

Meeting the leadership challenge within changing health services

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Foreword



In 2007 and 2008, we produced reviews which looked at effective board governance and at the diversity of non-executive boards. Both studies paid particular attention to the role of strong leadership within an organisation, in achieving high quality service delivery and transformational change. While the findings of both studies were, to an extent, transferable to other parts of public service – including health services – these reviews concentrated on the situation of non-departmental public bodies (NDPBs), which are distinctive in their reporting arrangements, delivery remits and overarching governance frameworks.

In 2009, we have chosen to look at the situation of health trusts, as they continue the drive to implement the recommendations of the Darzi Review, and while concerns remain around capacity and capability to deliver lasting improvements in the quality of health and health care services. While there are dangers in making generalisations that cut across a range of trust types, with varying roles and responsibilities, all these organisations share a number of challenges to do with building capacity and developing talent.

The messages in this brief overview reflect concerns around the quality and range of skills being developed for future management of our health services. In a critical public service that boasts some of the biggest operational leadership roles in the country, this overview seeks to stimulate some debate around three key questions: how do we identify good quality leadership at executive and non-executive level? How do we meet the challenges of the continuing reform agenda? And how do we ensure that the right skills are available to support the delivery and continuous improvement of future services?

We are extremely grateful to the 60 leaders and observers who gave up valuable time to share their thoughts with us. We hope this research will prompt further discussion within the health service about the challenges ahead.

Graham Goodwin
Managing Partner

“Leadership is of crucial importance – whether it’s the Board, executive top team, or clinical staff with leadership roles.”

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Context

- 1.5 million employees
- 90,000 hospital doctors
- 35,000 GPs
- 400,000 nurses
- Serving a million people every day

Employing more than 1.5 million people, the National Health Service (NHS) is the world's largest publicly funded health service. Across England, Wales, Scotland and Northern Ireland, around 60 million people benefit from free services and, in total, it is thought that the NHS deals with around a million people every 36 hours; eight people every second.

Of those directly employed by the NHS, around half are clinically qualified and this includes 90,000 hospital doctors, 35,000 general practitioners, 400,000 nurses and 16,000 ambulance staff. The English NHS is by far the most substantial element of the overall NHS, with over 1.3 million staff providing services to 50 million people.

In 2007-2008, the NHS received funding of around £90 billion, equating to an average rise of 3% a year since its establishment in 1948. In recent years, it has received a substantial rise in funding from the Government to support a wide-ranging, multidimensional reform programme. Net spending on the NHS in England has increased by over £60 billion in cash terms in the last decade.

Summary of key challenges facing Trusts

According to respondents, top challenges facing the NHS include:

- Money – thinking now about how to ensure services continue to develop and improve in the context of reduced funding owing to the recession
- Planning ahead – ensuring focus is not limited solely to efficiency or cost-cutting when budgets are constrained
- Continuity – need to further drive safety and quality without the additional funding of the last 10 years
- Productivity – while activity has increased, productivity has fallen
- Efficiency and value for money – enhancing these early to avoid making major cuts post 2011
- Uncertainty – will the Government change and how will a different political administration affect the NHS?
- Staffing up – growing future leaders; introducing new skills; engaging clinicians in resource management
- Direction – developing the road map needed to steer the course

- Performance measurement – ensuring that the right kind of performance is measured and managed

- Continuing to review whether the NHS has the right ICT infrastructure to support maximum performance

- Understanding how patient behaviour will change through empowerment and the impacts of this on demand

- Pay – the workforce is now larger, and there has been significant investment in wages in recent years; how can the Service continue to engage its workforce?

Key messages

Four strong themes emerged from our discussions:

1. Planning now to meet the impact of recession
2. Making efficient services quality services
3. Strong Leadership will be critical
4. Address now the skills deficits to build talent for the future

Your top five challenges

Addressing the economic climate

Until 2008, the NHS has operated – and has reformed – within favourable macroeconomic conditions. However, there will be no spending review before the next General Election, and a much tighter spending deal post 2011. The single biggest concern for Trust leaders moving forward is “after seven years of feast, how do we prepare for seven years of famine?”

While there is a lack of certainty over finances there is no doubt as to the shadow that the recession has cast over future plans: the question leaders are asking is “how will health do as part of the wider spending envelope?” Leaders are anticipating a lengthy period of austerity and public sector recession which will “more than match the length and depth of any private sector recession; we are moving suddenly from a period of lavish growth to very little growth – potentially zero to negative”.

While some respondents in fact see the recession as a powerful driver for whole systems change (as a lever to drive productivity back up), many are concerned that economic pressures and loss of significant capital and revenue funding to the health system will cause problems. They fear that services may “fall back into the old ways” because of too strong a focus on the bottom line.

“Money, money, money...”

Respondents said that “no-one will want to be seen to cut swathes through health service funding”, so wholesale restructuring is, in itself, considered to be off the agenda. Nonetheless, respondents did talk about more likely impacts on “intra system” dynamics: at a strategic level, money will need to be redistributed, but there remain differences of opinion as to which services this should involve. Respondents seem, however, generally of the view that if efficiencies take their toll on estates or staff costs in a major way, then wider restructuring will be inevitable.

How Trusts respond to the impact of the recession will, to an extent, depend on their function and role. If, as one provider put it “the downturn can be measured as 15-20% in 3-5 years” then the challenge for provider side organisations is to find cost improvements without compromising quality. Finance and performance remain big issues for Foundation Trusts, regardless of a recession. For Primary Care Trusts, the challenge will be both about effective demand management, and the opportunity to secure value for money. Their ability to perform the latter will depend on whether organisations have the right commissioning skills in place.

Productivity and efficiency

Productivity and efficiency is a priority for all NHS organisations, and for the public sector more widely. However, productivity in the NHS has dropped and evidence suggests that, although the workforce has grown overall, achievement of efficiencies remains patchy.

Given the economic outlook, respondents are clear about the need to look very hard at:

- **workforce issues**

With the majority of NHS funding going on pay, there is a strong case for organisations reviewing how their staffing levels compare with others, and identifying scope for cutting back on staff costs. A more traditional approach to securing efficiencies through trimming ‘back office’ functions and top-slicing budgets (for example, around training) remains an option for some organisations. Others are proposing to use the productivity agenda to redesign services which are efficient but not to cut costs at the detriment of service quality, or staff development.

- **activity reporting**

In Foundation Trusts, increased use of service line reporting (based on a profit centre model) has enabled some organisations to be clearer about income and expenditure in big service areas.

“We are now looking at an opportunity to address the things we should have done years ago – maintaining quality while taking duplication out.”

- **partnership working**

Taking a more collaborative approach is also high on the agenda: many respondents talked of the need to work in a more professional team-based environment, with stronger partnerships between organisations.

Providing and commissioning organisations can meet the need for greater productivity and free up resources to improve services through strong project and programme management to deliver transformational change across whole local health systems.

- **changing culture**

Respondents talked to us about the drive to change organisational culture to support and enable more efficient management practices amongst clinical and non-clinical staff.

In particular, changing attitudes and behaviours within the organisation will create conditions in which quality is seen as synonymous with efficiency.

Continuing to improve patient safety and quality

While there is work for Trusts to do in terms of ‘patient experience’, respondents told us that the NHS has, in their view, got better in terms of patient safety and delivering clinical outcomes. Patient safety, for example, has now been on the agenda for a number of years. Exemplar organisations are passionate about quality and this passion starts at the top of the organisation – with the non-executive board – and filters through all levels of clinical and non-clinical staff. These organisations have spent time building quality into the infrastructure.

“We have historically underestimated the importance of quality of care and patient safety.”

But while the Darzi Review set out a very strong agenda in terms of ‘quality’ – defining it in terms of patient safety and experience, and effective outcomes – respondents said that there is still a need to understand what this means for their organisation in practice, either as commissioner or provider, and that they would welcome ongoing support around implementation. While the recommendations of the Darzi Review can be met in absolute terms, some respondents told us that the quality-driven aspects are more about changing behaviours and this takes longer to achieve. The challenge moving forward will be to maintain quality while addressing the impacts of the financial downturn. There is a clear overlap here with the culture change required to maximise productivity.

Building capacity

Although the NHS workforce has grown, some significant issues around capacity remain and the need to “staff up” to meet short and longer-term challenges was given as a key concern by a number of respondents.

While the development of future leadership is firmly on the agenda, there is a more immediate requirement to ensure that the right functional skills are embedded in organisations, particularly around resource management and commissioning.

Where respondents were asked to identify functional skills ‘gaps’ in their senior management teams, areas most frequently cited were:

- Commercial or ‘market making’ skills (including procurement and contracting)
- Communication and engagement
- Project and programme management
- Marketing
- HR, OD and transformation
- Data Intelligence and analysis

Succession planning was highlighted by many respondents as another area for potential concern: many organisations feel that the NHS is only now starting to focus on developing talent and ensuring that structured career paths are in place.

“We have often failed to recognise the key roles staff – especially clinical staff – play – and giving them the right skills, support and motivation is critical.”

More widely, respondents also highlighted a deficit in leadership and change management skills, especially at a time when pressures created by the existing reform agenda are further compounded by the current economic climate. Several respondents also indicated that operational delivery skills are key – both in terms of capacity to manage complex, high-volume services and the ability to forward plan effectively. In particular, a perceived shortage of general managers in the NHS has given rise to the view that the talent pool is currently shrinking: of greater importance is the need to populate this pool now in order to ensure a sufficiently broad and diverse candidate market for the future.

On commissioning, respondents fear that there are too few true experts in the field currently within the Service. Given the substantial pressures on PCTs from strategic health authorities, there is real concern that commissioning capability is currently inadequate. Whilst there is no doubt within the Service that there are plenty of commissioning experts available in other sectors who are very willing to bring their expertise into the NHS, there is a distinct reluctance to choose these individuals

because of their perceived lack of familiarity with health service terminology and structures. If PCTs were to act with confidence to secure individuals from private sector backgrounds, for example, there is an opportunity to bring not only technical skills, but “fresh blood” and to strengthen the internal market.

Finally, with the Darzi Review opening up further opportunities for clinicians to engage in the achievement of change and excellence, Trusts talked extensively about the challenge of finding motivated clinical staff to take up senior roles which extend beyond their area of clinical expertise. The view of respondents is largely that the exposed nature of senior management roles in the NHS continues to deter many from applying; this is exacerbated by levels of pay, which often reduces further the incentive for a consultant to move into top level senior management. Therefore a number of Trusts are considering a range of incentives to address this.

In summary, the biggest priority for most organisations is to develop the Board and improve strategic focus. Getting the organisation to work together, driving change and being seen to make it happen, and functioning as a ‘business’ are also high up on the agenda.

Strategic considerations to build capacity

- Develop the Board to improve strategic focus
- Plan for succession
- Develop commercial expertise
- Engage clinicians and build confidence in management roles
- Import commissioning skills (from outside the Service if necessary)
- Improve planning capability
- Strengthen ability to engage with patients and the public
- Work through partnership

Managing performance

Both efficiency and quality are notoriously difficult to measure. One of the biggest issues raised by Trusts concerns the standard, availability and consistency of management data, which should enable the Board to assess their Trust’s performance against agreed targets.

Almost all of our respondents attested to the fact that the default mode of many NHS Boards is to concentrate almost exclusively on the financial credentials of the Trust. Surprisingly, this appears to be the case within some Foundation Trusts, where their autonomous position should in fact require them to look at the Trust’s business in the broadest sense.

In the words of one respondent: “data has been the biggest problem – we have too much wrong data, or we have an inability to interpret and make sense of it.” There is no shortage of information generated in the NHS, but a key problem appears to be that different Trusts collate different information and report on completely different metrics; therefore, this makes it very difficult to compare Trusts and to set quality standards.

The key message from respondents is that performance needs to be managed against key priorities – “the things that, if your Trust didn’t achieve them, would make the organisation fall over”.

Respondents were keen to add that organisational culture should support robust performance management as an integral part of good governance. The rationale underpinning the need to meet quality standards and achieve targets should make sense to everybody in the organisation: “set the context and perspective in a way that wins hearts and minds. Create the time and space for people to take responsibility – it should be part of the job and not a managerial ‘extra’”.

“Leadership must seriously consider quality priorities – there is a long culture of compliance in the NHS – but this culture won’t take us to high quality care.”

The role of leadership

In light of the challenges the NHS currently faces, the ability of organisations to succeed will depend on strong and effective leadership. Recruiting and retaining high quality leaders is key.

The Board

Every Trust board arguably needs to perform five functions: provide scrutiny, set strategy, undertake stewardship, provide support and stretch the Executive. In terms of the health service, these functions may be interpreted roughly as follows:

Scrutiny	Monitoring performance against a range of indicators relating to finance, safety, quality and patient experience Ensuring accountability and transparency Challenging the Executive Assuring itself around risk
Setting strategy	Ensuring clarity of vision and strategic intent: the Board must have the strategic perspective, and everyone should own the vision
Stewardship	Getting the money right from the start Identifying scope for efficiencies and improvement
Support	Ensuring that aspirations are translated into reality Addressing capability and capacity issues at the strategic level Enabling the Executive to 'hold the line' on the reform programme
Stretch	Driving the quality agenda Creating a culture which is more open to learning Making the organisation challenge its own success Actively encouraging continuous performance improvement

The role of Board Members

The role of NHS chairs varies slightly depending on the organisation – for example, the Chair of a strategic health authority reports into Ministers; therefore these roles operate at a more strategic level.

For Foundation Trusts, there is a degree of separation from the political centre, and leadership and governance becomes a matter for the Chairman of the Trust.

The role of the non-executive director is to ensure that the Trust is held to account on behalf of the local community in line with 'The 5 Ss'. They are usually resident in the area served by the population.

“Board Members need to see themselves as influential drivers of effective governance and service quality.”

20 killer qualities for effective Trust non-executive directors

1. Incisive contribution: asking the killer questions which get straight to the heart of clinical quality
2. Disciplined approach to attendance and input
3. Trusted to challenge colleagues
4. Strong communicators (non defensive style)
5. Able to articulate views and personal opinion in a constructive manner
6. Understands and handles accountability
7. Creative
8. Visionary
9. Outward looking
10. Good advocate
11. Helps the Board to operate as a team
12. Acts as wise counsel
13. Personal flexibility
14. Judgement
15. Knows when to talk and when to listen
16. Flexibility of stance and opinion
17. Able to rethink prejudices
18. Demand high quality management information for effective scrutiny
19. Able to interrogate data
20. Quality champion and engages with clinicians

The role of the Chief Executive

Chief executives in the NHS occupy particularly exposed positions. These roles have substantial operational management content, leading huge multidisciplinary workforces. In addition, NHS chief executives are required to work with their boards to implement wide-scale reform agendas, focusing on embedding long-term culture change and will encounter more pressing challenges over the next few years as a direct result of the current economic crisis.

“ The British healthcare system is so politically dominated – much more so than in other countries, and in the USA – we’re talking about life in a goldfish bowl – magnified through the media.”

20 killer qualities for effective Trust chief executives

1. High intellectual capacity
2. Analytical and sees impacts of decisions in the sector
3. Clarity of mission; strength of purpose and direction
4. Political awareness
5. Brave and emotionally resilient
6. Courage to challenge the status quo
7. Passionate for quality
8. Inspiring role model
9. Willing and driven to engage with patients
10. Empowers others
11. Comfortable with ambiguity
12. Confident, credible and authoritative
13. Strong strategic capability
14. Can see deep in to their organisations
15. Operational ability
16. Business acumen
17. Strong influencing skills
18. Open-minded and prepared to take risks
19. Collaborative – listens well and builds successful partnerships internally and externally
20. Strong communicator

Developing talent for the future

Since 2000, a concerted effort has been made to invest in the NHS workforce and infrastructure and workforce expansion over the last eight or nine years has been significant. However, there are still question marks over whether enough has been done in terms of learning and improvement.

A number of respondents expressed real concerns about the number of high-quality and talented individuals who have left the NHS in pursuit of careers elsewhere. In addition, there are comparatively few true top quality leaders across Trusts, therefore limiting the talent pool, particularly at chief executive level. When a talent pool in an area is particularly limited, the knock on effect is that salaries are artificially inflated which is often counter-productive, both in terms of public perception and internal staff morale.

“ We need leaders who are committed to building talent for the future. People need to recognise that this area is extremely important.”

Six steps to developing talent

- Make time for it
- People look for role models – create them in your organisation
- Use mentoring schemes
- Create incentives for clinicians to move into management: innovate where you can
- Broaden and invigorate the talent pool where you can by bringing in skills from outside
- Become employer of choice

A systematic approach to leadership development does not currently exist across the NHS; some organisations are doing this better than others and there is a real opportunity for other Trusts to learn from them. However, every organisation has to be responsible for developing leadership coming up through the system. How we create a sufficient talent pipeline for ‘the big jobs’ in health in the future remains the subject of considerable debate. Trusts can and should grow talent internally, as well as introducing fresh talent from outside the sector where it is appropriate to do so (such as functional specialisms like procurement). A combination of these approaches will be powerful.

In terms of staff satisfaction and morale, highly motivated workforces will perform better and there is evidence to suggest that patient experience is very strongly linked to staff experience and attitude. Therefore, prudent investment in staff development and training is critical to fostering a positive, engaged and committed workforce.

Developing clinician managers

The Darzi Review re-energised clinicians' input into the way health services are run; but the challenge remains to sustain and develop their involvement in the leadership of organisations. Currently, respondents are of the view that few incentives exist; in particular, there is not a strong enough motivation for clinicians to move away from practising their profession and undertaking more generic management duties. Some of the incentives being explored include packages for managers to spend a certain proportion of their time in practice.

In terms of development needs, clinicians may need support in developing higher levels of political awareness and commercial acumen. They should be actively encouraged to draw on a wider range of skills, beyond those of their profession, which are essential for senior executives.

The posts you have found hardest to fill

There are a number of priority areas where organisations have struggled to secure the skills and experience they need. Respondents told us the posts they have found hardest to fill include:

- Directors of Health
- Directors of Commissioning
- Chief Executives
- Finance Directors
- Non Executive Directors
- Chairs
- Director of Public Affairs
- Directors of Performance
- Operational Directors
- General Managers (middle management)
- Medical Director

Future demand for new posts

Respondents also highlighted a number of posts which they think will be in high demand over the course of the next three years. These include:

- Director of Provider Services
- Director of Contracting and Performance
- Director of Strategy
- Director of Stakeholder Engagement
- Governance specialists (especially for Foundation Trusts)
- HR Director
- Nursing Director
- Procurement experts
- Public Health Intelligence
- Facilities
- IT
- Business Intelligence
- Marketing
- 'Lean' practitioners
- Economists/economic forecasters

Transferable skills

There are a number of skills which respondents believe can be transferred from other sectors into the NHS – particularly those found in local authorities, such as community engagement, leading change, customer focus and partnership working. In terms of the private sector, the areas of commercial acumen and marketing or communication were most frequently mentioned, as well as procurement.

The top transferable skills identified by respondents included:

- Community engagement
- Governance
- Public Accountability
- Customer focus
- Leading change and challenging tradition
- Contracting and commissioning
- Project management
- Financial management and governance
- Cultural and organisational development
- Strategy
- Estates and Facilities Management
- Knowledge management
- Outsourcing and privatisation of services

There are significant benefits to be reaped by identifying the roles where it is worth taking a truly calculated risk to entice top quality candidates from outside the NHS and the public sector in general. Not only will this enrich the range of skills and perspectives available across Trust management; it will also serve to strengthen the future talent pipeline. Although some respondents mentioned that staff who arrived in their Trust from outside the health service "did not work out", with proper support and a realistic expectation that these candidates will need time to learn the protocols, there is no reason why such individuals cannot flourish in the NHS and, along with the best of existing NHS talent, together raise the bar.

Summary

The NHS serves a million people every day. To continue delivering quality services to an increasingly demanding population, it must rely on a flexible, efficient and inspirational collective leadership team. We must act now in order to generate a talent pool of middle and senior managers who will not only strengthen the current workforce but who will lead the Service in the future. Health services must therefore continue the drive to break with tradition, and should make brave decisions which challenge the historical legacy to introduce “new blood” and fresh perspective.

“In health, we have spent so long playing catch up that we fail to think about the future and forget to plan ahead.”

GatenbySanderson

GatenbySanderson is a leading provider of senior search and selection services for the Public Sector. We specialise in start-up and transformational change and have assisted a broad range of organisations seeking high-quality talent for new and existing appointments, and for whole team reorganisations. We regularly work with clients to introduce skills and perspectives from outside the Public Sector to enrich existing skills and diversity and to help overcome some of the traditional sector boundaries.

We have a clear philosophy: that high-quality executive search holds the key to filling specialised roles with high-calibre people. Where talent pools are narrow, as is the case in many parts of the health service, it is vital to spot and grow rising talent. We review the circumstances of every unique client organisation and work with them to identify the priorities for the post.

For organisations requiring interim strategic resource, interim leaders are hand-picked, rigorously vetted and usually experts in their sector who have a detailed understanding of the complexities involved in public service. Above all, our people have a proven track record of delivering effective solutions, often where others have failed.

Over 70% of our work is repeat business. This is the highest rate in the industry and is testament to the quality of our service and to the relationships we hold.

To find out more, contact Graham Goodwin on 0113 205 6075 or email graham.goodwin@gatenbysanderson.com

Our approach to this project and acknowledgements

Between March and May 2009 we held informal discussions with around 60 individuals, including chairs, chief executives and non-executive directors of a range of Trusts (NHS Acute, PCT and Foundation) as well as individuals from those organisations associated with health and health care improvement and regulation.

To help inform and shape thinking, our discussions covered some or all of the following areas, depending on the role of the organisation in question:

- Key challenges ahead for Trusts in both the short and medium term, and the steps being taken (or that should be taken) to address these.
- Changes the Trust has gone through in recent months; overview of further change planned for 2009 and 2010.
- The nature of any challenges presented in driving forward the recommendations of the Darzi Review and the direct consequences of implementation in terms of leadership priorities.
- The extent to which a change in political administration could impact on health service provision; the impact of the economic climate on health services and how services are planning, or should plan, to meet these.

- The most common causes of poor performance or failure of Trusts to deliver; the most common barriers to success in leading Trusts organisationally and individually; conversely, the hallmarks of strong health trusts.

- Inventory of the leadership characteristics observed in Trusts which are universally regarded as high performing or exemplar.

- The impact of changing policies and delivery priorities on skill requirements at a senior level; those leadership qualities most often sought to lead teams successfully.

- Top challenges for health service leaders in bringing about change in their own organisations; specific skills gaps identified within senior management and skills that are seen as transferable; the most common recruitment ‘headaches’.

- Leaders’ priorities in building a high performing executive team; as part of this, details of roles that have been the hardest to fill and why.

- Lessons the health service has learned in the past five years; lessons that can be learned from other organisations within the wider public sector.

We would like thank the following for their thoughts and insights on the challenges facing the health services:

Alan Duffell - Director of HR - Birmingham and Sandwell Mental Health NHS Trust
Andrea Anderson - Associate Director of OD & Deputy Associate Director of HR - NHS Bury PCT
Andrea Sutcliffe - Chief Executive - Appointments Commission
Andrew Hardy - Deputy Chief Executive - University Hospitals Coventry & Warwickshire
Andrew McKeon - Director Health - Audit Commission
Angela McNab - Chief Executive - Luton and Bedford PCT
Anthony Good - Director of Workforce & Organisational Development - Rotherham, Humber, Doncaster and South Yorkshire Mental Health Trust
Brenda Spoons - Associate Director - NHS Liverpool PCT
Candace Imison - Deputy Director of Policy - King's Fund
Carmel Martin - Associate Director of HR and Workforce Commissioning - South East Coast SHA
Chas Hollwey - Chief Executive - NHS Barnet
David Behan - Director General Social Care - Department of Health
David Bowles - Chair - United Lincolnshire Hospitals NHS Trust
David Smith - Chief Executive - NHS Kingston
Dean Royles - Director of Workforce and Education - North West Strategic Health Authority
Dr Penny Dash - Independent Consultant
Felicity Goody - Chair - University Hospital of South Manchester NHS Foundation
Frances Beck - Managing Director of Provider Services - Telford and Wrekin Community Health
Gerald Coteman - Non-executive Director - Cambridge University Hospitals
Helen Simpson - Deputy Chief Executive - South Staffordshire PCT
Jacob West - Deputy Director - Prime Minister's Strategy Unit
Jamie Rentoul - Director of Regulation and Strategy - Care Quality Commission
Jane Fenwick - Chair - Humber Mental Health Teaching NHS Trust
Joanne Marshall - Director of Workforce & Organisational Development - Stockport PCT and Tameside and Glossop PCT
Joe Brayford - Director of HR - Doncaster & Bassetlaw Hospitals NHS Trust
John Marsden - Chief Executive - Yorkshire County Council and Non-Executive Director - Yorkshire and Humberside Strategic Health Authority
Jonathan Marron - Policy Director - Monitor
Jules Preston - Chair - Northumberland, Tyne & Wear NHS Trust
Lesley Hornby - HR Services - NHS County Durham
Margaret Blenkinsop - Deputy Chair - Royal Bolton Hospitals NHS Trust
Mark Jennings - Director of Quality and Special Projects - NHS Institute for Innovation and Improvement
Maxine Espley - Managing Director - Provider Arm Wolverhampton PCT
Melanie Sirotkin - Director of Public Health - Tameside and Glossop PCT
Mike Brereton - Chair - University Hospital North Staffordshire NHS Trust
Mike Greenwood - Chair - NHS Stockport PCT
Miles Scott - Chief Executive - Bradford Teaching Hospital NHS Foundation Trust
Mike Walker - Director of HR - Nottinghamshire County PCT
Miranda Hughes - Regional Commissioner - Yorkshire, Humber and the North East - The Appointments Commission
Nadine Powell - Executive Director Corporate Affairs - NHS Heywood - Middleton & Rochdale PCT
Nichol Orton - Head of HR and OD - East Lancashire NHS Trust
Nick Gurney - Chair - North Bristol NHS Trust
Nigel Clifton - Chief Executive - Doncaster and Bassetlaw Hospitals NHS Trust
Pam Garside - Senior Associate - Nuffield Trust
Philippa Spicer - Executive Director of HR and OD - West Sussex PCT
Professor Chris Ham - Professor of Health Policy and Management - University Birmingham
Professor John Ashton - Regional Director of Public Health - North West Strategic Health Authority and Cumbria PCT
Professor Sir Ian Kennedy
Ray Templeman - Non-Executive Director - North Yorkshire and York PCT
Richard Carroll - Interim Managing Director - Herefordshire PCT
Robert Creighton - Chief Executive - NHS Ealing
Samir Kalakache - Director of Integrated Adult Health and Social Care Commissioning - NHS Liverpool PCT
Sandra Grant - Head of HR - Hampshire PCT
Sarah Price - Director of Public Health - NHS Islington
Sir Robert Naylor - Chief Executive - University Hospitals NHS Foundation
Stephen Childs - Managing Director - Redcar Cleveland and Middlesbrough PCT
Stephanie Harris - Director of Workforce and Organisational Development - Wolverhampton PCT
Susan Went - NHS Institute for Innovation and Improvement
Terri Mingay - MD Provider Services - NHS Walsall Teaching PCT
Tony Short - Interim Director of HR - Airedale NHS Trust
Trish Thompson - MD - Derby City Community Services
Vicky Taylor - HR Director - NIHS South of Tyne and Wear

Other reviews in this series

Whose board is it anyway?

Improving governance through getting the most out of your board
(GatenbySanderson, 2007)

How broad is your board?

Building empowered non-executive Boards
(GatenbySanderson, 2008)