



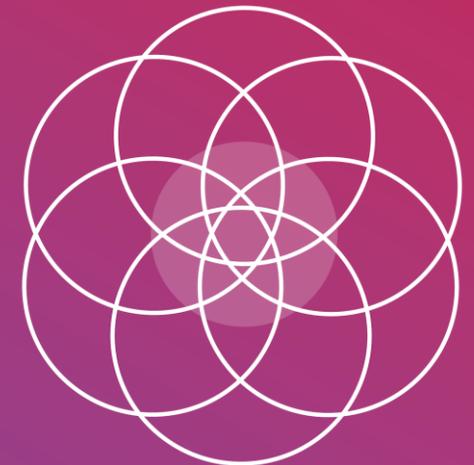
HFMA Scotland Branch
Annual Conference 2019



HFMA Scotland Branch Annual Conference

Collaborative Working

Thursday 24th – Friday 25th October 2019
DoubleTree Hilton Hotel, Dunblane

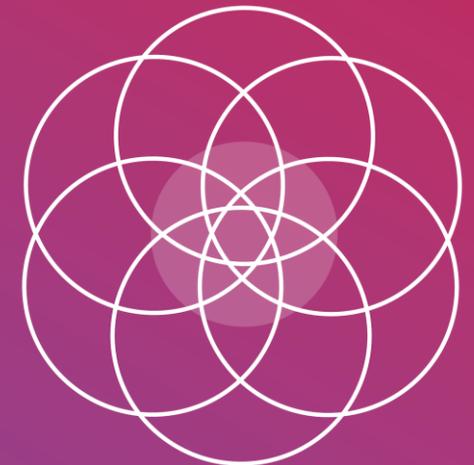




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Registration, Refreshments & Exhibition



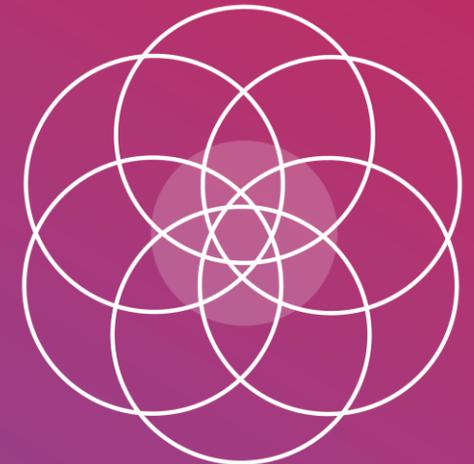


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Chairs Welcome and Introductions

Craig Marriott, Deputy Director of Finance
NHS Lothian



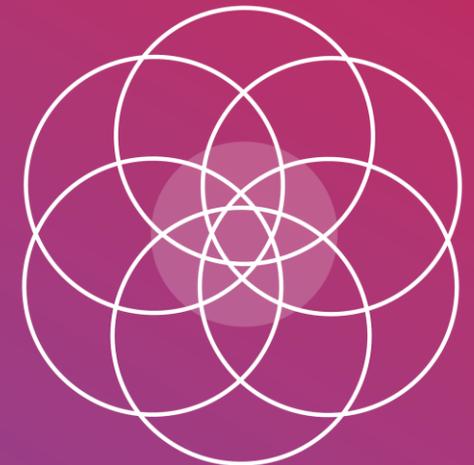


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Positive Disruption and how Innovations are Changing the World

Kevin Murphy
Royal Bank of Scotland



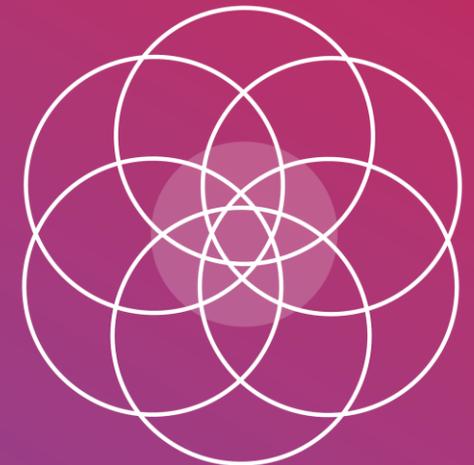


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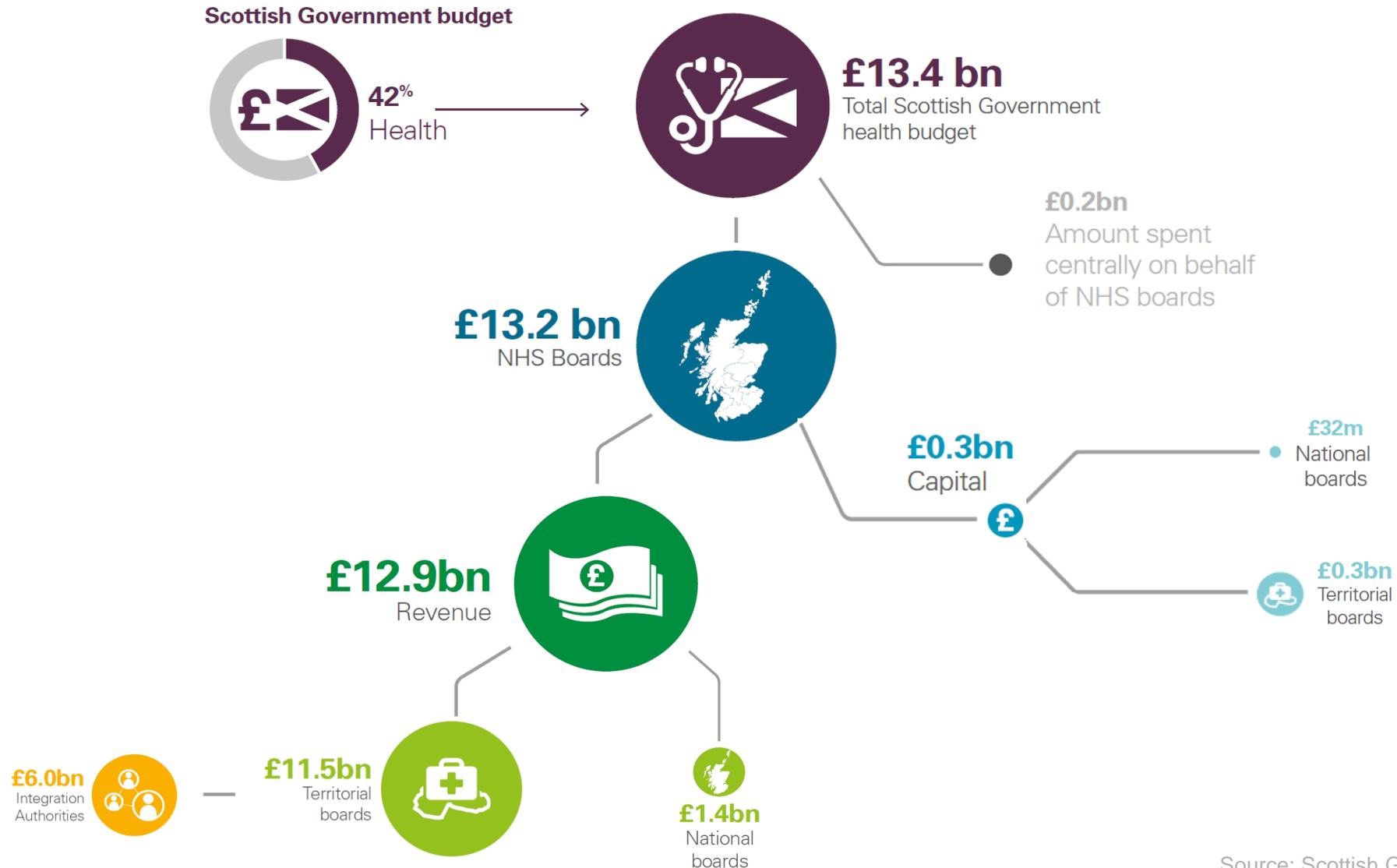
NHS Overview and Joint Working

Leigh Johnston, Senior Manager
Audit Scotland

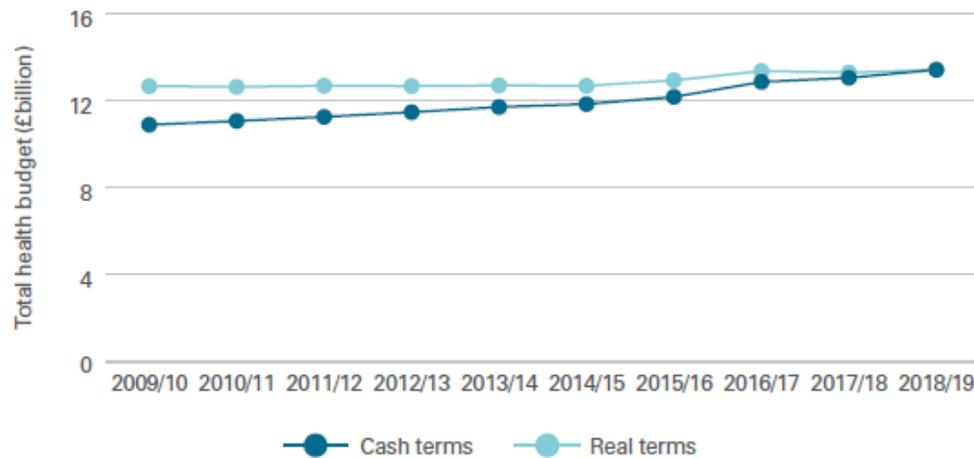


Healthcare Financial Managers Association

A breakdown of NHS funding in 2018/19

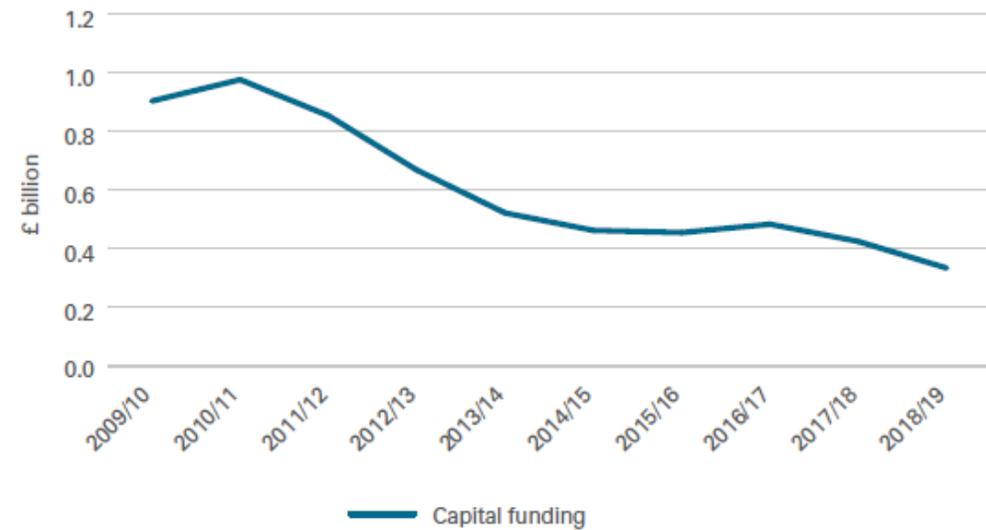


- **Health funding has increased in both real terms and cash terms since 2009/10**



Source: Scottish Government budgets

- **The capital funding from the Scottish Government has decreased in real terms**

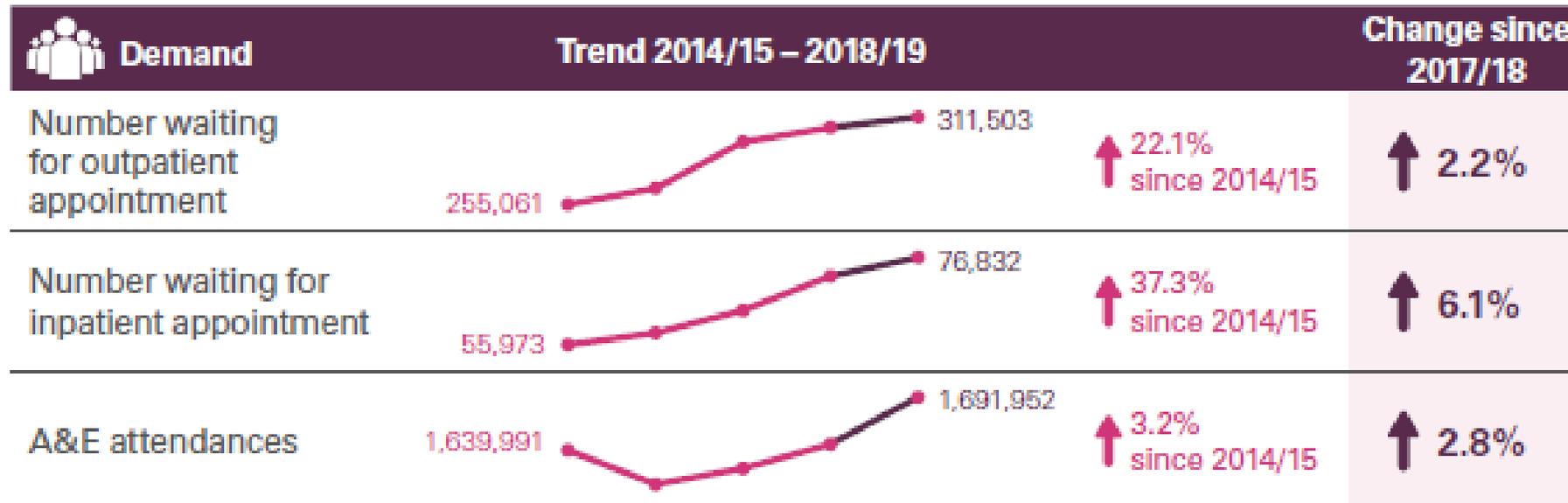


Source: Audit Scotland using NHS Consolidated Accounts



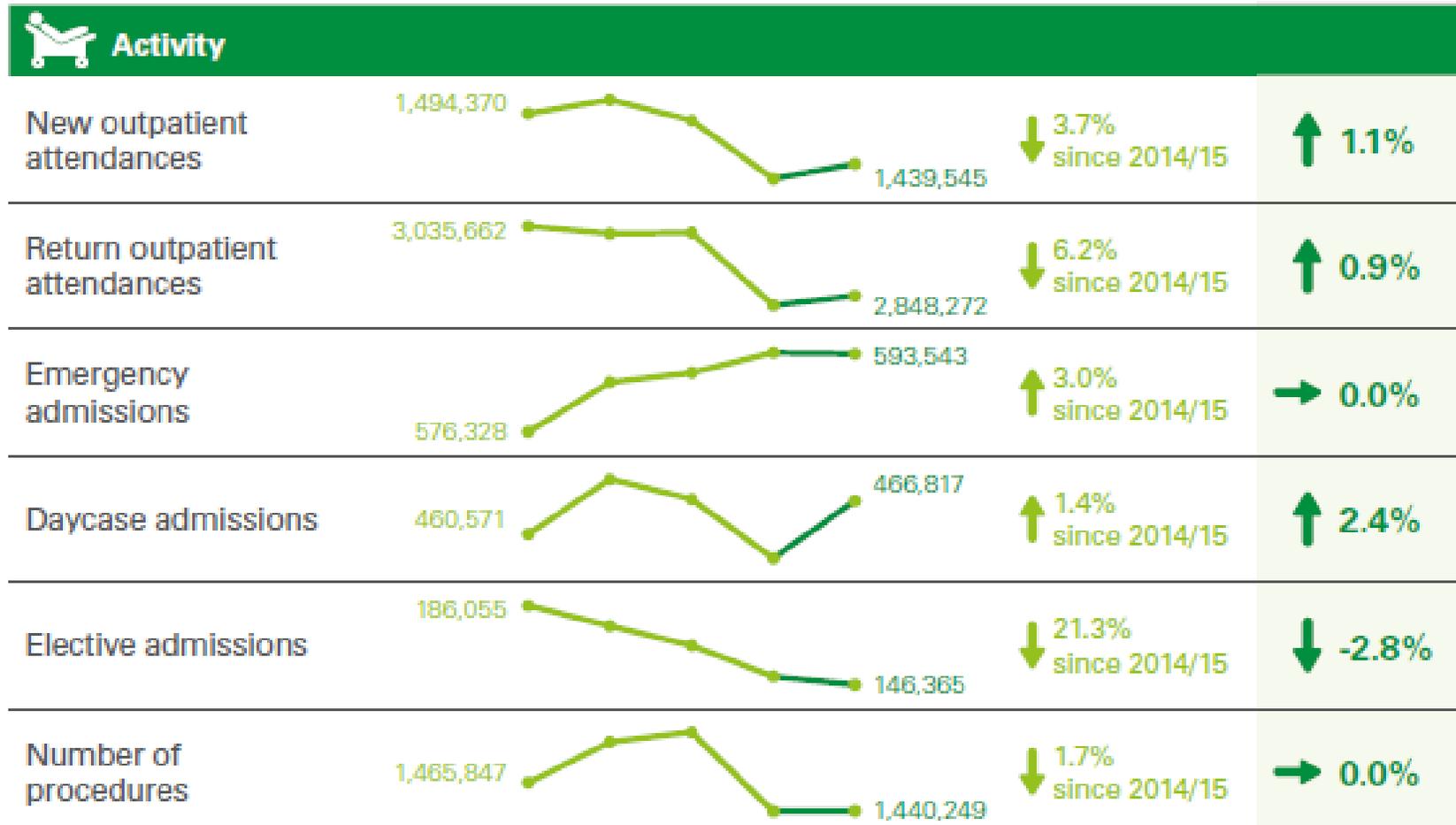
42%
**of the Scottish
budget spent
on health**

National trends in demand for acute services 2014/15-2018/19

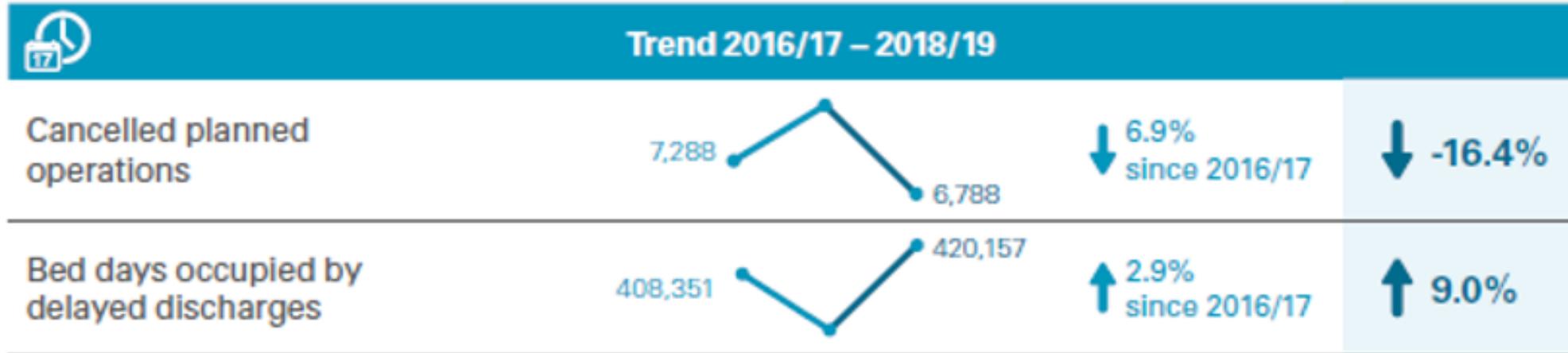


Source: ISD Scotland

National trends in activity of acute services 2014/15 to 2018/19

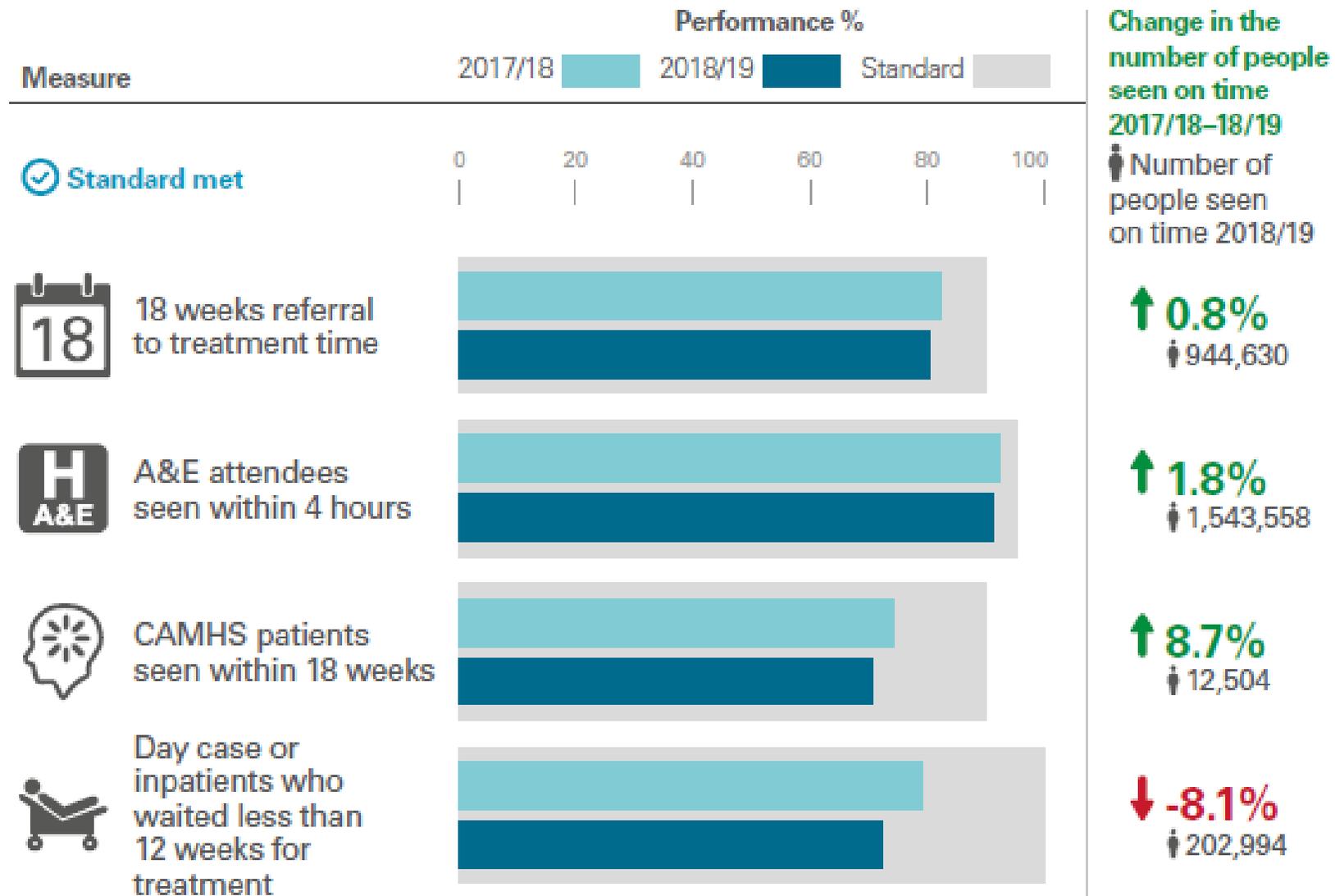


National trends in activity of acute services 2016/17 to 2018/19

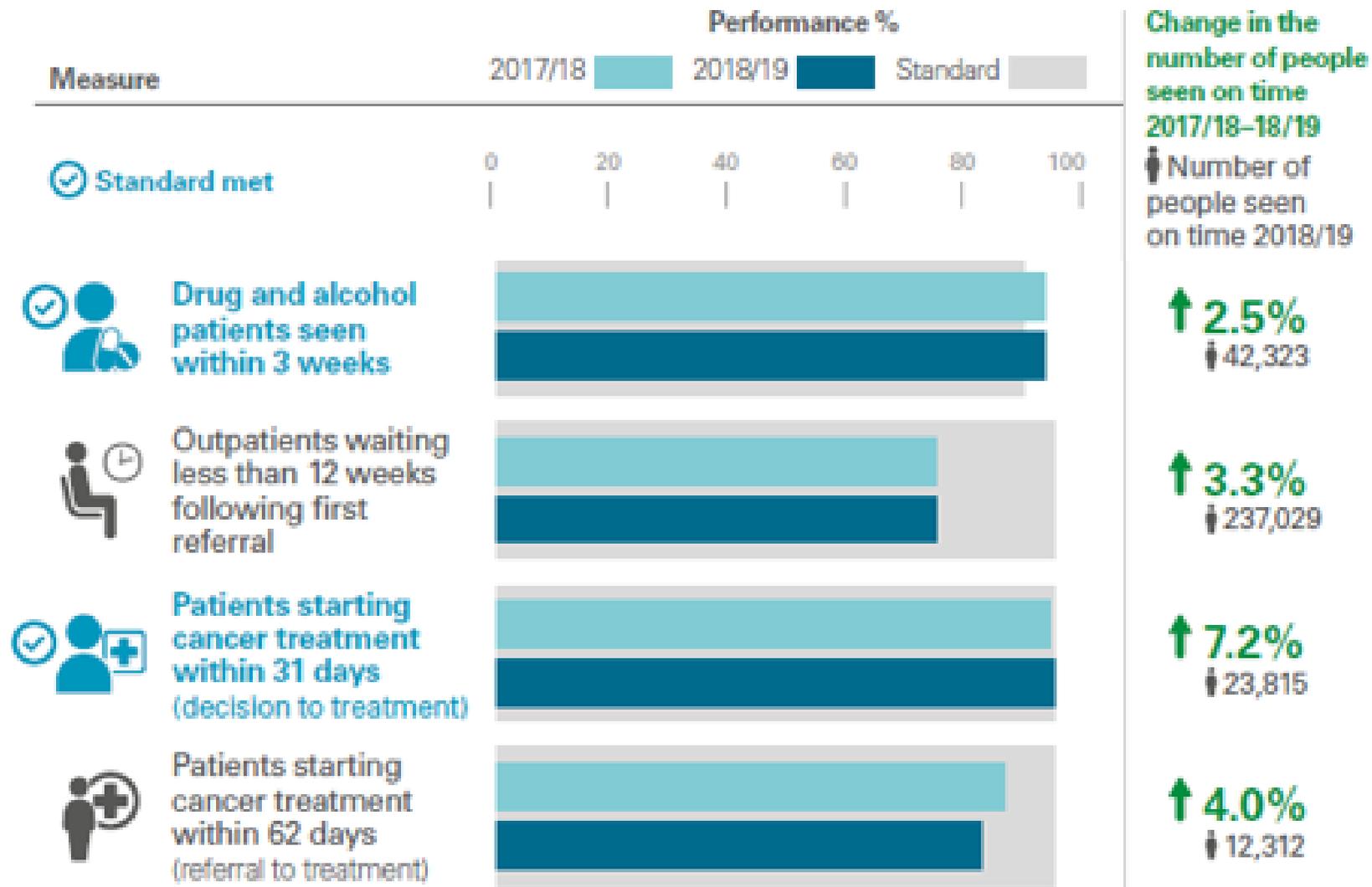


Source: ISD Scotland

Performance against key national waiting times standards



Performance against key national waiting times standards



Headcount



164,114

March 2019

↑ 0.6% since last year
↑ 3.4% over five years

Full-time equivalent



140,881

March 2019

(excluding some primary care staff)
↑ 0.7% since last year
↑ 3.9% over five years

Staff costs



£6.9bn
in 2018/19

↑ 2.5% in real terms
since last year

=



Workforce aged over 55



55+

22%

Vacancy rates

Consultants



7.7%

↑ from 7.5% in 2017/18
Highest: **44.2%** Orkney
Lowest: **1.9%** Lothian

Nursing and midwifery



4.9%

↑ from 4.5% in 2017/18
Highest: **8.4%** Highland
Lowest: **0.7%** Ayrshire and Arran

Allied health professionals



4.7%

↑ from 4.4% in 2017/18
Highest: **9.1%** Grampian
Lowest: **0.4%** Ayrshire and Arran

54%

Vacancies open
for at least 6 months
↓ from 60% in 2017/18



28.5%

Vacancies open for
at least 3 months
↓ from 30.3% in 2017/18



32%

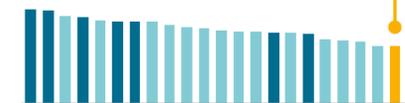
Vacancies open for
at least 3 months
↑ from 29.4% in 2017/18



Staff turnover

6.4%

down from 6.6% in 2017/18



Territorial boards

Highest: **9.8%** NHS Shetland
Lowest: **6.5%** NHS Ayrshire and Arran

National boards

Highest: **10.5%** NHS Health Scotland
Lowest: **4.5%** Scottish Ambulance Service

Sickness absence

5.4%

same as 2017/18



Territorial boards

Highest: **5.9%** NHS Forth Valley
Lowest: **4.3%** NHS Shetland

National boards

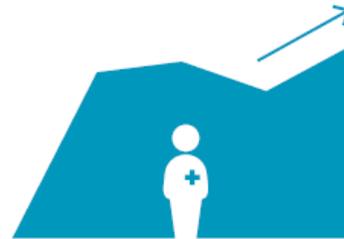
Highest:
8.6% NHS 24
8.3% State Hospital
7.8% Scottish Ambulance Service



Medical locum

2014/15 – £72.8 million
2018/19 – £98.0 million

Peaked in 2016/17 at £114 million
and has reduced year on year since



Nursing agency

2014/15 – £17.1 million
2018/19 – £26.2 million

Decreased in 2017/18 but
has reached its highest
so far in 2018/19



Nursing bank

2014/15 – £138.8 million
2018/19 – £161.9 million

Continuing to rise year on year.
This is a more cost effective
option for health boards than
agency nurses



26 new appointments
senior leadership positions

22 NHS boards



5 chief executives

NHS Grampian, Highland, Orkney, Tayside, and National Waiting Times Centre

9 board chairs

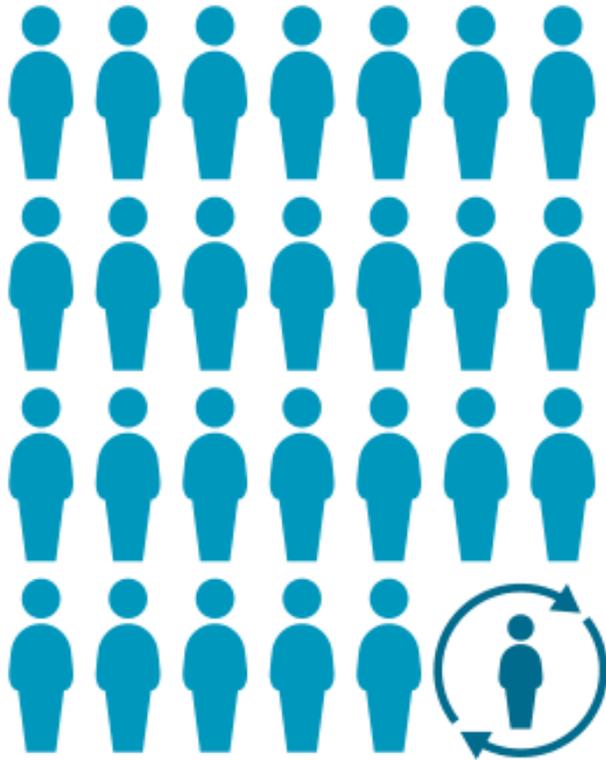
NHS Borders (interim), Grampian, Highland (interim), Shetland, Tayside (interim), Western Isles, Scottish Ambulance Service, NHS Education for Scotland and National Waiting Times Centre

6 new directors of finance

NHS Forth Valley, Highland (interim), Orkney (interim), Tayside, Western Isles and Scottish Ambulance Service

6 new medical directors

NHS Fife, Lanarkshire, Shetland (interim), Tayside (interim), National Services Scotland and NHS 24



26
new senior
appointments
across 22
NHS boards

Thank you

Claire Sweeney, Audit Scotland
csweeney@audit-scotland.gov.uk



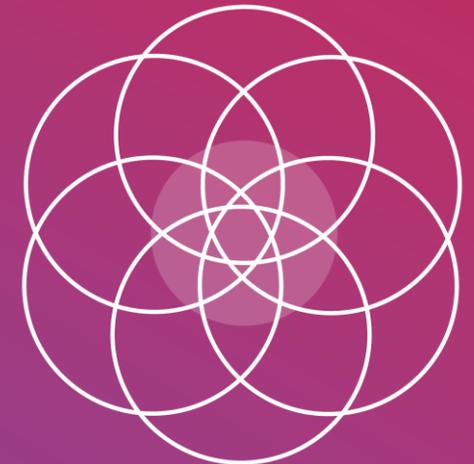


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HFMA Presidents Address

Bill Gregory, Chief Finance Officer
Lancashire Care NHS Foundation Trust



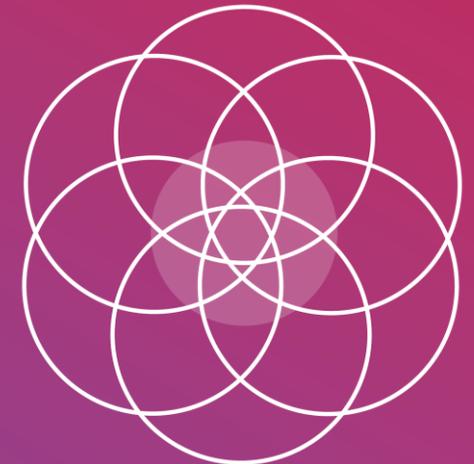


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Lessons from NHS Improvement and Northumbria

Sir James Mackey, Chief Executive
Northumbria Healthcare NHS Foundation Trust





Northumbria Healthcare
NHS Foundation Trust

Improvement in the NHS - Reflections from Northumbria FT & NHSI

Sir James Mackey, Chief Executive

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a caring
future

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Improvement in the NHS - Reflections from Northumbria FT and NHSI

- Background, me, Northumbria, NHSI
- Some examples of improvements from both perspectives
- My thoughts on what works, and what doesn't.....
- Discussion

Improvement in the NHS - Reflections from Northumbria FT and NHSI

Background.....

- CIPFA qualified in 1990, having trained in Local Govt
- Various financial roles, largely progressing within Northumbria, to CEO in Nov 2003 (job share) and alone (May 2005)
- 3 secondments away (RDF, CEO of Northumberland Care Trust, to form NHSI as it's first CEO)
- Various national and regional reviews and inquiries
- My perspective on performance and improvement...

Improvement in the NHS - Reflections from Northumbria FT and NHSI

About us

- Provide hospital, community and social care (latter Northumberland only)
- Covering one of the largest geographical areas (2,500 sq miles)
- 11 Hospital sites
 - 4 DGH
 - 7 Community (2 outpatient facilities)
- Specialist Emergency Care Hospital – opened in 2015
- Contrasting demography
 - affluence –v- poverty
- Despite this one of the best Trusts in England – strong brand and excellent reputation but still with more to do.



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£706.7m
Total income

£673.1m
Total expenditure

£33.6m
Surplus



**EXCELLENT FINANCIAL
RISK RATING**



STAFF SURVEY

One of the strongest performances in the NHS with Northumbria ranked 2nd among acute trusts (out of 86) and 6th overall (out of 162).



72% response rate to staff survey

93% of staff feel their role made a difference to patients



STAFF EXPERIENCE

Real time measurement launched in December.

70.4% overall score

73% sustainable engagement

77% proud to work here

96% of patients attending A&E were treated within four hours

91% of patients rated the care they receive within A&E as excellent, very good or good

99% of outpatients rated their care as excellent, very good or good

82% of patients started treatment for cancer within 62 days of a referral from their GP

98% of inpatients rated their care as excellent, very good or good

100% of patients referred from national cancer screening programmes started treatment within 62 days

QUALITY PRIORITIES



- ✓ **Surviving sepsis**
= as expected
- ✓ **Falls**
= as expected

- ✓ **Frailty**
= as expected
- ✓ **Flow**
= as expected

Building
caring
culture
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NORTHUMBRIA IN NUMBERS - 2018/19

AN AVERAGE OF OVER
2,000,000
PATIENT CONTACTS EACH YEAR

OVER **340,000**
OUTPATIENT APPOINTMENTS



STAFF CIRCA
11,000



MORE THAN **3,000**
BABIES BORN



OVER **217,700**
PATIENTS VISITED A&E



10
HOSPITAL
SITES



MORE THAN **52,000**
ADULT SOCIAL CARE APPOINTMENTS
INC. HOME VISITS



OVER **925,000**
COMMUNITY SERVICES CONTACTS



951
BEDS



50,400
DAY CASES



MORE THAN **25,400**
OPERATIONS



£640m
BUDGET



OVER **370,000**
DIAGNOSTIC TESTS PERFORMED

Improvement in the NHS - Reflections from Northumbria FT and NHSI

NHS Improvement

- Largely, a merger of the FT regulator (Monitor) and Parent/Oversight Body of NHS Trusts (TDA), plus various other functions and bodies;
- Responsible for regulation, oversight, **support and Improvement** of 233 provider organisations around England (combined revenues of c£80bn, c1m staff)
- Started 1st Nov 2015, with a two year term, on secondment...
- The brief.....
 - The money
 - Performance
 - Working with politicians, NHSE and other bodies (such as CQC, HEE etc)
 - Shift in focus towards improvement
 - Hope
 - A plan....and handover for the next phase.....

CFO Mind Map - PWC

This sets out our views on the key areas for CFOs to consider as they lead financial improvement. It's important to consider much wider-ranging factors when looking at sustainable financial recovery.



Road to Recovery – Six foundations for a successful recovery - PWC

1	2	3	4	5	6
<p>Clearly understand the size of the challenge and its causes:</p> <ul style="list-style-type: none"> • Understanding of the drivers of the challenge • Recognition of the elements of the challenge within and outside the CCG's/ Trusts control 	<p>Effective and cohesive leadership:</p> <ul style="list-style-type: none"> • Clarity of roles & responsibilities • Collective accountability • Scrutiny and challenge • Understanding of what 'good' leadership looks like • Effective and cohesive team working 	<p>Robust and effective governance arrangements:</p> <ul style="list-style-type: none"> • Effective Governing Body / Trust Board oversight and assurance • Clear committee structures and approaches for escalation • Robust, high quality information and reporting 	<p>Strong stakeholder engagement:</p> <ul style="list-style-type: none"> • Strong engagement with the clinical community, including in relation to finance and performance 	<p>A clear plan for recovery:</p> <ul style="list-style-type: none"> • A clear plan for recovery • Development of a clear, realistic but challenging plan • Stabilise in-year position • QIPP/ CIP identified and plan developed. • Capacity and capability requirements identified and secured 	<p>Rigorous implementation:</p> <ul style="list-style-type: none"> • Robust monitoring and tracking of plan • Management and resolution of risk and issues • Driving accountability and performance management • Delivery assurance • Driving continuous improvement

Underpinning these foundations:

- Sufficient, timely and meaningful data and business intelligence
- Culture, behaviours and mindset throughout the whole organisation and wider system
- Maximising the benefits of using technology solutions to support implementation and delivery

Return on investment

Return on investment

As shown by the examples in the table below we regularly deliver over six times our fee in return for our clients through our work on CIPs and cost control. The level of ROI that can be achieved will depend on the nature of our support and the opportunities available in practice.

Organisation	ROI
NHS organisation 1	10.0
NHS organisation 2	10.9
NHS organisation 3	8.4
NHS organisation 4	5.7
NHS organisation 5	8.0
NHS organisation 6	9.4
NHS organisation 7	18.8

Benefits to our approach



Led Divisional line-by-line budget challenge sessions **delivering £5m** in-year

Rapidly reviewed ED medical & nursing staffing and operational processes to **improve 4 hour performance** by 5% at a Trust



Rapidly developed

£ 25m

in-year recurrent CIP following delivery of over 30 workshops across three Trusts using Model Hospital & PLICs

Return on Investment **>1:4**

Designed and developed a CIP plan at a FSM Trust worth

£ 59m

Delivered recurrent CIP savings across 7 Trusts of over

£ 303m



Created **Medical Productivity tool** challenging premium spend and assisting with Job Planning. Supporting a

£6.8m Medical Productivity CIP

Operational productivity support



£4.0m additional productivity delivered in Theatres in one year for a Trust



Outpatients delivered **£3.0m** through productivity and Follow-Up reductions in one year

Incorporating **Digital transformation solutions** - OPUS, ATOM, ECO and RITA

Re-design PMO & CIP Governance

Delivered PMO & Programme management training to **over 50 staff**

Launched CIP programme planning workshops with over **250 multidisciplinary staff**

Identifying over **200 CIP opportunities**

Improvement in the NHS - Reflections from Northumbria FT and NHSI

Financial Improvement Programme at NHSI

- Supported trusts to deliver in-year savings and improvement to their finances to meet their control totals
- The largest areas of savings found within the FIP involved trusts finding better ways to use existing facilities
- There were also significant opportunities for savings in hospitals' procurement processes
- £70m 16/17 deliverable savings (4/1 ROI, savings to fee ratio)

Improvement in the NHS - Reflections from Northumbria FT and NHSI Quality Improvement Collaboratives

Leadership
Development



End of Life Care



Stop the Pressure



Nutrition and Hydration



National CET



Dementia
Assessment
Framework



Learning Disabilities



Model Hospital

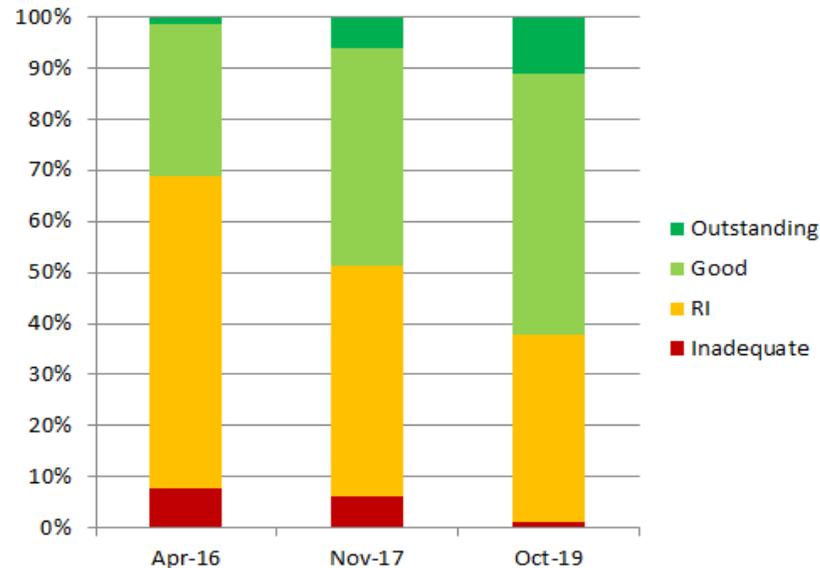


Falls



Improvement in the NHS - Reflections from Northumbria FT and NHSI

Improvement in CQC ratings tell one side of the quality story...

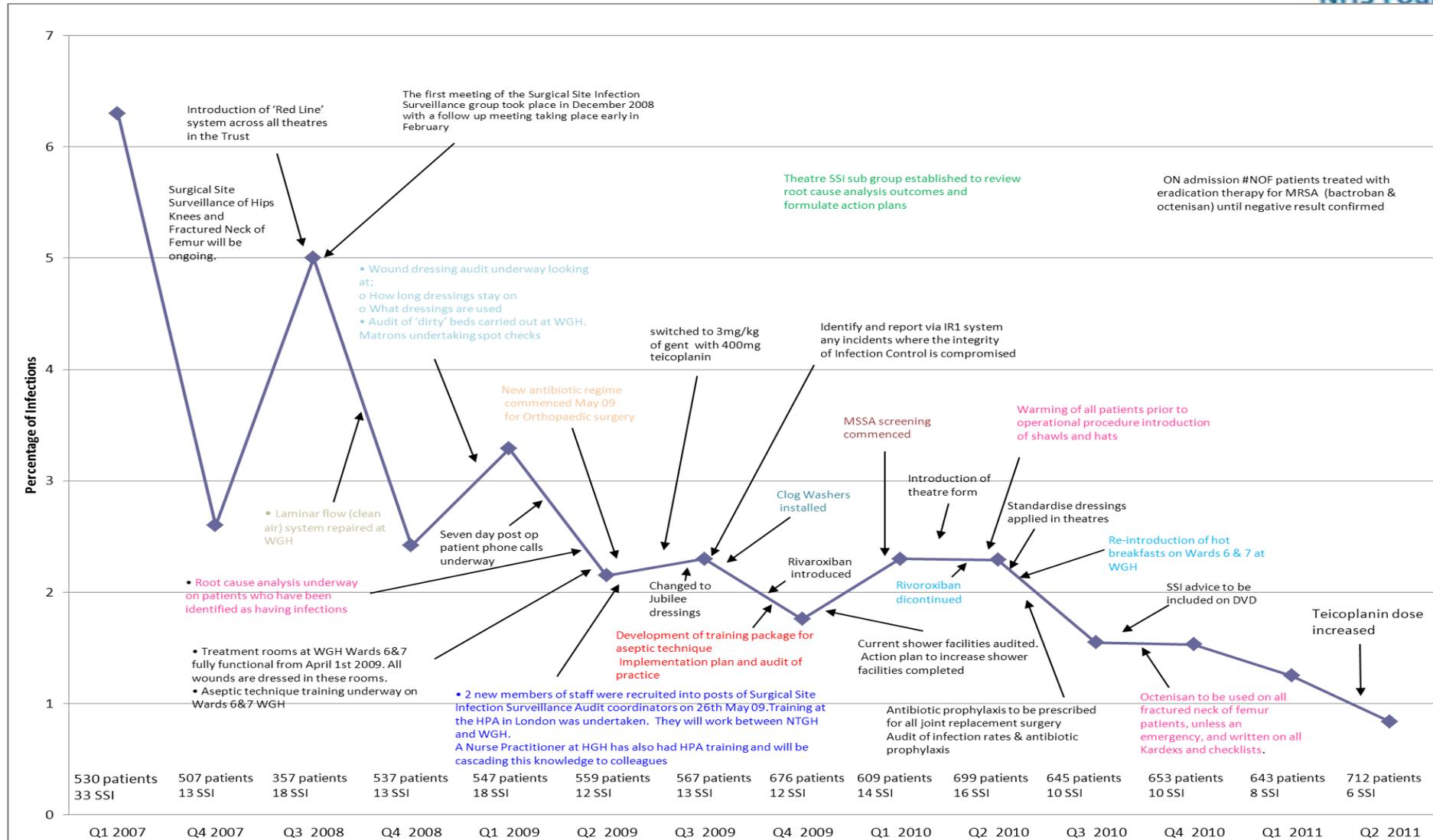


Creation of
NHSI

Between April 2016 and October 2019

- **24** more trusts are rated “outstanding”
- **72** more trusts are rated “good”

A favourite slide.



Translating Strategy into Improved Flow – Present to Future

Impact

	2018-19 Apr-Aug	2019-20 Apr-Aug	% change (minus value denotes decrease)
The Northumbria ED attendances	44153	45675	3.4%
Total A&E attendances	89717	98410	9.7%
Blue Zone *	13169	13549	2.9%
A&E performance	98.1%	93.7%	-4.4%
Non-elective admissions (excluding short stay, amb care)	15466	15858	2.5%
Ambulatory care & short stay (admits only)	8420	13155	56.2%
Medical ambulatory care (1st admission)	5108	5722	12.0%
Surgical ambulatory care (1st appointment & admission)	2225	2812	26.4%
Stranded patients 7+ days (nos. at end of period)	329	311	-5.5%
Stranded patients 21+ days (nos. at end of period)	148	101	-31.8%
Elective FFCEs - Inpatients	2771	2705	-2.4%
Elective FFCEs - Day cases (N.B. change in recording of amb. care)	20997	21543	2.6%
Outpatient first attendances (N.B. change in recording of amb. care)	53471	51271	-4.1%
Occupied beds, midnight – The Northumbria **	36029	39311	9.1%
Occupied beds, midnight - Trust **	116106	116976	0.7%

1 breakthrough series collaborative,
2 interventions, 50 NHS organisations,

BENEFITS

for PATIENTS

60%

reduction in

MSSA

infections

BENEFITS

for PATIENTS



Shorter stays

in hospital, fewer
re-admissions and fewer
critical care admissions



Fewer
**blood
transfusions**

23,111
patients to
date

THE MONEY
£1.5m

savings during project
Did you know?

It costs £1,800 to prevent a joint
infection but £22,000 to treat one



THE MONEY
£4.8m

approx savings during project
- saving £160 per patient



HIP QIP – 119 additional lives saved. Over 200 returning home

HIP QIP

Northumbria Healthcare NHS Foundation Trust's HIP Quality Improvement Programme (known as HIP QIP) is an initiative to improve care for older people who've had a hip fracture.

Scaling Up Improvement Programme

Scaled up to six NHS organisations

5 learning events with overall learner satisfaction above 90%

6 peer reviews by BOA

Monthly coaching conversations

Patient leaders working in collaboration with clinical teams to improve

The impact

119 lives saved so far (compared with mortality rates at study sites before the collaborative)

8% of patients operated on within 36 HOURS of admission

More than 100 EXTRA patients returned to their own home instead of a nursing or residential home

Reduced length of stay in hospital by 2 days

10% increase in patients mobilised on the day of or after surgery

Real time patient experience data reporting

80% of patients had a nerve block

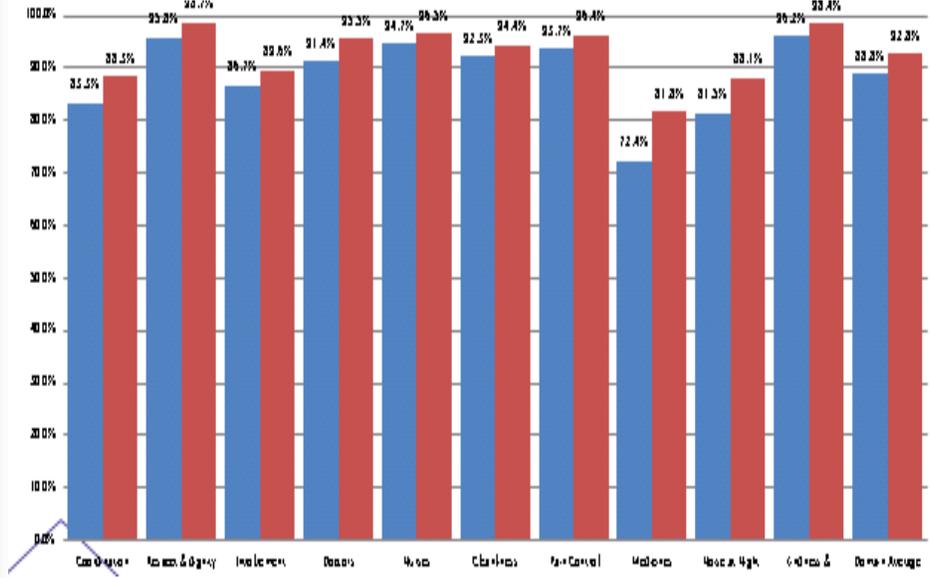
5 nutritional assistants recruited and trained

29,000 extra meals and weekly tea parties to boost nutrition

RUBIS.Qi | The Health Foundation | Northumbria Healthcare NHS Foundation Trust

www.northumbria.nhs.uk | @HIPQIP | @RCPLondon | @BritOrthopaedic | @DrWinTadd | @AHSN NENC

Patient experience collaborative - all domains statistically better within 12 months



Northumbria providing technical improvement support to 21 Innovating for improvement teams and 14 Scaling up teams.

All teach, all learn principles



Development of a laparoscopic surgery service at Kilimanjaro Christian Medical Centre, Tanzania

Mr Liam Horgan, Consultant Surgeon
Dr Chilonga Kondo, Head of Surgery

Northumbria Healthcare's partnership with Kilimanjaro Christian Medical Centre began in 1999 when Professor Richard Walker spearheaded a delegation from the trust to meet with the Directors of KCMC. From that point key objectives for training were agreed and the first projects started in 2001. Sister Lillian Broatch, the trust's lead theatre nurse trainer began to visit KCMC to train theatre nurses and central sterile supplies staff. She recognised that the establishment of laparoscopic surgery at the hospital could benefit KCMC.



Donation of a laparoscopic simulator enabled surgeons to practice their skills to undertake routine keyhole surgery procedures.

However surgeons from the UK became aware that it would be useful to have more regular contact with KCMC surgeons to offer professional support. The team turned their thoughts to the possibility of a distance learning option.



The UK Minister for International Development visits Hexham to talk to the KCMC team via the two way audio visual link. Dr David Msuya

Discussions were held with Tumaini University to consider the development of a module in laparoscopic surgery to be included in the undergraduate course for medical students.

The 3rd laparoscopic surgery course was held at KCMC. Representatives from the Ministry of Health attended.

At this point KCMC has successfully completed more than 220 laparoscopic procedures.



Preparations were made for the shipment of high tech and very delicate laparoscopic surgical equipment from the UK to support the establishment of the keyhole surgery service at KCMC. Dr Chilonga Kondo visited North Tyneside General Hospital to observe the delivery of Northumbria's laparoscopic service. Mr Horgan performed the first laparoscopic removal of an appendix at KCMC in 2005.



visits North Tyneside General Hospital for training.

2003

2004



Consultant Surgeon, Mr Liam Horgan, visited KCMC to discuss the possible development of a laparoscopic surgery service at KCMC. He provided training to general surgeons and performed the first laparoscopic chole-cystectomy to be carried out in Tanzania.

2005

2006

Following Dr Kondo's visit to the UK it was possible to establish a regular weekly laparoscopic cholecystectomy list at KCMC. At this point around 30 laparoscopic procedures had been successfully carried out.

Mr Horgan performed the first laparoscopic inguinal hernia repair to be carried out in Tanzania during his visit to KCMC in 2006.



2007

2008



The first laparoscopic surgery course was held at KCMC. It was attended by surgeons and theatre nurses from across Tanzania.

An audio-visual link was set up in Theatre 1 at KCMC to link to Hexham General Hospital so that UK surgeons could view images from the laparoscopic endoscopy camera and talk to Tanzanian surgeons while the keyhole surgery operations took place

2009

2010

The second laparoscopic surgery course was held at KCMC. The course combined lectures and tutorials with practice on simulators and laparoscopic equipment. It was attended by surgeons and theatre nurses from across Tanzania.

Dr Chilonga Kondo returned to the UK to attend a Northumbria Upper Gastro-Intestinal Surgery Course (NUGITS) course at Hexham General Hospital and observe more advanced laparoscopic procedures



2011

2012



The 4th laparoscopic surgery course was held at KCMC in March 2012. During the course Mr Horgan performed a mesh hernia repair as day case surgery. The patient walked out of the operating theatre unaided.

Laparoscopic data collected at KCMC is due to be presented at the Association of Gastro Intestinal Surgeons conference in Cork , Ireland in November 2012..

2013

The future for KCMC's laparoscopic surgery service is promising. The undergraduate course for laparoscopic surgery has been completed and is being verified by Tumaini University. KCMC has successfully hosted four training courses in laparoscopic surgery which have been accredited by the European Association of Endoscopic Surgeons. There is significant interest from surgeons and theatre nurses across Tanzania for additional training in laparoscopic surgery. KCMC is well placed to undertake this role having established an effective and safe laparoscopic surgery service over several years..



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Integrating with staff experience



Northumbria Healthcare
NHS Foundation Trust



WANSBECK GENERAL HOSPITAL



STAFF EXPERIENCE SURVEY RESULTS

HAPPINESS AT WORK SURVEY

iOpener Institute carried out the happiness at work survey on our behalf. They have conducted extensive research in this area over the last 20 years and data they have available to them allows us to compare ourselves against the average score for industry – see the blue bar on the chart below.



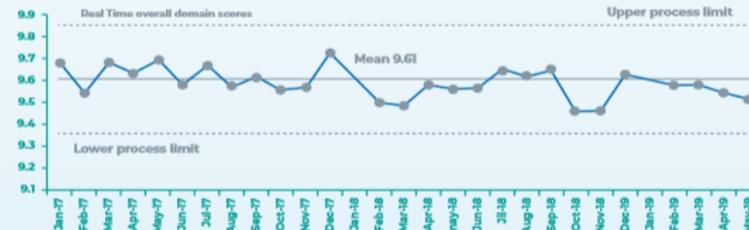
SUSTAINABLE ENGAGEMENT INDICATOR QUESTIONS

Indicator Question	Staff experience survey - Dec 18	Happiness at work survey - Apr 19	Diff +/-
I have the tools and equipment I need to do my job to the best of my ability	67.9%	72.5%	4.6%
I have the energy I need to get me through my day at work	70.3%	75.3%	5.0%
I have a good understanding of the Trusts' vision and strategy	76.3%	78.9%	2.6%
I believe strongly in Northumbria's goals and objectives	76.6%	78.0%	1.4%
I am proud to work for Northumbria	78.0%	80.0%	2.0%
I am willing to go beyond what is required to help the Trust succeed	80.4%	79.9%	-0.5%
Overall Score	74.9%	77.4%	2.5%

PATIENT EXPERIENCE MEASUREMENT

Takes place on all wards and considers; coordination of care, dignity and respect, involvement, cleanliness, pain control, explanation of medicines, noise at night, kindness and compassion and views on doctors and nurses.

Ratings are given on a scale of 0 to 10 and the chart below shows the average of all of these scores collated from all wards at Wansbeck General Hospital.



NHS Choices



5 STARS

WANSBECK GENERAL HOSPITAL OVERALL RATING

96%

OF PATIENTS WOULD RECOMMEND THEIR CARE TO OTHERS

100% of patients rating their care as excellent, very good or good.

"The doctor is excellent here. I've noticed the staff are very meticulous with their hand hygiene. My new medications have been explained to me clearly. I would always recommend Wansbeck hospital, I've been here several times. The nurses are under so much pressure, they're so busy with their patients. One lady in this bay took ill but they were exceptional and quick to respond to her."

"Planned operations in Wansbeck are excellent... They have dealt with me brilliantly, especially when they knew how worried I was. They are well staffed and well managed. It's a perfectly clean ward. They looked after me really well on recovery too. I have been on a few wards here at Wansbeck and this is by far my favourite. The ward is big and airy and I do like the staff. I am always greeted with a friendly face and they will even go to the shop to get me a newspaper."

BETTER STAFF ENGAGEMENT = BETTER CARE



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Staff experience update

- Happiness at work survey had 3,139 returns, an excellent response from a third of our staff
- Key factors within the Happiness at work survey show significant improvement in five out of the six domains when benchmarked against industry responses
- Sustainable engagement scores has statically improved in five out of the six questions when compared with earlier results



Improvement in the NHS - Reflections from Northumbria FT and NHSI

So, some thoughts....

- There is an awful lot of **waffle about re QI** and improvement – don't be distracted by it
- **Short term**/quick impact **vs sustainable** improvement
- Scale and **operating model**
- The foundations for long term strength **take time** to build, don't let that put you off...
- Often, what needs to be done, and how, is obvious but **politics** works against that
- Beware of the **false binaries**...
- **"how"** is often more important than **"what"** ...
- **Leadership** and courage is required to stay focussed on the right things
- Sometimes we **need help** (collaboratives, national bodies, private sector)
- **Staff and patients** usually have the answers
- Motivation, leadership and **energy**
- Remember, **method** and **purpose**....

Improvement in the NHS - Reflections from Northumbria FT and NHSI

Some myths and things to avoid

- This all needs bigger and better central PMO and performance management
- Performance is old hat, it's all about culture
- The system vs institution thing
- The assurance template falsehood...
- You can either have a nice culture **or** good performance **or** manage the money...
- You'll have to force people to change...
- If only everybody was better/not stupid/tried harder...

Improvement in the NHS - Reflections from Northumbria FT and NHSI

And, what works...

- Method **and** purpose
- Data and **facts**, and using them (not avoiding them)
- **Short term**, temp impact is often necessary but must fit with long term, **sustainable** improvement
- **Staff** like **order, belonging and clarity**
- They, and **patients**, usually have the answer – engage them, listen and act
- Say **thank you**, it goes a long way.....
- **Celebrate** success, it is contagious
- Help people **recover from knocks**
- **Measure well**, change, adjust and try again
- **Remember, it is never finished ...**



Northumbria Healthcare
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Discussion...

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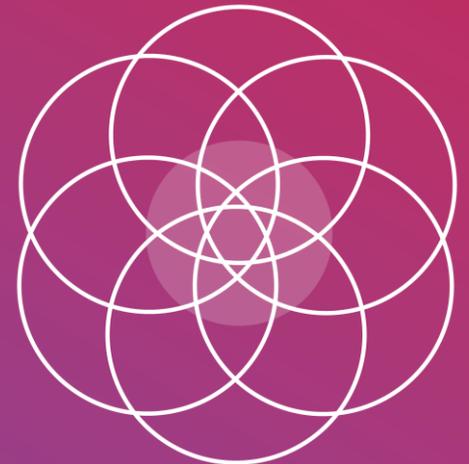


HFMA Scotland Branch
Annual Conference 2019



Keynote Speech followed by Q&A

Malcom Wright, Director of General Health and Social care &
Chief Executive
NHS Scotland



National Performance Framework

Our Purpose, Values and National Outcomes



Malcolm Wright, Director-General Health and Social Care and Chief Executive NHS Scotland



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Message from a Cabinet Secretary

Kate Forbes MSP, Minister of Public Finance & Digital Economy
Scottish Government





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Closing Remarks

