MOORE
&COMPANY

SENIOR PRACTICE FOR HEALTH AND CARE

Strategy that delivers | People and teams that flourish

People, not problems.

Led by a founder who has sat where you sit.
Built on nearly four decades of NHS leadership experience.

Steve Moore
Founder & Principal

Launch · 1 June 2026

THE PRACTICE

Our story

I have given nearly four decades to the NHS — from the shopfloor of the finance department, where my career began, to the boardroom, leading some of the most complex and challenged organisations in the United Kingdom.

I have navigated crises, led through uncertainty, and sat with the weight of decisions that affect real people's lives. That experience has taught me something I hold with conviction: it is the people inside an organisation who determine what it becomes and the success it enjoys.

Moore & Company was founded on a simple but profound belief — that by focusing on people, not problems, organisations can achieve extraordinary things. I understand, too, that sustainable progress demands both a clear strategic direction and the operational strength to deliver it.

Strategy without execution is aspiration. Execution without strategy is drift. The two must move together.

I bring that understanding — hard-won, not theoretical — to every organisation I work with. My commitment to the provision of health and care is not just professional, it is personal. I believe in what it stands for, and I am here to help it succeed.

Steve Moore
Founder & Principal, Moore & Company

AT A GLANCE

A senior practice for health and care. I work with NHS trusts, integrated care boards and independent healthcare organisations across the United Kingdom and internationally.

FOUNDED	1 June 2026
FOUNDER	Steve Moore, Founder & Principal
PRACTICE	Founder, a team of Senior Specialist Advisors and Affiliates
METHOD	Discover. Design. Deliver.
BELIEF	People, not problems.
SECTORS	NHS providers; integrated care systems; independent healthcare; international health systems

THE PRACTICE

What we do

Over the course of my career, I have had the privilege of working alongside some of the most capable people in health and care — people who are genuinely exceptional at what they do. I have gathered many of them together in this practice. With them I can build bespoke teams with the skills and experience to genuinely help.

From governance and risk, to communications, strategy, transformation, turnaround and operational delivery, Moore & Company draws on a remarkable network of practitioners — forged in the real world — who know what good looks like because they have lived it.

I do not arrive with off-the-shelf solutions. I bring proven tools, real-world experience, and senior people who have done the job — the kind of honest, focused thinking that cuts through complexity and gets to the heart of long-standing problems, fast. I don't advise from the outside. I build alongside you — and leave you stronger than I found you.

I don't do this to you. I do it with you.

My measure of success is not a report submitted or a contract fulfilled. It is an organisation left stronger, more capable, and better equipped to face whatever comes next with a clear road map to delivery. I invest in your people, build your capacity, and make myself unnecessary — because that is what genuine partnership looks like. I walk with you until you no longer need me.

People, not problems. It is my mantra, and it is the difference between a practice that extracts value and one that creates it.

From engineers to architects and builders

The NHS keeps reaching for engineering solutions to what are fundamentally human challenges. Write a plan, add capacity, redesign the pathway, reconfigure the structure, build a new committee. We have done this for three decades and the same problems keep resurfacing, because better engineering is not what is missing.

The NHS does not need more engineers. It needs architects who ask how a service makes people feel — and builders who actually live and work inside it.

Architects, in this sense, are the people who hold the whole shape of a service in their head — who ask, before they ask anything else, how a service makes the people feel: the people who provide it and those who receive it. This is the starting point for the development of the plan.

Builders are the people who know what it actually takes to make a new pathway work on a Wednesday afternoon in February when half the team are off sick.

My role is to help you become the architects who design solutions that place people at the centre, and to find and trust the builders who can deliver it. That is what people, not problems means in practice. It is not a slogan. It is a description of who we put at the centre of the work.

FOUNDER & PRINCIPAL

Steve Moore

Founder & Principal

Steve brings nearly four decades of NHS experience to Moore & Company — the last fifteen of them at Chief Executive level. A qualified management accountant with an MSc in Health Economics and an Honorary Professorship at the University of Wales Trinity St Davids, he has spent his career doing what few can: combining financial rigour with a people-led approach that inspires and empowers teams and senior leaders.

As CEO of Hywel Dda University Health Board for nine years, he led a £1.2 billion integrated organisation employing 13,000 staff across four acute hospitals, eleven community hospitals, mental health and learning disability services — building the system's first comprehensive healthcare strategy whilst improving the financial footing of the organisation and creating a culture genuinely worth working in. At NHS Devon ICB, he took on one of the most challenged commissioners in England — a £2.5 billion system at the highest level of escalation — and led it back to stability, confidence and purpose.

Steve's conviction is clear: the NHS keeps reaching for engineering solutions to what are fundamentally human challenges. Adding capacity, redesigning pathways, reconfiguring structures — and then wondering why the same problems resurface. What it needs are not more engineers. It needs architects who ask how a service makes people feel, and builders who actually live and work within it.

The answers, Steve believes, already exist — in the deep well of energy, commitment and passion that clinicians, managers, patients and communities bring when someone trusts them enough to ask. People, not problems. That is where the NHS finds its creativity. And it is the idea at the heart of everything Moore & Company does.

THE TEAM

Senior Specialist Advisors

Chosen because of what they have achieved and their outstanding expertise in their field.

Bec Richmond

International Perspective and Facilitation

Bec brings a truly international perspective to health system leadership. With senior roles at The Advisory Board Company and Optum UK, she has spent her career turning complex insight into practical action — working alongside C-suite leaders, government teams and boards across more than forty countries.

Her expertise spans integrated care, population health management, value-based care and the kind of place-based, neighbourhood working that the NHS is still learning to do well. She has designed and delivered leadership programmes at national scale, including the NHSE Place Development Programme, and is a sought-after facilitator and speaker at global forums including the OECD.

Bec is at her best when the room needs someone who has seen what good looks like — and knows how to make it happen.

Debbie Stark

Population and Public Health

Thirty years of public health expertise with a twist. Debbie is a rare thing: a registered public health consultant who trained first as a chartered accountant. That combination has defined a career spent making the case for decisions that are both financially sound and genuinely good for communities.

She has held executive board roles in the NHS and senior director positions in local government, culminating as a Regional Director of Public Health working directly for the Department of Health and Social Care. She knows how national policy is made — and she knows what it looks like when it lands in the real world.

Sharp, principled and deeply experienced in multi-agency leadership, Debbie is the person you want in the room when financial reality and population health need to be speaking the same language.

Nicola Bonas

Strategic Communications and Engagement

Nicola is the person who makes complex organisations actually connect with the people they serve. A Chartered Marketer and award-winning communications leader, she brings over twenty years of NHS and local government experience — including as a Director of Communications and Public Engagement — to the challenge of making health services genuinely responsive to communities.

She has shaped services through strategic commissioning, public involvement and insight-led communications, and her work on health inequalities earned her a parliamentary award. That is not a common accolade.

Creative, energetic and rigorous in equal measure, Nicola's gift is translating organisational strategy into things communities actually feel — and that patients understand.

Philippa Harding

Corporate Governance

Governance is sometimes treated as the paperwork of leadership. Philippa treats it as its foundation. With more than two decades shaping how Boards make decisions — across NHS trusts, regulators, integrated care systems and local government — she is a highly respected corporate governance leader.

Most recently Company Secretary for the NHS Devon and Cornwall ICB Cluster, she has guided complex system change at scale. Earlier executive roles at NHS Sussex, the London Ambulance Service, NHS Improvement, Monitor and the Care Quality Commission demonstrate the breadth of her experience. A Fellow of the Chartered Governance Institute, she holds an MSc in Corporate Governance and a reputation for astute judgement, calm advice and clear thinking.

Philippa is the person you want at the table when the stakes are high, the politics are difficult, and the Board needs to know exactly where it stands.

THE NETWORK

Affiliates

Trusted independent specialists whose work runs alongside ours — chosen for the distinctive contribution they make to the organisations we serve.

Community Partners

Specialists in advisory and recruitment

Community Partners is a specialist recruitment and delivery partner to the global healthcare and life sciences sector, working across the United Kingdom and the Middle East. Trading as The Change Community, it serves the NHS, private healthcare and regulatory bodies alongside leading pharmaceutical, biotechnology and medical technology organisations, offering interim management, executive hires and access to a global bench of subject-matter experts.

Mobilising trusted specialists at pace across eight industries, the firm supports business change, project delivery and digital transformation — an honest, relationship-led alternative to the typical corporate consultancy. Led by CEO Matthew Stevenson, its clients and partners span the NHS, NEOM, Hamad Medical Corporation, Cleveland Clinic and the Saudi Ministry of Health.

Bespoke specialists

I also have access to a wide range of experienced leaders in fields across local government, health, care and digital technology. If your needs require these skills, I can assemble bespoke specialist teams that would be difficult to find elsewhere.

OUR METHOD

How we work

Most organisations rush to solutions before they truly understand the problem. We don't.

In our experience, the most important work happens before anything is fixed — in the honest, sometimes uncomfortable process of understanding what is really going on. That is where we begin.

Our methodology has a name — Discover. Design. Deliver. — but it is better understood as a discipline: about how to hold knowledge before acting on it, how to design with rigour, and how to deliver against defined commitments.

DISCOVER

Everything starts with a conversation — not just about the presenting issues but the deeper currents beneath them. We Discover by looking in four directions: back at what your organisation and predecessors have learned; in at what the data and service landscape tell you; out at what works nationally and internationally; and forward at what needs to change. When a Board can see the person a strategy is for, it stops being abstract and starts driving the decisions it was always supposed to drive.

DESIGN

Discover avoids the first failure — leaping to solutions before understanding the problem. Design addresses the second: developing solutions in the boardroom, without the people who actually deliver or receive services. We create the space for every voice to forge real solutions together. Co-production is not a stage in the process — it is the process. The result is a richer strategy with genuine ownership and clarity about why it will be better.

DELIVER

We don't hand you a plan and disappear. Strategies fail in delivery not because the thinking is wrong, but because the architecture that turns intent into behaviour is missing. Every commitment answers three questions: the Why — the human difference it will make; the What — a clear, measurable commitment; and the When — a date the Board can mark progress against. Each has a named Executive lead running into the Board Assurance Framework — the golden thread from vision to named people to real assurance. Our offer is entirely bespoke, from rapid intervention to long-term partnership. Our commitment is to your organisation, not to winning work.

WHAT CHANGES WHEN WE ARE IN THE ROOM

Our capabilities

Most practices describe what they do. We prefer to describe what changes when we are in the room. The seven capabilities below set out where we add the most value — drawn from real work, with real Boards, in some of the most scrutinised environments in the NHS. They sit under two pillars.

Strategy that delivers

1. Understanding your population before you redesign your services

You cannot transform services for a population you do not fully understand. We advise on the use of established population health management techniques to help you segment your population by need — distinguishing those who require urgent proactive intervention from those who need supported self-management, and those at greatest risk of unplanned acute contact at neighbourhood level. We help you identify the gaps between what your population needs and what your system currently provides: the absence of a coordinated frailty strategy, the fragmented navigation, the missing end-of-life pathway, the lack of system-wide long-term conditions management. We turn that gap analysis into a focused transformation programme with clear scope, clear priorities and clear outcomes — rather than another review that circles the same problems.

This work earns its keep in the choices it makes you confront — not what to add, but what to stop, redesign or hand to another part of the system. Population insights that lead to fewer, better-defined priorities.

2. Engagement that builds, not just consults

Too much NHS engagement happens after the thinking has been done. We design engagement as the engine of strategy development — structured, inclusive, multi-phase and continuous. We help you to use creative techniques to design community conversations, locality-based forums, lived-experience panels, and population personas that test proposals through a human lens before decisions are made. We help you to design specifically for those who are seldom heard — taking active steps to reach across every protected characteristic, and to involve refugee, traveller, homeless and other communities who are too often consulted last, if at all.

At its most ambitious, this means executives and Boards stepping back from system design altogether — convening stakeholder groups to generate the options for consultation. Our engagement is not a box to tick at the end. It is the process by which strategy is co-produced — and the mechanism by which hearts and minds are won before a single Board paper is tabled. We have led some of the largest engagement and consultation exercises in the NHS and applied this experience to building transformation programmes in complex health systems.

3. Strategy that sticks

Our approach does four things, in sequence. First, we help you synthesise the Discover findings into a clear-eyed picture of the system as it is — its strengths, its constraints, its emerging opportunities. Second, we help you to develop strategic options that address these issues. Third, we guide you through a meaningful and conscientious consultation exercise that sets out deliverable options for your local population to consider, with the choices and trade-offs made visible: what to celebrate and protect, what to continue or embed, and what genuinely needs to change. Fourthly, we support you to develop the necessary supporting plans to bring the strategy to life — workforce, digital, estate, finance and continuous learning and engagement. And because health and care systems do not stand still, the discovery pipe stays open — feeding the Board's thinking with fresh intelligence so the strategy adjusts as the world does.

4. Delivery — strategy that drives behaviour

Strategies fail in delivery far more often than they fail in design. The reason is rarely the quality of the thinking — it is the absence of an architecture that translates strategic intent into the things that actually drive organisational and system change.

Every commitment that emerges from Design answers three questions in plain language. The Why — the human difference it will make, expressed through the lived experience of the people you serve. The What — a clear, measurable commitment, specific enough to direct action but open enough to invite innovation in delivery. And the When — an explicit timescale against which the Board can mark progress.

We help you design that architecture. Strategic Objectives describe the outcomes on a long-term horizon. Planning Objectives translate them into specific, measurable actions over the next one to three years. Specific Requirements set out the detailed expectations that must be met to deliver each Planning Objective. Every layer has a named Executive lead, a clear timescale, and a direct line into the Board Assurance Framework — so that strategy, impact, assurance, risk and delivery are no longer separate conversations but one connected approach.

Around this cascade we help you build the governance engine that keeps it moving. The discipline that makes it work is empowerment within a structure. Light-touch governance that lets clinicians and managers act, with assurance built around them rather than on top of them — but with the rigour that scrutinised environments demand. Boards stop receiving reassurance and start exercising real oversight. Executives stop reporting on activity and start delivering on outcomes. Staff stop wondering whether anything will change.

People and teams that flourish

5. Cultures where people flourish

Organisational culture is not a communications campaign or a values poster. It is the accumulated daily experience of thousands of people deciding how to behave when no one is watching. The organisations that get this right stop treating values as something to declare and start treating them as organisational infrastructure — built into how the organisation recruits, appraises, develops, holds people to account, and governs itself.

We help you design and lead this work over three phases: develop a values and behaviours framework that staff genuinely shape, specifying not only the values themselves but the behaviours that demonstrate each one, and the behaviours that violate them; embed it into the operating fabric of the organisation; and elevate its oversight to a Board-level matter, not an HR process.

The result is not a culture that is hoped for. It is one that is designed, owned and assured by the whole organisation.

6. Leadership teams that excel

The most common hidden problem in NHS organisations is not strategy or structure — it is how cohesive and effective the executive team is as a group. Individually talented individuals must find ways to trust each other sufficiently to disagree well, commit fully and hold one another to account without it feeling personal. Building the conditions for trust, productive challenge, shared commitment and collective focus on results is our foundational lens, and we use it carefully and honestly to build the performance of the team at the top.

We do this through structured executive team development sessions, individual coaching where it sharpens collective performance, and team-effectiveness diagnostics that give the team a shared language for its own behaviour.

But the work does not stop there. The strongest executive teams sit at the centre of an executive ecosystem: a leadership pipeline that builds the next generation, succession plans that reduce executive fragility, and leadership frameworks that connect values, performance and capability into a single system. We work across both — the team itself, and the system that sustains it.

7. Boards built for the hard moments

Boards mature in three stages, and most NHS organisations get stuck somewhere in the second. The first stage is governance competence — running the organisation safely, processing papers, managing risk. The second is strategic capability — moving from oversight body to a genuine strategic change agent, capable of leading transformation rather than just sanctioning it.

The third, and hardest to maintain, is culture stewardship. Here the Board takes formal responsibility for the values, leadership pipeline and people-system of the organisation. It treats culture as core governance rather than a sub-committee concern. It develops itself with the same rigour it expects of the executive. And it understands that the single most powerful signal it sends to the organisation is how it behaves under pressure.

We have led organisations through all three transitions. We help Chairs and Chief Executives build high-functioning unitary Boards where scrutiny and support are in productive tension, where assurance is interrogated rather than received, and where the difficult decisions are made with confidence and collective ownership.

WORKING WITH US

How we engage

Every engagement is bespoke. The shape depends on the question, the urgency and the depth of partnership the client wants. In practice, our work usually takes one of five shapes.

Founder-led strategic counsel

A standing relationship between a Chair or Chief Executive and the founder. Confidential, regular, and focused on the questions that matter most to the individual. Typically engaged as a retainer.

Discover engagements

Short, focused diagnostics designed to understand what is really going on before any larger commitment is made. Typically four to twelve weeks. Often the right first step. Sometimes the right last step, if what we find is that you don't need us.

Programmes of work

Full Discover, Design and Deliver engagements, scoped around a defined organisational priority — a strategy refresh, a transformation programme, a Board development journey, a culture rebuild. No matter how contentious the issues at stake, our approach creates the necessary consensus to make difficult changes stick where they may have failed in the past. We create bespoke teams drawn from the founder, Senior Specialist Advisors and Affiliates who have the real-world experience of making this work.

Crisis and turnaround

Where an organisation is under significant national scrutiny, facing a moment of acute pressure or engrained cultural issues that require a fresh approach, we can help. We bring the experience of having led organisations through enhanced escalation, and the rigour those environments demand — as well as having personally led the development and embedding of positive cultures in organisations struggling to maintain psychological safety and productive work environments.

Team and personal development

Tailored team development programmes for Board members, Executives and senior staff to forge talented individuals into high-performing, self-starting teams.

Across all five shapes our commitment is the same: we work alongside your people, we leave you stronger than we found you, and we make ourselves unnecessary.

OUR COMMERCIAL PRINCIPLES

I am deliberately a small, senior practice. I do not compete on day rate. I compete on the calibre of the people in the room, the quality of the thinking, and the proven track record of leaving organisations measurably stronger.

Honesty about fit. If I am not right for the engagement, I will say so — and where I can, I will help you find who is.

Transparent commercials. I do not charge by the hour or day. I agree with you, upfront, what package of interventions I can bring to address your needs, and am clear about the cost — which is fixed for the period of the engagement. If the scope needs to change as the engagement progresses, I will agree any adjustments with you clearly before they happen.

Outcomes over hours. I am paid for the difference I make, not the time I spend. My preference, wherever it fits, is fixed-fee engagements with explicit deliverables.

MOORE
&COMPANY

SENIOR PRACTICE FOR HEALTH AND CARE

Strategy that delivers | People and teams that flourish

People, not problems.

Let’s start with a conversation — in confidence and without obligation.

EMAIL	WEB	LINKEDIN / COMPANY	LINKEDIN / FOUNDER
conversation@moorecompany.co.uk	moorecompany.co.uk	Moore & Company	linkedin.com/in/steve-moore-b515b03a