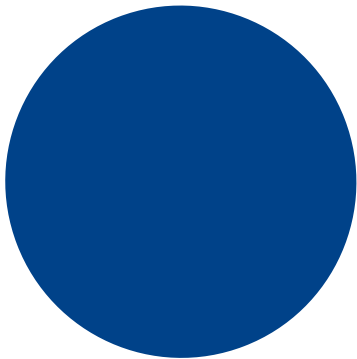


# The best job in the world?

The views of first-time NHS chief executives



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The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services.

We support our members by:

- being an influential system leader
- representing them with politicians, national bodies, the unions and in Europe
- providing a strong national voice on their behalf
- supporting them to continually improve care for patients and the public.

One of the ways we support our members is by running a programme of support for first-time chief executives. This is a self-directed programme of learning and support that was established in 2017. It provides new chief executives with an opportunity to benefit from the support of their peers and to share their experiences. Thirty-four provider chief executives across three cohorts have so far benefitted from the programme.

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# Foreword

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**Niall Dickson CBE**

*Chief Executive*

*NHS Confederation*

The NHS is set for a decade of transformation – without this we know that even with additional funding the service cannot thrive. Much of the onus now must sit with local leaders who have been tasked with taking forward the vision of the Long Term Plan.

No one should be under any illusions about the scale of the challenge. Yet, we also all know there are opportunities. If we can embrace the changes that are needed to the way services are organised and delivered, we should be optimistic about the future.

At the heart of all this is the need to break down barriers and work collaboratively. This in turn will require a new kind of leadership – those who can reach out beyond traditional boundaries and work effectively with a range of local partners. It will also require a different leadership style and culture.

As the health and care system evolves, we must support a new approach to leadership. The reflections of the nine first-time chief executives interviewed for this report suggest that such an approach is emerging. Their observations provide some telling insights and we hope their reflections will be of interest to leaders and aspiring leaders across the system.

I am grateful to the new chief executives for leading this work. They formed the first cohort of a self-directed programme of learning and support that the NHS Confederation and NHS Employers are supporting. Two further cohorts are going through the programme, and 34 provider chief executives in total have been part of the programme. The response has been incredibly positive. I would like to thank Stephen Dalton who has supported the three cohorts from the start – his input has been invaluable.

If you would like to find out more about the programme, please do get in touch. In the meantime, I hope you enjoy reading the report.

A handwritten signature in black ink, appearing to read 'Niall Dickson', with a horizontal line underneath.

# Programme chief executives



**Sam Allen**  
*Sussex Partnership  
NHS Foundation Trust*



**Cara Charles-Barks**  
*Salisbury  
NHS Foundation Trust*



**Dr Navina Evans**  
*East London  
NHS Foundation Trust*



**Dr Richard Jenkins**  
*Barnsley Hospital  
NHS Foundation Trust*



**Deborah Lee**  
*Gloucestershire Hospitals  
NHS Foundation Trust*



**Steve McManus**  
*Royal Berkshire  
NHS Foundation Trust*



**Sara Munro**  
*Leeds and York  
Partnership NHS Trust*



**Suzanne Tracey**  
*Royal Devon and Exeter  
NHS Foundation Trust,  
and Northern Devon  
Healthcare NHS Trust*



**Alex Whitfield**  
*Hampshire Hospitals  
NHS Foundation Trust*

# Introduction

Who would be a chief executive in the NHS? With quality and finance targets to juggle, and a shorter career lifespan than a football manager, it is sometimes portrayed as an increasingly unattractive option for managers and clinicians to aspire to.

But the observations of nine new NHS chief executives, with tenures from 18 months to 2.5 years, outlined in this report might have you pose a different question: 'why wouldn't you want to be a chief executive in the NHS?'. Indeed, they describe how their roles are a privilege, providing them with opportunities to change lives and work for their communities.

These new chief executives have taken on their roles at a time of significant change within the NHS. In order to deliver the vision of the Long Term Plan, it is widely understood that a different style and approach of leadership will be required throughout the system. This will require a different mindset – and the reflections from the chief executives interviewed for this report indicate how a new generation of leaders are going to approach the task ahead.

Several key themes emerged from the interviews:

## **Hope over pessimism**

Despite the intense operational pressures facing trusts, these new chief executives regard their role as a privilege and a unique opportunity to enable and support staff to deliver the best care they can to the public. All nine chief executives were able to articulate the values and sense of duty that brought them into the NHS, and it is these values which have led them to the chief executive role.

## **A different operating environment**

While many of the chief executives have benefited from support and mentoring provided by established trust chief executives, many of the support structures available to chief executives in the past are no longer available due to recent upheaval in the health service. This upheaval, coupled with operational pressures, constrained

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funding and a rigorous regulatory regime, could reinforce the view that the chief executive role is 'the job no one wants'. But these chief executives are determined to counter the sense of negativity portrayed around the role, preferring to focus instead on the upside opportunities.

### **A new leadership culture**

The impact of the emerging landscape of integrated regional teams and an aligned national leadership, bringing together NHS England and NHS Improvement, is yet to be seen but new chief executives welcome the narrative from leaders such as Baroness Dido Harding on the need to foster a different approach to leadership development, diversity and supporting chief executives to do their jobs. However, they want to see this well-intentioned rhetoric backed up with cultural change and more sophisticated leadership behaviours throughout the system. These chief executives want to support this cultural change.

### **Having an organisation and system mindset**

New chief executives see the need to move beyond working in isolation as leaders of single organisations to being part of wider systems, although they face the challenge of allocating time to this. This emphasis on collaboration with other partners means they have taken on wider roles as system leaders. They recognise the need to have a dual responsibility for both their own organisations and the performance of their local systems for the benefit of local communities. At the heart of this is the need to build strong, trusting relationships.

### **Working within a dated regulatory system**

There is frustration at how the regulatory system is struggling to catch up with the tectonic shifts in chief executives' roles as we move to system working. These individuals are still held to account for their performance as a chief executive of a single statutory organisation, while trying to play a leadership role in bringing about the significant changes that are required across their local systems.

### **A different approach to identifying and supporting leaders**

The need for proactive talent management to secure the next generation of leaders, with the right skills, mind-sets and from diverse backgrounds, is felt by these chief executives to be of critical importance. They want to see a more inclusive style of leadership, and for a different culture to be created where chief executives are not forced out when doing a difficult and challenging job. This will involve creating an environment in which leaders can learn from their mistakes as well as successes. They also want to see potential leaders identified early on and supported by offering them chances to work across a number of organisations as a way of learning more about the wider health and care system. This will lead to a more objective way of identifying those with the capability and motivation to progress.

### **A more diverse leadership and inclusive cultures**

Tackling discrimination has been moving up the agenda for chief executives for many years: developing an inclusive organisation is seen as important by this generation of chief executives as never before. There is a conscious desire to ensure that the leadership and workforce of NHS organisations reflects the communities they serve – this tends to mean different things according to the context, but for these chief executives it includes role modelling and positive promotion. There is a clear desire to deliver significant progress in this area, with chief executives recognising the strong link that exists between inclusive and diverse working environments and better outcomes for patients and staff.



# Why do it?

## 1. It is a privilege

'A privilege to do the job'; this is the universal response of this group of chief executives, when asked how they feel about their roles. There is a clear sense of excitement and optimism, a spirit of public service and a passion for the NHS. All nine were able to articulate the values and sense of duty that brought them into the NHS, and it is these values which have driven them to the top of the organisation.

Some have faced enormous challenges in their role which have not affected their enthusiasm. In Gloucester, Deborah Lee, of Gloucestershire Hospitals NHS Foundation Trust, had been in post just a few weeks when a £30 million deficit was uncovered. This has meant the hospital is the most challenged part of the local health economy. This could have been debilitating, but in fact it has driven forward initiatives.

For Deborah a move from commissioning into the provider sector reignited her passion for working in the NHS. "Within a fortnight I was in such a different personal space, feeling that it was the best job anyone could ever have. It was almost an epiphany."

Sara Munro joined the NHS as a mental health nurse over 20 years ago. "You are motivated by something you could not buy," she says. Now, as chief executive of the Leeds and York Partnership Foundation Trust, that motivation is centred on supporting staff to deliver the best care they can.

*"As a CEO much of that motivation now is centred on enabling and supporting staff to deliver the best care they can and to foster and maintain a sense of service to the community."*

**Sara Munro**

Dr Richard Jenkins, of Barnsley Hospital Foundation Trust, says: "It is important for staff to feel recognised and that they are making a difference. The chief executive has an opportunity to do that. These are amazingly rich roles where you can achieve a lot and get a lot of personal and professional satisfaction from doing that."

Alex Whitfield, of Hampshire Hospitals Foundation Trust, was delighted to find out that words of encouragement from senior leaders do have a positive impact on staff morale. As Alex says: "Putting CEO support behind a great initiative can make a real difference."

Pride in how their staff respond in difficult times is also very evident. For Cara Charles-Barks, chief executive of Salisbury Foundation Trust, this was particularly true after her organisation had responded to a series of major incidents in 2018.

Her approach was to stress to colleagues the importance of sticking to their core values and their role in supporting the wider community – a challenge to which the staff rose. "The unprecedented situation we found ourselves in could have been daunting, indeed over-whelming; our staff could have let a normal human reaction to the unknown – fear – cloud our vision of being outstanding every time. But they stuck to our values and put patients first. Or as one of our new recruits put it to me, bravery isn't the absence of fear – it is acting in spite of fear."

The new chief executive enthusiasm for the job does not mean they are 'Pollyannaish' about the difficulties of their roles. "There are occasional days that are more difficult, and that reflects the nature of the work we do, but these are by far outweighed by the good ones. Having a sense of grounded optimism is important in the role; we have to stay connected to the realities of both the joy and frustrations working in large organisations and a highly regulated sector can bring at times, but most importantly never, ever lose sight of patient care and their experience," says Sam Allen of Sussex Partnership Foundation Trust.

They are determined to counter the sense of negativity sometimes portrayed around the jobs. Seeing the chief executive role as 'the job no one wants' can become self-fulfilling, warns Deborah Lee, of Gloucestershire Hospitals Foundation Trust.

This view is echoed by Suzanne Tracey, of the Royal Devon and Exeter Foundation Trust: "If you are not careful you can become stuck in some very negative group think."

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Navina Evans, of East London Foundation Trust, has heard her enthusiasm for the role described as 'naïve'. She contends that she would be letting down her staff if she was anything less than enthusiastic.

*“As a chief executive, it is your responsibility to maintain hope. If we go round feeling sorry for ourselves, I don’t think it is good enough. We need to embrace the challenges as opportunities.”*

**Navina Evans**

She stresses that she does not underestimate the difficulties of working in a political system, with finite resources and a rigorous regulatory regime, but this is not the whole story. Or as Alex Whitfield comments, “There is a joy to working in the NHS which no bureaucracy can quash.”

Chief executives are also working in a very different environment where structures and systems which might have supported them in the past – such as strategic health authorities – have disappeared. This group of chief executives have all come in to post at a time of further upheaval. The impact of the emerging landscape of integrated regional teams bringing together NHS England and NHS Improvement is yet to be seen but the narrative from influential leaders, like Baroness Dido Harding, on leadership development, diversity and supporting chief executives to do difficult jobs, is received with cautious optimism.

The intent is compelling but the challenge of culture change within and external to the NHS cannot be underestimated. These chief executives want to be part of this culture change. They also want to encourage a future generation of leaders that is more diverse.

The group want to overcome any perception that it is all too difficult. “An important part of our role as senior NHS leaders is to encourage and support colleagues into executive director and CEO positions in the future,” says Steve McManus, of the Royal Berkshire Foundation Trust.

Part of this attitude may be due to the route they have followed in their careers, suggests Deborah Lee. This group has come from a wide range of clinical or operational backgrounds. "I do think there is something different – it is not just a timing issue," she says. "We have come into CEO roles consciously. It was not an automatic next step for most of us."

# Why do it?

## 2. It's about relationships and partnerships

While the chief executives interviewed had been appointed to run single organisations, the emphasis on collaboration between NHS organisations and other partners means they have taken on wider roles. A common feeling among them is that this community-based focus fits with their personal leadership styles.

*“I try to look through the eyes of my partners. We have long been moving away from what is in the interests of a single organisation to what is in the interests of patients and other organisations. This means our working in partnership needs to be built on an appreciation of the diversity of perspectives.”*

**Cara Charles-Barks**

The changes of the last few years mean chief executives may now be coming to the job with an expectation that it is not just about their organisation but also the opportunity to improve health and care across a wider system, suggests Sam Allen. As part of that they see themselves as having wider system roles, prioritise partnerships and take on responsibility for wider pieces of work (she is the executive lead for mental health across her STP area, for example).

There is a real focus on partnership working and building relationships with all sides being prepared to give something away for the good of the patients and the system. Building relationships is key to this but is not without its own problems, requiring time and effort including face-to-face meetings. This is not always easy when chief executives are pressed for time and have to deal with competing demands.

Sarah Munro describes working within a local system as “sometimes it’s like trying to catch fog... you don’t have the same levers of influence that you have in your own organisation.” She says strong trusting relationships are essential to being able to influence and lever change. Shared values and vision are important but so is finding the “hook” in the system where there is mutual benefit, she says.

Richard Jenkins describes the challenge as like the “club or country” dilemma for sportspeople but insists it is not a zero-sum game – it is not a matter of your organisation losing out if the system as a whole gets better.

Alex Whitfield, who worked in the private sector for 13 years, says ‘command and control’ is not her preferred style, and working across a system suits her. However, the challenges around system working are allocating time and the lack of the clear targets and performance measures which dominate life in the acute sectors. “When you are working in a system it is hard to measure success. It is more difficult to say... ‘this is what we are targeting and this is how we will know that we have done it.’”

Many chief executives will be working in their organisation, across a local health economy or accountable care system, and then across a sustainability and transformation partnership (STP) which can cover a massive geographical area. Steve McManus is part of a STP which covers three counties. The impact of this STP architecture can be to stretch collaborative relationships and add in additional logistical challenges, as well as demands on senior leaders’ time.

Sometimes system leadership means taking on significant extra responsibility. Suzanne Tracey has taken on the leadership of another trust in addition to her substantive role.

*“It was the right thing to do – it was impossible to have knowledge of the impact of the wider system challenges without wanting to make a contribution to helping to resolve them.”*

**Suzanne Tracey**

Chief executives may find they need to “loan” a key member of staff to help other local organisations. This places an additional emphasis on developing other executives to take on new or expanded roles. But there is also a recognition that jobs differ: leading an organisation which is in special measures is likely to leave the chief executive much less freedom to move or time to engage in the wider system.

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While chief executives may sign up to this system-based approach, it also needs board support within their own organisations. Foundation trust boards, in particular, have come through a period when the emphasis was on competition and growth – and leaders were often appointed for their business-like approach. Now they must buy into a vision that can involve their organisations downsizing. In some cases, this is leading to intense discussions within boards about reconciling a trust’s long-term interests with the bigger picture and the outcomes for the community. At the Royal Berkshire Trust, an organisational development programme is helping to change mind-sets and show what working within a system means in practice.

There is some frustration at how the regulatory system sometimes struggles to catch up with these tectonic shifts in chief executives’ roles. Cara Charles-Barks identifies a challenge around the pace at which changes had to be made. “We are held to account for our performance as a chief executive of a single statutory organisation and we are still trying to navigate the significant change we want to create across the complete system.”

There is a sense that the NHS is straining at the seams to work in this way, as Richard Jenkins, whose area is in an integrated care system, says.

*“We are working within what the regulations allow, but there will need to be some changes to NHS structures if we are to really deliver the full benefits of integration.”*

**Richard Jenkins**

# Why do it?

## 3. To influence at national level

There is keen interest among the chief executives in influencing the process for how leaders are selected, trained, and supported – and a belief that the recent changes at the top of NHS Improvement and in the Department of Health and Social Care mean there is an opportunity to influence national healthcare policy. This ranges from the need to select people with promise relatively early in their career, to creating a different culture where chief executives are not forced out when doing a difficult and challenging job. Many of the group highlight the need for proactive talent management, in some cases stressing the need to identify people interested in leadership roles early on and offer them chances to work across a number of organisations.

Alex Whitfield contrasts the talent management approach of the NHS with that in many companies.

*“We need more focus on a system which is not about individual favourites but does identify people who want to progress – a more objective way of identifying those with the capability and motivation to progress. We need to encourage people to move between organisations and to learn more about the health and care system.”*

**Alex Whitfield**

Sam Allen suggests that more proactive talent management could mean more central involvement – and also support when chief executives’ strengths are no longer the best fit for the role they are doing. Their leadership experience and skill should not be lost and they could be reassigned elsewhere. With more proactive career development changes needed could be spotted sooner.

The group agrees that some groups of people might need encouragement and support around progression. Two of the group – Navina Evans and Richard Jenkins – are medical doctors and want to see more medics enter into chief executive positions. As part of this, they have been trying to explore what holds them back. Alex Whitfield, having joined the NHS mid-career, is interested



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in supporting others who have worked outside the NHS. Sam Allen is chair of the Health and Care Women Leaders Network, which is run by the NHS Confederation and NHS Employers. Navina Evans speaks on improving Black, Asian and minority ethnic (BAME) representation at a senior level.

Mentoring and coaching is key to many of this group of chief executives – and seen as the normal thing to do. They are all conscious that supporting the next generation is an important part of leadership.

There is evidence that links longevity of leadership to well-performing organisations. This longevity is important if relationships are to be built up and an effective healthcare system established, points out Steve McManus. This is likely to be increasingly important in an era of system working.

At a time when many chief executive and board roles are hard to fill, Steve McManus points out there are positive changes which are being made by those at the centre. Of the chief executives appointed in the last year, around 20 have not held a similar position before. Their views will be used alongside those of more experienced chief executives.

*“We will be living with, developing and implementing the results of policy decisions over the next decade within our current and future roles. As a new group of CEOs we have a huge vested interest in contributing now to the policy decisions that will shape the NHS over this next period.”*

**Steve McManus**

We asked what more could be done to encourage talented individuals to aspire to chief executive roles. All agreed that the Aspiring Chief Executive Programme, supported by NHS Improvement, NHS Providers and the NHS Leadership Academy, was pivotal for most of the group in taking up their first chief executives roles.

In addition, Steve McManus suggested that there are practical steps which could shift the mood music in a positive direction: new chief executives now have terms in their contract allowing clawback of pay

if they underperform but how about a commitment to mentoring and career development of emerging leaders being included to balance this?

The group identified a need for support to help chief executives ride out the “peaks and troughs” of the job. Cara Charles-Barks points out: “We all learn from the troughs as well as the peaks. Learning from mistakes, remaining insightful and continuously evolving are increasingly important tools. It can help build resilience in our leaders. As a chief executive, I am very happy to talk about when I don’t get it right.”

Unusually some of the group were willing to talk about how they might leave the job. Navina Evans is clear that she wanted those around her to recognise if she was starting to “tip into negativism” and suspects it might be time to move on at that point. Sam Allen says that she will stay in the role only as long as her leadership skills are making a positive difference.

# Why do it?

## 4. To help develop inclusive cultures

Tackling discrimination has been moving up the agenda for chief executives for many years: developing an inclusive organisation is seen as important by this generation of chief executives as never before. They are willing to bring up the subject with staff, however embarrassing it is, and to recognise that their own perspective is shaped by their personal experience and background.

But while five years ago this work may have focused solely on BAME staff, today's chief executives are looking more widely. The BAME community remains very important and there is a recognition that discrimination persists, often in more subtle forms than in the past. But ethnicity is not the only area where discrimination is occurring or where work needs to be done. These additional areas go beyond what one described as the "checkbox" of protected characteristics. And there is seen to be a strong link between an "inclusive" working environment and better outcomes.

This tends to mean different things according to the context, but for many it includes role modelling and positive promotion. There is a conscious desire to ensure that the leadership and workforce reflects the communities they serve but also a recognition that it is easy to slip into habits such as recruiting people who 'look like you'. Steve McManus, for example, wants every recruitment panel in his organisation to reflect the diversity of his organisation and of the population that they serve.

In Salisbury, Cara Charles-Barks has been influenced by spending time shadowing colleagues across the trust and seeing how they were treated.

*“It is about making sure that all of our voices, not just the loudest, are heard and that we were considering all of the people in our workforce when making decisions. We have introduced ‘staff stories’ at board, which have been powerful in connecting senior leadership with the real-life experience of our staff.”*

**Cara Charles-Barks**

Steve McManus also highlights staff members for whom English is a second language: are trusts doing enough to ensure they get information in an easily understandable form?

With women now occupying more trust chief executive posts than ever before, the NHS is making some progress on diversity. However, there is still a long way to go and it should be a national scandal that there are only five BAME chief executives in the NHS. This group of new chief executives comes from a range of backgrounds. They are committed to combating discrimination and setting a clear leadership vision for inclusion.

Positive benefits could flow from this from better engagement with all of the community. Sara Munro pointed out that it could help fill workforce gaps. Sara leads on strategic workforce and is the executive lead for the establishment of a new and innovative health and care academy in Leeds. They know from local data that there are many communities in Leeds that are not currently reflected in the health and care workforce for a variety of reasons.

Therefore, a strategic focus on diversity both in terms of culture and ethnicity but also targeting the most deprived communities is a key component of the workforce strategy which will bring new people in to the health and care workforce as well as benefit local communities. Diversity also protects against group think and has been shown to improve decision making, suggests Richard Jenkins.

# Where next?

The chief executives interviewed for this report have taken on their roles at a time of significant change within the NHS. In order to deliver the vision of the NHS Long Term Plan, it is widely understood that a different style and approach of leadership will be required throughout the system. This will require a different mindset – and the reflections from the chief executives interviewed for this report indicate how a new generation of leaders are going to approach the task ahead.

The group is clear on a number of things. The resilience required in these roles is significant, and groups like the one they are part of provide peer support, safe space, advice and a community. The group meet with influential people from within the NHS and outside in order to refresh their thinking, challenge themselves and pursue ways of influencing beyond their organisational and system roles.

They are also clear about the need to deliver cultural change to end the top down, sometimes macho, management culture that still pervades. They welcome the well-intentioned rhetoric from national leaders and detect a genuine desire to bring about this change. But they want to see it backed up with more sophisticated leadership behaviours throughout the system and want to play a full role in helping make this happen.

The NHS Confederation has supported the group and all agree that this has been vital in maintaining optimism and energy levels during the first two years.

*“We get to spend our days with talented, compassionate people who share a vision for providing great patient care. The intellectual challenge is fantastic. And however difficult the day is, we are in the hugely privileged position of serving our communities and making a difference for people at the most vulnerable time of their lives.”*

**Cara Charles-Barks, Steve McManus and Alex Whitfield**

Why would anyone want to be a chief executive in the NHS? It seems the answer is that it is probably the best job in the world, providing chief executives with extraordinary opportunities to change lives and work for their communities.

# Biographies

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## Sam Allen

Sam became chief executive of Sussex Partnership NHS Foundation Trust in March 2017. She started work in the NHS in 1996 and has a background both in the operational management and leadership of mental health services and health and social care commissioning. She has also gained valuable experience working with an international healthcare organisation in the private sector. An important aspect of her work is developing effective partnerships with experts by experience, families and carers, clinicians, support staff and partner organisations. Sam is a Chartered Manager, Fellow of the Chartered Management Institute and holds an MBA from Aston Business School.

## Cara Charles-Barks

Cara was born and raised in Australia. She began her career in healthcare as a registered nurse in 1991. After three years in London, she worked in Australia before returning to the UK in 2008 as deputy chief operating officer in Peterborough. While deputy chief executive and chief operating officer at Hinchingsbrooke Health Care NHS Trust, Cara started the Aspiring Chief Executive Programme in July 2017 and was soon appointed chief executive officer at Salisbury NHS Foundation Trust, which she managed Salisbury Foundation Trust during the Novichok incident that rocked the city. In March 2019, Carawas named one of the NHS's top 50 chief executives.

## Dr Navina Evans

Navina has over 20 years' clinical experience in psychiatry, medicine and paediatrics. In 2011, she 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 2016. Navina has considerable experience of working across organisational boundaries, especially with local authorities, voluntary sector, acute and community services, primary care and has taken an active role in the development of integrated care systems. She is a strong advocate of improving staff wellbeing, creating a culture for enjoying work and coproduction with patients.

## Dr Richard Jenkins

Richard became chief executive of Barnsley Hospital NHS Foundation Trust in April 2017 having previously been the trust's medical director from January 2015. Richard has practised medicine for over 25 years, becoming a consultant in diabetes and endocrinology in 2002. After holding various medical leadership roles, he became medical director at Mid Yorkshire Hospitals NHS Trust in 2012, a post he held for two years before coming to Barnsley. He has previously been a Health Foundation Leadership Fellow and was one of the first cohort of the national Aspiring Chief Executive Programme. He currently leads on provider development and related workstreams for the South Yorkshire and Bassetlaw integrated care system.

## Debora Lee

Deborah joined Gloucestershire Hospitals NHS Foundation Trust as chief executive in 2016 from the University Hospitals Bristol NHS Foundation Trust (UHB NHSFT) where she was the chief operating officer and deputy chief executive. 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. Deborah started her NHS management career in 1990 and has worked in acute, primary and community sectors, holding board appointments in three different commissioning organisations before joining UHB NHSFT.

## Steve McManus

Steve has been chief executive at the Royal Berkshire NHS Foundation Trust since 2017. He began his career in the NHS in 1987 as a registered nurse. His previous roles include general manager at Oxford University Hospital (during which time he completed an MBA); divisional director of operations at University Hospital Southampton NHS Foundation Trust, where he gained his first board appointment as chief operating officer; chief operating officer at Imperial College Healthcare, becoming deputy chief executive in 2014; and managing director at Basildon and Thurrock University Teaching Hospital Foundation Trust. Steve undertakes a number of national and regional roles supporting policy development as well as chairing the Thames Valley Patient Safety Collaborative.

## Sara Munro

Sara took up the post of chief executive at Leeds and York Partnership NHS Trust in September 2016. She joined the NHS as a mental health nurse and has had a range of roles since including director of nursing and deputy chief executive in a combined community and mental health trust in Cumbria before moving to Leeds. In 2018 Sara took on the role of SRO for the mental health, learning disabilities and autism collaborative for the West Yorkshire and Harrogate integrated care system, and chairs the programme board for these. Sara is also the lead for workforce within the Leeds health and care system.

## Suzanne Tracey

Suzanne is the chief executive of Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust. Suzanne joined the NHS in 1993 having qualified as an accountant with Price Waterhouse. She joined the Royal Devon and Exeter NHS Foundation Trust to take up the role of director of finance in 2008 and subsequently deputy chief executive/chief financial officer and was appointed chief executive in 2016. Suzanne was appointed as chief executive of Northern Devon Healthcare Trust in 2018. She is also chair of the Healthcare Financial Management Association (HFMA) Provider Faculty and past president of the HFMA.

## Alex Whitfield

Alex became chief executive of Hampshire Hospitals NHS Foundation Trust in 2017. After 13 years in operational management at ExxonMobil, Alex – who holds an engineering degree from Cambridge University – moved to the NHS at North Hampshire Hospital in 2005, where she covered areas as diverse as project management, governance, productivity and operational management of the emergency division. She went on to become chief operating officer at Winchester Hospital. From 2012 to 2017 Alex was chief operating officer for Solent NHS Trust which provides community-based physical and mental health services in Southampton, Portsmouth and parts of Hampshire.





**NHS CONFEDERATION**



The **NHS Confederation** is the membership body that brings together and speaks on behalf of the whole NHS.

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