

HUNTER

Executive talent for the healthcare sector

Intelligence on demand

- The leading executive interim management network
- Talent pools of independent management consultants
- Executive search

T: 020 7935 4570

E: enquiries@hunter-healthcare.com

W: hunter-healthcare.com



ALASTAIR McLELLAN
Editor, *HSJ*

Our top names are those best positioned to shape a year of volatility and voters



Each November for the past nine years, *HSJ* has assembled a group of experts to consider a challenging question: who will wield the most influence in healthcare in the coming 12 months?

This year, with a general election imminent, the challenge for our judges was more acute than ever. We all know that the politicians in government post

election will have a significant impact on the NHS. What we do not know is which politicians they will be.

The quantity and nature of the new entries into this year's HSJ100 reflect that situation. Of the 35 new names, seven come from the world of politics. Two are leading journalists, who will inform voters on the leading parties' plans for the vote winner and loser that is the NHS. The majority of the remaining names are established players in the health world, whose expertise and opinions are likely to be sought whichever party – or collection of parties – ultimately forms the government.

It is revealing that there is not a politician in our top spot, however. Jeremy Hunt – who recently exclusively told *HSJ* he wants to remain in the health secretary post until 2017 – falls one place to number two.

Instead, it is NHS England chief executive Simon Stevens who heads this year's HSJ100. Given the impact of the *NHS Five Year Forward View*, this seems only right. As politicians prepare their manifesto pledges on health, it seems that foremost in their minds is how to make the vision outlined in NHS England's document a reality.

Just as judging the HSJ100 is always challenging, so too is the health service always in flux. Just as this year was more challenging for our judges than most, so too will 2015 be a year of more flux than most. Here are the people we think most likely to be influencing the direction of that movement. ●

‘As politicians prepare their pledges on health, it seems that foremost in their minds is how to make the vision outlined in NHS England’s document a reality’

MORE ANALYSIS AT

hsj.co.uk/hsj100

At a glance: the people and parties with the power

GAVIN JOHNSTONE
THE YEAR TO CRY FREEDOM



With the NHS at a crossroads and a looming election causing paralysis across the system, the ninth edition of the HSJ100 and its rankings has been particularly tricky to predict.

Who will wield the most power and influence on the NHS over the next 12 months? Is 12 months the correct timescale? If we were to have a “five year forward view” of the HSJ100, would we see society in the number one spot?

If this is indeed the intention, the system itself requires a radical shift as does the paradigm of NHS “leadership”. A shift towards empowering society, a shift towards creating an inspiring, creative, progressive NHS that is built around people.

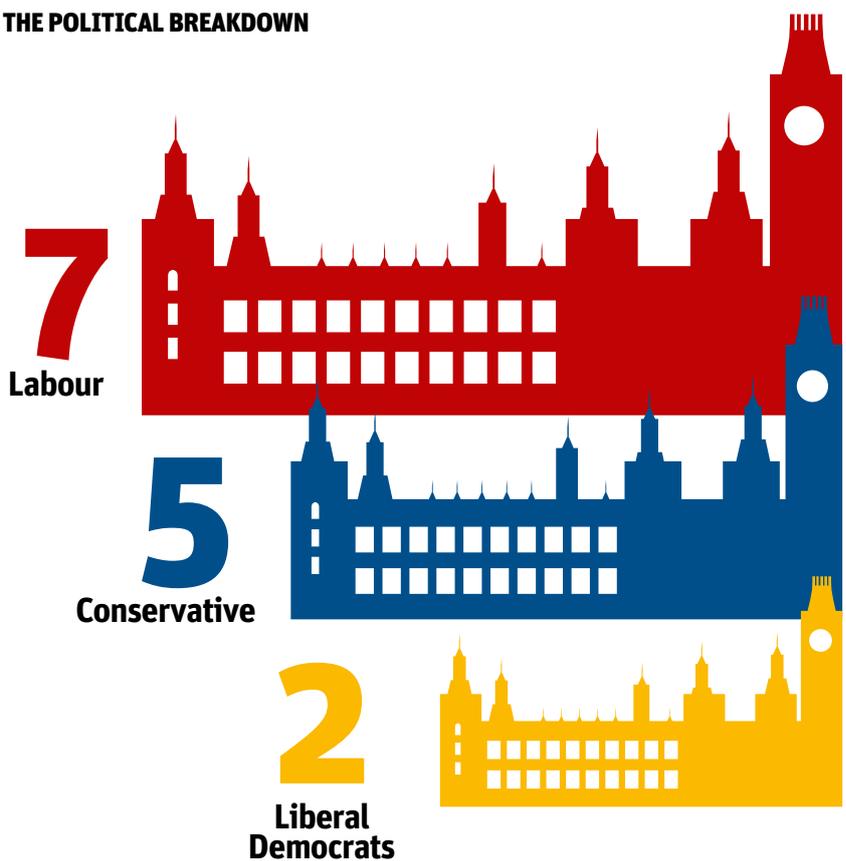
The individuals within this list have the power and influence to collaborate, to empower, and to start us on this journey of change. National leadership will need to be aligned, to be challenging but supportive and nurturing.

In five years should we be placing so much power and influence on regulation as seen in this year’s HSJ100? While important, should we not be focusing on collaboration and integrating services to be fit for purpose and fit for an ageing society? Should we not be empowering society to take control of their own health and wellbeing?

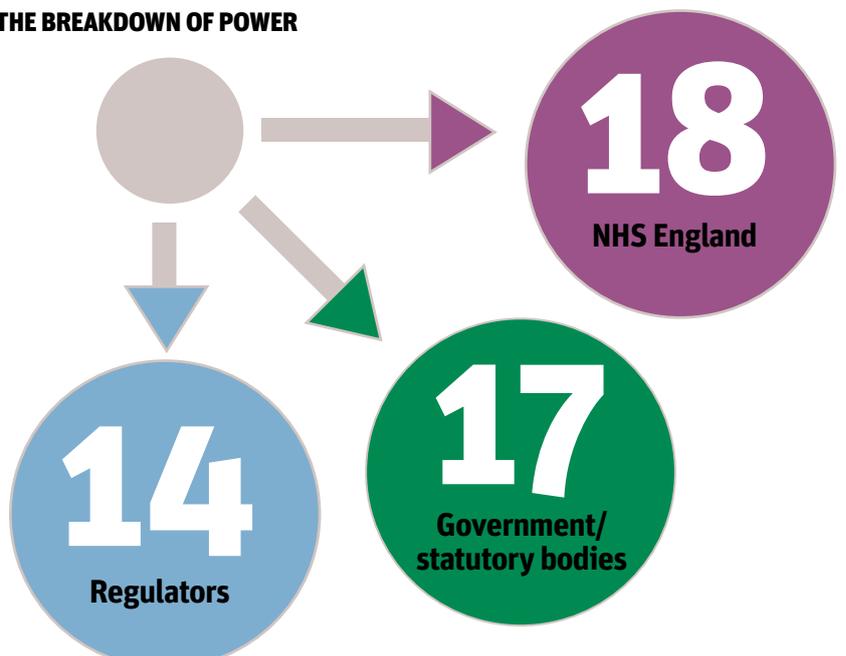
For this to happen, national leaders will need to create freedom for local leaders. Freedom to innovate, to listen and respond to their communities. Freedom to fail in the pursuit of innovation and progress. Freedom to inspire society to take control, collectively.

Power often comes with aggression, dominance and fear, which does motivate but is not sustainable. Real power is inspiring and empowering. It’s not the power of one, or the power of 100 but the power of all of us to really influence the change required. To those listed in the HSJ100, this is your challenge for 2015. *Gavin Johnstone is founder and managing director of Hunter Healthcare. www.hunter-healthcare.com*

THE POLITICAL BREAKDOWN



THE BREAKDOWN OF POWER





HOW THE HSJ100 IS JUDGED

The HSJ100 seeks to indicate who will have the greatest influence over English health policy and the NHS in the 12 months from December 2014. The *HSJ* team prepares a long list of candidates over the summer and early autumn. A panel of judges (see page 16) is put together that combines knowledge of influence in healthcare and represents most shades of opinion. Judges who are on this HSJ100 list were excluded from conversations about their own inclusion. The prime minister, deputy prime minister and chancellor were excluded.

Fortrus Ltd are delighted to sponsor this year's HSJ100. As the leading supplier of innovative software solutions to the healthcare sector, we believe passionately in the need for modern IT systems to support our frontline services.

As we move into a new year, it is critical that the leaders identified on these pages continue to create an environment for innovation, in order to improve patient care and deliver better NHS services.

We must also be mindful of the need to balance investment in innovation with the financial pressures placed on trusts, and the need to deliver services in line with regulation, policy and standards.

In the strategy document *Personalised Health and Care 2020*, Tim Kelsey, NHS England's national director for patients and information, sets out plans for an "NHS app store". So, as the healthcare sector further embraces mobile applications, the importance of good design should become increasingly important.

My colleague Joe Panasiuk, chief innovation officer at Fortrus, has commented: "Too often have I met developers working on IT projects within the health sector, who have boasted about the technical capability of their applications: the number of systems with which they have integrated, the speed at which they can pull data from servers, the new technologies they have utilised, only to be greeted with an interface that is not only badly designed, but outright dysfunctional. The core aim of their systems has been lost, they are there to serve the users, be it clinicians, administrative staff or patients."

Has the health sector fallen into the trap of development first, interface second? Through the transition to the digitisation of patient records, the presentation of that data to clinicians should not be a secondary thought. What value does the data hold, if first and foremost it does not meet the needs of the users?

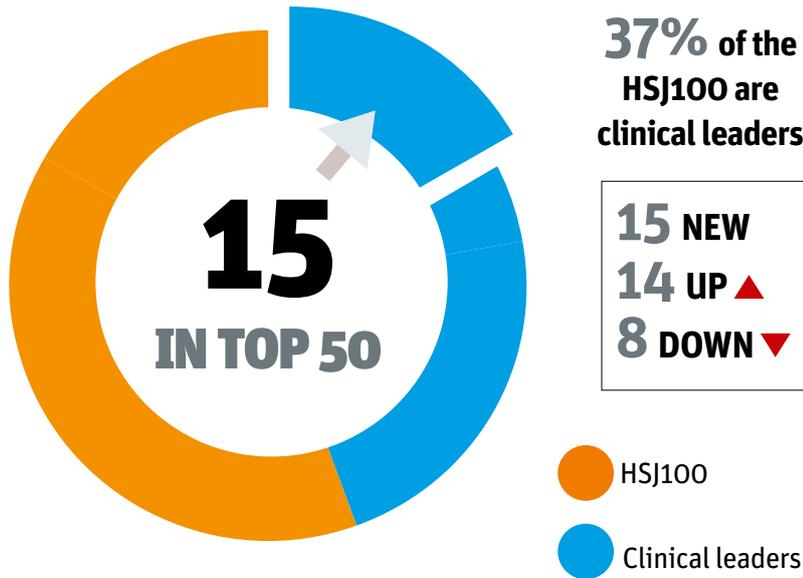
If the NHS is to introduce kitemarks for "apps", surely all of these things need to be taken into consideration and an understanding and appreciation of the importance and utility of good interface design is of paramount importance.

Fortrus' solutions ensure that patient care and services are improved through the use of innovative design, creating a cohesive and efficient user and patient experience.

What could be a more pertinent message for this year's top 100 than to consider the words of a forthright British technology company?

Leigh Baillie is marketing director at Fortrus. Leigh.Baillie@Fortrus.com

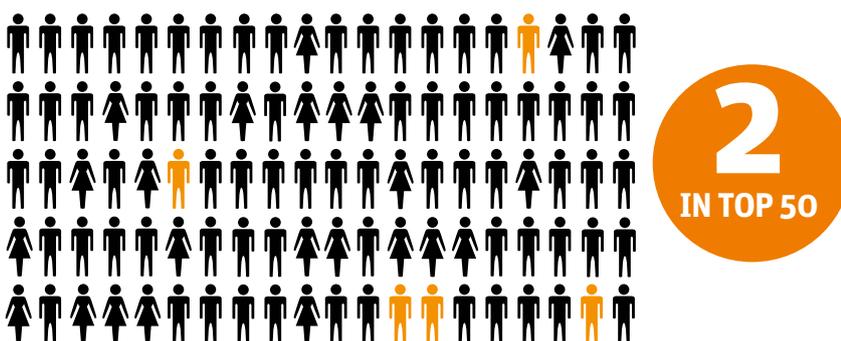
THE OVERALL PROPORTION OF CLINICAL LEADERSHIP



WOMEN



PEOPLE FROM BME BACKGROUNDS



HSJ TOP 100 LIST

1 SIMON STEVENS ▲

Chief executive, NHS England
(2013 ranking: 2)

2 JEREMY HUNT ▼

Health secretary, Department of Health,
Conservative (1)

3 JEREMY HEYWOOD ▲

Cabinet secretary (5)

4 BRUCE KEOGH ▲

Medical director, NHS England (6)

5 ANDY BURNHAM ▲

Shadow health secretary, Labour (20)

6 MIKE RICHARDS ▼

Chief inspector of hospitals, Care Quality
Commission (3)

7 DAVID BEHAN ►

Chief executive, CQC (7)

8 DAVID BENNETT ►

Chief executive, Monitor (8)

9 RICHARD DOUGLAS ▲

Director general, finance and NHS,
Department of Health (12)

10 SALLY DAVIES ▲

Chief medical officer for England,
Department of Health (18)

11 PAUL BAUMANN ▲

Chief financial officer, NHS
England (27)

12 DAVID FLORY ▼

Chief executive, NHS Trust Development
Authority (4)

13 PATRICK CARTER

Chair of the NHS procurement and
efficiency review **NEW ENTRY**

14 STEVE FIELD ▼

Chief inspector of general practice,
CQC (13)

15 MARK PORTER ▲

Chair, British Medical Association council
(24)

16 NORMAN LAMB ▼

Health minister, Department of Health,
Liberal Democrats (15)

17 CHAAND NAGPAUL ▲

Chair, GP committee, BMA (25)

18 MAUREEN BAKER ▲

Chair, Royal College of GPs (26)

19 NICK SEDDON ▼

Prime minister's special adviser, No. 10,
Conservative (9)

20 DAVID DALTON ▲

Chief executive, Salford Royal
Foundation Trust (42)

21 DANNY ALEXANDER ▼

Chief secretary to the Treasury,
Liberal Democrats (11)

22 MALCOLM GRANT ▲

Chair, NHS England (29)

23 DAVID HASLAM ▲

Chair, National Institute for Health and
Care Excellence (30)

24 UNA O'BRIEN ▲

Permanent secretary, Department of
Health (52)

25 STEPHEN HAY ▲

Managing director of provider regulation,
Monitor (35)

26 ANDREW DILLON ▲

Chief executive, National
Institute for Health and Care
Excellence (34)

27 KEITH WILLETT ▲

Director for acute episodes of care,
NHS England (43)

28 BARBARA HAKIN ▼

Chief operating officer, NHS England (16)

29 FREDDIE HOWE ▼

Parliamentary under secretary of state
for quality, Department of Health,
Conservative (19)

30 ANDREA SUTCLIFFE ▲

Chief inspector of Adult Social Care,
CQC (66)

31 CHRISTINA McANEA ▲

Head of health, Unison (44)

32 JULIE MOORE ▲

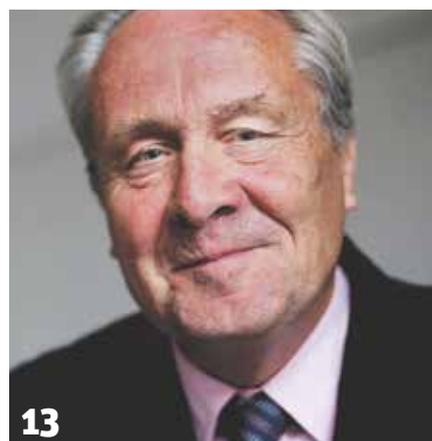
Chief executive, University Hospitals of
Birmingham Foundation Trust (48)

33 IAN DODGE ▼

National director of commissioning
strategy, NHS England (22)

34 PETER CARTER ▼

Chief executive and general secretary,
Royal College of Nursing (28)



35 DUNCAN SELBIE ▼

Chief executive, Public Health England (33)

36 GREG BEALES

Director of strategy and planning for Labour **NEW ENTRY**

37 ROBERT NAYLOR ▲

Chief executive, University College London Hospitals Foundation Trust (45)

38 HUGH PYM

Health editor, BBC **NEW ENTRY**

39 CHRIS HAM ▼

Chief executive, The King's Fund (38)

40 ED SMITH

Deputy chair and chair of the audit committee, NHS England **NEW ENTRY**

41 NIGEL EDWARDS

Chief executive, Nuffield Trust **RE-ENTRY**

42 TIM KELSEY ▼

National director for patients and information, NHS England (17)

43 LIZ KENDALL ▲

Shadow minister for care and older people, Labour (46)

44 SAM EVERINGTON

Chair, Tower Hamlets Clinical Commissioning Group **NEW ENTRY**

45 FIONA CALDICOTT

Chair, Oxford University Hospitals Trust **NEW ENTRY**

46 ARA DARZI ▼

Chair, Imperial College Health Partners (40)

47 JULIAN KELLY

Director general of public spending and finance, Treasury **NEW ENTRY**





43



59

48 CHRIS LESLIE

Shadow chief secretary to the Treasury, Labour **NEW ENTRY**



86

49 DAVID FISH ▲

Managing director, UCL Partners (68)

50 LYNTON CROSBY

Campaign consultant, Conservative **NEW ENTRY**

51 DAVID PRIOR ▼

Chair, CQC (23)

52 BEN DYSON ▲

Director of commissioning policy and primary care, NHS England (63)

53 GERALDINE STRATHDEE ▲

National clinical director for mental health, NHS England (59)

54 BILL KIRKUP

Chair, Morecambe Bay investigation **NEW ENTRY**

55 BOB ALEXANDER ▼

Finance director, NHS Trust Development Authority (32)



46



49

56 CHRIS HOPSON

Chief executive, NHS Providers **NEW ENTRY**

57 CAROLYN DOWNS ▲

Chief executive, Local Government Association (73)

58 ANDREW RIDLEY

Programme director, better care fund, and regional director for the south, NHS England **NEW ENTRY**

59 PAUL BATE ▼

Director of strategy and intelligence, CQC (58)



94

60 IAN CUMMING ▼

Chief executive, Health Education England (51)

61 AMANDA DOYLE

Co-chair, NHS Clinical Commissioners **NEW ENTRY**



78



61

62 MARTIN McSHANE ▲

Director for long term conditions, NHS England (81)

63 NIALL DICKSON ▲

Chief executive, General Medical Council (65)

64 ROBERT FRANCIS ▲

Board member, CQC (90)

65 JOHN BELL

Regius professor of medicine, Oxford University **NEW ENTRY**

66 CLARE MARX

President, Royal College of Surgeons **NEW ENTRY**

67 TERENCE STEPHENSON

Chair, GMC **NEW ENTRY**

68 JEREMY TAYLOR ▲

Chief executive, National Voices (74)

69 HUGO MASCIE-TAYLOR

Medical director and executive director of patient and clinical engagement, Monitor **NEW ENTRY**

70 SARAH WOLLASTON ▲

MP for Totnes and chair, Commons health committee, Conservative **NEW ENTRY**

71 CATHERINE DAVIES ▼

Director, cooperation and competition, Monitor (54)

72 JON ROUSE ▼

Head of social care, local government and care partnerships, Department of Health (71)

73 ANNE RAINSBERRY

Regional director for London, NHS England **NEW ENTRY**

74 JANE CUMMINGS ▼

Chief nursing officer, NHS England (36)

75 KATHY McLEAN ▼

Medical director, NHS Trust Development Authority (56)

76 PAUL WATSON

Regional director for Midlands and the east, NHS England **NEW ENTRY**

77 PETER MELTON ▲

Co-chair, NHS Commissioning Assembly (78)

78 RICHARD BARKER

Regional director, north of England, NHS England **NEW ENTRY**

79 RON KERR

Chief executive, Guy's and St Thomas' Foundation Trust **NEW ENTRY**

80 PAUL DACRE

Editor, *Daily Mail* **RE-ENTRY**

81 KATE GRANGER

Specialist registrar in elderly medicine, Pinderfields Hospital **NEW ENTRY**

82 PAUL FLYNN ▼

Chair, consultants' committee, BMA (53)

83 JANE DACRE

President, Royal College of Physicians **NEW ENTRY**

84 JENNIFER DIXON ▲

Chief executive, Health Foundation (87)

85 MARGARET HODGE ▼

Chair, Commons public accounts committee (60)

86 ROB WEBSTER

Chief executive, NHS Confederation **NEW ENTRY**

87 GEOFF ALLTIMES ▼

Chair, Local Government Health Transition Task Group (47)

88 DANNY MORTIMER

Chief executive, NHS Employers **NEW ENTRY**

89 MIKE BEWICK ▼

Deputy medical director, NHS England (55)

90 CATHY WARWICK

Chief executive, Royal College of Midwives **NEW ENTRY**

91 JOHN OLDHAM

Chair, independent commission on whole person care (Labour) **NEW ENTRY**

92 JEREMY HUGHES ▼

Chief executive, Alzheimer's Society (84)

93 ARVIND MADAN

Chief executive, The Hurley Group **NEW ENTRY**

94 VICTOR ADEBOWALE ▼

Chief executive, Turning Point (70)

95 PHILIP HUNT

House of Lords, Labour **NEW ENTRY**

96 NICK BLACK

Chair, National Advisory Group on Clinical Audit and Enquiries, NHS England **NEW ENTRY**

97 JOHN APPLEBY ▼

Chief economist, The King's Fund (69)

98 MIKE FARRAR

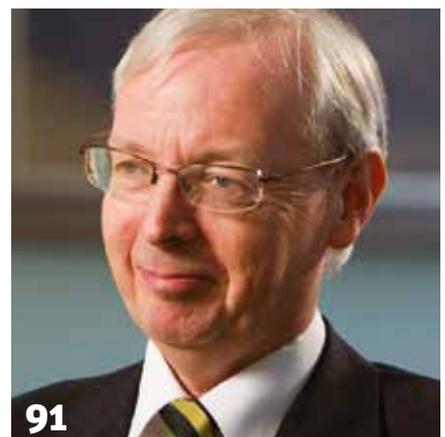
Consultant **NEW ENTRY**

99 AJAY KAKKAR

Chair, UCL Partners **NEW ENTRY**

100 PETER LEES

Founding director, Faculty of Medical Leadership **NEW ENTRY**





Alastair McLellan

Importance of NHS is the only certainty in next election

On the November Sunday George Osborne decided to scoop himself and reveal details of the upcoming autumn statement, BBC political editor Nick Robinson tweeted: “£2bn for NHS confirms 3 key facts: NHS crisis looms, Ed M talks of ‘weaponising’ it, Tories fear it will work for him.”



The outcome of the 2015 general election is the most uncertain in living memory. Both Labour and Conservatives could still deliver outright majorities; find themselves in coalition with a range of partners; or attempt to govern as a minority administration. It is perfectly likely that – as in 1974 – 2015 could see two general elections, as a weak government strives for a stronger mandate.

Of the few certainties is that the NHS will figure more prominently than in any election since 1997.

The idea that the NHS can be depoliticised – a principle of the Lansley reforms long lost in the turmoil – seems laughable in hindsight. NHS England may have been established as the “independent” steward of the service’s spending power and the *NHS Five Year Forward View* may have set out a consensus on the way forward, but the debate among politicians and the public is fiercer than ever.

Two factors need to combine to make an issue a deciding one in an election campaign. The first is that it must be viewed as important (something the NHS always is) but, second, people must be concerned about it. It is this combination which has kept immigration and the economy at the top of issues likely to affect voting.

Concern about the NHS was relatively low for most of this parliament, but incessant press coverage of the service’s struggles and the much underestimated influence of the 1.3 million people that work in the service is unnerving the populace.

Conservative election planners, such as political strategists Lynton Crosby – making an appearance in the HSJ100 at number 50, and No. 10’s Nick Seddon (19) will want to play down that concern. In contrast, Jeremy Hunt (2) appears to favour the counter attack and has been trying to consistently draw the public’s attention to what he sees as Labour’s failings in stewarding of the NHS during the last decade.

Labour’s approach can be summed up in three words: attack, attack, attack – with shadow health secretary Andy Burnham (5) leading the charge. The big questions for Labour would come after an election victory. A Department of Health led by Liz Kendall (43), for example, would have different priorities and approach from one in which Mr Burnham was in charge.

The influence of Labour strategist Greg Beales (36), once a No. 10 health adviser, and the party’s NHS “éminence grise” Lord Hunt (95) will be significant.

The uncertain nature of the election result – and the likelihood of a coalition having to merge health policies – means two civil servants in particular are likely to have crucial roles in the 12 months ahead. Cabinet secretary and head of the home civil service Sir Jeremy Heywood (3) is the veteran of two major NHS reforms and will be on hand to advise whoever walks into Downing Street in May. He will work closely with DH permanent secretary Una O’Brien (24) – who is a running a department described by a senior colleague as “a lot less dysfunctional” in the wake of the NHS England split. ●

TOP 10 IN POLITICS

- Jeremy Hunt** health secretary (2) ▼
- Andy Burnham** shadow health secretary (5) ▲
- Norman Lamb** care minister (16) ▼
- Nick Seddon** prime minister’s special adviser (19) ▼
- Danny Alexander** chief secretary to the Treasury (21) ▼
- Lord Freddie Howe** parliamentary undersecretary of state for quality, Conservative (29) ▼
- Greg Beales** director of strategy and planning for Labour (36)
- NEW ENTRY**
- Liz Kendall** shadow minister for care and older people, Labour (43) ▲
- Chris Leslie** shadow chief secretary to the Treasury, Labour (48) **NEW ENTRY**
- Lynton Crosby** campaign consultant, Conservative (50) **NEW ENTRY**



Stevens' new structures strengthen his power base

Simon Stevens' immense political capital means much of the power and influence in the commissioning system sits with him in the top spot. Were they allowed, the judges might have considered inventing a position above number one for him.

His position is reinforced by his style, which is to set much of the agenda personally, controlling as closely as possible his organisation's many tentacles.

Mr Stevens operates in close concert with senior figures across government, employing NHS England's independence when it suits him rather than as a routine way of working. Below him, a quiet, self-imposed structural reorganisation of commissioning – partly instigated and partly catalysed by the NHS England chief executive – is shaping power and influence below him.

At a national level, Mr Stevens is developing two new directorates. The commissioning strategy directorate is in charge of system rules, analysis, and to some extent of setting priorities. It is headed by Ian Dodge, who may be a more important decision maker than his position (33) suggests.

Making it happen is the task of the commissioning operations directorate, under Dame Barbara Hakin (28), whose responsibility for the top political priority of avoiding a performance crisis during winter bolsters her position.

At the next level down NHS England is effectively abolishing its 25 area teams, with local operations directors becoming part of its four regional teams, strengthening the role of the regional directors, all four of whom make the HSJ100.

The regions will be linchpins of a new emerging (strengthened) approach to performance management for struggling patches, and of gathering local plans for moving to new models of care. They will have a bigger role, too, in the important, expensive and contentious area of specialised commissioning.

Dame Barbara's departure has been wrongly predicted by some before but, if she did decide to go, the regional directors would be considered for promotion to her post, including fast-rising Andrew Ridley (58) and "safe pair of hands" Richard Barker (78).

The below the radar restructure which is taking place can be seen as, at the same time, both centralising and devolving control.

Strong clinical commissioning groups will be given a longer leash from NHS England, and many will be handed additional responsibility and budgets under "co-commissioning". It should give them more system influence – but they may increasingly have to share that with local authorities, whose health role is growing.

Three CCG leaders, who are consulted on national decisions and have made influential changes in their areas, make the list. This is a good showing for what are small local organisations, particularly given the Labour opposition's apparent distaste for CCGs and its plans to reduce their powers.

An urgent priority for NHS England next year will be to champion both commissioners and providers who can quickly lead the way to new care models as described in the *NHS Five Year Forward*

‘The below the radar restructure which is taking place can be seen as both centralising and devolving control’

View. This secures the Hurley Group's Arvind Madan (93) a place in the HSJ100 and will also mean leaders of hospital providers – who more often have staff and balance sheet resources to make change – take more of the limelight.

As a final note, thanks to the atmosphere of crisis and imperative for change in general practice, leading figures including Steve Field (14), Chaand Nagpaul (17) and Maureen Baker (18) will be regularly heard from. ●



MORE POLICY THAN PERSONAL

The remarkable outpouring of support for Simon Stevens' *NHS Five Year Forward View*, an intervention well timed and neatly (if hastily) executed, did justice to the many observers who had previously lauded his political deftness.

Praise across the political spectrum gives a platform to achieve what he needs to in 2015: His position strengthened rather than weakened by the looming general election.

Mr Stevens has support from many senior figures in the service, grateful for strong national leadership with an emphasis on local flexibility.

He has shown an ability to tackle big difficult issues which usually go overlooked, such as race and unhealthy staff.

The lingering questions about his leadership, though, are about motivation and perception in the service.

The NHS England chief makes little effort to champion or empathise with leaders or staff, whether within his organisation or beyond, in contrast to past NHS chief executives.

Communicating, he more naturally makes use of a spreadsheet than a tract of galvanising rhetoric to gird the loins.

It plays into the view some have of Mr Stevens as a policy person; a creature of the centre, more comfortable with politicians, civil servants, and private sector figures, than out in the service.

All this has mattered little so far. But if times get really tough, whether through a winter crisis, financial strife or political inflictions, it could become more problematic that the NHS is lacking a cheerleader.



Sarah Calkin

Post-Francis NHS must stay safe without spending more

After the sea change in focus on quality and safety that followed the 2013 Francis report, 2015 will be about ensuring the issue remains at the top of the list in the face of an ever more challenging financial position.

The pre-eminence of the quality agenda is reflected in the Care Quality Commission's position as the most powerful of the three regulators for the second year running: a fifth of places in the top 20 are held by its chief executive and three chief inspectors.

Over the next 12 months the CQC's inspection findings will continue to throw the tension between quality and finance into sharp relief, not least due to persistent workforce shortages that force providers to rely on temporary staff.

By the end of the year the regulator is due to have completed its inspection of all acute hospitals in the NHS. However, the regulator has struggled with its own workforce issues during 2014 and has been unable to recruit enough inspectors to be confident of meeting this commitment.

Nevertheless, despite some of the well publicised weaknesses with the CQC's new model, this exercise should provide the service with the most comprehensive view

of quality across the service it has ever had. This could present some challenging questions for the new government.

David Dalton's (20) steady climb up the HSJ100 list over the past three years is also emblematic of the increasing focus on quality and safety of services in the NHS.

The Salford Royal Foundation Trust boss is the highest ranking NHS chief executive in this year's list. His relentless focus on safety and staff engagement has won praise and recognition from the highest quarters: health secretary Jeremy Hunt has barely made a speech during 2014 that did not reference the recently ennobled Sir David and his hospital.

In 2015 Sir David will be leading the Sign up to Safety campaign, which was launched by Mr Hunt earlier this year. This aims to galvanise frontline staff to halve avoidable patient harm over the next three years and will work closely with the emerging patient safety collaboratives. Should May bring a change in government Sir David's energy and conviction will ensure the campaign survives, despite its association with Hunt.

Sir Robert Francis' (64) continued

‘The inspection of all acute hospitals could present challenging questions for the government’

appearance in the list is partly a reflection of the legacy of his two reports into Mid Staffs and his continued involvement with the health service as a member of the CQC's board. However, it is his review of whistleblowing in the NHS that is likely to create the most waves when it is published in the new year.

The inquiry likely to cause the most controversy next year is the investigation into maternity and neonatal care at University Hospitals of Morecambe Bay Foundation Trust, chaired by Bill Kirkup (54). Evidence to the inquiry has been heard behind closed doors but there is speculation it could claim a few scalps when it reports in February.

NHS England chief nursing officer Jane Cummings (74) and Mike Farrar (98), who were chief nurse and chief executive of the North West Strategic Health Authority during the period under consideration by the inquiry, could both come in for some criticism, as could Ian Cumming (60). Now chief executive of Health Education England, he ran Morecambe Bay during the early part of the period covered by the inquiry. ●

TOP 10 WOMEN

Dame Professor Sally Davies, chief medical officer for England, Department of Health (10) ▲

Dr Maureen Baker, chair, Royal College of GPs (18) ▲

Una O'Brien, permanent secretary, Department of Health (24) ▲

Dame Barbara Hakin, chief operating officer, NHS England (28) ▼

Andrea Sutcliffe, chief inspector of adult social care, CQC (30) ▲

Christina McAnea, head of health, Unison (31) ▲

Dame Julie Moore, chief executive, University Hospitals of Birmingham Foundation Trust (32) ▲

Liz Kendall, shadow minister for care and older people, Labour (43) ▲

Dame Fiona Caldicott, chair, Oxford University Hospitals Trust (45) **NEW ENTRY**

Dr Geraldine Strathdee, national clinical director for mental health, NHS England (53) ▲





Providers will weather a time of faltering and flux

The provider sector is facing significant upheaval in 2015 – even before you take into account the finance and performance problems trusts will undoubtedly face.

Simon Stevens' "horses for courses" approach to pushing new organisational forms for NHS providers might sit awkwardly with the statutory realities he has inherited.

Will PACS (primary and acute care systems – hospitals taking over primary care) and MCPs (multispecialty community providers – primary care taking over hospitals) get off the ground in 2015?

Either will have to cope with a provider ecosystem with its statutory roots in the foundation trust model – itself an unfinished programme.

So while things like the foundation trust pipeline might seem hopelessly archaic, it still remains to be seen what measures Sir David Dalton (20) will recommend to change that system.

The boss of the NHS Trust Development Authority David Flory (12) still has the thankless task of shuffling the 93 remaining non-FTs into the old FT system – before they can consider whether they want to get swallowed up by a PACS or MCP.

Mr Flory recently told the Commons public accounts committee some of his flock would not make it to foundation trust for four years. Expect another tranche of providers to declare their inability to do this in January. Fair bets would include trusts in Norfolk and Essex.

Fixes and fudges will also be required of the custodians of the FT sector. Foundation trusts like Tameside and Queen Elizabeth Hospital, King's Lynn, face deeply vexed questions of sustainability.

Whoever wins the election may have to do some housekeeping legislation to give these kinds of organisations a coherent future – before the PACS or MCPs show up. But in what form? More of the failure regime? Not a roaring success over the past two years. Provider chains? There's no evidence yet that the crucial incentives have been found to encourage the strong



trusts to help/eat the weak ones. University Hospitals Birmingham Foundation Trust was this year forced to abandon a "buddying" arrangement with a trust on the Kent coast.

Labour's Andy Burnham (5) has spoken about changing the FT system to make it more responsive to its local health

'Expect another tranche of providers to declare their inability to make it to foundation status in January'

economy. He also called for more flexibility in allowing providers to merge.

The Conservatives have not set out any more specific plans for the statutory underpinnings of the organisations Mr Stevens envisages, but these will have to be created at some point.

The end of the year also saw Liberal Democrat minister Norman Lamb (16) try to breathe some life into the mutual model. The list of pathfinders, drawn up with the King's Fund, is intriguing but it seems unlikely there will be a significant

breakthrough for the model in 2015.

As the period of coalition government draws to a close the locus of innovation is likely to shift.

If it has not done so already, the radicalism from the old East of England Strategic Health Authority – private management franchises of the kind made famous by Hinchingsbrooke and Circle – will be replaced by that of the West Midlands. It is here that Dame Julie Moore's (32) University Hospitals Birmingham Foundation Trust looks set to take the quickest steps into PACS status.

The outwards looking trust has already pushed the envelope in "buddying" with weaker trusts. No one expects it to stop soon, although 2015 could see University College London Partners take significant steps in this direction also. ●

TOP PROVIDER CHIEF EXECUTIVES

Sir David Dalton Salford Royal Foundation Trust (20) ▲

Dame Julie Moore University Hospitals of Birmingham Foundation Trust (32) ▲

Sir Robert Naylor University College London Hospitals Foundation Trust (37) ▲

Sir Ron Kerr Guy's and St Thomas' Foundation Trust (79) **NEW ENTRY**



Civil servants and Labour rise on tide of the two big dates

There are two dates in 2015 that loom very large in the minds of all those on the HSJ100 with responsibility for the financial health of the NHS.

The first is 31 March, which will bring to a close the toughest financial year in the health service for nearly a decade, and one in which its ability to break even still hangs in the balance.

The second is 7 May, which brings the general election, and the urgent need to begin working with the incoming government on a comprehensive spending review that will set the financial envelope for much of the period covered by the *NHS Five Year Forward View*.

Unsurprisingly, this combination of political uncertainty and extreme pressure on the bottom line has seen civil servants and Labour figures rise up the HSJ100 rankings, while those currently wielding power in the coalition government slip downwards.

Chief secretary to the Treasury Danny Alexander has dropped 10 places to 21, and his Labour counterpart Chris Leslie makes his first appearance in the power list at 48.

Notably, the Department of Health's well regarded director general for finance and the NHS, Richard Douglas, has moved into the top 10 for the first time since 2011. If the DH does manage to stay in the black in 2014-15 it will likely be regarded by some as a triumph for him personally, at a time when many NHS organisations have decided they would rather run deficits and be "hung for the money" than squeeze spending and be "hung for the quality".

His expertise will also be much needed in the coming financial year, when the department will need to manage difficult conversations with the Treasury about the need for increased investment in health, while trying to ensure the introduction of the better care fund does not spark local crises.

Likewise, this year's HSJ100 shows that NHS England's chief financial officer Paul Baumann has cemented his authority in the health service, rising from 27 in last year's rankings up to number 11. His responsibilities in the coming months run from sorting out the thorny question of



'If the DH does stay in the black it will likely be regarded by some as a triumph for Richard Douglas personally'

how the extra billions allocated for 2015-16 should be allocated, to ensuring the NHS is taking positive steps towards major reform of payment systems.

More broadly, this year's list is a reflection of a period when NHS finances won't be left to the finance directors. For example, while we can read Simon Stevens' displacement of Jeremy Hunt as another reflection of political uncertainty in an election year, it must also reflect the former's success in building the case for increased investment in the health service.

But while the judges are convinced that finance will be centre stage in 2015, they also suggest that the health service's anxieties about competition regulation are dwindling. Monitor's director of cooperation and competition, Catherine

Davies, has dropped from 54 to 71, while the Competition and Markets Authority – represented last year by Roger Witcomb – is absent completely from this year's list. ●

TOP 10 NEW AND RE-ENTRIES

- Lord Patrick Carter**, chair of NHS procurement and efficiency review (13)
- Greg Beales**, director of strategy and planning, Labour (36)
- Hugh Pym**, health editor, BBC (38)
- Ed Smith**, deputy chair and chair of the audit committee, NHS England (40)
- Nigel Edwards**, chief executive, Nuffield Trust (41)
- Sam Everington**, chair, Tower Hamlets CCG (44)
- Dame Fiona Caldicott**, chair, Oxford University Hospitals Trust (45)
- Julian Kelly**, director general of public spending and finance, Treasury (47)
- Chris Leslie**, shadow chief secretary to the Treasury, Labour (48)
- Lynton Crosby**, campaign consultant, Conservative (50)



The ‘joined up’ thinkers at the heart of party policy

In various forms, integration is the dominant principle underpinning the policy offers from all three major parties, and in particular explains the positioning of Norman Lamb and Andy Burnham in the top 100.

Mr Lamb (16) can lay claim to being the minister who has campaigned the most energetically for ending the fragmentation of health and care services. His steady ranking is a strong showing in the context of consistently dismal polling for the Liberal Democrats ahead of the general election.

Meanwhile, Andy Burnham’s (5) stock is rising as his “whole person care” idea gains traction and matures into a nuanced proposal rather than the commissioner side reorganisation some initially feared it might be.

Mr Burnham’s standing in the Labour party also appears stronger than ever as he emerges as one of the party’s top communicators in the run-up to the election. If Labour are in power after May 2015, whether or not he is the next health secretary, he will continue to exert a

powerful influence over Labour’s thinking on integrated care.

The growing political consensus that budgets will be increasingly merged over the next parliament also explains the increasing influence of the Local Government Association in the top 100.

Simon Stevens’ primacy in the 100 is in part due to the way in which he has seized control of the politically vital integration agenda since taking charge at NHS England.

One of his first major acts as chief executive of NHS England was to call in the government’s better care fund and redesign some of its most high risk elements. The fund remains the single most destabilising policy change that commissioners will have to deal with in 2015 – but Mr Stevens’ decision to intervene reveals his willingness to improve (read: interfere with) flagship government policies if he believes they are a source of unnecessary peril.

Meanwhile, the agenda setting five year forward view has also thrown down the gauntlet for ambitious trusts keen to boldly experiment with linking hospitals to primary care. The document also presented GPs with a “reform or die” challenge and offered a vision for how they might remain viable and relevant in the future. As a result, the Hurley Group’s chief executive Arvind Madan (93) makes his debut in the HSJ100, as a national

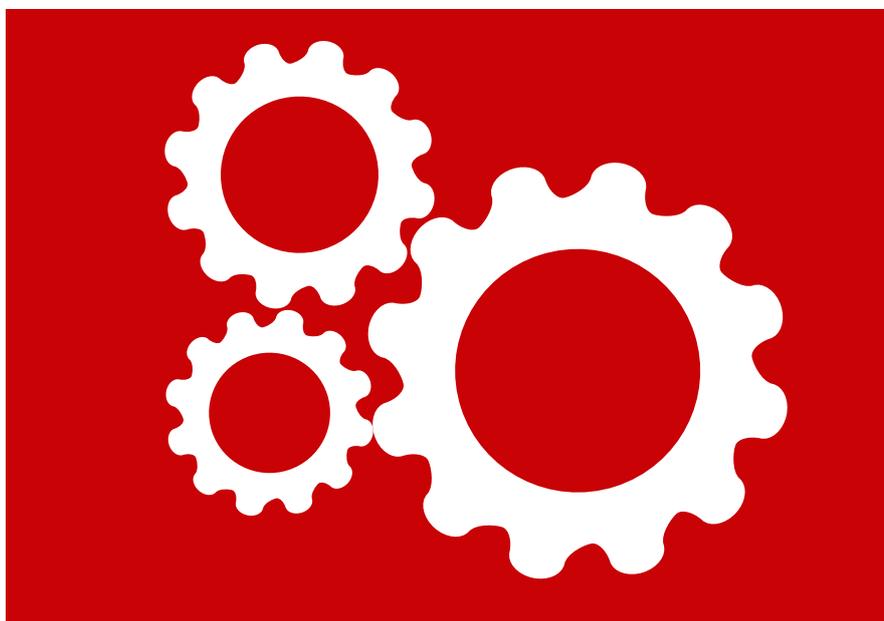
exemplar of the future form of primary care.

NHS England’s director for long term conditions Martin McShane (62) and deputy medical director Mike Bewick (89) will be influential voices as NHS England seeks to explain and nurture new forms of out of hospital care for people with long term conditions. Also note Andrew Ridley’s (58) move to NHS England, fresh from leading the better care fund assurance programme. His decision to leave one of the better regarded commissioning support units – and the absence of any national CSU directors from the top 100 – is indicative of how few people are now expecting CSUs to be a significant engine of transformational change in the NHS.

Monitor’s intervention at Tameside Hospital Foundation Trust – where it is leading the development of an integrated care organisation – could also present a new alternative provider model, and point to the future for struggling providers. And, having ended 2014 by publishing detailed guidance on capitated budgets, the regulator’s leaders will also have an important role demystifying this payment system and encouraging its uptake. ●

TOP 10 CLINICIANS

- Professor Sir Bruce Keogh**, medical director, NHS England (4) ▲
- Professor Sir Mike Richards**, chief inspector of hospitals, CQC (6) ▼
- Professor Dame Sally Davies**, chief medical officer for England, Department of Health (10) ▲
- Professor Steve Field**, chief inspector of general practice, CQC (14) ▼
- Dr Mark Porter**, chair, BMA council (15) ▲
- Dr Chaand Nagpaul**, chair, GP committee, BMA (17) ▲
- Dr Maureen Baker**, chair, Royal College of GPs (18) ▲
- Professor David Haslam**, chair, NICE (23) ▲
- Professor Keith Willett**, director for acute episodes of care, NHS England (27) ▲
- Dame Dr Barbara Hakin**, chief operating officer, NHS England (28) ▼





Recruitment set to become key political battleground

The last 18 months has seen an unprecedented focus on the NHS workforce following the Francis report into the failures at Mid Staffordshire Foundation Trust and this is unlikely to lessen in the coming year despite mounting financial pressures on acute trusts.

There has been a paradigm shift in the way NHS organisations view their workforce, particularly clinical staff. There is a strong evidence base for the impact that numbers of registered nurses, for example, can have on patient outcomes and following the introduction of the new Care Quality Commission inspection regime, where quality is given equal consideration to finance, this has become a non-negotiable priority for trusts.

Following the introduction of new fundamental standards for healthcare providers from April 2015 as well as continued scrutiny of NHS workforce levels, the need to recruit clinical staff, particularly nurses, is likely to remain as strong in 2015 as it has been in 2014.

Since August last year, recruitment of qualified nursing, midwifery and health visitor staff shot upwards by more than 8,000 from 306,000 to 314,000 by March 2014 – reaching the highest level on record. In the acute sector the numbers of nursing staff increased by more than 5,000. Although numbers have begun to decline between March and August this year that is thought to be in line with seasonal trends and is expected to spike upwards again once data is published for the September and October months as newly qualified nurses are snapped up.

There will be no end to the “Francis effect” on nursing recruitment as trusts seek to meet new quality standards and reduce their emergency spending on agency staff, which has peaked in 2014 at £2.6bn. However, the national shortage of nursing staff is likely to get worse before it gets better as historical cuts to training places continue to result in smaller numbers of newly qualified nurses emerging from university. Overseas



“There will be no end to the “Francis effect” as trusts seek to meet new quality standards’

recruitment of nursing staff will become increasingly desperate as European working pools become tougher to exploit and trusts have already begun seeking staff from non-EU countries.

As political fever heightens and the general election nears, the NHS workforce will become central to debates, with Labour pledging 20,000 new NHS staff and the Conservatives and Lib Dems equally pledging money and new targets to increase numbers, including GPs and community staff.

The next 18 months will also prove crucial for the delivery of seven day services as trusts look to meet the 10 new clinical standards set down by NHS England, which will be taken into account by the CQC in its inspection regime. Crucial to this delivery is increased presence of medical consultants on wards at weekends and evenings, when studies have shown mortality is higher.

But negotiations between NHS Employers and the British Medical

Association have collapsed and the government has asked the Doctors’ and Dentists’ Review Body to make observations on potential changes to consultant contracts and could seek an imposed contract deal if the government returns with a majority in May 2015.

Continued desire among NHS employers for changes to terms and conditions for the 1 million staff on the Agenda for Change framework will likely see a further push to try to reduce the out of hours pay enhancements staff receive, perceived as a barrier to increased seven day delivery. ●

TOP 10 NHS ENGLAND

- Simon Stevens** chief executive (1) ▲
- Sir Bruce Keogh** medical director (4) ▲
- Paul Baumann** finance director (11) ▲
- Malcolm Grant** chair (22) ▲
- Keith Willett** direct of acute episode of care (27) ▲
- Dame Barbara Hakin** chief operating officer (28) ▼
- Ed Smith** deputy chair and chair of the audit committee (40)
- NEW ENTRY**
- Tim Kelsey** national director for patients and information (42) ▼
- Ben Dyson** director of commissioning policy and primary care (52) ▲
- Geraldine Strathdee** national clinical director for mental health services (53) ▲

TOP BME

- Dr Chaand Nagpaul** chair, GP committee, BMA (17) ▲
- Professor Lord Ara Darzi** chair, Imperial Health Partners (46) ▼
- Dr Arvind Madan** chief executive, The Hurley Group (93) **NEW ENTRY**
- Lord Victor Adebowale** chief executive, Turning Point (94) ▼
- Professor Lord Ajay Kakkar** chair, UCL Partners (99) **NEW ENTRY**



Amateur night is over but top tech talent is still wanting

NHS England's national director for patients and information Tim Kelsey (42) sent out an unequivocal message to health service leaders last month to mark the launch of an NHS national technology strategy.

"Interoperability and safe digital record keeping is no longer a voluntary, amateur sport. It's got to be the heart of the future of the healthcare system," he said.

The message is far from new. The NHS has long been a technological "amateur"; and has long known that sharpening up its act is crucial to securing a sustainable future. But there are grounds for optimism that this latest drive to build a technological infrastructure fit for healthcare in the 21st century will have more success than previous efforts – and 2015 will be a key period in which strong rhetoric must be replaced by tangible results.

One of the biggest potential step changes is the role the sector's regulators will play in driving the health service's technology agenda from next year.

The Personalised Health and Care 2020

blueprint released in November was developed and published by the National Information Board, which includes senior figures from the Department of Health, NHS England, regulators and other arm's length bodies.

The document says: "The Health and Social Care Information Centre, Care Quality Commission, Monitor and NHS Trust Development Authority will publish by October 2015 data quality standards for all NHS care providers, including the progressive improvement in the timeliness accuracy and completeness with which data is entered into electronic records and made accessible to carers and patients."

To achieve these data quality standards, trusts will require electronic patient records which are sufficiently sophisticated to cope. For many trusts, this may require

'Trusts must pay attention to their technological performance in a way they do in other areas such as quality'

upgrading their existing systems.

These metrics will be taken into consideration by the CQC as part of their inspection regime and by Health Education England with regard to training accreditation from March 2016.

Up until now the technology agenda has been largely driven by NHS England and the Department of Health. The move represents the first time that technology will be part of the core issues for regulators who will have to directly assess trusts on their digital capabilities.

The move will have substantial ramifications, not least for the CQC, which will have to address its own expertise, or perhaps lack of, in this area.

But it sends out a strong message that trusts must pay attention to their technological performance in a way that they do in other core areas such as quality and financial performance.

It is telling that the 2014 HSJ100 is light on informatics leaders. The lack of influential technology leaders across the NHS is something both NHS England and the DH are aware of and keen to address.

With the goal of driving forward the technology agenda set to spread over more of the health service's arm's length bodies, there is a growing sense that technology must be part of the day job for NHS leaders and not an aside. ●

TOP 10 REGULATORS

Sir Mike Richards chief inspector of hospitals, CQC (6) ▼

David Behan chief executive, CQC, (7) ►

David Bennett chief executive, Monitor (8) ►

David Flory chief executive, NHS Trust Development Authority (12) ▼

Steve Field chief inspector of general practice (14) ▼

Stephen Hay managing director of provider regulation, Monitor (25) ▲

Andrea Sutcliffe chief inspector of adult social care, CQC (30) ▲

David Prior chair, CQC (51) ▼

Bob Alexander finance director, NHS Trust Development Authority (55) ▼

Paul Bate director of strategy and intelligence, CQC (59) ▼



THE JUDGES

Alastair McLellan, editor, *HSJ*

Paul Bate director of strategy and intelligence, Care Quality Commission

Ade Adeyemi chair, Young Fabians Health Network

Professor Alistair Burns national clinical director for dementia in England, professor of old age psychiatry, Manchester University and Manchester Academic Health Science Centre

Mike Farrar consultant, Mike Farrar Consulting

Bill McCarthy deputy vice chancellor (operations), Bradford University

Sarah-Jane Marsh chief executive, Birmingham Children's Hospital Foundation Trust

Helen Hirst chief officer, Bradford City CCG

Julie Wood lead director, NHS Clinical Commissioners

Thomas Cawston head of health, Policy Exchange

Dr Michelle Drage chief executive, Londonwide Local Medical Committees

Alastair Henderson chief executive, Academy of Medical Royal Colleges

Jeremy Hughes chair, National Voices and chief executive, Alzheimer's Society

Lord Victor Adebawale chief executive, Turning Point

Sir Ian Carruthers chair, Portsmouth Hospitals Trust

Professor Sir Simon Wessely president, Royal College of Psychiatrists

Dr Richard Vautrey deputy chair, British Medical Association's GP committee

Nick Samuels director of communications, Foundation Trust Network

Gavin Johnstone founder and managing director, Hunter Healthcare

POLITICS



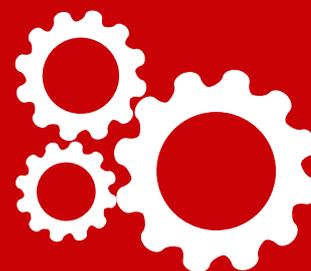
FINANCE



COMMISSIONING



INTEGRATION



SAFETY & QUALITY



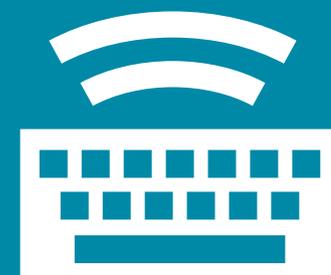
WORKFORCE



PROVIDERS



TECHNOLOGY



EDITOR Rebecca Creamer

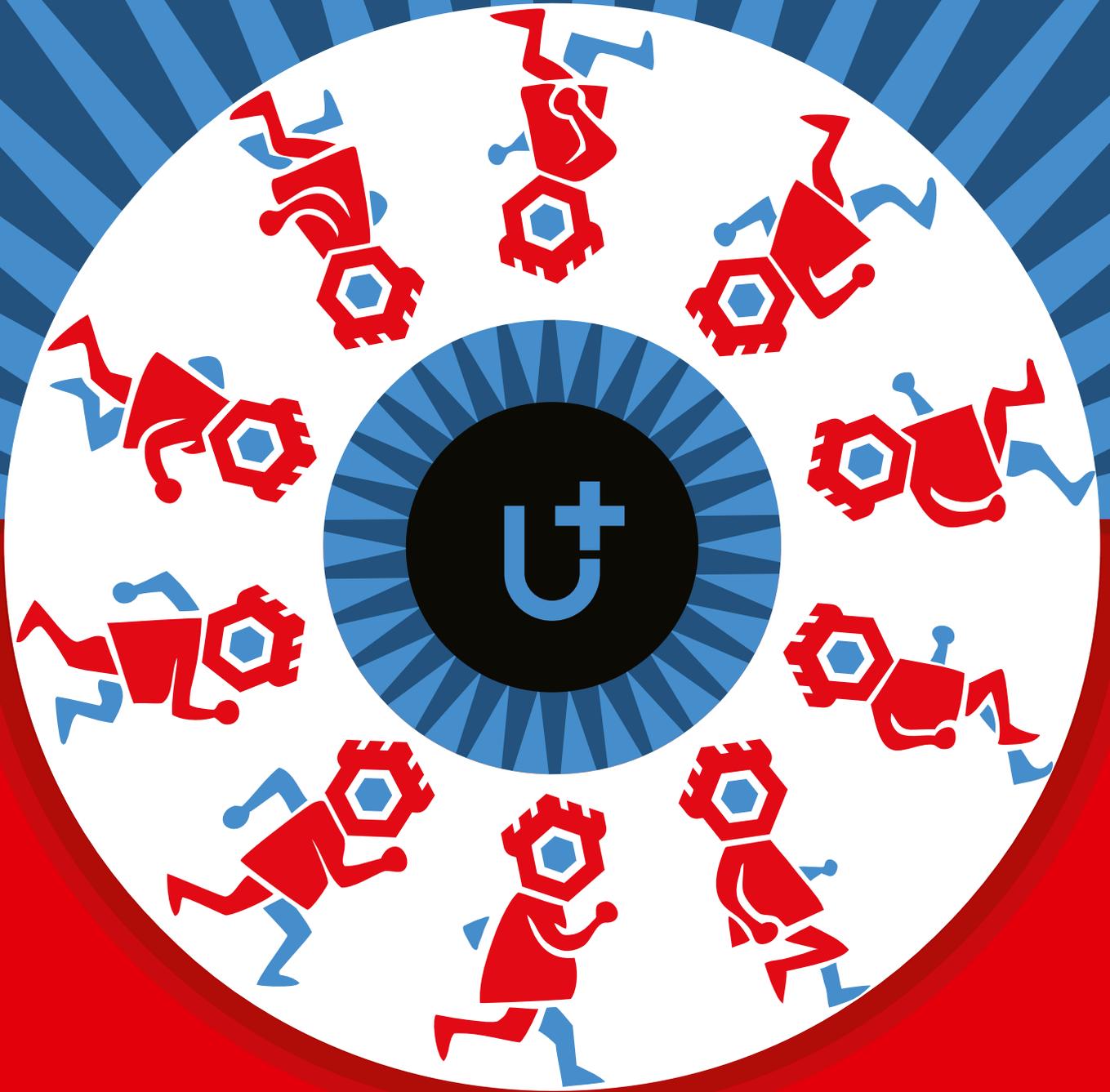
DESIGN Danny Gillespie,
Dan Harder

PROJECT ASSISTANT
Rebecca Thomas

PHOTOGRAPHY
Pete Searle, Wilde Fry,
Neil O'Connor

FOLLOW A VISION NOT A PATH

ACHIEVE PAPERLESS PATIENT RECORDS BY 2018



UNITY is the only EMR solution that has a proven return on investment.

We provide a unique and intuitive way to view structured and unstructured patient information.

Contact **Fortrus** to discover how together we can achieve your paperless vision by 2018.



FORTRUS

www.fortrus.com
info@fortrus.com
01438 310 179



FOR HEALTHCARE LEADERS
HSJ | *100*

In association with

