

**HEALTH SERVICE JOURNAL**

# 50

**THE 50 PEOPLE WITH THE GREATEST INFLUENCE ON  
NHS MANAGEMENT POLICY AND PRACTICE IN 2008**

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**RICHARD VIZE**  
**EDITOR**

# Controversy and change

**'The ministerial team has made a stronger showing than last year, although only three of them made it'**



This year's HSJ50, the ranking of the 50 most powerful people in NHS management policy and practice in England, reveals dramatic changes in who is wielding power.

This was drawn up by an expert panel in association with our partners, recruitment consultancy Harvey Nash, and management consultancy Ernst & Young.

This is the third year we have published the HSJ50 and no fewer than 20 of this year's most powerful people are new entries. The list is controversial and we do not expect everyone to agree with the judges' decisions. See page 16 for the judges' names and details of how they came to those decisions.

We decided to restrict the HSJ50 to England because we did not believe it would be valid to make comparisons between, for example, politicians in different parts of the UK.

As well as managers, politicians and government advisers, the rankings include clinicians, senior civil servants, strategic health authority chief executives, key players in the royal colleges, trade unionists, journalists, policy experts and regulators.

The ministerial team has made a stronger showing than last year, although only three of them made it, while public controversy over access to drugs has sent the leadership of the National Institute for Health and Clinical Excellence flying up the rankings.

The NHS senior management team is still a dominant force, while social care director general David Behan has, as we predicted last year, gained places. The Audit Commission continues its approach of growing influence by stealth, in contrast to the misjudged grandstanding of bygone years. The departing Healthcare Commission slips down, but the Care Quality Commission is still only in the power foothills – that will change rapidly in the new year.

Acute sector managers make a stronger showing, but it is still a struggle to find primary care big hitters.

Finally, the prospects of a change in political power are reflected in shadow health secretary Andrew Lansley jumping up the list for the second year running.

HSJ would be delighted to publish your views on the HSJ50. Email [hsjfeedback@emap.com](mailto:hsjfeedback@emap.com).

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**LORD DARZI** ↑1 (up one place from last year)  
**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR HEALTH**

**‘Personable, engaging and modest,  
he has been a convincing advocate  
of the new policy’**



## DAVID NICHOLSON ↓1

### NHS CHIEF EXECUTIVE

**1** Lord Darzi climbs one place to the top of the power rankings after the success to date of his blueprint published in June for the next stage of NHS reform.

Arguably the strongest evidence of its success is that the public is not talking about it. Even before the financial crisis, the new mantra of quality and safety first – clinicians in control and outcomes not processes – meant the health service tumbled down the list of voters' complaints. Conservative plans to make 2008 the year they became the party of the NHS are now in tatters.

On paper just a junior minister, Lord Darzi has not been content simply to write his report then leave the Department of Health to work out how to implement it. Instead he is centrally involved in driving it forward, the public face of this being his autumn regional tour with NHS chief executive David Nicholson (2) to elicit support.

Personable, engaging, passionate and refreshingly modest considering the welter of titles and initials that dangle off both ends of his name, he has been a convincing advocate of the new policy.

But challenges remain. Some have questioned his grasp of primary care policy, a criticism given weight by the ham-fisted way the government has gone about deciding where polyclinics should be built.

And while the government claims to have "engaged" many hundreds of clinicians, scepticism continues among medics in particular about the government's intentions. Many doctors insist on seeing Lord Darzi simply as a politician, not an internationally renowned surgeon.

But as well as fulfilling his ministerial duties, he maintains a daunting schedule of surgical work and research, ensuring he will remain a significant figure in healthcare long after the trappings of office have gone.

**2** Despite swapping places with Lord Darzi at the top of the power rankings, the NHS chief executive has successfully consolidated his influence at the top of the health service.

Keeping as tight a grip on Lord Darzi as he does on his Nottingham Forest mug, Mr Nicholson has ensured the political and strategic parts of the Department of Health are joined at the top, if not in many other places.

His team is performing strongly, with NHS medical director Sir Bruce Keogh (6) driving the publication of outcomes data for clinical teams, commissioning

director general Mark Britnell (4) pushing world-class commissioning with messianic zeal and finance director general David Flory (16) overseeing a system with so much surplus cash it is getting embarrassing.

Mr Nicholson can claim to have made considerable progress in achieving his aim of keeping politicians off managers' and clinicians' backs, although some believe the new lease of life Lord Darzi's next stage review has given to strategic health authorities reflects Mr Nicholson's instinctive reticence about relinquishing central control.

Surprisingly introverted and

reflective for someone in such a prominent role, he depends on a close circle of advisers drawn from both inside and outside the DH's Richmond House headquarters.

A strong platform speaker, he delivers a convincing narrative on where the health service is heading which lulls you into believing all the contradictions will be resolved.

Priorities for the coming year will include ensuring the reform programme is not knocked off course by financial turbulence and improving integration between health and social care.



**ALAN JOHNSON** ↑1  
**SECRETARY OF STATE FOR HEALTH**



**3** Alan Johnson has had a good year. Crucially, his easygoing charm has rebuilt confidence in the government among the NHS workforce after the turbulent times of Patricia Hewitt, while his people, presentation and political skills have similarly helped defuse public resentment over issues such as targets and service closures.

This has not blunted his determination to take on the British Medical Association over its reluctance to extend GPs' hours, however. The BMA was forced to back down and surgeries are now staying open longer across the country.

As well as making a point of supporting work to tackle domestic violence, he has developed a passion for addressing health inequalities, a major issue for his Hull constituency.

This has undoubtedly helped push inequalities as a priority in the regional and local plans under the Darzi review, but what long term impact this will have on the chasms in life chances around the country is impossible to judge.

Mr Johnson's political antennae helped the government realise it was in an untenable position over the ban on top up payments for what mass media insists on calling life saving drugs. He told his civil servants to put away their briefing papers on why reform was impossible and ordered cancer czar Mike Richards (5) to review the policy.

Whether it is because he loves the DH or is horrified by the alternatives, Mr Johnson now appears much happier with his portfolio than a year ago and is apparently keen to stay.

**MARK BRITNELL** ↓1  
**DIRECTOR GENERAL FOR COMMISSIONING AND SYSTEM MANAGEMENT, DEPARTMENT OF HEALTH**

**4** World class commissioning has become the most ubiquitous phrase in the health service. That is down to Mark Britnell, who has made sure the vision he set out a year ago is starting to be translated into reality.

His commissioning catchphrase, "adding life to years and years to life", has been taken up like a rallying cry, including by shadow health secretary Andrew Lansley, who recently commandeered it – unattributed – for one of his speeches.

Indeed, Mr Britnell is reputed to be one of the few key officials at the DH who might survive a change of government.

Since moving to Richmond House, the man who became

chief executive of University Hospital Birmingham foundation trust at the age of 34 has strengthened his reputation for getting things done.

He has not only got most primary care trusts dancing to his tune but has made all the national clinical directors effectively reapply for their jobs, taken over the department's commercial strategy and generally aligned a whole raft of policy.

With his confident knack for self-publicity and high profile, he is not a natural DH official, but he has taken his strengths and used them from within to his advantage.

It was no surprise that Lord Darzi's review contained all the proposals for which Mr Britnell had lobbied hardest.



**MIKE RICHARDS** ↑41  
**NATIONAL CLINICAL DIRECTOR FOR  
CANCER, DEPARTMENT OF HEALTH**



**5** It has been hard to find a crucial policy decision in which Mike Richards has not had a hand this year. Described as “the most influential of all the czars”, he will be well aware that his legacy will be the review of co-payments health secretary Alan Johnson asked him to lead earlier this year.

This review was an unenviable job with a terrifyingly short timescale – and it will not have gone unnoticed that it was handed to Professor Richards rather than the chief medical officer.

It could have easily blown up in his face but Professor Richards has handled the task with candour and something approaching gusto, freely admitting that his opinion on the issue changed during the process. Having put on record that he would not be pushed into reaching a particular conclusion, he has now formed policy after the review’s recommendations were accepted in full by health secretary Alan Johnson (3).

In snatched minutes between review work he also oversees the cancer plan and end of life care strategy and recently intervened in a controversial reconfiguration plan.

**‘The review could have easily blown up in his face but Professor Richards handled the task with candour and something approaching gusto’**

**SIR BRUCE KEOGH** ↑4  
**NHS MEDICAL DIRECTOR AND DEPARTMENT  
OF HEALTH INTERIM DIRECTOR GENERAL OF  
INFORMATICS**

**6** Quick off the mark following the next stage review, the NHS medical director proved he had a firm grip on the quality drive. By publishing mortality rates on the web in July, allowing patients to compare trusts on a set of procedures, Sir Bruce broke a major taboo.

This proved that patients could be given access to outcome measures without the world crumbling and that Sir Bruce was serious about doing so.

Urbane, quietly spoken but determined, his clear message was “the days of discussing whether or not we should publish outcomes are over”, as one HSJ50 judge put it.

The service has overwhelmingly listened and heard, though reservations will be raised about some particularly blunt measures. Spreading a culture of openness on quality will take much more of the same and Sir Bruce’s next moves will be key to implementing Lord Darzi’s work.

The nitty-gritty will involve managing the proliferation of outcomes, with an extensive list expected imminently, while working patient reported measures and patient experience into the mix.

Challenges include outcomes for surgical teams, relating them to pay and ensuring the moves improve care.



**SIR MICHAEL RAWLINS ★ NEW ENTRY**  
**CHAIR, NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**



**7** It has been both a good year and a bad year for Sir Mike, who has cemented his organisation's place at the centre of the health service.

Lord Darzi's review was a bonanza for NICE, which picked up a huge amount of work, including taking over a large chunk of the NHS Institute's business. Perhaps the biggest coup was the announcement that NICE would host one stop information portal NHS Evidence.

However, the clinical advisory body has also taken repeated slating in the media over decisions not to recommend drugs for cancer patients. It has been at these times that Sir Mike has stepped forward to mount a vociferous defence of his organisation.

His success in rehabilitating the image of NICE has been limited, though, as the phrase most commonly linked to NICE in the public eye is still "bloodstained portals" – the trigger for his impassioned article on [hsj.co.uk](http://hsj.co.uk) earlier this year.

Professor Rawlins' profile is only likely to increase, however, as NICE's influence on the NHS expands in coming years.

**'Professor Rawlins' profile is only likely to increase as NICE's influence on the NHS expands'**

**FRANK MCKENNA**  
**ON LOOKING THROUGH THE PRISM OF INFLUENCE**

The third consecutive year of the HSJ50 has again revealed a significant re-ordering of the people deemed to be at the leading edge of driving innovation and influence across the NHS and the broader healthcare sector.

While the HSJ50 is not meant to be a definitive touchstone of influence, it does highlight interesting factors that point towards the ingredients many use when looking through the prism of influence.

It is becoming apparent that there is a need for the nature of leadership to be more connected to improvement and to making a difference to the delivery and assurance of frontline patient care.

Innovation is often difficult to quantify and assess within healthcare but it can transform the delivery of care, sometimes incrementally and subtly and at other times through tremendous leaps forward.

The drive towards personalising and localising care for greater benefits, as well as harnessing the views of stakeholders and service users, feature as broad and connecting themes across many of those identified in this year's HSJ50.

Most will not demur from these as ends worthy of achievement, but what, in terms of leadership, is required to deliver them?

The vision for the future of healthcare, so powerfully set out by this year's first place in the HSJ50, Lord Darzi, will require a corresponding shift in the culture of leadership itself. Leadership which creates ownership at every level and across every group will be essential to navigating the NHS through its next journey.

*Frank McKenna is director of NHS and healthcare at Harvey Nash and a former NHS HR director.*

**ANDREW LANSLEY MP ↑6**  
**SHADOW SECRETARY OF STATE FOR HEALTH**



**8** After three years as shadow health secretary, the self-confessed policy lover's influence has increased significantly.

Although most managers would struggle to recite the differences between the health policies of Labour and the Conservatives, they now feel the need to pay attention. With the Tories in the ascendancy, people are reading their policy documents and discussing at board meetings the impact a change of government would have.

As Mr Lansley is in the unusual position of having been guaranteed to keep his job and become health secretary if David Cameron becomes prime minister, those in the health world do not need telling that now is the time to lobby him.

After years on the scene and more NHS visits than most, Mr Lansley has the experience and contacts book to be on first name terms with many of those who try.

While some in his party might fear he is a bit left wing for their taste, Mr Cameron's reliance on him is clear: the would-be prime minister does not dare give a speech on health without Mr Lansley by his side.

## BILL MOYES ↓4 EXECUTIVE CHAIR, MONITOR

**9** Monitor is growing in such strength and influence that NHS chief executive David Nicholson this year saw fit to remind foundation trusts that it is their commissioners, rather than their risk based regulator, to whom they should be most accountable.

With over 130 foundation trusts now established, the government has reiterated its commitment that the foundation model is the only future for NHS provider organisations. So it is inevitable Mr Moyes' influence will increase with each new authorisation.

Mr Moyes has always been a critical friend of the organisations he regulates – vociferous about their independence from the DH while reminding them that this independence needs to be constantly justified through good and improving performance on patient safety and public accountability.

Meanwhile the rest of the world has caught up with what has always been at the centre of the former banker's approach to regulation at Monitor. So much so in fact that there has even been talk of foundations lending their surpluses back to the increasingly cash-strapped government. And there is talk that under a Conservative government, Mr Moyes could be the next NHS chief executive.



## STEVE SMITH ★ NEW ENTRY PRINCIPAL, FACULTY OF MEDICINE, IMPERIAL COLLEGE LONDON AND CHIEF EXECUTIVE, IMPERIAL COLLEGE HEALTHCARE TRUST

**11** Not content with taking the helm at the newly merged, largest trust in the NHS, Steve Smith has created the country's first academic health science centre then seen the idea imported into government policy.

Having declared his intention to create the research giant out of Hammersmith Hospitals and St Mary's trusts and Imperial College



London in March last year, he was confirmed as chief executive of the newly formed Imperial Healthcare trust just seven months later.

Now that academic health science centres have been formally endorsed as being key to innovation in the health service, several major institutions are playing catch-up and the effect is being felt internationally. Professor Smith has also been aware of domestic

priorities, talking up the importance of primary care and ending the "idea of an isolated hospital".

His personal leadership is considered to have been crucial and could mean Imperial succeeds in finding the holy grail of linking research to frontline healthcare where others have failed.

## DAVID BEHAN ↑7 DIRECTOR GENERAL FOR SOCIAL CARE, DH

**10** David Behan has been the subtle force behind social care coming further up the Department of Health's list of policy priorities, as he cemented the need for a review of social care in the minds of senior figures. The fact that he has raised social care's profile and kept it there is an achievement in what has not been a quiet year for the NHS.

Mr Behan's influence on integration and social care is not to be underestimated. With a firm grip on his brief, he conducts informed and passionate conversations about the issues that fall within his patch. Although he has only been in post for two years, his impact has been clear and his pedigree is impeccable; he served as the first chief inspector of the Commission for Social Care Inspection following a career in social services posts.

His challenge now is to ensure social care retains its momentum as central government grapples with economic chaos and a fast-approaching general election.



## BEN BRADSHAW MP ↑30 MINISTER OF STATE FOR HEALTH SERVICES

**12** Since this year has been dominated by Lord Darzi's next stage review, it has not always been easy for the other health ministers to make their mark.

But former journalist Ben Bradshaw – articulate and never afraid of a photoshoot – has made an impression. He got stuck into Commons debates on the Health and Social Care Bill, reassuring healthcare providers about the future of regulation, and later played an active part in the development of the failure regime.

His accusation that GPs operate "gentlemen's agreements" was perhaps a little off the official government line, but it was indicative that he was prepared to take on the British Medical Association – it is a tough job, but someone's got to do it and he has given every indication of relishing this role.

If the economic crisis had not forced Gordon Brown to scale down his Cabinet reshuffle, Mr Bradshaw may have been in for promotion.





**SALLY DAVIES** ↑22  
**DIRECTOR GENERAL OF RESEARCH AND DEVELOPMENT, DH**

**13** Command of a budget in excess of £775m gives Sally Davies substantial sway, which she exercises efficiently. Her major achievement has been to continue drawing substantial research funds from the Treasury while setting about implementing the Best Research for Best Health national strategy, which is said to have re-engineered much of the debate around the next stage review, which put new weight behind “innovation”.

However, Lord Darzi’s report also states the scale of the challenge and she will have to ensure research translates into clinical practice and service design improvements.

Regions are being given new funds and responsibility to drive research, so her reach can be expected to extend to strategic health authority level.

Professor Davies holds a chair at Imperial College London, her own research interest being sickle cell disease.

She is mooted as a future chief medical officer.



**SIR GRAEME CATTO**  
 ★ **NEW ENTRY**  
**PRESIDENT, GENERAL MEDICAL COUNCIL**

**14** From the fifth report on Harold Shipman to this year’s Health and Social Care Bill, Sir Graeme Catto has remained the consummate medical politician. He has managed not only to revive the General Medical Council during a period of sweeping regulatory change but also to ensure its survival.

Recognising the inconsistency of doctors regulating themselves and now overseeing the biggest overhaul of regulation in a generation, he is somehow managing to carry his profession with him.

The new civil standard of proof for doctors being fit to practise came into force this May and licences to practise for medics will be issued next autumn.

Revalidation gives the GMC a central role in assuring patients that clinicians are safe and have up-to-date skills.

Sir Graeme’s focus on education and training also stands him in excellent stead for the work being taken forward as part of Lord Darzi’s NHS review.



**ANDY McKEON** ↑14  
**MANAGING DIRECTOR OF HEALTH, AUDIT COMMISSION**

**15** NHS finances may on the face of it be back on a more even keel, but Andy McKeon’s influence is growing, not least due to his annual serving of ale – the Auditor’s Local Evaluation – which is never warm and frothy. As the NHS moves into a period of tighter spending, the commission’s assessment of how trusts and primary care trusts manage their resources is set to become ever more important.

Before moving to the Audit Commission, Mr McKeon was Department of Health policy director. But this former poacher turned gamekeeper has not let his own involvement in major policy reforms such as patient choice, competition and payment by results colour his biting critiques of their implementation.

A highlight this year was his joint report with the Healthcare Commission on the progress of those reforms. Entitled *Is the Treatment Working?*, his answer, “not yet, at least”, has already led to politicians rethinking the limits of choice in driving up quality of healthcare provision.



**‘Mr Flory is described as having the power to stop anything at the DH he does not like’**

**DAVID FLORY** ↓9  
**DIRECTOR GENERAL OF NHS FINANCE, PERFORMANCE AND OPERATIONS, DH**

**16** Mr Flory has never been one for the limelight, preferring to limit his star turns to the Department of Health’s not very glossy or imaginatively entitled quarterly publication, *The Quarter*, and technical conferences such as those run by the Healthcare Finance Management Association.

But Mr Flory’s remit is sprawling. Although he does not sit on the DH’s board, he is described as having the power to “stop anything” in the department he does not like.

Earlier this year, Mr Flory was thought less of a “no” man and more of a “do” man when his 2008-09 operating framework listed

reams of new targets (sorry, “vital signs”) that NHS organisations were expected to meet.

Formerly an NHS chief executive in the North East – latterly at North East strategic health authority – his last step on his way to becoming an NHS superpower was his role as the DH’s trouble shooter for NHS organisations and regions hit by deficits in 2006-07.



**CHRIS BRINSMEAD**

★ **NEW ENTRY**

**PRESIDENT, ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY**

**18** Life as president of the Association of the British Pharmaceutical

Industry, the pharmaceutical trade body, has become very interesting this year, with fierce debate raging about how drugs should be paid for by the NHS.

Mr Brinsmead has been credited with building bridges following the significant falling out between the pharmaceutical industry and government over the issue.

He is involved in all discussions about new drugs and their cost and has been described as “the silent hand of the industry behind the scenes”.

The association has been negotiating with the Department of Health over a new pricing scheme for drugs which is likely to have wide-ranging consequences for the health service, particularly as clinical emphasis shifts from operation-style interventions to drug based treatments. Mr Brinsmead’s 20 years in the industry will stand him in good stead, especially as he specialised in oncology drugs at AstraZeneca.



## ANDREW DILLON ↓6 CHIEF EXECUTIVE, NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

**17** The unflappable Andrew Dillon has been his chair Mike Rawlins' (7) right hand man in their battle to repair the National Institute for Health and Clinical Excellence's public image.

No year has been more challenging than this one, with relentless press broadsides, concerted campaigning by everyone from drug groups to patient organisations and a review on top ups potentially set to



change the landscape within which NICE operates.

As well as the extra responsibility and profile that will come with the organisation's boosted remit following the next stage review, there is increasing pressure for the organisation to reappraise the formula it uses to judge whether drugs are cost effective.

Against this hair raising backdrop, Mr Dillon has continued to drive forward NICE's work with a calmness and focus that makes it clear why he is the right managerial leader for this organisation.

## ALPESH PATEL ON HOW THE CHARACTER OF CENTRALISM IS CHANGING

In the year of Lord Darzi's well received and long awaited health service review, it is hardly surprising that he should top the HSJ50. Compared to last year, politicians have done well.

Alan Johnson moves up into third position, placing him directly below David Nicholson, in acknowledgment perhaps of his accomplishment in stabilising the ship in turbulent political waters. Andrew Lansley, potentially the secretary of state in waiting, has also improved his position.

In contrast, the strategic health authority chief executives and top management who stormed, en masse, into the top ranks of the list last year have now all but disappeared, leaving Mike Farrar as their sole representative.

Perhaps it represents a triumph for localism, indicating that SHAs are concentrating on becoming the dispersed headquarters of the health service, rather than wielding direct influence over national policy and having a broader impact nationwide.

A rather more cynical interpretation would be that the localist rhetoric has failed to translate into practice. If the judges could identify only one key influencing voice from each of the SHA and primary care trust communities, this would suggest we have a long way to go before the NHS looks "out and not up", as David Nicholson has implored.

But the regulators do well in HSJ50. This suggests that even if centralism reigns, as yet, unabated, its character may be changing. Whitehall seems to be successful in effecting marked shifts of power from the centre, even if it is not reaching down to the frontline. What other explanation can there be for the further drop of the permanent secretary? Healthcare is no longer the exclusive domain of the Whitehall mandarin.

*Alpesh Patel is a partner at Ernst & Young and leads its healthcare practice.*

## HAMISH MELDRUM



### CHAIRMAN, BRITISH MEDICAL ASSOCIATION

**19** It has been a turbulent year for Hamish Meldrum, who has seen his organisation pitted against Department of Health ministers on many occasions.

Having spent a full year as British Medical Association chair, Dr Meldrum may have felt slightly divorced from the hurly burly of BMA/DH relations, as in this post he is more removed from the minutiae of grinding out deals than in his previous role as chair of the association's GPs committee.

But the years racked up on the front line of contract negotiations will have stood him in good stead – as one judge commented, he has "stopped the GPC doing more damage".

However, his reign will still be associated with the association's campaign of opposition to polyclinics, which will have raised eyebrows in Richmond House when the BMA enlisted patients to lobby against service changes.

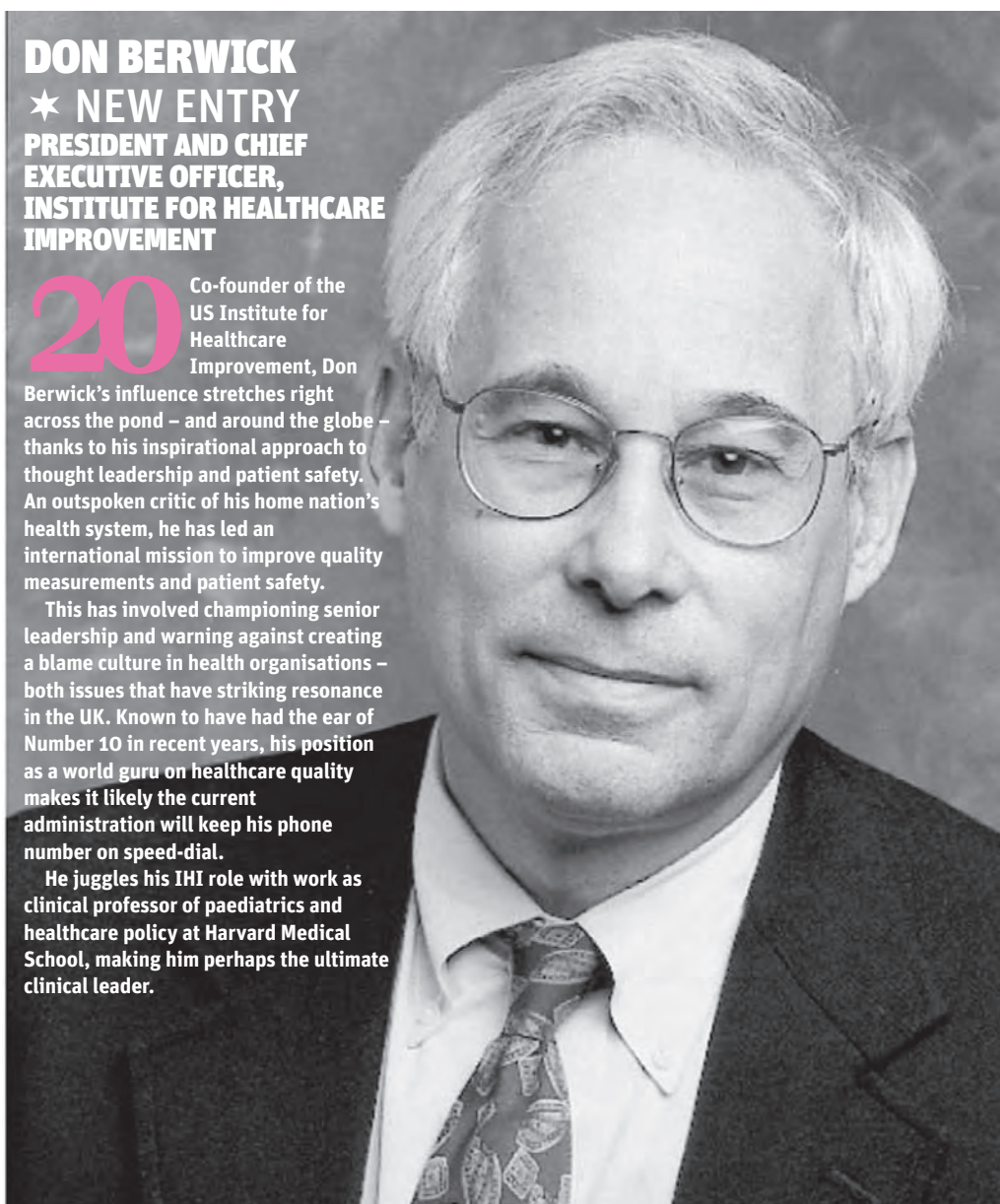


## DON BERWICK ★ NEW ENTRY PRESIDENT AND CHIEF EXECUTIVE OFFICER, INSTITUTE FOR HEALTHCARE IMPROVEMENT

**20** Co-founder of the US Institute for Healthcare Improvement, Don Berwick's influence stretches right across the pond – and around the globe – thanks to his inspirational approach to thought leadership and patient safety. An outspoken critic of his home nation's health system, he has led an international mission to improve quality measurements and patient safety.

This has involved championing senior leadership and warning against creating a blame culture in health organisations – both issues that have striking resonance in the UK. Known to have had the ear of Number 10 in recent years, his position as a world guru on healthcare quality makes it likely the current administration will keep his phone number on speed-dial.

He juggles his IHI role with work as clinical professor of paediatrics and healthcare policy at Harvard Medical School, making him perhaps the ultimate clinical leader.



## BOB RICKETTS

### ★ NEW ENTRY

**DIRECTOR OF SYSTEM MANAGEMENT AND NEW ENTERPRISE, DH**

**21** Bob Ricketts has risen through the ranks in the NHS (previous posts include regional director of performance for South East Region, Anglia and Oxford and East Anglia) to his current post at the Department of health. Having survived a DH top team clearout, he continues to push patient choice and commissioning, including a promotion code which allows hospitals to advertise their services to patients. Last November, *HSJ* reported his infamous comment that patients choosing to pay for costly treatments abroad due to fears over superbugs in NHS hospitals was “obscene”.



## DAME CAROL BLACK ↑27

**NATIONAL DIRECTOR FOR HEALTH AND WORK**

**22** Dame Carol produced the first ever review of the working age population's health this year. *Working for Health* found ill health costs the nation £100bn a year and concluded the health service should help people remain healthy at work and assist ill people to return to work quickly. Its findings were broadly welcomed by organisations including NHS Employers, the British Medical Association and Mind, but economists said the numbers did not add up.

However, the report could become increasingly important as the size of the working population and its contribution to the economy diminishes.



## DOMINIC HARDY

### ★ NEW ENTRY

**SECRETARY TO THE DARZI REVIEW, DH**

**23** The former head of the Prime Minister's Policy Unit Dominic Hardy was a key player in Darzi's next stage review. His appointment by health minister Lord Darzi and NHS chief executive David Nicholson to lead a central review team within the Department of Health meant working with regional Darzi leads from strategic health authorities every day. The year-long review of the NHS centred on talking to managers and clinicians around the country, with Mr Hardy the gatekeeper of many of those discussions.



## CYNTHIA BOWER ↓2

**CHIEF EXECUTIVE, CARE QUALITY COMMISSION**

**24** Last year *HSJ*'s top 50 tipped Cynthia Bower as a strategic health authority chief executive (of NHS West Midlands) who was going places. This year she emerged as the first chief executive of the Care Quality Commission, which has taken over the regulatory role of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

Ms Bower is considered ideal for the role because of her background in both health and social care and her appointment was warmly welcomed by many in both sectors. She began her career in social care, becoming assistant director of social services at Birmingham city council in 1992.



## DAVID FILLINGHAM

### ★ NEW ENTRY

**CHIEF EXECUTIVE, ROYAL BOLTON HOSPITAL FOUNDATION TRUST**

**25** David Fillingham's work on lean thinking has been highly influential in the health service. He became chief executive at Bolton Hospitals trust

(which became a foundation trust in October) in 2004 and introduced lean thinking there the following year.

The award winning work uses principles originally created by Toyota to streamline the production line for its vehicles and improve quality and cost effectiveness.

Modernisation has shaped Mr Fillingham's career; he was director of the NHS Modernisation Agency from 2001-04 and before that was chief executive of University Hospital of North Staffordshire trust. He joined the NHS in 1989 after previously holding senior managerial positions in personnel and marketing at glass manufacturer Pilkington.



**'Timmins has a daunting encyclopaedic knowledge and an ability to scoop top stories'**

## NICK TIMMINS ↓1

**PUBLIC POLICY EDITOR, FINANCIAL TIMES**

**26** It is not the fact that Mr Timmins pitches up on a motorbike to Department of Health briefings that has ministers shaking in their boots and earns him this ranking; rather it is his daunting encyclopaedic knowledge of the NHS and ability to scoop top stories and analyse a complex, fast-changing service. He is author of the award winning *The Five Giants: a biography of the welfare state* and visiting professor in the Department of Management at King's College London.



## STEVE BUNDRED

### ★ NEW ENTRY

#### CHIEF EXECUTIVE, AUDIT COMMISSION

27

If Audit Commission reports used to go straight on the shelf to gather dust, they have latterly become a must-read, thanks to Steve Bundred.

This year's hard-hitting reports included the first full year audit of payment by results bills, which found that up to £1bn of the bills hospital trusts have sent primary care trusts could be wrong.

A joint report with the Healthcare Commission in June touched a raw nerve in government with its criticisms of health service reforms.

Mr Bundred became chief executive of the Audit Commission in 2003 and before that was executive director of the Improvement and Development Agency for local government.



## PAUL DACRE ↓1

#### EDITOR, DAILY MAIL

28

In a poll to find the most influential people in the history of the NHS, *HSJ* readers suggested the *Daily Mail* editor should be among them.

"This man has done more than anyone to derail attempts to improve the health service over the last decade, especially in how it meets the needs of the poor and disadvantaged," was the scathing opinion of one reader.

Like it or not, Mr Dacre is one of the nation's most influential newspaper editors and "What will the *Daily Mail* make of it?" is a question asked behind closed doors by politicians and policy makers alike.



## MIKE FARRAR ↓8

#### CHIEF EXECUTIVE, NHS NORTH WEST

29

Mike Farrar continues to slide down *HSJ*'s top 50 list (he was 10th in 2006) but is still making an impact.

Having set out the North West's stall with 10 "touchstone tests" in the strategic health authority's 10-year Darzi vision, he then took the brave step of promising to reveal progress on its website. Chair of the SHA Chief Executives' Group, Mr Farrar is overseeing innovative work in the region on payment by results, mental health and quality.

His previous posts include chief executive of West Yorkshire SHA and South Yorkshire SHA and a stint at the Department of Health as head of primary care, during which time he established primary care trusts.



## ANNA WALKER ↓24

#### CHIEF EXECUTIVE, HEALTHCARE COMMISSION

30

Anna Walker's standing in the *HSJ*50 has been a yo-yo affair, but although the Healthcare Commission

is being phased out, it continues to produce hard-hitting reports that make uncomfortable reading.

This year it served NHS trusts with a wake-up call to improve hygiene standards or risk service closures. As part of this drive, it announced surprise hygiene checks for every acute trust. Maternity services were also given a stern warning to clean up their act.

Inspections were stepped up for learning disability services, in what Ms Walker hoped would be a turning point in a "bleak picture" of services. Her previous role was with the Department for Environment, Food and Rural Affairs.



## BARONESS YOUNG

### ★ NEW ENTRY

#### CHAIR, CARE QUALITY COMMISSION

**34** NHS leaders welcomed the naming of Baroness Barbara Young as the Department of Health's preferred candidate to chair the shadow Care Quality Commission, which is set to take over in April next year. Healthcare Commission chief executive Anna Walker (30) described Baroness Young as an "outspoken" and "upfront" character with "a real understanding of regulation and managing large organisations".

Baroness Young is a cross-bench life peer in the House of Lords and before her most recent appointment was chief executive of the Environment Agency. Previous health posts include chief executive of the former Parkside Health Authority and president of the Institute of Health Services Management.



## NEIL HUNT ★ NEW ENTRY

### CHIEF EXECUTIVE, ALZHEIMER'S SOCIETY

**31** Although the first High Court judicial review of the National Institute for Clinical Excellence's decision processes on drugs for Alzheimer's Disease did not reject its guidance, it did find that it was discriminatory. One-nil to the Alzheimer's Society. Subsequently, the Commons health select committee said NICE needed to reconsider how it made decisions and the Court of Appeal ruled that the body must make its economic model publicly available.



Mr Hunt has also played a key role in developing England's first national dementia strategy. He has previously worked for the NSPCC, the Home Office and the Department of Education and Skills.

## SIR LIAM DONALDSON ↓1

### CHIEF MEDICAL OFFICER, DH

**32** The nation's doctor survived junior doctors' calls for his resignation over changes to their training and still continues his quest to improve patient safety. Having warned that primary care trusts continue to under-report breaches of patient safety, he has also most recently revealed plans for doctors to be revalidated every five years and told *HSJ* that the annual health check's core standards were not strong enough on patient safety.

His annual report called for 30-day survival rates after surgery to be made public.

Sir Liam is clearly passionate about health and has influence over the medical profession, but questions remain over his impact on policy makers.



## SIR ROBERT NAYLOR

### ★ NEW ENTRY

#### CHIEF EXECUTIVE, UNIVERSITY COLLEGE LONDON HOSPITALS FOUNDATION TRUST

**33** The country's highest-profile chief executive continues to move from strength to strength. Sir Robert was awarded a knighthood for services to healthcare in the New Year honours list and has been instrumental in the emergence of UCL Partners, Europe's largest academic health science partnership. He has held his current post since 2000 and was previously chief executive of Birmingham Heartlands and Solihull trust for 15 years.



## NIALL DICKSON ↓7 CHIEF EXECUTIVE, KING'S FUND

**35** The King's Fund is a think tank that continues to generate debate and whose opinion is considered an essential component of the health community's view. Its analysis this year of polyclinics sounded alarm bells that co-location was not a magic bullet.

"Imposing a single model, in particular a co-located one, will not be suitable in every area," said Mr Dickson. Another report highlighted unexplained variations in spending on cancer, heart disease and mental health by primary care trusts and got a cool reception from PCTs, which insisted their spending was in line with local needs.

Former award winning journalist Mr Dickson's past roles include editor of *Nursing Times* and social affairs editor at the BBC.



## STEVE FIELD ★ NEW ENTRY CHAIR, ROYAL COLLEGE OF GENERAL PRACTITIONERS

**40** Rows between the British Medical Association and government over renegotiations to the GP contract, extended hours and polyclinics have set the scene for the college to enjoy closer links with the policy-making process – and Professor Field has capitalised on this opportunity.

Workforce issues are his bread and butter: he is a regional postgraduate dean and honorary professor of medical education and he oversaw the introduction of the first GP training curriculum.

His document *The Future Direction of General Practice: a roadmap* proposed a federated model of general practice and is understood to have been a significant influence on the Darzi review's integrated care organisation pilot proposals.



## STEPHEN THORNTON ★ NEW ENTRY

CHIEF EXECUTIVE,  
HEALTH FOUNDATION

**36** Stephen Thornton has adopted a longer-term view of supporting healthcare improvement in his current role, focusing the organisation on patient safety and quality issues and ensuring the foundation's considerable resources are used for funding projects over several years to lead them towards financial self-sufficiency.

In his previous role as chief executive of the NHS Confederation, Mr Thornton was relentless in increasing the public profile of the confederation and of managers.



## MARTIN ROLAND

★ NEW ENTRY  
DIRECTOR, NATIONAL PRIMARY  
CARE RESEARCH AND DEVELOPMENT  
CENTRE, MANCHESTER UNIVERSITY

**38** Professor Roland is one of the most respected researchers and writers on policy issues. His work on polyclinics introduced a welcome note of rationality into the heavily polarised debate. His findings on primary care quality measurement and improvement are highly regarded. He is a founding director of the National Institute for Health Research School for Primary Care Research, while his part time work as a GP in the Manchester district of Rusholme keeps his work strongly grounded in general practice.



## JEREMY HEYWOOD ↓29 PERMANENT SECRETARY, NO 10 DOWNING ST

**37** Former prime minister Tony Blair called Jeremy Heywood "indispensable" and Conservative chancellor Norman Lamont thought him one of the most intelligent people he had ever met. Mr Heywood probably needs all the praise he can get in his current role as permanent secretary to a prime minister who has been behind in the polls for over a year and whose No 10 team has chopped and changed in a manner that would do credit to an NHS structural reorganisation.

Having spent 20 years as a civil servant, Mr Heywood previously had a spell with Morgan Stanley as managing director and co-head of investment banking. In the current financial turmoil, his contacts and insight from this period will prove invaluable.

He returned to the civil service in prime minister Gordon Brown's inaugural Cabinet Office appointments.



'Tony Blair called Heywood "indispensable" and Norman Lamont thought he was one of the most intelligent people he had ever met'

## MALCOLM LOWE-LAURI ★ NEW ENTRY CHIEF EXECUTIVE, UNIVERSITY HOSPITALS OF LEICESTER TRUST

**39** The former chief executive of King's College Hospital foundation trust has much to do in his new role. The Leicester trust's proposed private finance initiative was cancelled because it was found unaffordable, so an "organisational refurbishment" will ensue instead. Governance and middle management issues also need to be addressed, but Mr Lowe-Lauri has praised the trust's high clinical standards. Personifying the term "well respected", he was instrumental in establishing Kings' reputation for world class healthcare and research.



## KEVIN BARRON MP

### ★ NEW ENTRY

CHAIR, HOUSE OF COMMONS HEALTH SELECT COMMITTEE

**41** The MP for Rother Valley has proved an effective chair of the health select committee since his appointment in July 2005. The committee's reports into NHS deficits, independent sector treatment centres, *Modernising Medical Careers*, electronic patient records and the National Institute for Health and Clinical Excellence have been well regarded for their intellectual rigour. Forthcoming reports into the next stage review, patient safety, health inequalities and dental services will add more insight.



## GREG BEALES ↓9

HEALTH ADVISER TO THE PRIME MINISTER

**42** Gordon Brown's health adviser has a distinctly different career pedigree from those chosen by Tony Blair. He has no professional NHS experience, nor is he an academic. He came from the Cabinet Office and before that, management consultants Accenture.

However, Mr Beales is a previous habitu  of Number 10. Formerly with the Prime Minister's Delivery Unit under Blair, Mr Beales' work on choice, contestability and greater use of the private sector continued the Simon Stevens/Julian Le Grand tradition.



## PETER CARTER ↓17

ROYAL COLLEGE OF NURSING GENERAL SECRETARY

**43** Under Beverley Malone's controversial leadership, the Royal College of Nursing moved itself far down the policy and political list of priorities. There was considerable ground to be made up and the low key but consistent work of the affable Peter Carter since 2006 has been instrumental in repositioning the RCN as a player of influence. One of his first tasks was to alter the union's policy of blanket opposition to reconfiguration, which involved cuts or closures. He was closely involved in this year's three-year pay deal, with the government effectively entrusting him to close it.



## LORD CARTER

### ★ NEW ENTRY

CHAIR, NHS CO-OPERATION AND COMPETITION PANEL

**46** Having been in charge of a review of pathology and another of Legal Aid, Lord Carter is one of the government's preferred fixers.

The title of the Legal Aid report, *A Market-Based Approach to Reform*, provides a clue to his approach.

His public profile rose significantly when he was crucially involved in getting the redevelopment of Wembley Stadium back on track.

Health is not a new field for Lord Carter – he co-founded, built up and sold private provider Westminster Health Care.

With the greater current emphasis on commissioning, the panel's role in arbitrating when bidders feel a contract has been unfairly awarded makes it certain his potential influence is enormous.



## ALWEN WILLIAMS

### ★ NEW ENTRY

CHIEF EXECUTIVE, TOWER HAMLETS PCT

**44** Seen as one of the most dynamic primary care trust chief executives, Williams' organisation is known for its impressive work on addressing health inequalities and out of hours access. She is one of just 10 people and the only PCT chief executive on the recently launched national primary and community care advisory group.

Ms Williams is also senior responsible officer for a Healthcare for London diabetes project and a board member of the NHS Institute, with responsibility for improving the patient experience. Tower Hamlets is also the lead PCT for specialised commissioning in north east London and Ms Williams chairs the relevant group. She was formerly chief executive of Bexley care trust.



## SIÂN THOMAS ↓6

JOINT DEPUTY DIRECTOR, NHS EMPLOYERS

**45**

Si n Thomas has had plenty to keep her busy, with the negotiation of the three-year staff contracts, Medical Training Application Service and *Modernising Medical Careers*, renegotiating the

GMS contracts, the Darzi review and the ongoing fuss over polyclinics and reconfiguration.

There has also been the small matter of organising NHS staff celebrations for the 60th anniversary of the health service.

Before secondment to NHS Employers in 2005, Ms Thomas was director of human resources and organisational development at Ashford and St Peter's Hospitals trust.



**HUGH TAYLOR** ↓13  
PERMANENT SECRETARY, DH

**47** “Keeping the show on the road” is a phrase much connected with Hugh Taylor. Seen as an approachable and somewhat traditional safe pair of hands (which was much needed), he has no ambitions to influence policy.

However, the capability review from the Cabinet Office was very critical of the Department of Health’s internal capacity and capability, rating it in the bottom three government departments. It remains to be seen whether there is another bad report in 2009.

Mr Taylor’s previous roles include being the DH’s strategy and business development group director after posts in the Prison Service, Cabinet Office and NHS Executive.



**SIR GEORGE ALBERTI** ↓1  
NATIONAL CLINICAL DIRECTOR FOR EMERGENCY ACCESS

**48** The emergency care czar remains a respected figure with considerable influence. His tenure as president of the Royal College of Physicians confirmed his significant clinical credibility, while his consistent courtesy also serves him well.

However, the Darzi reviews have somewhat stolen his thunder on reconfiguration issues, presenting more of a role for strategic health authorities to influence final decisions. Nevertheless, Sir George’s influence has still been felt during this year’s reconfiguration decisions. Losing an accident and emergency department is a hard thing to sell to a local community, no matter how poor its performance may be.



**‘Sir George’s tenure as president of the Royal College of Physicians confirmed his clinical credibility, while his consistent courtesy also serves him well’**

**HELEN BEVAN** ★ NEW ENTRY  
DIRECTOR OF SERVICE TRANSFORMATION,  
NHS INSTITUTE

**50** Helen Bevan is an instantly recognisable presence on the management scene. Her current role for the NHS Institute is focused on “keeping NHS improvement knowledge fresh” and she was instrumental in producing the well-regarded 10 High-Impact Changes produced by the NHS Modernisation Agency in 2004.

A leading voice on innovation in service design, her research and development interests include strategies for large-scale transformational change, applying social movement theory and design science to healthcare improvement and translating industrial improvement techniques to healthcare.



**GORDON HEXTALL**  
★ NEW ENTRY  
CHIEF OPERATING OFFICER,  
NHS CONNECTING FOR HEALTH

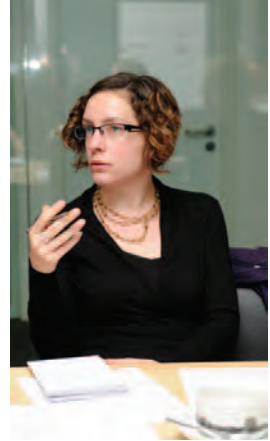
**49** After the departure of Richard Granger from NHS Connecting for Health, his role as the grandiosely titled director general has not been replaced.

Instead, Gordon Hextall has taken a lower-profile approach to the unenviable task of running the on-budget-but-very-late IT programme. The potential efficiency savings that could be released by better IT remain considerable, but so do the challenges.

His less abrasive style, however, is much appreciated in this fraught field.







### LIST OF JUDGES

(Left to right, top row first) Lord Warner, former health minister; Richard Vize, editor, *HSJ*; Alpesh Patel, partner, Ernst & Young; John Appleby, chief economist, King's Fund; Rebecca Evans, news editor, *HSJ*; Stephen Ramsden, chief executive, Luton and Dunstable Hospital foundation trust and director of the National Patient Safety Campaign, with Mr Patel, Matt Tee, chief executive, NHS Direct, and Professor Kieran Walsh, professor of health policy and management, Manchester Business School; Frank McKenna, director of NHS and healthcare at Harvey Nash, and Sir John Oldham, GP and head, Quest; Emma Dent, features editor, *HSJ*.



## HSJ50 AT A GLANCE

- 1 Lord Darzi
- 2 David Nicholson
- 3 Alan Johnson MP
- 4 Mark Britnell
- 5 Mike Richards
- 6 Sir Bruce Keogh
- 7 Sir Michael Rawlins
- 8 Andrew Lansley
- 9 Bill Moyes
- 10 David Behan
- 11 Steve Smith
- 12 Ben Bradshaw MP
- 13 Sally Davies
- 14 Sir Graeme Catto
- 15 Andy McKeon
- 16 David Flory
- 17 Andrew Dillon
- 18 Chris Brinsmead
- 19 Hamish Meldrum
- 20 Don Berwick
- 21 Bob Ricketts
- 22 Dame Carol Black
- 23 Dominic Hardy
- 24 Cynthia Bower
- 25 David Fillingham
- 26 Nick Timmins
- 27 Steve Bundred
- 28 Paul Dacre
- 29 Mike Farrar
- 30 Anna Walker
- 31 Neil Hunt
- 32 Sir Liam Donaldson
- 33 Sir Robert Naylor
- 34 Baroness Young
- 35 Niall Dickson
- 36 Stephen Thornton
- 37 Jeremy Heywood
- 38 Martin Roland
- 39 Malcolm Lowe-Lauri
- 40 Steve Field
- 41 Kevin Barron MP
- 42 Greg Beales
- 43 Peter Carter
- 44 Alwen Williams
- 45 Siân Thomas
- 46 Lord Carter
- 47 Hugh Taylor
- 48 Sir George Alberti
- 49 Gordon Hextall
- 50 Helen Bevan

## The judging process

The judging was carried out by a panel of experts from across the health policy and management field, who excluded themselves from consideration.

The prime minister, chancellor and leader of the opposition were also

excluded. Those on the list had to be influential in constructing or delivering healthcare policy.

The judges created a long list of over 80 names, which involved culling a number of names from *HSJ50 2007* and adding many whose influence

had grown since last year. There followed a long and lively debate on the final rankings, punctuated by discussions on the nature of power and influence. The most difficult discussions were around judging the influence of opposition

politicians and the national role of regional health chiefs.

While not everyone agreed on every ranking, a consensus was achieved for the final list. The results were closely guarded until they were revealed this week.

