deputy
Medical director London NHSE





























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**Referee** Jim Mackey NHSI CEO jim.mackey@nhs.net





















































