

Interview with Stephen Eames

Stephen Eames has just taken up his appointment as Chief Executive of County Durham and Darlington NHS Foundation Trust and kindly agreed to be interviewed by me shortly before he started with us.

Richard Henderson



Ed - I would like to welcome you to Darlington and Durham and can I ask you to tell us first of all a bit about your roots ... where you hail from, your early years and anything you are prepared to share with us?

SE - I am a Yorkshireman and I come originally from a place called Mirfield in the West Riding of Yorkshire where I spent my early life and went to school. I started working at the age of 16 in the NHS in Leeds - this is now my 33rd year in the NHS! My father was a policeman and subsequently went on to become an art teacher and I have two sisters both of whom still live in that part of the world.

Ed - Did you go to university?

SE - No - I guess I went to the university of life starting work so early! In terms of academic achievements since then I have membership of the Institute of Health Service Management which is equivalent to a university degree but on top of that a Masters in Business Administration and more recently a Masters in Professional Development which focuses on executive coaching.

Ed - Whereabouts did you do your Masters?

SE - My MBA was with the Open University my most recent Masters was with Middlesex University.

Ed - What was it that drew you to NHS management?

SE - What do you know when you are 16 in relation to that? I guess I developed my interest over the following decade - I worked in and around the hospital for 4 or 5 years and then moved down to London in the early eighties. It was at that stage that I began to pursue a professional career in what was then called administration but what would now be called management.

Ed - Can you think of a figure that has influenced you in professional terms or more generally?

SE - Well I think there are loads of influences really but there are people I have worked with over the years whom I have found very influential who have, you might say, mentored me. I guess the names would not mean anything to anybody here. But I am very interested in music and sport so there are various characters there I do not actually know but who have inspired me and influenced me along the way. I could

not put my finger on one person in that respect but I think I would say there were multiple influences upon me in my professional life but I have found my own way for quite a lot of it.

Ed - You are very interested in music – tell us a bit more about that.

SE - I play the piano. I do not know if you are familiar with the London College of Music as it was then - I play the piano up to grade VI. I play the guitar and sing and spent many years and played in my early years in a Rock and Roll band.

Ed - You and Tony Blair?

SE - I did not meet Tony on the way! I've got a lot interests and quite an eclectic taste in music and still play for my own relaxation these days although when I got married a few years ago the band I used to play in re-formed for the wedding and we have done a bit since then and occasionally we have an outing here and there usually in functions in one form or another. So I have long standing in playing and listening and being involved in music. In sport, dare I mention - I am not sure I want this to go in any journal - but I am a Leeds United fan! So obviously it comes from my roots as I mentioned earlier on but I guess we do not want to go on about that too much at the moment.

Ed - Darlington FC is in need of support.

SE - (Giggles) ... but I am also a major cricket fan and when I get time I do follow the Test series during the summer - you tend to get immersed in test matches one way or the other.

Ed - So going back to the music - is there a chance we will be able to hear you perform in Darlington or Durham?

SE - Who knows? I think there are other things to perform in advance of any music performance. It is not something I am promoting at the moment but I would not rule it out!

Ed - I was going to ask what turns you on other than music and sport?

SE - I suppose those would be my chief interests. I have a very busy family life and I have a 5¹/₂ year old and most recently our second son Edward is 12¹/₂ weeks.

Ed - and are you a new model father, changing nappies and so forth?

SE - It is joint effort and a shared approach but I guess my wife takes a greater share than me.

Ed - What is it that you are most looking forward to when coming here?

SE - I think what I would say first is that the Trust is a hugely successful organisation in terms of its performance record and in terms of achieving foundation trust status - particularly given the complexity of the organisation and the challenges that presents going through such a process. But although it is a very successful organisation it is one that has a number of serious challenges. So what I am looking forward to is joining the team here - not just the immediate Trust Board or corporate team but the key players across the organisation so I look forward to that. I am looking forward to addressing some of the challenges that the Trust faces over the next few years.

Ed - I have to ask ... what are you most dreading?

SE - I don't know that I am dreading anything. There always has to be, coming to a new organisation, a degree of apprehension, a degree of uncertainty - but I am not dreading anything. As I say I would like to think that the organisation I am coming to appears to be doing very well. I know there are a number of issues - some of the history being that there has been a lot of change here over the years. Perhaps there is still more to be done in building the organisation around some of those issues but I am not particularly dreading anything.

Ed - Maybe not specifically thinking of this trust ... what do you think the NHS will look like in 10 years time? Will it be very different from the way it looks now?

SE - Well it is difficult to forecast what anything will look like in 10 years time with the pace of technology and the pace of change. There are different scenarios: there is the scenario that sees the continuation of NHS reform, with continued loosening of central control and increasing authority and accountability at local level. That is what the FT movement is supposed to be about and therefore there may be more providers and more choice about who might provide services and clearly more services may be offered in a community and primary care setting. So one model is the NHS being ever more localised, organisation being ever more grounded in the local setting with lots more responsibility and accountability for what they do. That's one model. Of course there is another model where the politicians may not be able to let go and you might see some of the freedoms not happening and we remain at the end of it all firmly locked into a small set of services being managed by politicians and all the constraints that may bring. That is in organisational terms.

Inevitably with the advance of technology we will continue to see constant change in what clinical practitioners can do, where they can do it, when they can do it, how they can do it, and the pace at which things can be done. If anything - even more change on a more regular basis. I am sure we are all seeing this across the field of medicine, so that isn't going to go away. There is a whole agenda about technology going to

transform the way we do things in the health care service. So you would expect more to be done in locations away from main centres on the one hand but on the other hand you might connect that also to the question of the workforce and skills and how much of those skills there are etc. And there is a balance between that trend and sustaining clinically high quality service. This has been the heart of the debate for a long time and that will carry on I think over the next 10 years. Now that may lead us to an environment where there are many fewer large specialist and secondary care centres and it may lead us to a situation where there is a much wider distribution of services out in the community and primary care. It is difficult to read just how that balance will go.

Ed - Well I don't know if I dare ask - but you know that the NHS being "free at the point of use" has been a mantra from both main parties for years. But for years we have got used to paying for NHS dentistry. Do you think the principle can be sustained?

SE - Well yes it can is the short answer to your question. Yes of course it can! It's clearly at the heart of the values of the current leadership so I don't see that changing centrally and you might say actually all the other parties particularly the Conservatives have come back in that direction. There was perhaps a greater division over that question once, but I don't think there is anymore. However I suppose if you are looking forward to the advance of technology - the more you can do the more potentially it is going to cost. I think the answer to your question basically is a political one. All the surveys and all the research you read and hear about demonstrate that whilst people complain about the NHS - inevitably because of the complexity and range of the service - I think generally the public place a very high value on "free at the point of use" so it would be a brave politician who would try to move away from that.

Ed - On a rather different tack - this Trust has three acute sites. Without putting you on the spot about what is going to happen here - what do you think the problems are for any trust that has multiple acute sites like this?

SE - Can I answer that in a slightly different way and come back to the point/question? I think part of my answer to the question is that I am sure any organisation needs at the heart a clear clinical vision about where are we going - taking into account all of these factors: technology; what people might want in terms of consumer services; how primary care might see us and so on. So what is the vision for this organisation? That has to be driven in large part by some fairly clear considerations and probably first and foremost clinical quality - clinical standards. Are we organised in such way to make sure (I am just using an example and it is only an example, don't read anything into it) - if the quality of standard for obstetric services is 60 hours a week consultant-led cover for the labour ward, and if that will be the standard that will be applied to any future reviews, how we going to meet that? There is whole host of standards across all the clinical services. So what's the vision and what's the sort of case behind that? What changes do we need to make to ensure that these populations are provided

with a high quality clinical service? It seems to me that that's where it starts from. I would say it needs to be driven by clinical quality and clinical standards issues. Now behind that there are no doubt economic questions. If you are running multiple sites it costs more whichever way you look at it. As you no doubt know the Trust is "above tariff" and it is probably to do with that and in addition because of as-it-were a long-term mortgage in relation to PFIs which also adds to that equation. So there are some economic drivers - we have to bear in mind that we are in this system of payment by results and money follows patients. We can't ignore that and I think that flows behind what that clinical vision should be. One of the things I will be focusing on with clinical colleagues like yourself as I am coming into the organisation is try to understand and work through those issues together. I think that is fundamental to the future of the organisation.

Ed - Do you see that liaison being done in a formal way through the MACs and such like?

SE - Well I think that goes with the territory but no really. Again I will take some time when I get here, probably in the first two or three months. The last thing to do is come in and turn the place upside down. I think it is much more about taking some time to understand the context and listen and get a sense of understanding on all of the issues. That said - one of the things I will be putting in place - I would like to get some informal sessions with the key clinicians across the organisation and just learn about who they are. I don't mean just at the beginning. I mean that as an ongoing basis. So I think that is a critical relationship.

Ed - In drawing to a close – before we started I said that this would be more 'Desert Island Discs' than Jeremy Paxman so what book would you take to a desert island apart from the bible and Shakespeare. If you were castaway today what would it be?

SE - The one book I have read most would be The Lord of the Rings and so that would have to be a candidate but there would have to be a few candidates really. I don't do as much reading as I like to but I have just read Ian McEwan's novelette On Chesil Beach but I am not sure whether I would take it with me - but it is a great book which would be worth revisiting. Can I cheat and come back to you but I will think it over and I will e-mail you?

[note from Ed – The book is The Complete Sherlock Holmes by Sir Arthur Conan Doyle.]

Ed - What about the luxury which can't be of any practical value?

SE - I would take my piano.

Ed - Thank you very much.