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ASPIRING CHIEF EXECUTIVES

**Supporting the
leaders of tomorrow**

NOVEMBER 2017

The *Aspiring chief executive programme* is a collaboration between NHS Improvement, NHS Providers and the NHS Leadership Academy. It was created in 2014 to ensure a strong, ongoing, pipeline of candidates for the role of NHS trust chief executive. The programme is designed to prepare those with the potential to become chief executives in the next 12-24 months for these key roles. It is an example of our joint commitment to help support and develop compassionate, inclusive and effective leaders at all levels, as laid out in *Developing people, improving care*.

The programme has had two cohorts who graduated in 2017. Of the 28 participants so far, nine have gone on to become trust chief executives. Providing the right leadership support for these individuals will be key to ensuring they have the right skills, attitudes and behaviours to build a better NHS.

This publication includes perspectives from a number of participants, who discuss their experience and the impact the programme has had on themselves, colleagues and the system.



ASPIRING CHIEF EXECUTIVES

Supporting the leaders of tomorrow

FOREWORD

We're all being asked to do more within our own organisations in a tough financial climate while trying to think more about the importance of broader systems leadership. The NHS needs strong and effective leaders who are able to strategically plan and look ahead while taking the immediate needs of their staff and patients into account.

But while talent and potential in the system is ample, turnover in the provider chief executive role remains high. A report by The King's Fund found that the average tenure for a provider chief executive is just 18 months and the pipeline of candidates for these key roles has not been wide enough. Our organisations came together to provide much needed support to colleagues with the potential to take on these roles, giving them – and the wider system – the highest chance of success and ensuring a rejuvenated pipeline of much needed top talent.

The *Aspiring chief executive programme* aims to identify and develop existing executive board members with the potential to become trust chief executives. We have worked closely together from programme creation and design to delivery and evaluation, with NHS Improvement funding the programme, NHS Providers chairing the programme board and the NHS Leadership Academy responsible for design and delivery.

Now three years and two cohorts down the line, it fills us with great pride to see the impact the programme has had on participants, with 32% already in chief executive positions. For those yet to take up a chief executive role, we're confident that the programme has equipped them with the tools and skills to be ready to embrace this opportunity when it arises.

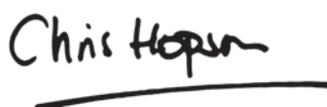
This report brings together the perspectives of a number of people who have benefited from the programme. It explores their experiences, the impact the programme has had on them as individuals, as well as on their colleagues and the system more generally.

Despite the challenges they face, many NHS chief executives believe it's a huge honour and a privilege to be in this role. We hope the *Aspiring chief executive programme* continues to facilitate the development, progression and confidence of these vital leaders.



Adam Sewell-Jones

Executive Director
of Improvement,
NHS Improvement



Chris Hopson

Chief Executive,
NHS Providers



Steve Hart

National Director
of Leadership Development,
NHS Leadership Academy

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Chief Executive
NHS PROVIDERS



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From bright idea to successful programme: a personal perspective

Three years ago, Stephen Hay from Monitor, David Flory from the NHS Trust Development Authority, Jan Sobieraj from the NHS Leadership Academy and I sat in David Flory's office and agreed that, collectively, we had to address the NHS provider chief executive pipeline.

The challenges were threefold. Firstly, the pipeline was beginning to narrow, with fewer and fewer credible candidates willing to put themselves forward for provider chief executive roles. There were far too many provider chief executive appointment processes with only one appointable candidate, occasionally not even that.

Secondly, as the pressure on the NHS was mounting, it was obvious that the provider chief executive role was going to get more difficult and challenging and that we needed to provide a greater level of development support for new, first time, chief executives.

Thirdly, we agreed that it was simply wrong and unacceptable, post dissolution of Strategic Health Authorities, for the NHS not to have a structured development programme for one of its most important senior leadership positions. After all, the 233 trust chief executives are formally accountable for £70bn of public expenditure, over 750,000 staff and a million patient interactions every 36 hours.

The idea of the *Aspiring chief executive programme* was therefore born. A programme that identifies potential future provider chief executives, uses a rigorous process to select those with the greatest potential, and then enables them to benefit from a well designed and thoughtful development programme.

The programme design has been particularly impressive, thanks to the team at the NHS Leadership Academy. We're all used to those rather dull, 'show and tell', sheep dip you in the content, development programmes. They feel very 'day before yesterday' to me. This programme, as the blogs from the programme participants show, is very different.

A strong emphasis on group learning. A deliberate and challenging focus on getting participants to reflect on what would personally make them an effective top leader of a complex organisation. Having the patient and staff perspectives right at the heart of the programme by ensuring each participant has a staff and patient buddy, with frequent interaction. And getting the right balance between how to lead an individual provider institution and how to play the increasingly important wider, system leadership, role.

Has the programme been successful? We're doing a proper piece of evaluation so the full, evidence based, objective judgement must wait. But from where I sit, the programme has significantly exceeded my expectations.

CHRIS HOPSON

Chief Executive
NHS PROVIDERS

We've had two cohorts of 14 – 28 participants in total. Cohort one graduated in February 2017 and cohort two graduated in November this year. Of the 28, nine (32%) have already been appointed to lead trusts. That's an extremely high success rate, and that's within just a year of graduation. Many schemes of this type would expect to see a slower, say three year, chief executive appointment return.

A significant number of other participants, particularly from cohort one as you'd expect, have also been through chief executive appointment processes where they have been judged clearly appointable but have been pipped at the post. That's a success in itself – we now have a bigger pool of credible provider chief executive candidates, giving provider boards a wider choice of candidates than before.

The participant blogs also point to another crucial benefit – that all the participants feel they are significantly better equipped for the chief executive role as a result of the programme. I particularly like the consistently expressed view that, to paraphrase, "I thought I was ready to be a chief executive, but the programme has taught me I wasn't. Thank goodness I did it".

Another benefit which I can particularly see, as someone who has spent time with the programme participants, is the power of the group that has been created. It's great to see a group of senior leaders providing such strong support to each other in what will inevitably be difficult and challenging roles. But also a group who have a clear view of how they believe the NHS should be led and will be seeking to promote that view.

My last role was in the Civil Service. I was hugely privileged, together with both the current and last Permanent Secretary at the Department of Health, to graduate from the similar Civil Service High Potential Development Scheme. You sometimes get asked what you're most proud of achieving in your job or wider career. I have no hesitation in saying that helping ensure the NHS now has a similar, high quality, top leadership scheme would be very high up my list.

It's been a privilege to help develop the initial idea, chair the programme board, take part in a formal conversation session with each cohort and then buddy and support many of the participants. I couldn't be prouder to say that, in my role as NHS Providers' chief executive, I have played a part in helping create and support the next generation of provider chief executives. We often talk about the importance of system leaders acting as system stewards – this feels like acting as a good NHS steward.

Thanks to everyone who as made the programme such a success – particularly colleagues at NHS Improvement and the NHS Leadership Academy and the participants themselves. It's been a great team effort!

PARTICIPANT PERSPECTIVES



CARA CHARLES-BARKS

Chief Executive
SALISBURY NHS FOUNDATION TRUST



Cara joined Salisbury NHS Foundation Trust in February 2017. She began her career in 1990 as a registered nurse in Australia and has a wide range of clinical and management experience in both the NHS and Australian healthcare systems. She has completed both a Masters of Nursing (Flinders University) and Masters of Business Administration (Adelaide University).

Prior to moving to the UK she worked as a nursing director at The Queen Elizabeth Hospital in Adelaide. In 2008 she came to the UK and worked as a deputy chief operating officer at Peterborough and Stamford Foundation Trust before becoming deputy chief executive/chief operating officer at Hinchingsbrooke HealthCare Trust.

I joined the NHS 10 years ago having spent much of my career in Australia as a nurse. Personal development and constantly challenging myself is something I value. Throughout my career I have completed formal development in the form of degrees as well as more exploratory development through business and leadership schools.

As my career here progressed I found myself considering undertaking a chief executive role. I see the role as a real privilege, and wanted to be in a position where I could lead in a way that made a difference to my staff, patients and the community. I also wanted to help create a future NHS that continued to deliver against its values and remain firmly embedded in the principles by which it was established.

As my son who is an avid Spiderman fan often tells me 'with great power comes great responsibility' – and so it is for a chief executive. In stepping up, I wanted to be able to have the best impact I could.

I feel very lucky to have been selected to participate in the *Aspiring chief executive programme* and it has been a significant development journey. There are a number of things I would highlight but I think the most significant is the relationships that you build with the rest of the participants and programme sponsors over the year and the subsequent resilience that this provides.



Through participating in the programme, I now have 12 colleagues who will at the drop of a hat be there to share their knowledge and skills and help me navigate whatever challenge I am facing.

Being a chief executive is a very lonely job and it is often difficult to find a trusted and safe space to talk about challenges. Through the programme I have met some truly inspiring individuals who would make amazing chief executives that I would love to work for.

Each of the participants is very different; with different backgrounds and experience, but as a collective we become incredibly powerful because we challenge each other's thought processes, question each other's assumptions and seek to ensure that each of us has a

CARA CHARLES-BARKS

Chief Executive
SALISBURY NHS FOUNDATION TRUST

positive impact. More importantly, we collectively want each other to succeed and go out of our way to create learning opportunities for each other.

As a chief executive at the start of my career, I know that over the next 20 years I will have many challenges. But through participating in the programme, I now have 12 colleagues who will at the drop of a hat be there to share their knowledge and skills and help me navigate whatever challenge I'm facing. Access to such networks is really important if we are to build chief executives who are resilient and feel supported.



Being a part of the programme is a privilege. There is real value in opening yourself up to reflect on the leader you are, the impact you currently have, and embracing the leader you want to become.

The programme provides a great framework for the requirements of undertaking a chief executive role and gave me a real insight into the expectations and reality of what the role is like. Many senior NHS leaders gave their own time to share their experiences, the lessons they have learnt and the advice they wish they'd had. Their generosity is critical to the success of the programme.

The support, knowledge and skills of this wider network of existing experienced chief executives and leaders is invaluable. Their commitment to supporting new leaders like myself is crucial to success after participating in this programme.

Being part of the programme is a commitment, but it's also a privilege, and you will get as much out of it as you put in. My advice is – embrace it, it will challenge you but it is a privilege not to be abused. There is real value in opening yourself up to reflect on the leader you are, the impact you currently have, and embracing the leader you want to become.

I know the experience I have had will make me a better chief executive and, at the end of the day, that's what our patients and staff deserve.

NAVINA EVANS

Chief Executive
EAST LONDON NHS FOUNDATION TRUST



Navina Evans has over twenty years' clinical experience in psychiatry, medicine and paediatrics, and came to East London in 1997 as a consultant psychiatrist. In 2011, Navina took on the role of deputy chief executive and director of operations at the East London NHS Foundation Trust (ELFT), and was appointed as chief executive in August 2016.

Prior to 2011, Navina worked as the clinical director for Child and Adolescent Mental Health Services at ELFT, where she led on ensuring effective delivery in terms of quality, performance and effectiveness and had lead responsibility for partnerships and integrated care.

I got involved in the *Aspiring chief executive programme* with a very specific end in mind. I had my own personal development plan which was agreed at the time with my chief executive, chair and wider executive team. We also had a succession plan within the organisation. My chief executive and chair saw it as part of their responsibility to develop the next generation of chief executives; getting on the programme wouldn't only benefit me, but the organisation too.

I met a lot of leaders in the NHS before I went on the programme and got a sense that many people are feeling quite burnt out, negative and helpless. This was an opportunity to meet like-minded people who had energy and enthusiasm. Tapping into that was good; I felt really enthused about being part of this 'club' and I made contacts that will hopefully be lasting ones.

The programme has helped me by challenging me to be active in shaping things rather than simply accepting that things are done 'to us' as leaders.

The *Aspiring chief executive programme* has helped me by challenging me to be active in shaping things rather than simply accepting that things are done 'to us' as leaders.

It's helped me project confidence and be much more considered about the way I react when people resist change, an example being the introduction of a new quality and improvement methodology which will involve large scale change in culture.

I've been able to talk to colleagues about how we will manage the change in our relationships and better understand our team dynamics together with the rest of the executive team.

We're a stable organisation which isn't in deficit so it would be easy to just focus on maintaining the status quo, but I've now become more heavily involved in engaging with external stakeholders around STPs and am able to support our staff to push ourselves even further in our ambitions to improve quality.

NAVINA EVANS

Chief Executive
EAST LONDON NHS FOUNDATION TRUST

If you want to be a chief executive within the next two to five years and your manager supports that goal, this programme could be included in your personal development plan. People need to be more explicit about their career aspirations and be able to access the help available to fulfil them.



If you want to be a chief executive within the next two to five years and your manager supports that goal, this programme could be included in your personal development plan.

My chair and I are both BAME women, so our unique partnership was of considerable interest. Although things have probably improved, I think a lot of people from a diverse background experience subtle discrimination. We have a shortage of expertise, a shortage of skills and a shortage of staff and we're not exploiting what is an untapped resource. It's important that it doesn't end up being tokenistic. We need to think equity rather than equality and I think the problem is that we don't all start from the same baseline.

I knew what the end-point was going to be and I've achieved it: I started as chief executive last August. There's no question in my mind that being on the programme helped me to secure this privilege.

DEBORAH LEE

Chief Executive

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST



Deborah Lee joined Gloucestershire Hospitals NHS Foundation Trust as a chief executive in June 2016 from the University Hospitals Bristol NHS Foundation Trust where she was the chief operating officer and deputy chief executive. Deborah is responsible for the day-to-day management of the organisation and for implementing the long and short-term strategy.

Deborah has been nationally recognised by the Health Service Journal as one of the top 50 inspirational women in healthcare. She qualified originally as a registered nurse, before returning to university to read economics and subsequently gained an MBA from Bristol Business School.

My early career was characterised by competitive ambition. I was keen to progress and became an executive director in my early thirties. I then met my lovely husband and children followed – my career remained important but being a chief executive was no longer a major ambition and for the next 15 years I held a number of board positions in commissioning organisations working part-time and, for some of these years, close to home.

In my mid-40s I had something akin to a mid-life crisis, when I began to struggle to see the point of commissioning. I began to think about alternative careers (including that all too familiar dream of the rural idyll tea shop and/or B&B – you need to know me well to know just how bad a move that would have been).

In 2011, the option of a secondment to an acute trust came along; in fact, rather like buses, two opportunities came along in the same week: chief operating officer and director of strategy and performance, both in Bristol but at different trusts. I went with the latter, believing it would be an easier transition from my director of commissioning role.

From week one, acute hospital services felt like 'home base'. The frustrations that had characterised my career as a commissioning director evaporated and were replaced by huge challenges, but challenges that I found myself able to address. A month in, I was clear that I wanted to be a chief executive of a similar organisation.

For five years I had the best job I've ever had. I won the chairman's lifetime achievement award for the person who had made the most difference to the trust in his tenure and was voted as one of the top 50 inspirational leaders in healthcare by the Health Service Journal. In 2015, I competed with 75 applicants to secure one of 14 places on the *Aspiring chief executive programme*, developed and delivered by the NHS Leadership Academy, NHS Improvement and NHS Providers, and a month later I applied, and secured, the chief executive role at Gloucestershire Hospitals. It was all looking good...

A few people asked me if I intended to carry on with the programme now that I'd landed a chief executive job. I can say now that if it hadn't been for the programme, I doubt I would have survived my first chief executive job, let alone thrived.

Four months into the programme, I started my chief executive career. Within weeks it was apparent that many of my hopes and aspirations would need to be put aside while

DEBORAH LEE

Chief Executive

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

I wrestled with the unexpected issues that surfaced almost daily, almost all of which were apparently previously unknown: money (from £18m planned surplus to £30m forecast deficit and a foray into special measures); performance (from achieving three to failing all four constitutional standards followed by regulatory enforcement action); and a prevailing culture far from conducive to turnaround.

Without doubt the programme couldn't have been better timed. It challenged me in ways I have never experienced and prompted me to really think about my leadership: what was it for? How would it manifest? What was it like to be on the receiving end of me? Obvious questions perhaps, but not ones I had embraced as honestly as I did through the programme.



I cannot recommend the programme highly enough. The things that it explored will stay with me for as long as I have the chance to lead, the friendships forged continue to float me during the inevitable dark days, and I believe I am a better chief executive for having done the programme.

The Praxis Group was one of the most enriching experiences of my professional life. It reduced most of us to tears (or close to), people shared things that left me humbled, I made friendships for life and learnt more about myself and what it is to lead in adversity than I thought possible. The quality of my peers on the programme was phenomenal.

While the Praxis Group was the highlight of the programme, there were numerous other aspects which contributed to my development (and at a time when I was rather arrogantly unconvinced what development was left or required to succeed as a chief executive). Guest speakers were invaluable and refreshingly candid and open with their insights and opinions; importantly, all were willing to share the numerous things they had got wrong in the beginning, middle and end of their careers. This knowledge - that even the best people struggle sometimes - became a lifeline as I made mistake after mistake as a new chief executive.

Overall, I cannot recommend the programme highly enough. The things that it explored will stay with me for as long as I have the chance to lead, the friendships forged continue to float me during the inevitable dark days, and I believe I am a better chief executive for having done the programme. Though of course, others will be the judge of that.

SILAS NICHOLLS

Group Deputy Chief Executive
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST



Silas Nicholls is group deputy chief executive of Manchester University NHS Foundation Trust. Silas joined University Hospital of South Manchester NHS Foundation Trust in December 2014 as chief operating officer, having previously been deputy chief executive and director of strategy for four years at Wrightington, Wigan and Leigh NHS Foundation Trust. He then held the role of chief executive from November 2016.

A line from the Nuffield Trust chief executive, Nigel Edwards, has stuck in my mind. When asked to comment on the challenges of the chief executive role in the NHS, Nigel said that to be successful in today's challenging environment you needed to be a lucky genius.

I suspect that many of us may share this sentiment on occasion. So as a recent graduate of the *Aspiring chief executive programme* organised by the NHS Leadership Academy, NHS Improvement and NHS Providers, has my IQ shot to stratospheric levels and have I become so lucky that I'm barred from entering the city of Las Vegas? Not quite. But has it helped me take on my first chief executive role? Absolutely!

So how has it helped? First and foremost the programme has helped me work on the one thing I can improve: myself. Personal values, resilience, impact and getting under the skin of what makes you tick has been a major feature of my experience of the programme.



Personal values, resilience, impact and getting under the skin of what makes you tick has been a major feature of my experience of the programme.

By gaining a better understanding of how I come across to others I've been able to recognise which behaviours work well and which ones get in the way. This level of insight has allowed new ways of working to emerge. For me, showing more of a human face has helped me deal with some difficult situations and given me confidence in my ability to effect positive change.

Secondly, my real 'Road to Damascus' moment has been the deep examination of where providers sit in the wider health system and how we need to manage beyond our organisational boundaries to make things happen in complex environments.

To paraphrase President Clinton - it's all about the system, stupid. The idea that individual institutions can pull up the metaphorical drawbridge, keep their fingers crossed and somehow hope to survive and thrive in a complex and connected world in my view would

SILAS NICHOLLS

Group Deputy Chief Executive
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

be laughable if it wasn't for the fact that this attitude damages services and isn't in the best interest of the patients and communities we serve.

Health and social care in the 21st century will be defined by how organisations, professions and individuals come together to provide end-to-end solutions to the people who use our services. The role of the chief executive and other senior leaders is no longer the heroic individual but more akin to a conductor or facilitator of an orchestra of talent.



The role of the chief executive and other senior leaders is no longer the heroic individual but more akin to a conductor or facilitator of an orchestra of talent.

Finally the programme encourages you to look at things from multiple perspectives: through the experiences of the patient mentors and staff mentors, as well as through the multiple views and perspectives of the other participants on the programme. It's not about one view being right or wrong, but how different views challenge your thinking and make you more robust and rigorous in how you make sense of the issues in front of you.

Overall for me the programme was tough, challenging, and at times made me feel downright uncomfortable. But through all of this I have experienced real learning, a growth in confidence and gained a network of friends and colleagues who will be with me throughout my career.

So am I a lucky genius? Well I'm definitely not a genius, but through the *Aspiring chief executive programme* I've developed new ways of looking at and thinking about the world I operate in. While my chances of winning the lottery haven't improved there is something about practicing what you do. As the golfer Arnold Palmer said: "It's a funny thing, the more I practice the luckier I get".

SUZANNE TRACEY

Chief Executive
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST



Suzanne joined the NHS in 1993 having qualified as an accountant with Price Waterhouse. She held the post of director of finance/deputy chief executive at Yeovil District Hospital NHS Foundation Trust from 2002 before joining the Royal Devon and Exeter NHS Foundation Trust to take up the role of director of finance in 2008. She was appointed chief executive in 2016. She is also member of the board of trustees for, and past president of, the Healthcare Financial Management Association.

I was a participant in cohort one of the *Aspiring chief executive programme* and it is not an overstatement to say it is the best personal development I have undertaken in 24 years in the NHS. I joined the programme as a deputy chief executive/chief financial officer with a desire to become a chief executive.

The very first session positioned the central focus of the programme on patients and the public, and this theme together with a determination to develop our skills around the equality and diversity agenda became golden threads of the programme.

I loved the way the programme was structured with a virtual campus that allowed us to undertake personal study across a range of materials, including written reports, video interviews and a logbook of personal reflections. We then came together at a number of workshops during the year to apply our learning thorough a series of novel and thought provoking exercises: my kind of learning!

The mantra of the programme is to develop a new breed of chief executives who take a different approach to address the issues facing the NHS now and into the future. We have been encouraged to develop as system leaders and this was really evident in the work that we did and I feel much better equipped as a result.



The most important thing I took from my time on the programme is that is ok to be yourself and do things in your own style, rather than to attempt to fit a stereotype of what you think a chief executive should be. How liberating is that?

I guess though that one of the biggest surprises as a participant is how much I learned about myself. Alongside other elements of the course there is the work you undertake with your Praxis Group, comprising around seven of your fellow aspirant chief executives and two facilitators (including an existing chief executive).

Although this looks like an action learning set, it feels a lot different. You are encouraged to reflect (and I mean really reflect) on what makes you you and why you do what you do.

SUZANNE TRACEY

Chief Executive
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST

I shared stuff with this group that I haven't even shared with myself before and you couldn't ask for a more supportive and encouraging environment to do it in.

The bonds that you develop as a team are so strong as a result and I finished the course with a support network of fellow chief executives and senior directors that I know I can call on at any time. As a newly-appointed chief executive this is invaluable.

Alongside the network of other participants I have also developed a network nationally as a result of the excellent support and input from NHS Improvement, NHS England and NHS Providers. So that brings me to where I am currently.



The most important thing I took from my time on the programme is that is ok to be yourself and do things in your own style, rather than to attempt to fit a stereotype of what you think a chief executive should be. How liberating is that?

Halfway through the programme I applied for the vacant chief executive role at my existing trust and have now been in post for over a year. The programme really prepared me for what was in store, both for the recruitment process but also in the role.

However the most important thing I took from my time on the programme is that is ok to be yourself and do things in your own style, rather than to attempt to fit a stereotype of what you think a chief executive should be. How liberating is that? 12 months in, I love the job I'm doing and relish the opportunity to make a difference for my own local community.

ORGANISATION PROFILES



Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. We work closely alongside providers to give strategic leadership and practical help and empower leaders to further develop improvement capabilities. We monitor and evaluate the effectiveness of this support, and refine our methods based on evidence of what works to support improvement, including through feedback from providers.



Leadership Academy

The NHS Leadership Academy aims to work with its partners to deliver excellent leadership across the NHS to have a direct impact on patient care. We offer a range of tools, models, programmes and expertise to support individuals, organisations and local partners to develop leaders, celebrating and sharing where outstanding leadership makes a real difference. Our mission is to develop outstanding leadership in health in order to improve people's health and their experiences of the NHS.



NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has 98% of all trusts in membership, collectively accounting for £74bn of annual expenditure and employing over one million staff.

APPENDIX

Aspiring chief executive programme participants

Cohort one

Chrisha Alagaratnam

Chief Finance Officer, Barts Health NHS Trust

Andrew Catto

Chief Medical Officer, IC24, a social enterprise based in Kent

Jill Copeland

Delivery and Improvement Director - Cheshire and Merseyside, NHS Improvement

* **Navina Evans**

Chief Executive, East London NHS Foundation Trust

* **Richard Jenkins**

Chief Executive, Barnsley Hospital NHS Foundation Trust

* **Deborah Lee**

Chief Executive, Gloucester Hospitals NHS Foundation Trust

Nicky Lloyd

Assistant Chief Executive, Royal Orthopaedic Hospital NHS Trust

* **Steve McManus**

Chief Executive, Royal Berkshire NHS Foundation Trust

* **Richard Mitchell**

Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust

* **Silas Nicholls**

Group Deputy Chief Executive, Manchester University NHS Foundation Trust
(formerly Chief Executive, University Hospital of South Manchester NHS Foundation Trust)

Kate Shields

Regional Director of Specialised Commissioning for South of England, NHS England

Josie Spencer

Deputy Chief Executive/Director of Operations,
Coventry and Warwickshire Partnership NHS Trust

* **Suzanne Tracey**

Chief Executive, Royal Devon and Exeter NHS Foundation Trust

Em Wilkinson-Brice

Deputy Chief Executive/Chief Nurse, Royal Devon and Exeter NHS Foundation Trust

APPENDIX

Aspiring chief executive programme participants

Cohort two

* **Samantha Allen**

Chief Executive, Sussex Partnership NHS Foundation Trust

Dawn Chamberlain

Chief Operating Officer, South West London and St George's Mental Health NHS Trust

* **Cara Charles Barks**

Chief Executive, Salisbury NHS Foundation Trust

Birju Bartoli

Executive Director of Strategy, Northumbria Healthcare NHS Foundation Trust

Jeff Buggle

Director of Finance and Investment,
Barking, Havering and Redbridge University Hospitals NHS Trust

Hannah Coffey

Director of Improvement, Guy's and St Thomas' NHS Foundation Trust

Paul Cracknell

Director of Strategy and Transformation, Norfolk Community Health and Care NHS Trust

Karen Dunderdale

Senior Nurse Advisor, NHS Improvement

Steve Gregory

Executive Director of Nursing and Operations, Shropshire Community Health NHS Trust

Sue Holden

Improvement Director, NHS Improvement

Harjinder Kandola

Deputy Chief Executive/Director of Workforce and Organisational Development,
Hertfordshire Partnership University NHS Foundation Trust

Suneil Kapadia

Chief Medical Officer, Worcestershire Acute Hospitals NHS Trust

Libby McManus

Group Services Director, Royal Free London NHS Foundation Trust

Ali Mohammed

Director of Human Resources and Organisational Development,
Great Ormond Street Hospital for Children NHS Foundation Trust

* Appointed as a trust chief executive since undertaking the programme.