Health Service Journal

HSJ 50

THE 50 PEOPLE WITH THE GREATEST INFLUENCE ON TODAY'S NHS POLICY AND PRACTICE

HARVEY NASH
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Institute of Healthcare Management

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Contributors
Nick Edwards,
Laura Donnelly,
Alexis Nolan,
Daniel Martin,
Helen Mooney,
Mary-Louise Harding,
Jennifer Taylor,
Andy Cowper

Supplement editor Nick Edwards
Production editor Andrew Snowball
Sub editor Gabriel Fleming
Art editor Jonathan Dawson
Picture editor Louise Thomas

Proud to introduce the NHS top table

Welcome to the HSJ50, a new initiative from *HSJ* that highlights the people who, right now, have the biggest influence on the policy and practice of the NHS.

The list set out on these pages provides a unique insight into the individuals and ideas that are shaping not just today's health service but how it will look in years to come.

Any list of influential people will be controversial. No-one will agree with all our judges' choices and we are certain it will cause debate at all levels (turn to page 16 for details of the judging). Why isn't the list headed by a health secretary who is radically changing the Department of Health and will very probably lead post-Blair health reforms? Equally, there would be support for the new chief executive of the NHS taking the top spot.

Some will be surprised to see only some of the strategic health authority chief executives on the list, considering the importance of the SHAs and the individuals' long experience. Their rate of inclusion may well have changed dramatically by this time next year.

Others may be disappointed to see so few women on the list, or incensed that a tabloid newspaper editor is included.

Readers will note that the HSJ50 is restricted to the English NHS. This is deliberate. We decided that it was impossible to create a list that included people who were influential in different devolved health services when policy and practice is so distinct.

It only remains to thank our sponsors – Harvey Nash (and its interim management arm Impact Executives) and the Institute of Healthcare Management – our judges and all those who made last night's launch party a success.

We hope you enjoy the HSJ50 – we are already looking forward to seeing how next year's list will look. ●

Nick Edwards, editor, HSJ

HSJ50 AT A GLANCE

1 **Prof Paul Corrigan**
2 **Patricia Hewitt**
3 **David Nicholson**
4 **Sir Liam Donaldson**
5 **Lord Warner**
6 **Hugh Taylor**
7 **Sir Ian Carruthers**
8 **Prof Dame Carol Black**
9 **Prof Sir Ian Kennedy**
10 **Mike Farrar**
11 **Bill Moyes**
12 **Matthew Swindells**
13 **Ken Anderson**
14 **Sir Jonathan Michael**
15 **Dr Gill Morgan**
16 **Nicolaus Henke**
17 **Andy Burnham**
18 **Bill McCarthy**
19 **James Johnson**
20 **Mark Britnell**
21 **Andrew Lansley**
22 **Richard Granger**
23 **Prof Mike Richards CBE**
24 **Andrew Cash**
25 **Niall Dickson**
26 **Karen Jennings**
27 **Prof Sir George Alberti**
28 **Dr Mayur Lakhani**
29 **Dr David Colin-Thomé**
30 **Sir Gus O'Donnell**
31 **Simon Stevens**
32 **Nicholas Timmins**
33 **Paul Dacre**
34 **Liz Kendall**
35 **Prof Sir Michael Rawlins**
36 **Anna Walker**
37 **Bernie Ribeiro**
38 **Barbara Clark**
39 **Ian Dodge**
40 **Prof Christine Beasley**
41 **Nigel Edwards**
42 **Tim Kelsey**
43 **Ian Smith**
44 **Andy McKeon**
45 **Kevin Barron**
46 **Richard Douglas**
47 **Sue Slipman**
48 **Sir William Wells**
49 **Duncan Selbie**
50 **Dr Richard Horton**

PROFESSOR PAUL CORRIGAN
HEALTH ADVISER TO THE PRIME MINISTER

THE GUARDIAN, ELEANOR BENTALL

1 Professor Paul Corrigan was once described as the 'quiet revolutionary' for his pivotal role in the development of Labour's NHS reforms since 2001.

Professor Corrigan earns his place as the most powerful person in *HSJ*'s index of influence for the breadth and depth of his policy dominance. Most recently he has driven plurality and competition in primary care.

He has been a lead author or more on most of the government's key policies since he was brought in as a special adviser by Alan Milburn after the 2001 election.

The story goes that the newly anointed health secretary wanted someone to bring hearts and minds together on NHS reform, and his old friend the professor was the man he wanted.

Professor Corrigan said his arm was twisted when Mr Milburn said: 'Come on, we've got the opportunity to save the NHS for the next generation.'

It was to be his fourth career. After a sociology degree at the London School of Economics in the late 1960s, he took up teaching posts at North London Polytechnic and then Warwick University. He completed his PhD in 1974 and most of his academic life was spent teaching, researching and writing about inner-city social policy and community development.

Shortly after becoming a visiting professor of public policy at Warwick University in 1995, he set up as a local government consultant working on 'modernisation' issues.

Professor Corrigan's final job before joining the Department of Health was at the Office for Public Management, which he joined in 1999. Once ensconced in Richmond House, he quickly became famous as the 'architect' of the foundation hospitals policy. Future historians might credit the passing of the controversial legislation to a husband and wife team: Professor Corrigan wrote the policy and his wife Hilary Armstrong ensured

'His arm was twisted when Milburn said: "Come on we've got the opportunity to save the NHS"'

enough rebel MPs voted the right way as Labour chief whip.

He is also famous for writing the 2004 public health white paper *Choosing Health*, after staying on at the DoH to advise John Reid as health secretary, who had replaced Mr Milburn in June 2003.

He stepped down when Patricia Hewitt (**2**) swept in with her own suite of special advisers following the 2005 general election.

Professor Corrigan has written several pamphlets on his vision for improving voice and choice in primary care for the Social Market Foundation. His knowledge and vision on reform was obviously deemed to be too valuable for the think tanks – it was no surprise when he replaced Ian Dodge (**39**) as adviser to the prime minister at the end of 2005.

As prime minister Tony Blair attempts to leave his legacy intact, the role of his adviser remains crucial, even if the white heat of Simon Stevens' (**31**) reign may have faded. That is why Professor Corrigan beats even the health secretary to the top position in the HSJ50.

He rejoined a government that appeared to be fast losing its grip on its own health reform. Number 10 needed someone who could explain the end game, could provide reassurance that the turmoil created by the reforms would result in a fairer, more efficient and responsive health service, fit for the 21st century.

A lot of the ideas he formulated for the Social Market Foundation last year – breaking up GPs' monopoly on primary care and giving local communities a voice by making PCTs directly, democratically accountable to them via petitioning – have made their way into recent policy, such as the *Our Health, Our Care, Our Say* white paper and the commissioning framework.

His power was well illustrated when he overruled minister Jane Kennedy on SHA appointments, leading to her resignation.

Personally he can be charming and withering by turn and he enjoys tweaking the tails of iconoclasts, in public health in particular.

He is also critical of an NHS that is too inward looking, especially when it comes to ignoring what it sees as 'irrational' public affection for local institutions.

But power is ephemeral. Professor Corrigan's political star may be shining brightly now, but the last week in politics demonstrates just how quickly that could fade.

With his boss on the way out, his old mate Mr Milburn causing trouble for Gordon Brown, and his wife a key Blairite, the man topping our list may just have to enjoy the glory while it lasts.

PATRICIA HEWITT
SECRETARY OF STATE FOR HEALTH

'Those who know her well paint a picture of someone who enjoys getting stuck into the detail of policy'

2

Her first 16 months at the helm have been eventful ones for Patricia Hewitt. Beasted by nurses and savaged by MPs, and seemingly apologising to just about everyone, she has had her share of low points. On the plus side, the DoH now looks in better shape and policy cock-ups have receded into the past.

Talking to *HSJ* after her first few weeks in post, she promised to 'keep the foot flat down on the accelerator' of reform. She also pledged to listen closely to staff and expressed caution about the destabilising effect of the 'market' (a word she has apparently been uncomfortable with).

It is now widely believed that she stumbled in getting to grips both with a range of disjointed and, sometimes, half-baked policies, inherited from John Reid's reign, as well as a DoH that was not functioning well.

On the former, it took her until Christmas for coherence to begin to emerge. On the latter, she brought in management consultants McKinsey to review the department, creating a greater divide between provider development and commissioning. And she dispensed with the services of chief executive Sir Nigel Crisp.

The low point of her time in post has been the deeply unpopular *Commissioning a Patient-led NHS* announced by Sir Nigel last summer. It must seem sometimes as though she has been rowing back from ever since.

Her stormy ride at the Royal College of Nursing conference last year made her position seem precarious, occurring as it did during an awful week for the government (step forward Charles Clarke and John Prescott). In fact, she was never in real danger.

The ban on smoking in public places was not a high point. Having backed the government's moderate line, she was forced to retreat when the extent of public (and therefore MPs') support became more obvious. She was criticised at the time for not taking more care to gauge feeling in her party.

She also gave a lot of personal public backing to the mass consultation for the healthcare outside hospitals white paper. The health select committee was less impressed. In fact, she has had a rough time from Kevin Barron's (45) team across the board.

What are her strengths? Those who know her well paint a picture of someone who enjoys getting stuck into the detail of policy, in contrast to her predecessor. She also has a reputation for negotiation and conciliation (witness her skilful handling of the Midlands car manufacturing crisis just before the election) that may not be obvious from her rather stiff public speaking. It is also thought she has a much improved relationship with Gordon Brown these days, after a frosty start.

All in all, she will arrive at the Labour conference later this month in a stronger position politically than this time last year. Whether that lasts will depend, to a considerable degree, on her handling of health economy restructuring and the inevitable ratcheting up of public and media interest. It will be a time for leadership, and a leader to the NHS willing to take tough decisions is what she has promised to be.

Why is the health secretary not number one on our list? Many will think she should be by dint of office. However, it is the nature of politics that influence can be precarious. Ms Hewitt is unlikely to be out of a job within the next 12 months but, like all health secretaries, her lasting impact remains to be seen.

It is also true that her chief executive is very new in post – next year we may well see some shifting of positions.

DAVID NICHOLSON
NHS CHIEF EXECUTIVE

3 Why is the man in charge of the NHS not at the top of this list? First: the plain-speaking Nottingham native has only just taken up post. Second, how much power can even the most senior manager have in a world of politics? Well, let's look at his form.

Mr Nicholson is an NHS veteran. He has worked in mental health trusts, learning disabilities, acute trusts, and, depending on how you count it, he has run six different bodies at interim level.

As chief executive of Birmingham and the Black Country strategic health authority from 2003 until this July, he stole a march on policy, introducing a fitness for purpose-style regime for primary care trusts. By July last year, the SHA was claiming some of the lowest waiting times in England. Mr Nicholson has admitted to harnessing a 'fierce, competitive' spirit to achieve that, by comparing figures to those of Dorset and Somerset SHA, where then chief executive Sir Ian Carruthers was seen as setting 'a gold standard'.

Before he took the reins of NHS London earlier this year he had been given two more West Midlands SHAs to run.

He has played a significant part in policy-making and implementation. He delivered the human resources policy for the 2002 reorganisation of the NHS so well that he was asked to do it again, though he handed the task over when his West Midlands empire expanded. He is admired for his straight talking: comparing the human resources process for this reorganisation with the last one he said: 'Doing an HR process for a reduction is much more difficult than for an expansion, it's as simple as that. Last time we were creating lots of chief exec jobs, this time we're not.'

'By July last year his SHA was claiming some of the lowest waiting times in England'

Apart from being appointed to run three SHAs, the biggest indication of the regard in which Mr Nicholson was held came in January 2004, when he was asked to chair a national leadership group covering payment by results, new contracts, foundation trusts and patient choice, although no-one is claiming Mr Nicholson solved all the reform ills and got home in time for tea.

Colleagues speak admiringly of his skills: political influence, honesty, leadership, intelligence, numeracy, and compassion all arise.

But he is also seen by many as a bit of a 'heavy': witness his first weeks at NHS London, when all trusts that delivered a surplus last year found themselves under orders to do it again.

SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER

4 As the most senior medic in the country, Sir Liam Donaldson has been 'the nation's doctor' since 1998. His influence penetrates deep into Downing Street.

NICK DAWE, ED MAYNARD

The list of reports bearing his name is long. He published the first proper health protection strategy before the creation of the Health Protection Agency. His report on patient safety, *An Organisation with a Memory*, was similarly influential in setting up the National Patient Safety Agency (his loss of patience was a major reason for its current troubles).

Sir Liam was also the architect of clinical governance in the wake of the Bristol inquiry. Most recently, his report on medical regulation used strong words to describe the attitudes of managers, accusing many of being more concerned with pennies than patients.

Colleagues adore the energy with which he pushes the causes close to his heart, notably patient safety and health inequalities. They are causes brought to the forefront by his annual report. His support for public health is also evidenced by the protection the profession enjoyed during the reorganisation of primary care trusts.

This support has also brought controversy, such as his backing for a total ban on smoking in public places when his political masters were trying to take a more moderate stance. Last year he revealed to the health select committee that he considered resigning over it; that the stance was changed in his favour is telling.

After working as a doctor in Birmingham and Leicester, he was appointed regional medical officer and regional director of public health for the Northern Regional Health Authority in 1986. He went on to hold teaching and research posts at Leicester University where he also spent time in general practice. Eight years later he became director for the Northern and Yorkshire region.

Knighted in 2002, he has chaired the WHO's World Alliance for Patient Safety since 2004.

The future? Some see his tendency to go public with issues as evidence of a last hurrah before a post-Blair step-down. But he may surprise.

LORD WARNER
MINISTER OF STATE FOR REFORM

5 The longest-serving minister in the current team, Lord Warner is generally felt to have performed head and shoulders above his colleagues since being appointed in June 2003 – not difficult, perhaps, if you are up against Melanie Johnson and Stephen Ladyman. This was reflected in the promotion to his current number two position after the last election.

He has had some tough briefs to contend with, including the national IT programme, the independent treatment centre programme, hospital-acquired infection and the review of arm's-length bodies.

One of his first jobs as a junior minister was to get the Foundation Trust Bill through the Lords. At the time it looked like a deeply troubled policy, not helped by the recent resignation of the much admired Lord Hunt. In the end it passed, with Lord Warner 'calm and patient amid the party froth', according to *HSJ* political columnist Michael White.

Others note his 'feisty' and 'naturally combative' style. He has the experience and political radar to know how to maximise his effectiveness, and a knack for acting and talking like a human being.

More recent priorities included the review of regulation and regulatory bodies, its results much delayed from the turn of the year.

His experience of local government (and the fact he came very close to becoming chair of the Audit Commission before James Strachan) play an important part.

His current role puts him at the centre of what the government is trying to do to the NHS – hence his high standing in this year's HSJ50. He is the minister leading on SHA and PCT reconfigurations, commissioning, choice and payment by results.

He is also the main ministerial lever for the shifting relationships between primary and acute care, something that will almost certainly call on his negotiating skills over the next year.

The same applies to the sometimes fraught, but increasingly important relationship between local government overview and scrutiny committees. If a year of tough decisions about restructuring begins to unravel at local level and in the press, Lord Warner is likely to be sent in to quell any disorder. It may have been the prime minister who said managers could expect support from politicians, but it is this politician who will be shouldering the load.

In the past he has been chair of the Youth Justice Board for England and Wales and has had a long career in social care (he was director of Social services for Kent county council in the late 1980s).

HUGH TAYLOR
ACTING PERMANENT SECRETARY, DoH

6 There are no fireworks about this job – most of the influence it exerts is below the surface, visible only to the closest of observers. But the avuncular and approachable man who links the Department of Health to ministers and who is, ultimately, responsible for its fitness for purpose has an undeniable impact on strategy and its delivery.

In a speech at the NHS Confederation conference in June, Hugh Taylor was frank about some of the failures in the Department of Health's recent past. Speaking about the handling of *Commissioning a Patient-led NHS*, he said: 'We got it wrong and we've got to be honest about it.' He set the failure in stark contrast to the kind of 'good policy making' behind the national service frameworks.

How much has this changed? The 'cock-up', as *HSJ* put it, about the national tariff that resulted in its withdrawal was another embarrassment which immediately preceded former chief executive Sir Nigel Crisp's departure and Mr Taylor's promotion.

Formerly DoH director of strategy and business development, he had only just been promoted to Sir Nigel's deputy when Mr Taylor took the acting role in March alongside Sir Ian Carruthers (**7**). The splitting of the role at the time was sold as temporary, although Sir Nigel himself told *HSJ* he thought the case for combining the role had grown weaker over the past few years.

Many agreed that, whatever the philosophical case for a combined role, it was simply too big for one individual to cope with. Some, such as Conservative spokesman Andrew Lansley (**21**), supported the split as a path towards greater independence from politicians.

Mr Taylor's rise to deputy this year, effectively running the department, is seen as one result of McKinsey's review of DoH effectiveness. His further promotion suggests he retained the support of ministers even as the credibility of his boss Sir Nigel leaked away.

A DoH long-server, he was director of external and corporate affairs before being promoted to run the new corporate management and development group in 2003.

Before that he was a senior manager in the Prison Service, the Cabinet Office and was also director for NHS workforce in the NHS Executive.

The Department of Health originally said recruitment for a permanent secretary would begin once a permanent chief executive was named. It remains to be seen who fills that post, how soon and whether Mr Taylor continues to exert influence in another role.

'His promotion suggests he retained ministers' support even as Sir Nigel's credibility leaked away'

FRANK MCKENNA ON THE CURIOUS NATURE OF POWER

The HSJ50 will be read by many with envy and wonder. With judges drawn from a wide range of backgrounds in the NHS, attaching 'stock value' to individuals' political and managerial influence, the results will no doubt also be met with a degree of surprise.

The two top spots are the most likely to raise eyebrows. Why is the prime minister's special adviser for health, Professor Paul Corrigan, viewed as more influential than the health secretary? Is it because of the difficulties Patricia Hewitt has faced in recent months and how she has handled them, or perhaps expectations of a cabinet overhaul?

Professor Corrigan has a deep understanding of the NHS and has made connections between policy and delivery in the corridors of Number 10.

The top 25 is dominated by those with Department of Health connections, and includes ministerial and policy gurus. There are a few surprises, such as the chief medical officer rising above most of his political managers. The HSJ50 also reflects the rise of several new strategic health authority chief executives.

The list shows the influence attached to policy development. The challenges facing the top 50 are not uniform but are related. There is pressure from ministers and advisers for sustained change to ensure that the 60 per cent increase in funding until 2008 is seen to make a lasting difference.

Many on the list have shown they can translate policy into action. However, considering the seismic shift towards a delivery focus in the NHS, the relative under-representation of those closer to the operational front line is a curiosity.

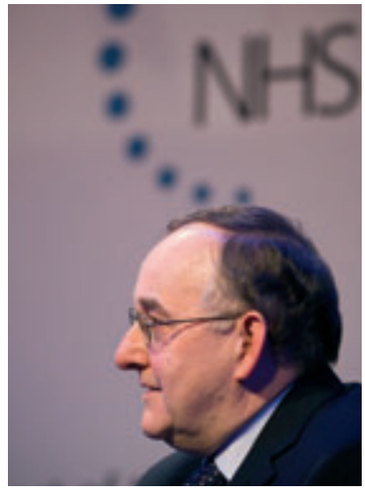
There are a handful of people from trust level, none from a primary care trust background, and few with clinical backgrounds in the list. Few are drawn from the private sector or health unions.

If we are beginning to place higher value on operational management and delivery skills, perhaps the HSJ50 of the future will reflect more balance.

So what skills should the top 50 of tomorrow develop? At trust and SHA level, responding to constant change requires a capacity to handle pressure and deliver consistent improvements in performance. More than ever, individual and organisational accountability and performance management have come to the fore as critical skills for all involved in the NHS. Financial management skills are increasingly seen as the core competence for all existing and aspiring leaders. Perhaps this is the watershed between the 'old' and 'new' NHS.

Frank McKenna is a former NHS human resources director and is head of the NHS and health services practice at Harvey Nash.

7 SIR IAN CARRUTHERS
CHIEF EXECUTIVE, SOUTH WEST SHA



Sir Ian Carruthers may have been in the top job at the Department of Health for only half a year, but his influence stretches back before the careers of many of his colleagues began. He was a natural safe pair of hands to take over as interim chief executive after Sir Nigel Crisp's sudden departure in March. He was already in an interim post as the DoH's acting director of commissioning (now held by Duncan Selbie, **49**).

Many did not believe he really would step down to lead South West SHA, but he was adamant and kept to his word. Indeed, the issue of trust comes up again and again with Sir Ian – his reputation is of a man who trusts his staff and supports them through hard times. His language is peppered with evidence of empathy, although he is also very straightforward about assessing performance.

An example was his speech to the NHS Confederation conference in June, judged to be a great balance of steel and sympathy. Although not a particularly charismatic speaker, he adopted exactly the right tone and connected with the audience in a way that had traditionally eluded Sir Nigel. He acknowledged the pain but underlined the need to 'get on with the job'.

He recognised the personal upheaval that many managers were facing as part of restructuring but urged them to 'leave a legacy' the service could be proud of.

After a career in general management (always outside the acute sector) Sir Ian built a solid reputation as chief executive of Dorset and Somerset SHA. He was generally considered to run the most successful of the SHAs, with a firm grip on spending (and lending) and waiting lists. The health economy was delivering waiting times months, if not years, ahead of target.

It was this kind of focus that has characterised his time as DoH acting chief executive. Speaking to *HSJ* on the day his appointment was announced, he called for the NHS to 'rally round'; he also acknowledged the service's frustrations with the centre.

Over the years he has been consistently critical of dysfunctional planning processes and has been scornful of trusts that have continued to recruit staff despite spiralling deficits.

Previously, he was chief executive of Dorset health authority and has also sat on the board of the New Health Network and the DoH modernisation board. He was heavily involved in the thinking that set up what were then the new set of SHAs in 2002 (although he did not get his wish to avoid the use of the phrase 'health authorities' to avoid confusion with the old ones).

8 PROFESSOR DAME CAROL BLACK
NATIONAL DIRECTOR FOR HEALTH AND WORK

Professor Dame Carol Black has made a top 10 position despite having stepped down as president of the Royal College of Physicians in July. She is now national director for health and work for the Department of Work and Pensions, a czar-like job, promoting the connection between good health and employment, dear to the DWP.

She will sit on the management board of both the DWP and Department of Health, co-ordinating the two. Some said it was a 'political' rather than an occupational health appointment – but others would say that was the point. Last year *HSJ*'s poll of health organisations taking part in party conferences found Dame Carol was considered one of the most effective lobbyists in the NHS.

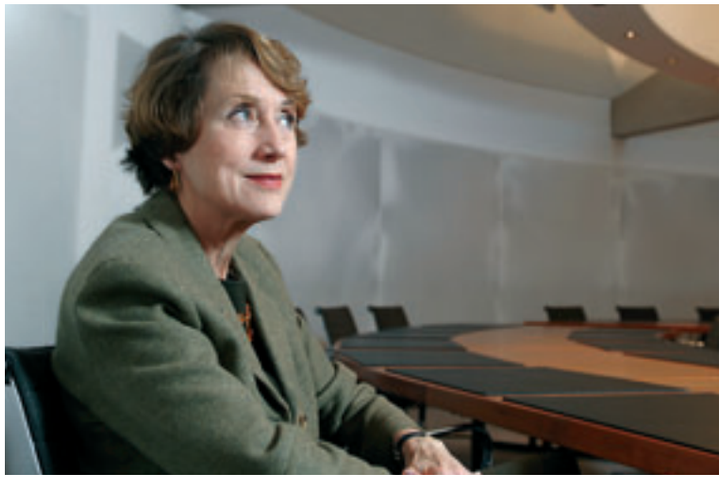
She is chair of the Academy of Medical Royal Colleges, and the Nuffield Trust think tank, and remains an honorary Professor at Royal Free Hampstead trust.

She was on the selection panel for the NHS chief executive post, alongside the likes of cabinet Secretary Sir Gus O'Donnell (**30**).

Her four years as president of the RCP has been a time of quiet modernisation. Two years ago she stirred controversy by suggesting that the large number of women going into medicine could see the profession becoming less influential.

Last year she came out strongly in favour of a full ban on smoking in public places. Dame Carol clashed with John Reid over his support for the right of working-class people to smoke. She was also critical of the lack of engagement with the medical profession during Mr Reid's reign as health secretary.

Dame Carol was appointed medical director of the Royal Free Hospital trust in 2000.



'She clashed fiercely with John Reid over his support for the right of working-class people to smoke'

ED MAYNARD, PETER SEARLE, VICKY COUCHMAN/UNP

9 PROFESSOR SIR IAN KENNEDY
CHAIR, HEALTHCARE COMMISSION

For a man who turns 65 today, Professor Sir Ian Kennedy shows few signs of flagging. For the past four years he has been chair of the Healthcare Commission, an organisation created on the back of his landmark report into the tragic history of paediatric care in Bristol.

When he was appointed as shadow chair of the commission in 2002, many of those who had watched him steer the Bristol Inquiry applauded the appointment, seeing him as a thorn in the side of the medical establishment.

As far back as 1980, the former academic lawyer and founder of the Centre of Medical Law and Ethics had delivered a series of BBC *Reith Lectures* which accused medics of allowing 'a closed professional group or coterie' to have a monopoly on understanding issues such as regulation.

One politician who had worked with him closely remarked 'he's just the sort of awkward bastard' needed. Others, noting his sensitive handling of angry bereaved parents, took a different but equally approving view.

But cracks in the new organisation showed quickly. In April 2003, just two months after appointing Peter Homa as its chief inspector, Sir Ian asked him to stand down, following differences about how the new body should be created. It took seven months to find a successor, Anna Walker (**36**), but Ms Walker has remained in post since, though a number of other senior figures have come and gone.

In its annual report, published in July, the commission said that 'over the last year it had firmly established itself as a regulator that means business' with the introduction of a new system to replace star-ratings, several major investigations and reviews of areas like obesity and cleanliness.

But some critics have questioned whether the organisation was too slow to get this far, while others have questioned the direction of the inspection agenda. In particular, the Foundation Trust Network has taken issue with the imposition of developmental standards on foundation trusts, while the commission itself has criticised the Department of Health for failing to consult it before introducing a whole new raft of productivity measures for trusts.

And when compared with his profile during the Bristol Inquiry, Sir Ian's role as the public face of the commission appears limited.

Yet his empire looks set to expand. Merger with the Commission for Social Care Inspection is scheduled for 2008, while a much delayed wider government review on regulation seems increasingly likely to back Sir Ian's arguments in favour of the mega-body becoming the single regulator on finance and quality.

Watch Sir Ian setting out his arguments in favour of a takeover of some of Monitor's functions and it is clear why his oft-repeated claim – 'I am a bear of very little brain' – fools no-one.

10 MIKE FARRAR
CHIEF EXECUTIVE, NORTH WEST SHA

Mike Farrar's influence was perhaps most obvious when he was working for the Department of Health in 1998, attempting to persuade the British Medical Association's GP committee to support primary care groups.

Plus ça change. As chief executive of North West strategic health authority, clinical engagement is top of his list.

With 24 years working for the NHS under his belt, Mr Farrar put his hat into the ring for the job of NHS chief executive. Only 46, this may not be his only bite at the cherry; given the six years he spent in Whitehall, he is also one of the few NHS figures who could conceivably be considered for the DoH permanent secretary job.

Mr Farrar has his own ideas about what makes a person influential. Earlier this year he stressed to *HSJ* that leaders 'can't rely on positional power'; 'personal power and credibility' were required too (news analysis, page 19, 29 June).

His NHS career began in health promotion, moving to drug and alcohol services, then mental health. A shift to the DoH came in 1994, when a six-month secondment lasted six years; a period in which he oversaw the creation of primary care groups, PCTs and personal medical services.

In 2000 he went back to the service, as chief executive of Tees health authority. Two years later he became chief executive of South Yorkshire SHA. The area was widely acclaimed, primarily because of its status as a foundation community, but several PCTs saw their finances worsen over the same period. In June 2005, Mr Farrar took over the financially troubled West Yorkshire SHA, in the year prior to merger.

While in Yorkshire, Mr Farrar ran negotiations for the NHS Confederation to introduce a new GP contract. At the time plaudits flowed in; since then Mr Farrar has had to defend 'short-term' problems with the costings but insists the contract is world leading.

Perhaps what marks Mr Farrar out from some of his peers is emotional intelligence; he shows more ease than most talking about the human cost of the pressures managers face. And yet he is quite a blokey bloke. Peter Kaye fans can contemplate why some describe the double act of Mr Farrar and new NHS chief exec David Nicholson as the 'Max and Paddy' of the NHS.

SUSAN HODGETTS ON WHO'S IN AND WHO'S OUT

Agreeing who are today's most influential people in the healthcare sector is a daunting task, one bound to cause headaches and court controversy.

When *HSJ* approached the Institute of Healthcare Management to be part of the panel, the smart move might have been politely to decline. But the IHM does not duck a challenge and our president Gerry McSorley was pleased to play his part alongside fellow panellists in coming up with the HSJ50.

The factor uppermost in determining who should appear was contemporary influence. We were not interested in past glories or possible future key players. So apart from Andrew Lansley, opposition health spokespeople are conspicuous by their absence. Those in the driving seat, such as Patricia Hewitt, Lord Warner and Andy Burnham, were bound to win through. So, too, was an individual such as Professor Paul Corrigan, who has Tony Blair's ear.

As expected, it was impossible not to include some of the mandarins at the Department of Health, and the line-up reflects the importance that its directors are having over the lives of those working at the NHS coalface.

Naturally, the IHM is pleased to see acknowledged the role that some of the best healthcare managers are having on the NHS. We are encouraged to see that so many of our longstanding members have made it onto the list, too.

The IHM roll of honour includes the incoming NHS chief executive David Nicholson, and the man holding the fort since Nigel Crisp's departure, Sir Ian Carruthers. Others are the NHS Confederation's Dame Gill Morgan and DoH directors Andrew Cash, David Colin-Thomé and Duncan Selbie. Another is chief nursing officer Chris Beasley.

A rounded list would be incomplete if the influence of those analysing health policy was not credited. Nick Timmins of the *Financial Times* and the *Daily Mail*'s Paul Dacre regularly produce copy that influences ministerial thinking. Ex-journalists such as Tim Kelsey, now of Dr Foster, and Niall Dickson of the King's Fund, continue to use their investigative instincts to sway policy.

A top 50 that did not acknowledge the influence of the independent sector would also be incomplete. Former Number 10 insider Simon Stevens, of UnitedHealth Europe, continues to be a force in the land.

Medical profession leaders are also rightly listed, as is Unison's Karen Jennings alongside Kevin Barron, chair of the health select committee.

The movers and shakers are saluted – but heated debate will doubtless ensue.

Susan Hodgetts is chief executive of the Institute of Healthcare Management.

BILL MOYES
CHAIR, MONITOR

11 An outsider with an enthusiasm for ruffling feathers when necessary, Bill Moyes has one of the most powerful jobs overseeing the new NHS world.

Former director general of the British Retail Consortium, Mr Moyes was given power over the future of foundations trusts, tasked with setting up the regulatory framework within which they operate and fixing the terms for authorisation.

As such his decisions over the past year have shaped the futures of many organisations, and in many cases disappointed ambitious chief executives. How they respond to that challenge – and Mr Moyes has been critical of DoH efforts to help them – will be a major factor in the future NHS landscape.

As regulator Mr Moyes has drawn up a prudential borrowing code and sets a borrowing limit for each foundation trust he authorises. He has the power to sack managers and whole boards, and even to revoke a foundation trust's licence. His trenchant treatment of Bradford's erring foundation board at the end of 2004 made sure everyone knew he meant business.

The results of the much-delayed regulatory review which began last year should indicate what ground he has lost or gained relative to Professor Sir Ian Kennedy's (**9**) Healthcare Commission and the Audit Commission. He has been vocal in the past about the need for Monitor to be the financial regulator of the whole NHS.

Mr Moyes previously worked for the Bank of Scotland Group as head of infrastructure investment and set up a private finance initiative team. from 1990-94 he was director of strategic planning and performance management for NHS Scotland. His private and public sector experience and lack of overbearing ego has seen him prove a successful and influential addition to the regulatory world.

MATTHEW SWINDELLS
SPECIAL ADVISER TO THE HEALTH SECRETARY

12 Matthew Swindells was appointed last June and almost straight away was plunged into work on the *Our Health, Our Care, Our Say* white paper, which came out in January and outlined the way government wanted to move health spending away from hospitals and towards the community.

He has also guided much of the system reform agenda, such as the controversial reconfiguration of PCTs. But in the main he leaves it to civil servants to deal with day-to-day implementation matters, preferring to look at how policy should develop.

He works closely with special adviser Liz Kendall (**34**) and Tony Blair's health policy adviser Paul Corrigan (**1**) and before him Ian Dodge (**39**).

Mr Swindell's appointment as policy adviser came after two years as chief executive of Royal Surrey County Hospital trust. During his time there he managed to turn round the trust's performance from zero stars to two stars.

DR GILL MORGAN
CHIEF EXECUTIVE, NHS CONFEDERATION

15 The top job at the NHS Confederation always carried influence but not all chief executives could claim to have the standing of Dr Gill Morgan. Like James Johnson (**19**), her counterpart at the British Medical Association, she has to defend her members without falling out with government.

Her many admirers praise her ability to balance private steadfastness and public support, even when it does not make for a heroic headline. Her critics say the confederation has been too soft on the government. It is not a criticism she has ever recognised – talking to *HSJ* when she took the job, she said: 'The question is, how do you influence people? Are you more influential pointing out their sins or working alongside the policy-makers?'

The result: three years later she was one of four people who new health secretary Patricia Hewitt phoned on her first day in office.

BILL McCARTHY
DIRECTOR OF POLICY AND STRATEGY, DoH

18 Bill McCarthy was brought into the DoH last year to add some much-needed coherence to what many saw as a policy mess left by former health secretary John Reid. He was, apparently, personally chosen by Patricia Hewitt (**2**).

His arrival at the DoH was seen as a sign that chief executive Sir Nigel Crisp's reign was coming to an end with the wane of fortunes of the group he brought in. It was also seen as evidence of Ms Hewitt's unhappiness with the handling of *Commissioning a Patient-led NHS* and the rigour imposed in its creation. Originally joining as director of financial system reform, he was made

acting director of policy and strategy in January. Mr McCarthy's first big move was writing *Health Reform in England: update and next steps*, designed to bring together recent policy and set out the timetable for further publications through 2006.

JAMES JOHNSON
CHAIR, BRITISH MEDICAL ASSOCIATION

19 Although reappointed to the post for a further year this June, James Johnson has nonetheless faced criticism by British Medical Association members for being too close to the government.

A motion held at the association's annual conference attacked BMA leaders for not opposing government plans to make the NHS more market-driven and introduce more private sector involvement.

However, he did succeed in preventing the BMA becoming an affiliate of pressure group Keep Our NHS Public, a move which would have massively embarrassed it.

Chair for the last three years, he has overseen the implementation of the hard-won consultant contract and initiatives such as the European working-time directive and Hospital at Night, which have reduced the working hours of junior doctors.

PETER SEARLE, ED MAYNARD

KEN ANDERSON
COMMERCIAL DIRECTOR, DoH

13 In 2003 Ken Anderson was appointed the first commercial director general in the history of the DoH — and a Texan to boot. In this role he has been tasked by the government to procure private healthcare into the NHS. He joined the DoH a year earlier to head the procurement of the first wave of independent treatment centres.

Before joining the DoH he was in post as director of healthcare at PFI company Amey plc and had been in charge of negotiating NHS private finance initiative contracts. Mr Anderson has been instrumental in setting up the DoH's supply chain excellence programme in an attempt to charge the NHS with best practice and value-for-money ideas on procurement from the private sector.

The relationship with the private sector has become centre stage for both the government and the NHS over the last two years and Mr Anderson's role has been pivotal. Sometimes uncomfortable with public speaking and shunning publicity, his decisions will have ramifications for years to come.

SIR JONATHAN MICHAEL
CHIEF EXECUTIVE, GUY'S AND ST THOMAS'

14 One of the few doctors who has become a full-time trust chief executive, Sir Jonathan Michael has always been among the most influential managers since taking over at Birmingham 10 years ago. Now running one of the biggest teaching hospitals in England, his position is assured. The only question is whether his ambition lies beyond trust management.

He was closely linked to the NHS chief executive job earlier in the year although he was not one of the four names on the final shortlist. His name has also been suggested as a possible contender to run the new London SHA.

He has championed increased investment in IT, shared services and more efficient use of surgical theatres. These are some of the

reasons why his organisation has made a better transition to foundation status than some other big acutes. Sir Jonathan also has the benefit of good alumni at Guy's – past colleagues include DoH acting director of communications Matt Tee and special ministerial adviser Matthew Swindells (**12**).

NICOLAUS HENKE
McKINSEY GLOBAL HEALTHCARE

16 Nicolaus Henke's high position reflects the impact that McKinsey has had on the NHS in the past couple of years. The company has worked particularly closely with foundation trust regulator Monitor in establishing the criteria for foundation status and judging organisations' chances of achieving it. Mr Henke, leader of the company's payor/provider practice, has been a regular attendee at Monitor board meetings.

McKinsey's work with Monitor concluded that only half of acute and mental health trusts would be ready for foundation status by the 2008 deadline, indicating many trust boards were taken by surprise by the vigour of the examination.

McKinsey led last year's review of the DoH structure: according to *The Times*, the DoH spent £1.27m with the company for 2005-06, though the report was considered too damning for publication.

ANDY BURNHAM
HEALTH MINISTER, DoH

17 Andy Burnham entered the mainstream health world in May this year when the post-election reshuffle saw him arrive as health minister for delivery and quality, with an explicit brief from Tony Blair to charm.

The 36-year-old has a working class background but a Cambridge education. An MP since 2001, he was a junior minister at the Home Office for a year, during which time he saw his profile raised (not always positively in the public eye) by ID cards and the Extradition Act.

He has a 'can do' attitude, fronting the launch of the DoH's strategy to help the NHS achieve the 18-week target. And he showed how well suited his 'Handy

Andy' moniker was when he stood in for Patricia Hewitt at Commons question time to make a statement on the long-awaited mergers of PCTs and ambulance services.

MARK BRITNELL
CHIEF EXECUTIVE, SOUTH CENTRAL SHA

20 Mark Britnell has managed the difficult task of rising fast, talking loud and making friends – three things that rarely go together for very long.

He was made chief executive of one of the country's largest hospital trusts, University Hospital Birmingham foundation trust, at the age of 34, having joined the board as director of operations at 28. Over the next five years he established a reputation for innovation, clinical engagement, local power broking and a taste for publicity. He also oversaw an enormous private finance initiative to build a new hospital for the trust that was finally signed off earlier this year.

It surprised very few people when he was named chief executive of one of the 10 new SHAs in the spring. With the long-suffering Bedfordshire and Hertfordshire health communities under his belt, Mr Britnell's famous dynamism and focus will be sorely needed.

Originally an NHS management trainee, Mr Britnell has a knack for astute career moves. These include a year on the civil service fast track and running the Middlesex Hospital's pioneering diagnostic and treatment centre. He also sat on one of the committees working on Alan Milburn's NHS plan.

While an acute trust chief executive he championed the use of clinical information to drive improvement and innovative partnerships with the independent sector. At the same time he was one of the biggest enthusiasts for using foundation powers to take over services from failing organisations in the acute and primary care sectors.

He was one of half a dozen NHS people to be regularly talked about as the successor to Sir Nigel Crisp as NHS chief executive. Many believe he will be David Nicholson's (**3**) eventual successor. Some think he has suffered from the exit of Sir Nigel, his champion in the DoH – but that is to underestimate the firm foundations of his reputation.

21 ANDREW LANSLEY
SHADOW HEALTH SECRETARY

Among managers well used to being maligned by opposition parties, Andrew Lansley is perhaps the most popular shadow health secretary for many years.

Managers have been impressed with the soft-spoken Conservative, who visited a fifth of English acute trusts within a year of his appointment in early 2004. Those who met him say he took time to listen to concerns, and were impressed by his grasp of the issues.

During his tenure he has had to fight voices in his party who wanted to see co-payment or social insurance systems in the NHS; and during the last election he had to promote patient passports, a policy dreamt up by his right-wing predecessor Liam Fox, which allowed Labour to paint the

Conservatives as a party which did not care about the NHS. He binned the policy straight after the election.

Lansley says he plans to spend the next two years talking to the NHS and the private sector for ideas on how to take forward Conservative health policy.

22 RICHARD GRANGER
DIRECTOR GENERAL, CONNECTING FOR HEALTH

Richard Granger's debut as IT czar at the NHS Confederation conference was typical: he said the photographer could take only one photograph. When the hapless snapper took two, Mr Granger sent him out of the room.

His hard-nosed reputation preceded him from his work with Capita introducing London's congestion charge. The IT programme has also exhibited that trenchant management of suppliers, although it has also had problems.

The National Audit Office warned that its June report would criticise Connecting for Health's 'failure to take the people in the NHS with the system'. The report turned out to be mild; its language and content said to be the result of negotiation with Mr Granger.

The heat is now on. Health minister Lord Warner was forced to admit earlier this year that CfH costs would far exceed the £6.8bn allocated. The IT industry reckons even a estimate of £12-18bn extra is conservative. And CfH's clinical engagement is still being criticised.

25 NIALL DICKSON
CHIEF EXECUTIVE, KING'S FUND

Since Niall Dickson's arrival from the BBC in 2004, the King's Fund has focused heavily on issues such as long-term conditions and choice, and funded the Wanless review of social care for the elderly. It has benefited from his liking for stirring up a debate.

He is one of a small group of NHS figures who health secretary Patricia Hewitt (**2**) regularly bounces ideas off, and serves on the Cabinet Office's NHS National Leadership Network.

He is not afraid to speak out. While he said Sir Nigel Crisp was right to shoulder responsibility for the NHS' hard times, he added that the timing of the former NHS chief's resignation was wrong and that culpability extended to

politicians who oversaw expensive pay deals that lay at the heart of so many financial problems.

And in June he told *HSJ* that politicians were 'pretty useless' in delivering health reform messages.

26 KAREN JENNINGS
NATIONAL SECRETARY FOR HEALTH, UNISON

It is often said the unions are a spent political force but Unison's Karen Jennings has shown that it is still possible for them to change government policy.

Ms Jennings is national secretary for health at the public sector union, where she leads the campaign against what she sees as the 'privatisation' of the health service. She is in charge of the organisation of half a million health members who work across the broad range of occupations in the healthcare sector.

Last year it was largely down to her campaigning that the government backed down on plans to ensure PCTs handed over the vast majority of the provision of their services to the private and voluntary sectors.

The proposal had been contained in the infamous *Commissioning a Patient-led NHS* document put out by former NHS chief executive Sir Nigel Crisp last summer.

But Ms Jennings galvanised the unions to oppose the scheme and, following a high-profile Labour conference defeat, it was announced that PCTs would only have to divest services if they could not prove they could do it most cost effectively.

And this summer she was at it again, when the government published an advertisement that appeared to invite bids from private firms to run clinical services. Health secretary Patricia Hewitt (**2**) denied this, but she still ordered the advert be withdrawn and 'redrafted'.

Now Ms Jennings is a key force behind the joint union campaign 'The Heat is On', which aims to highlight the effect of government reforms on patient care.

Issues on which she has campaigned include privatisation and structural reform in the health service, health policy in older age, the ethics of industrial action, advocacy and empowerment of health users, and whistleblowing and public interest disclosure.

28 DR MAYUR LAKHANI
PRESIDENT, ROYAL COLLEGE OF GPS

Dr Mayur Lakhani, RCGP chair since 2004, started out with a lower profile than predecessor David Haslam, but this is changing. GP engagement, after the quality and outcomes framework but before practice-based commissioning, was a major challenge.

He has warned GPs that failing to seize opportunities 'could lead to a declining GP profession pitched against alternative providers with a business background'.

One of Dr Lakhani's key aims has been to improve the image and standing of general practice, from one where GPs feel they are 'looked down on' by other medical areas.

He also wants to overhaul postgraduate medical education and training for GPs, to drive up care standards and prepare GPs for roles and responsibilities previously belonging to secondary care.

ED MAYNARD, PETER SEARLE, ALEX MACNAUGHTON, MICHAEL AUSTEN, EMPICS/PA/IAN NICHOLSON

PROFESSOR MIKE RICHARDS
NATIONAL CANCER DIRECTOR

23 The cancer 'czar' is a reassuringly resolute figure, whose unflustered response to the NHS's slight miss of the 95 per cent target for 62-day urgent treatment back in April seemed to reassure the prophets of doom.

Professor Richards has described his growing sense of unease, before taking on the role, about the quality of English cancer care. The 1999 Eurocare 2 study found low survival rates in England for many of the most common cancers and a London School of Hygiene and Tropical Medicine/Office for National Statistics study the same year found rates in England and Wales were lower than in comparable European neighbours.

Tony Blair called Professor Richards to Number 10 and asked

him if the situation was as bad as the figures suggested. Professor Richards was appointed cancer director in October 1999 and led development of the NHS cancer plan. Cancer networks have been key to the significant improvements in cancer care dating from that time.

PROFESSOR SIR GEORGE ALBERTI
NATIONAL EMERGENCY ACCESS DIRECTOR

27 An outspoken advocate of clinical service redesign, Professor Sir George Alberti has overseen a transformation in both A&E performance and ambulance services. A fierce defender of Tony Blair's reforms, he continues to be one of the czars powerful enough to speak his mind.

He has called for a full-time NHS nurse for every residential care and nursing home for the elderly, to help reduce the number of hospital admissions from private care homes.

During his presidency at the Royal College of Physicians London from 1997-2002, Professor Alberti advised the DoH on how to ensure high standards of care when implementing new developments.

Most recently he oversaw the inquiry into the 'lethal mixture' of management styles at Pennine Acute Hospitals trust and has had a strong input into rethinking the role of district general hospitals.

ANDREW CASH
DIR. GEN. OF PROVIDER DEVELOPMENT, DoH

24 As former chief executive of Sheffield Teaching Hospitals foundation trust and chair of the Foundation Trust Network, Mr Cash's role as the DoH's first director of provider development is an indicator of the changing landscape of relationships in the NHS.

Even before he found his new desk, his old partner at the network, Sue Slipman (**47**), called on him to urgently address Monitor's claim that less than half of trusts will be able to achieve foundation status by the 2008 deadline.

They face a cocktail of challenges, according to the regulator – a payment by results tariff that penalises rural trusts, unaffordable PFI schemes and deficits that aren't falling nearly fast enough.

In the spring, Mr Cash told *HSJ* that one of his first priorities was to establish new systems to carry through controversial reconfigurations of local health services. He is also responsible for the national turnaround team programme, which can be fairly described as having both fans and critics among trust chief executives.

Earlier this year his name could be heard being mentioned as a candidate for the NHS chief executive, but was not on the final shortlist. The DoH job is an open-ended secondment and he has said he will return to Sheffield by the end of next year. But secondments have a habit of not working like that.

DR DAVID COLIN-THOME
NATIONAL PRIMARY CARE DIRECTOR

29 If primary care is the new rock and roll for an NHS bringing services closer to home, is David Colin-Thomé the new Elvis?

His calm manner belies a shrewd brain and ardent reform supporter. The innovative work of his Runcorn practice on measurement and management of long-term conditions has been influential in policy.

Appointed in May 2001, Dr Colin-Thomé's New Labour credentials are impeccable. He welcomes practice-based commissioning having eliminated the 'personal profit' incentive. He is perceived in primary care as a good listener and a good brain.

SIR GUS O'DONNELL
CABINET SECRETARY

30 Cabinet secretary Sir Gus O'Donnell is the highest-ranking civil servant in the British Civil Service. He is known for impartiality, as well as telling the public administration select committee that it is wrong for civil servants to publish memoirs.

Sir Gus is also widely liked for his down-to-earth style of management, which includes working two days a week in an open-plan office – the first Cabinet secretary to do this.

As part of his mission to improve public services, Sir Gus has called for closer working between the civil service and the voluntary and community sector.

SIMON STEVENS
PRESIDENT, UNITEDHEALTH EUROPE

31 Barely into his 30s when appointed then health secretary Frank Dobson's special adviser in the early days of the Labour government, Simon Stevens had already established himself as one of the leading NHS managers of his generation. Although later special adviser to Alan Milburn during the creation of the NHS plan in 2000, it was as health adviser to prime minister Tony Blair from 2001-04 that he cemented his reputation.

During his years at Number 10 he was the intellectual engine behind increasing the role of the independent sector in a bid to drive innovation and efficiency through additional capacity. He has been a powerful advocate of NHS independence from central government, recently arguing in his *HSJ* column for a service run in a similar way to the BBC.

His move to US healthcare provider UnitedHealth two years ago stirred controversy, although few health service figures are so widely liked and admired.

A regular on the conference circuit, he is well connected at the highest level. His direct influence has slipped in the past year as his vision has turned away from the UK but his central part in the Blair reforms of the NHS will have a lasting impact.

NICHOLAS TIMMINS
PUBLIC POLICY EDITOR, FINANCIAL TIMES

32 At press conferences, ministers and senior officials watch warily when a slim, bearded and bespectacled journalist raises his hand. This is Nicholas Timmins, whose question will cut straight to the effects of their announcement – or pinpoint its weakness. They know when they've been 'Timmins-ed'. Yet he remains highly regarded by his subjects – a tricky balancing act.

Often breaking key news, Mr Timmins' inclusion on this list is not merely a reflection of the importance of the *Financial Times* in a health system which today must be financially aware to a degree impossible to imagine a decade ago. His journalism makes the *FT* a must-read for directors and chief executives.

Public policy editor since 1996, Mr Timmins was previously a founder member of the team which created *The Independent*. His understanding of health-adjacent topics is also significant: his career has spanned science and medicine, health services, social services, politics, labour and employment.

He is the author of the seminal *The Five Giants: a biography of the welfare state* (Harper Collins 2001), and this year wrote *Designing the New NHS: ideas to make a supplier market in healthcare work* (King's Fund).

PAUL DACRE
EDITOR-IN-CHIEF, DAILY MAIL

33 The paper's Middle England coalition of small-c conservatives, professional women and aspirational ethnic groups reflects the personality of Paul Dacre, editor since 1992. He once said: 'If there are two words that sum up the *Mail*'s philosophy, they're "aspiration" and "self-reliance"'.

Dacre is no celebrity editor, usually avoiding the limelight. Yet his old-school, shouty personal style sets the tone for the *Mail*'s mix of editorial moralising, hard news, celebrity coverage, health and women's issues, with its disapproval of illegal immigration, single parents and working mothers.

NHS bad news stories are fertile territory, as are health scares – MRSA, MMR and vCJD 'apocalypse' scenarios racked up thousands more *Mail* column inches than the eventual scientific rebuttals.

Even ideological opponents respect the *Mail*'s success: its circulation rising over recent years when most dailies lost readership.

Yet some observers wonder if the *Mail* has peaked. The relaunched tabloid *Times* is seen as making inroads into traditional *Mail* readership.

LIZ KENDALL
SPECIAL ADVISER TO THE HEALTH SECRETARY

34 Liz Kendall's recent views have depicted the state as the enabler of people, indicating a desire to go beyond the nanny state. Choice, patient involvement and role redesign for staff are her key themes.

As lead researcher on health and social care at the Institute for Public Policy Research, Kendall was adviser to Harriet Harman (then social security secretary, and unofficial minister for women).

She then went to the King's Fund as fellow in public health, where some of her initiatives (including a suggested programme on public health for the London mayor) surprised academic colleagues who felt it was 'dumbing down'.

Critics regard Ms Kendall as 'not a detail person'. Yet they acknowledge her networking skills and political instincts.

At the IPPR she was a strong advocate of creating new types of practitioner to supplement doctors and nurses, and the patient-centred agenda. She warned that separating doctors' pay from *Agenda for Change* could create a problem for nurses taking on roles traditionally carried out by doctors.

PROFESSOR SIR MICHAEL RAWLINS
CHAIR, NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

35 A tall, energetic figure, Professor Rawlins' mixture of rock-solid academic achievement, political nous and wit have been crucial to NICE's successful infancy as the NHS's rationing body. He has the rare treble of support from ministers, the Department of Health and the pharmaceutical industry.

The NHS's current financial imbalance will make focus on NICE advice even sharper at a time when it has come under new pressure. Its methodology for assessments has evolved in pragmatic partnership with the pharmaceutical industry. 'Risk-sharing' schemes (such as the one developed for MS patients being treated with beta interferon) are leading the world in the assessment of technologies for health.

Sir Michael wants to strengthen other parts of NICE's remit, such as its role in recommending the discontinuation of outdated technologies and treatments that are 'on the books' of the NHS through formularies or traditional practice. He thinks NICE needs to recommend that some things should be taken out of use, as well as introduced and, indeed, this is like to happen in future.

EMPICS/PA, REX FEATURES, ED MAYNARD

ANNA WALKER
CHIEF EXECUTIVE, HEALTHCARE COMMISSION

36 As the quality regulator, the Healthcare Commission has an enormous role in the new NHS market. Its chief executive is a highly capable, dedicated and determined leader, working in partnership with chair Professor Sir Ian Kennedy (**9**).

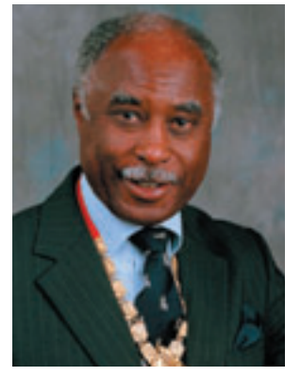
Ms Walker was appointed chief executive after disagreements between Sir Ian and original chief inspector Peter Homa, which prompted his resignation. Colleagues describe her as open, forceful and sometimes tough with top staff.

However, the same staff still regard her management style as participatory. Other observers speculate about creative tension in her professional relationship with Sir Ian, noting his academic background, and 'big picture' vision.

Horizon scanners are already wondering what will happen after the Healthcare Commission's proposed merger with the Commission for Social Care Inspection, scheduled for April 2008. Others wonder how the commission's recent move to a self-inspection-based system for trusts' assessment will be audited.

The new system will clearly stand or fall on whether the health community trusts in the honesty of self-assessment declarations.

BERNIE RIBEIRO
PRESIDENT, ROYAL COLLEGE OF SURGEONS



37 Bernie Ribeiro entered his post as president of the Royal College of Surgeons of England with a bang. Just a month after taking up the post, he said that a tax-funded NHS is unsustainable and should be scrapped in favour of a social insurance system.

Mr Ribeiro is a unique president in many ways. He is the college's first black president, he continues to work part time as a surgeon and he wants to be more politically engaged.

His key priority at the college is to ensure that surgeons are properly trained to serve the community and to guarantee patient safety. Over the past year, he has been outspoken on this and other issues.

Mr Ribeiro says the government 'lost the plot' on independent treatment centres, and criticised it for failing to consider the impact on surgical training when they were first proposed. He has asked Tony Blair to consider exempting junior doctors from the European working-time directive, which he says will make it almost impossible for surgeons to complete their training satisfactorily.

After the announcement of Sir Nigel Crisp's departure from the NHS's top job, Mr Ribeiro questioned the practicality of the 'enormous and relentless change' that is being dictated by politicians.

BARBARA CLARK
PATIENT AND NURSE

38 What patient power can achieve can be summed up with the name of Barbara Clark. Ms Clark is a Somerset nurse with breast cancer who was prepared to sell her house to raise £27,000 for a year of the drug Herceptin.

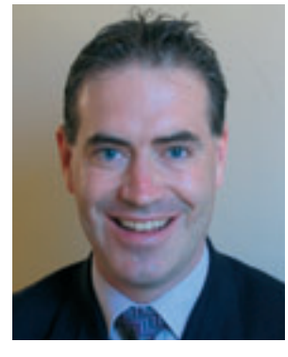
Ms Clark was denied the drug by Somerset Coast PCT. After a high-profile media campaign she raised £25,000 towards the cost but, on appeal, an exceptional treatment panel found in her favour because of her exceptional circumstances; Ms Clark is a single parent and foster carer of a terminally ill child. She had threatened to take the case to the European Court of Human Rights.

The case fuelled a debate about the prescribing of Herceptin, which at the time was unlicensed for use in the UK.

In a sense her influence goes beyond a particular case or drug and is felt in what will be a defining debate about rationing.

Patricia Hewitt later ordered PCTs to consider granting use of the drug in individual circumstances. Earlier this year it was reported that Ms Clark was in remission, although she says she knows she is not cured. Herceptin has since been permitted for use by NICE.

IAN DODGE
DIRECTOR, POLICY AND STRATEGY DIRECTORATE, DoH



39 A career civil servant, Ian Dodge has now returned to the DoH, where he heads the new policy and strategy directorate. For five months in 2005, he was the prime minister's shortest-lived special adviser on health, treading in the heavy footsteps of Simon Stevens (**31**) and Professor Julian Le Grand.

His period at Number 10 coincided with the furore over the launch of *Commissioning A Patient-Led NHS*. The *Financial Times* saw his return to Richmond House as 'a sign that the prime minister is deeply worried that no-one in the DoH appears to keep a full grasp on the complexity of the government's health reforms'.

They also quoted a Whitehall insider on the need for 'a political take' as well as a technical one, which was deemed problematic for Mr Dodge, a civil servant, to provide.

He was regarded by commentators as 'joined at the brain' with Patricia Hewitt's special advisers Liz Kendall (**34**) and Matthew Swindells (**12**).

A former head of primary care contracting at the DoH, Mr Dodge also held roles as a senior performance manager and head of general and personal medical services.

PROFESSOR CHRISTINE BEASLEY
CHIEF NURSING OFFICER

40 Professor Christine Beasley began working towards cleaner hospitals on her appointment in 2004, which coincided with the unveiling of *A Matron's Charter: an action plan for cleaner hospitals*, which laid the responsibility for infection control on all NHS staff.

As lead director for reducing health-associated infections and the cleaner hospitals programme, she advocated infection-control training for NHS staff to help fight MRSA and hospital-acquired infections. And she helped add *Clostridium difficile* to the mandatory surveillance system to cut infections.

Many nurses are grateful for Professor Beasley's contribution to nurses now being permitted to prescribe from the full formulary. Earlier this year she called on the government to ringfence money for training and professional development for nurse prescribers.

Professor Beasley has looked at the training and skills needed by different nurses, including a general review of district nursing education, and a framework outlining skills needed by community matrons to help patients with long-term conditions.

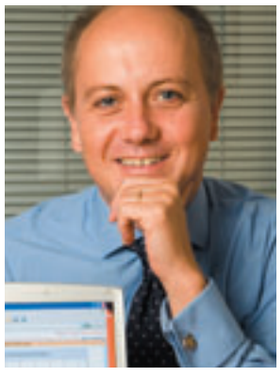
NIGEL EDWARDS
DIRECTOR OF POLICY, NHS CONFEDERATION

41 Not every influential person is a figurehead; some, like Nigel Edwards, have established themselves through the sheer quality of their contribution to debate. Mr Edwards' job is to establish the organisation's position on NHS policy in relation to members' best interests — as such, his ideas bear considerable weight.

On *Commissioning a Patient-led NHS* his comment to *HSJ* that forbidding PCTs from providing services was 'intellectually incoherent' gave voice to what was then largely a silent protest against the most vilified policy announcement of recent years. It went on to lead the introduction to the health select committee's damning report.

Mr Edwards has also been critical of the view that competition necessarily creates more innovative practice. Indeed, his most consistent theme is that a collection of policies which of themselves may be sensible and workable have failed to come together to form a compelling narrative. An infectiously enthusiastic conference speaker, Mr Edwards' intellectual curiosity is a huge service to the NHS, but a more 'political' role might be too much of a bind.

● As a judge Nigel Edwards was excluded from deciding his inclusion.



TIM KELSEY
CHIEF EXECUTIVE, DOCTOR FOSTER

42 The former *Sunday Times* news editor co-founded healthcare information provider Dr Foster in 2000 – the idea originally born out of his own frustration as a member of the public when trying to compare performance between hospitals. Since then he has proved a tireless networker, co-opting some of the most influential figures in healthcare in both social and formal settings. He was close to health secretary Alan Milburn in the company's early days and can count South Central SHA chief executive Mark Britnell (**20**) among Dr Foster's non-executives.

The company was viewed with some suspicion in the early days, and the robustness of its data in its *Good Hospital Guides* was criticised. However, the quality of its products is now generally well accepted.

The company's joint venture with the DoH Information Centre for health and social care last year, to form Dr Foster Intelligence, marked a major step forward for the company. It now has access to a powerful set of public sector data which it hopes to package for purchase by trusts. The deal was controversial enough to prompt a National Audit Office investigation, expected to report later this year.

IAN SMITH
CHIEF EXECUTIVE, GENERAL HEALTHCARE GROUP

43 General Healthcare Group chief executive Ian Smith has succeeded in significantly raising his profile in recent months.

His name appeared on the shortlist for the job of NHS chief executive and although he was beaten by David Nicholson (**3**), he is also largely credited with steering General Healthcare through choppy waters and into a successful merger with South Africa-based private healthcare provider Netcare.

Mr Smith was originally appointed chief executive of General Healthcare Group in September 2004 and since then has led a number of successful bids into the DoH's independent treatment centre programme.

Most recently he has helped to secure preferred bidder status on two of the seven national ITC diagnostics schemes for Netcare and InHealth.

At the time of the merger with Netcare, Mr Smith said: 'We are clear that we have a significant role to play in supporting the government's patient choice and quality agendas at value-for-money prices to the taxpayer.'

Before joining the group, he was chief executive of logistics firm Exel.

ANDY McKEON
MANAGING DIRECTOR OF HEALTH, AUDIT COMMISSION

44 Before his move to the Audit Commission in September 2003 (after hitting a glass ceiling in the DoH, some would speculate), Andy McKeon had been DoH director of policy, responsible for the reform agenda, where his influence was seen across target-setting (the old star-ratings, when the DoH was in charge), payment by results, patient choice and introducing private-sector provision.

Audit Commission reports attract considerable political and media interest: they are seen as a very honest broker. Recently, Mr McKeon intervened in the debate over deficits, arguing that the DoH should return part of the £504m 2005-06 overspend deducted under resource accounting and budgeting (RAB). He compared it to 'trying to treat a business as an individual with a credit card bill', and warned of RAB's 'double whammy' effect, where obligation to generate a compensatory surplus in the medium-term effectively means losing money from budgets twice over. Mr McKeon suggested that the system should be phased out this financial year, and deductions repaid. It is an argument many would agree with, but will be difficult to win.

KEVIN BARRON
CHAIR, COMMONS HEALTH SELECT COMMITTEE

45 Achieving a total smoking ban in public places is perhaps the most notable achievement of Kevin Barron, who has been Labour MP for Rother Valley since 1983. He was dismayed when the health secretary accepted a bill with exemptions, but he reacted by tabling an amendment in January calling for a total ban, and removing exclusions for private members' clubs and pubs that do not serve food. And he was able to persuade the prime minister to give all Labour MPs a free vote.

When a 200 majority voted for a comprehensive ban, Mr Barron claimed it as an important step-change in public health. He is also proud of his involvement in the passage of a government bill to ban tobacco advertising and promotion, after he promoted a private member's bill in 1993.

Mr Barron was made chair of the health select committee after the 2005 general election. His first major report was a blistering attack on primary care trust configuration, which criticised the government for the lack of consultation. The committee also launched an inquiry into the cause of the NHS's financial troubles this spring.

ED MAYNARD, RALPH HODGSON

RICHARD DOUGLAS
DIRECTOR OF FINANCE AND INVESTMENT, DoH

46 Among their many self-confessed virtues, Yorkshiremen see themselves as survivors. By this yardstick, Richard Douglas is a *nonpareil*: still standing as DoH director of finance and investment, despite the departure of almost all the DoH's old board, chief executive Sir Nigel Crisp and NHS financial improvidence.

His survival in the face of the financial and political fall-out speaks of a high level of indispensability, or perhaps a role as the organisation's memory – a vital quality when trying to resolve a financial mess such as the NHS's current one.

Appointed director of finance and investment in May 2001 (his second stint at the DoH), his role was to develop effective financial and investment support for the DoH. Going forward, Mr Douglas will need all of his undoubted shrewdness and experience, as the top challenges for the NHS are all financial: from commissioning to unbundling the tariff to payment by results to creating a real NHS Bank.

None of these are easy challenges: all involve pitfalls, risks and tackling vested interests. Being seen to get through all of these successfully would be an enormous – and very noticeable – feather in his cap.

SUE SLIPMAN
DIRECTOR, FOUNDATION TRUST NETWORK

47 The Foundation Trust Network began life as an off-shoot of the NHS Confederation, a quiet relation to the much more vocal presence of regulator Monitor.

This year that has changed, with the network increasingly to the forefront of representing foundation trust interests – a shift in large part down to the energy of director Sue Slipman. When Tony Blair brought together the network, Monitor, foundation trusts and FTSE 100 companies earlier this year, it was Ms Slipman who led the discussion. As the 2008 deadline for all trusts to become foundations approaches, her influence is sure to grow.

Like Monitor's Bill Moyes (**11**) she is essentially an outsider. Before joining the network two years ago, she had previously been chair of the Financial Ombudsman Service and before that worked at the Camelot Group, the Gas Consumer Council and the National Council for One Parent Families. Like a number of the health service's most powerful figures she is a former communist as well as a founder member of the Social Democratic Party.

Ms Slipman combines a direct style with sharp political nous. She will need both to manage some fraught relationships between her members

SIR WILLIAM WELLS
CHAIR, NHS APPOINTMENTS COMMISSION

48 Throughout the fast-paced reforms in the health service, NHS Appointments Commission chair Sir William Wells has fought for clarity in the roles and responsibilities of chairs and non-executives, whom he says will ultimately carry the can in the new NHS.

Last year he publicly attacked the government's approach to reorganising PCTs, saying the proposed reforms offered 'no clarity' on the future for PCTs and NHS boards.

His concerns were nailed down when the DoH forgot to send copies of *Commissioning a Patient-Led NHS* to PCT chairs.

Sir William dug his heels in and said he was not prepared to start on the changes until there was more clarification from the centre on the roles and responsibilities of boards.

He was concerned about the success of the new PCT boards, which would be central to any future judgements on the quality of healthcare.

Recruitment of non-executives has been another crusade, as rapid policy changes, greater scrutiny on performance and poor pay meant non-executives were in short supply.

DUNCAN SELBIE
DIRECTOR GENERAL OF COMMISSIONING, DoH

49 Mr Selbie inherits one of the trickiest challenges in NHS management.

Colleagues praise his ability to retain focus and to concentrate on the right things. Leading doctors speak highly of him and he seems to be well regarded by politicians of all colours.

Mr Selbie joined the DoH in November 2003 as the director of programmes and performance. During this time, he developed the 'Selbie Six' priority areas for PCTs: health inequalities, cancer waiting targets (31 and 62 days); the 18-week target; MRSA; sexual health and GUM services; and patient choice and booking. He is clearly able to handle a fairly full plate.

Like Richard Douglas (**46**), Mr Selbie has survived his association with the Crisp era. The infamous Month 10 finances letter (also known as the 'we know where you live' letter), which promised that 'Sir Nigel is taking a close and personal interest' in trusts' compliance with cuts went out in Mr Selbie's name. This surprised insiders, who say this letter was intended to go out under Sir Nigel's name. Whatever happened, Mr Selbie has not been blamed by colleagues.

DR RICHARD HORTON
EDITOR-IN-CHIEF, THE LANCET

50 Dr Richard Horton is a man who speaks his mind about controversial issues, regardless of how many feathers will be ruffled.

In 1998 he famously defended his decision to publish the controversial research by Dr Andrew Wakefield and colleagues about the MMR jab and autism. He openly and repeatedly defended professor Roy Meadow, the paediatrician accused of giving misleading evidence in the criminal proceedings against Sally Clark in 1999, who was alleged to have murdered her two sons.

The verdict of serious professional misconduct given by the General Medical Council against Professor Meadow was 'unjust', he said, and would 'profoundly damage the future of child protection services in Britain'. He criticised the GMC for sacrificing the reputation of one person to save its own hide, and called on the government to urgently create a Royal Commission to make recommendations about the use of experts by the courts.

Away from controversy the decisions he makes every week about what doctors read mean he has deep influence on their thinking. ●

Nick Edwards is editor of *HSJ*.

Nigel Edwards is director of policy at the NHS Confederation.

Chris Hannah is former chief executive of Cheshire and Merseyside strategic health authority.

Laura Donnelly is news editor of *HSJ*.

Robert Naylor is chief executive of University College London Hospital foundation trust.

Professor Ian Gilmore is the president of the Royal College of Physicians.

Gerry McSorley is president of the Institute of Healthcare Management and director of the Centre for Health Improvement and Leadership.

Alan Burns is the former chief executive of Trent strategic health authority.

Frank McKenna is head of NHS and health services practices at Harvey Nash.

THE JUDGING PROCESS

How did we reach the top 50?

How did *HSJ* come up with our list of the 50 people with the most influence on today's NHS? It was a three-stage process.

First, we gathered suggestions for names from more than hundred of the most experienced managers, academics, policy-makers and commentators.

This gave us a wide range of candidates for *HSJ* journalists to draw on for its longlist of about 80, in a very broad order.

We then gathered together the official judges for the HSJ50 – who took this longlist as their basis but were free to debate, add and omit. And quite a debate it was, with dramatic late entries and 'relegations'. Not everyone agreed with every choice but, in the end, we were able to create a consensus around the final list of 50 people.

This list was kept a closely guarded secret until the launch of the HSJ50 at a special event at the Tate Britain last night – and the publication of this supplement. ●

CRITERIA

- **Everyone influential in creating and delivering healthcare policy was considered – they did not have to work for the NHS itself. The only exclusions from consideration were the prime minister and the chancellor.**
- **We considered influence to be defined as: current rather than historical; meaning more than involvement, however heavy; and deriving from an individual's contribution rather than necessarily their 'job title'.**
- **We restricted the main list to those who are considered influential in the English NHS. We felt the separate nature of devolved health services means comparing influence between them does not make sense.**

Harvey Nash is pleased to be the Commercial Sector sponsor for the NHS Power 50 list. This reflects our continued support and business interest in identifying and developing senior talent for the NHS.

We have been working with the NHS for over 10 years and have a dedicated NHS and Health Service Practice. We transition senior talent from across other functions, sectors and geographical boundaries to ensure our clients have choice and diversity.

Working as a partner with our clients our core values are speed, reliability, quality and excellence. If you are interested in your own career development or our services for Executive Search, Interim Management or Leadership Development, then ring our lead consultants, Frank McKenna, Noorzaman Rashid (Executive Search) or Stephanie Campbell (Interim Management).

For more information contact us at info@harveynash.com,
tel +44 (0)20 7333 0033 or visit
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