

DECEMBER 2008

HFMA AWARDS 2008



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SUE JACQUES: FINANCE DIRECTOR OF THE YEAR



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STRIVING FOR THE BEST

Immediate past chairman
Chris Calkin welcomes
us to another year of
outstanding achievement

THE HFMA AWARDS is one of the highlights of our year and this year is no exception as we celebrate the achievements of the best in healthcare financial management in England, Scotland, Wales and Northern Ireland.

The UK healthcare market is undergoing significant change with restructuring in Wales, Scotland and Northern Ireland, and England embarking on the Darzi vision.

Throughout the four home nations, healthcare finance teams continue to excel in terms of their professionalism and in the quality of the advice, guidance and support they provide to colleagues and service users in healthcare organisations across the UK.

The finance team is crucial to the delivery of efficient, effective and modern health services, whether they are based in a health board or health authority, a trust or foundation trust, a primary care trust, or any of the



other special health authorities, private providers or other organisations involved in managing or delivering healthcare in the UK.

The awards programme, now in its fourth year, recognises both the high quality of finance professionals and their importance in ensuring patients get the

services they desire. The awards cover many of the fundamental aspects of the finance team's role, such as efficiency, governance and the commissioning and delivery of high quality healthcare.

Having been involved in judging two of the awards this year, I can speak from personal experience that the standard of entrants remain high and the competition fierce. All of you who entered have made a contribution to developing the role of finance in the NHS and although you may not have won, you have succeeded in enhancing the delivery of healthcare.

HFMA is recognised as 'the voice of healthcare finance'. These awards are an opportunity for that voice to be heard celebrating the contribution and success of finance teams across the UK. When the awards were made at our annual conference gala dinner, an audience of nearly 750 finance professionals showed their appreciation of the winners' dedication and hard work. I trust you will join me in continuing to applaud their achievements. ■





Winners of all categories gathered together to celebrate their success (above) at the HFMA's annual gala dinner and awards ceremony. A number of the awards were endorsed by the Department of Health, represented on the evening by Bob Alexander, director of NHS finance (centre left). Each winner received a personalised HFMA award platter (left). Anne Swan (centre) shows her delight at NHS Bournemouth and Poole winning Healthcare Commissioner of the Year.

JACQUES SCOOPS TOP PRIZE

SUE JACQUES IS the HFMA's Finance Director of the Year. As deputy chief executive and director of finance at County Durham and Darlington NHS Foundation Trust, the judges recognised that she has led her trust's finance function through a challenging period.

Over the past few years, while meeting its financial duties, the trust has:

- undergone significant changes and reconfiguration
- delivered major cost reduction programmes
- moved from underlying deficit into surplus
- managed three private finance initiative contracts
- achieved foundation trust status.

Ms Jacques, who succeeds last year's inaugural winner Jane Tomkinson, has been the finance director since the trust was formed in 2002. From December 2001 she was finance director at one of its predecessors, North Durham Healthcare NHS Trust. It is one of the largest non-teaching trusts in the health service, operating across multiple sites and with a turnover of £310m.

The award was judged on seven criteria. These were:

- whether the entrant's trust had made a significant financial achievement
- enterprise
- integrity
- innovation
- leadership
- strategic development
- quality of service.



WHAT THE JUDGES SAID

"Sue Jacques' role in changing the financial position to one of strength was clear, as was the commitment to customer service. Her innovative approach beyond the finance function was excellent."

Ms Jacques scored particularly well in the significant financial achievement, innovation and quality of service categories.

One of the highlights of Ms Jacques' achievements is the award of foundation trust status in February 2007, which was preceded by years of successful cost improvement

programmes. Since the trust was established it needed to make significant efficiency gains to break even and latterly to deliver a surplus.

Efficiency savings

A programme of efficiencies, developed in tandem with clinical staff, improved the trust's underlying position by £21m in 2006/07 and £16m in 2007/08, with a target of £12m in 2008/09.

In its first two years as a foundation, County Durham and Darlington has achieved surpluses greater than those in its annual plan, allowing it to invest in new services. These include a bowel screening service, extending ENT and dermatology to new sites, establishing a pilot immunology service and direct access cardiology services for GPs.

The move into surplus is one of the benefits of Ms Jacques' fostering of strong relationships with the trust's clinicians, particularly the consultants, according to Edmund Lovell, the trust's director of corporate affairs. This has been strengthened by service line management and patient level costing.

Above, from left to right: Stephen Prince of Public Sector Consultants, Ms Jacques, Bob Alexander of Department of Health, Chris Calkin, HFMA.

Left: Sue Jacques and last year's Finance Director of the Year Jane Tomkinson of Countess of Chester FT





All together: The shortlisted finance directors of the year. From left to right: Sue Jacques, Guy Musson, Alan Pond, Alex Farrell, Tony Waite and Jayne Deaville.

He adds that Ms Jacques has restructured the energy provision in its PFIs to take advantage of the VAT regime, and introduced a process for the early closure of accounts in 2007/08, which is now being used as a blueprint in NHS North East for faster closing in 2008/09.

Ms Jacques said the trust had done 'really well' to eradicate its underlying deficit. 'Clinical engagement was an important element of this and we have a wonderful body of clinicians we can work with. We have a joint vision of where we want the trust to be. Working so closely with clinicians has led to significantly better financial as well as clinical results.'

The award meant a great deal to her. 'To just be shortlisted is the best recognition you can have from the people you work with and then to win it is the icing on the cake. I am sure all the other finance directors on the shortlist are deserving of this award and it was almost heart-stopping when my name was read out.'

She paid tribute to her colleagues at the north east trust. 'You couldn't be finance director of the year if you didn't have the finance team of the year with you. I have three associate directors who are absolutely fantastic at what they do. We work together as a team of four and they are absolutely critical to what we do.'

Ms Jacques particularly appreciated that the recognition had come from the HFMA. 'The

HFMA is a world-class organisation that has always been there to help and support me throughout my career. So to get an award from the HFMA is extremely special.'

Judges were impressed by her commitment to customer service – she has encouraged her finance team to develop a customer pledge and a seven point plan to improve the service it offers to clinical departments. Last year the trust's procurement function, managed by Ms Jacques, which serves a number of local trusts and PCTs, became the first such department to be awarded the prestigious Charter Mark for customer service excellence.

Ms Jacques has also encouraged innovation, establishing a £2m reserve to encourage leading edge clinical practice by allowing new ideas to be tested.

She has also proved her leadership within the finance function, both nationally and locally. Development programmes, which have been accredited by CIMA, have been put in place for all levels of finance staff in her team.

At regional level, she has chaired the largest internal audit consortium in the North East since January this year.

Ms Jacques has supported the development of the NHS finance profession nationally, regularly speaking at HFMA, Foundation Trust Network and Monitor conferences and she is an HFMA mentor. ■

“Working so closely with clinicians has led to better financial as well as clinical results”

Sue Jacques

**Endorsed: Department of Health
Sponsor: Public Sector Consultants**

■ **Winner** Sue Jacques, County Durham and Darlington NHS Foundation Trust

■ **Highly commended** Jayne Deaville, South Staffordshire and Shropshire Healthcare NHS Foundation Trust

■ **Also shortlisted** Alex Farrell, Calderdale Primary Care Trust; Guy Musson, Leeds Partnership NHS Foundation Trust; Alan Pond, East and North Hertfordshire and West Hertfordshire Primary Care Trusts; and Tony Waite, Mid Yorkshire Hospitals NHS Trust.

MORE THAN AN FD

'Jayne Deaville is much more than a director of finance. A colleague, a leader, a visionary and at times, of course, an accountant.'

So says Neil Carr, chief executive of South Staffordshire and Shropshire Healthcare NHS Foundation Trust of his director of finance and performance and deputy chief executive officer, who was highly commended in the HFMA Finance Director of the Year Award.

Judges said she scored highly across all seven criteria and they were particularly impressed by her enterprise and innovation. As well as being one of the first mental health finance directors to deliver foundation trust status, she was a key player in the first mental health acquisition – of Shropshire County Primary Care Trust's mental health and learning disability services in June 2007.

Under her leadership the trust has won contracts for services outside traditional and geographic areas, including the Prison Service and pilot contracts with the Ministry of Defence.

Mr Carr commends her appetite for risk management, allowing the trust to develop and not stifle the trust's strong ethos of enterprise. He said Ms Deaville is a strategic thinker, who challenged and refined the trust's performance and direction.



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PLYMOUTH GAINS FROM INTEGRATED MODEL

AN INTERNAL REVIEW of the way Plymouth Hospitals NHS Trust recorded, managed and reported its performance management information has proved to be the springboard to an integrated performance and assurance framework – and the HFMA Governance Award for 2008.

The review, carried out in 2007/08, led to a link between performance management information and the trust's assurance framework being established (linking performance outcomes to the trust's objectives), as well as connecting performance, controls and risks identified in the assurance framework. The trust's board can be assured key outputs will be delivered by examining the risks and proposed control measures.

Traditionally, performance reports were separated from control, risk and assurance and so did not factor in the impact of risks on delivery of objectives. The trust said dips in performance often occurred because risks had not been identified or they had been identified but not managed well.

In its submission, Plymouth said its delivery of cancer service targets was one example where its new approach had paid dividends. A risk assessment found the complexity of

- **Winner** Plymouth Hospitals NHS Trust
- **Also shortlisted** East Midlands Ambulance Service NHS Trust

John Yarnold, director of finance (right):
'Many more people were key to this than are here to receive the award tonight, particularly our audit committee chairman and our chairman. It has been a long grind but it's really pleasing that governance is at the centre of everything we do.'



WHAT THE JUDGES SAID

“This is an embedded process and is changing culture at a number of levels. There is considerable scope for transferability of these practices to other healthcare organisations.”

pathways and data capture were significant issues. Control measures were implemented to manage these risks, including a patient tracking list.

The monthly performance report gives an assessment of current performance and risk management and controls, allowing the trust to improve waiting list management, reduce waiting times and ultimately to achieve the cancer targets in 2007/08.

Entrants were judged against three criteria – exceptional achievement in the corporate governance field, contribution to significant

improvements of corporate governance practices and positive impact, with long-term significance, on one or more healthcare organisations.

The judges were impressed by the integration of performance management information. The examples provided by the trust had demonstrated the connection between objectives, performance outcomes and processes. They said the process was embedded and transferable to other parts of the NHS.

They added: 'The assurance framework had

been upgraded to incorporate a real-time analysis of risk, control and assurance that had a dynamic relationship with performance reporting.

'Underpinning this new way of reporting was a well defined risk tolerance matrix that sharpened accountability and clarified what needed to be handled by the board and executive directors.'

The integrated framework allowed the trust to understand future risks and intervene to mitigate them. The trust said it has been able to make risk management part of day-to-day operational management and service managers now have a better understanding of the risks that could affect the delivery of outcomes.

It hoped to develop the process further by bringing the assurance framework and performance report together in one paper to the trust board. This approach is being used in its business planning process for 2009/10, giving it early warning of potential problems and, of course, the ability to tackle them ahead of the new financial year. ■

“There is a particular emphasis on the commissioners and the finance team working closely together and it has a real impact on the cost of patient care.”

Anne Swan, director of acute and primary care commissioning (centre)



WHAT THE JUDGES SAID

“A clear story of a problem identified, commissioning solution implemented and outcomes produced.”

NHS BOURNEMOUTH AND Poole won the Healthcare Commissioner of the Year Award for its No Delays Discharge programme, which it says is World Class Commissioning in action.

The programme is complemented by the No Delays Access scheme, which the PCT believes demonstrates its ability to lead the local NHS by, for example, delivering the 18-week referral to treatment programme and tackling delayed transfers of care.

The judging panel said the No Delays scheme demonstrated an innovative approach to commissioning to improve clinical and care outcomes, together with a dynamic method of partnership working. The programme will provide a model for acute providers, they added.

When developing a change management programme to meet the 18-week referral to treatment target in 2007/08, the PCT found it also needed to address a number of areas that could broadly be summed up as delays in discharge and transfer of care.

Though the PCT had introduced a range of intermediate care services that aim to provide alternatives to hospital beds, including a community palliative care team and a community rehabilitation assessment team, the system remained gridlocked. Delayed transfers of care were potentially compromising the local Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's elective work.

Older people were remaining in acute beds

BREAKING THE CYCLE

Sponsor: Mede International

■ **Winner** NHS Bournemouth and Poole (Bournemouth and Poole Teaching PCT)

■ **Also shortlisted** North East Essex PCT

for unacceptable periods, despite being assessed as fit for discharge or transfer, incurring excess bed days. This was unacceptable as it increased the exposure of patients who are particularly vulnerable to hospital-acquired clinical problems, such as infection, loss of independence and malnourishment.

The PCT put in place a No Delays programme board, with representatives from health and social care. With the support of health and social care partners, it commissioned beds within the independent sector in Bournemouth and Poole for patients who needed up to a four week length of stay. Over New Year and January 2008 further beds

were commissioned to help the foundation trust cope with the closure of beds due to norovirus.

The PCT appointed a case manager, who works with the trust to identify patients who have been assessed as fit for discharge and whose clinical welfare would be compromised by remaining in an acute bed.

As well as better outcomes and positive feedback from patients and their families, the 'no delay' culture has led to the achievement of the 18-weeks target, delayed transfers have been reduced and the independent sector market has been stimulated.

The programme has been developed further in 2008/09 with a £1.7m investment. One aspect of the enhanced programme is the commissioning of peripartetic rehabilitation teams that will support patients in the independent sector beds to ensure their rehab period is optimised. The Royal Bournemouth is now confident of achieving a 13-week referral to treatment programme in 2008/09 and it is likely this will reduce further by the year-end. ■

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– *Winston Churchill*

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HULL SAVOURS BETTER ALE



“Having had quite a few difficult years, it was terrific to get our ALE scores. We worked really hard and it is really wonderful to be recognised with this award”

Di Roberts, deputy director of finance (second from right)

HULL AND EAST Yorkshire NHS Trust was named Accounts Team of the Year, an award that reflects their move from a level one Auditors' Local Evaluation score in 2006/07 to a level four in 2007/08.

The trust's final accounts team began work on the 2007/08 accounts in June 2007, immediately after the 2006/07 accounts were signed off and the level one ALE score recorded. Though demotivated and disappointed with their ALE score, the team picked itself up and began planning a managed closedown and accounts production process.

The trust's financial accountant managed the process using a timetable reflecting the national timetable and local aspirations, for example early completion of accounts. The timetable was agreed with colleagues to ensure buy-in and that the process was achievable.

A named person was given responsibility for

WHAT THE JUDGES SAID

“The team used formal work papers to set out their approach so there was no misunderstanding with auditors”

Endorsed: Department of Health
Sponsor: KPMG

■ Winner Hull and East Yorkshire NHS Trust

■ Also shortlisted Somerset PCT, Hampshire PCT

each disclosure and area of the I&E account and balance sheet, with the financial accountant ensuring they understood their area of responsibility and had sufficient training to complete their designated tasks.

The judges commended this and the fact that the team empowered new staff (including some who had come into key posts just before year end and a number of CCAB students) by delegating tasks to them. This sprung from the team identifying the risk linked to new and inexperienced staff while the process was still young. These staff were given early responsibility and a chance for professional development, and they were provided with training and support from experienced mentors.

Other risks had been highlighted in the 2006/07 ALE report, with the trust focusing particularly on issues with asset accounting and its valuation methodologies. The key working papers that were needed both internally and for its auditors were identified early and meetings were arranged with the

auditors throughout the year to discuss potentially contentious issues. At the meetings, the auditors were presented with a paper on the issue, which included the proposed accounting treatment and the rationale behind it. Working papers were completed early and reviewed at senior level.

The working papers were described in the annual audit letter as being ‘of an excellent standard, being well referenced and providing sufficient detail.’

They had a ‘hard closedown’ on assets in January and February to test and improve procedures and the results they produced. This created a continuous feedback and improvement loop.

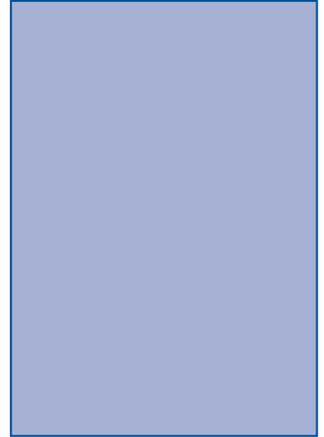
Judges liked trial

Judges liked the use of this trial run and said success had clearly been based on a strong team effort. They also commended the use of plain English, together with graphs and charts to support figures, in the trust's annual report.

The accounts were presented in draft and final form to the audit committee and the board, together with a supporting paper explaining the audit process and timetable, highlighting the key issues and explaining variance from the previous year.

In the end, the accounts were submitted a day early and the team reports that the final two days were relaxed compared with previous years. ■

Good financial management is key to the success of the NHS



The achievements of the last decade have been facilitated by a substantial real-terms increase in funding. In the years ahead, the challenge will be even greater – to maintain and improve front-line services, to improve health outcomes and tackle inequalities, and to do all of this in a much tighter fiscal environment. The role of the Finance Function will be vital in achieving the best value from every pound.

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TRUST DESIGNS AND DELIVERS

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■ **Winner** 2gether NHS Foundation Trust

■ **Also shortlisted** Leicestershire County and Rutland NHS

2GETHER NHS FOUNDATION Trust was given the 2008 Efficiency Award for a project that redesigned services and increased productivity, while delivering a £1.2m saving.

The Gloucestershire trust has five strategic service units (SSUs) and during 2006/07 and 2007/08 one of these – adults of working age mental health services – was redesigned to better fit the emerging needs of the population.

The aim was to reshape the service and replace traditional community mental health teams with more proactive services. These included recovery teams with specific specialties rather than general community mental health teams. Crisis and home treatment and early intervention provision was beefed up and an A&E liaison service was established, together with primary care and assessment teams.

The judges were impressed with the project because finance was extensively involved in the process. A senior accountant, Tina Benson, spent around 80% of her time working on the project. Work included calculating how the existing budget could be used to fund the redesign, compiling and monitoring savings plans, creating a new range of cost centres and working closely with human resources to ensure payroll and HR systems fitted in.

The contribution of finance was made even more crucial by the fact that the SSU had to save £1.2m in its day services to fund the new teams.

Working together

Ms Benson worked closely with a range of managers, clinicians and other healthcare professionals to deliver the project and remain within budget. The judges said the project clearly demonstrated wide involvement and integration into the clinical teams.

The project has resulted in a valuable development; the support and trust of the consultant body for the finance team, and notably the management accountant.



Tina Benson, lead management accountant: 'This is about how well finance and clinicians work together and we would not have been able to do this without the support of the individual professionals behind it.'

WHAT THE JUDGES SAID

“The project has resulted in fundamental changes in the provision of services that have actively benefited patient experience, despite being lower cost, with several of the developments being celebrated as best practice”

‘This creates huge potential for the future,’ they added.

As well as generating the required savings, the project has also produced further efficiency gains. For example, prior to the redesign a patient experiencing a crisis would be admitted to an inpatient unit. Now they are seen by the crisis teams (which operate a 24/7 service) and every effort will be made to avoid admission if it is in the patient’s best interests.

Activity has increased since the crisis service was set up and there has been an 86% increase in average monthly face-to-face contacts.

Previously, the early intervention service – for people aged 14 to 35 showing early signs of

psychosis – had been provided in one area but is now offered countywide. Over the past two years activity has increased, with an average 337% rise in face-to-face contacts.

The trust believes the full involvement of finance, together with Ms Benson’s enthusiasm and commitment, was pivotal to the success of the project. It says: ‘The project was delivered on time, within budget and the savings plans were achieved in full. This may not have been the case if she had not been fully involved in the project from the beginning to the end, as budget allocation and robust team structures were a vital part of the success of the service redesign.’ ■



Sponsor: Abbey UK
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■ **Winner** Royal Bournemouth and Christchurch NHS Foundation Trust

■ **Also shortlisted** Yeovil District Hospital NHS Foundation Trust

Phil Trevorrow, deputy finance director (left): 'The finance team has made a huge contribution to improving the operational efficiency of the trust this year and this has been recognised by this award.'

SUSTAINED PERFORMANCE

ROYAL BOURNEMOUTH AND Christchurch NHS Foundation Trust is the 2008 Healthcare Provider of the Year, with judges praising its sustained excellent performance, its stability, quality of services and use of resources.

The Healthcare Commission rates the Royal Bournemouth as second for trust MRSA incidence per 1,000 bed days, it is third in 30-day mortality rate and sixth best for cancelled operations for non-clinical reasons.

The trust is in no doubt that finance is one of the pillars of its success. It has been rated excellent for use of resources in the Healthcare Commission's annual health check for three years running and achieved a £9.4m surplus (5% of turnover) in 2007/08.

It recorded surpluses of £6.2m in 2006/07 and £1.6m in 2005/06. These surpluses have enabled the trust to plan a £65m capital investment programme through to 2013/14 without borrowing. This year, its capital investment programme is a record £17m, which includes a new stroke and cancer unit and investment in new equipment.

Capital spending is decided in consultation with staff and the public, as well as directorates' own ambitions, ensuring a high level of engagement with the delivery of capital plans.

The trust's efficiency index is 92 (8% more efficient than the average trust), which has contributed to its 'excellent' rating for use of resources over the last three years. However, it

WHAT THE JUDGES SAID

"The sustained performance of the Royal Bournemouth and Christchurch NHS Foundation Trust – both in terms of services and finances – made the organisation stand out"

has not been afraid to increase its cost base in order to improve patient services – over the last three years the trust has deliberately moved from an index of 88 and can demonstrate where this extra investment has made a difference, for example in infection control and its emergency department.

It sees continual efficiency improvements as the foundation of outstanding performance. The finance department can exercise leadership and control through the cost improvement programme (CIP) and it has delivered annual efficiency savings of 3% (£5m-£6m) a year.

The finance team has been at the forefront of improving the understanding of the demands

placed on clinical support departments by developing a system of internal recharges. By improving this management information, efficiencies have been made in support of achieving the CIP – for example, there has been a 21% increase in the number of theatre sessions starting on time.

The trust has also worked extensively with non-NHS organisations, including Help and Care, a local charity that plays a vital role in the discharge planning process. The charity often fills the gaps between the NHS and social services and work with the charity is such that delays are now minimal. The trust has exceeded the December 2008 referral to treatment target, currently having a 15-week maximum wait and is on track to achieve 13 weeks by March 2009.

Innovative approach

Judges praised all the entries and said there was good practice in all the submissions that should be shared across the NHS. However, the Royal Bournemouth and Christchurch's sustained performance – both in terms of services and finances – caught their eye. They added: 'The trust also demonstrated innovation in looking along the care pathway by working with local charities to develop services.'

The involvement of the public in developing the capital strategy was also highlighted as a good example of community involvement. ■

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HF DEC 08

CONTRIBUTIONS HONOURERED

THE HFMA MADE a number of personal awards to individuals who have made outstanding contributions to the association and to the finance community as a whole.

This year five Honorary Fellowships (previously known as Special Recognition Awards) were made. These are given to individuals who have made 'a substantial and sustained contribution to the life and work of the HFMA'. Each winner received a Murano-style glass plate.

Traditionally, fellowships are awarded to those who have retired from full-time work, those nearing the end of their career or who have exited mainstream finance.

■ Lindsay Stead

received an Honorary Fellowship for years of service to the Northern Ireland Branch and the HFMA in general. Mr Stead revitalised the branch after becoming chair in December 2001. He was director of finance at Craigavon HSS Trust for 10 years to March 2007 but following last year's reorganisation has moved out of finance, becoming assistant director of acute services with the Southern Health and Social Services Trust.



■ An Honorary Fellowship was awarded to **Paul Dillon-Robinson**, who left the NHS in July to become director of internal audit at the House of Commons. The former managing director of South Coast



Audit is the immediate past chairman of the HFMA's Corporate Governance and Audit Committee. He was a committee member of his local branch (Kent, Surrey, Sussex) and a trustee of the association, as well as being active in NHS internal audit at local, regional and national level.

■ **Alan Foster** was awarded an Honorary Fellowship, in particular for his longstanding service and commitment to the HFMA Northern Branch. He was chairman of the branch for many years and has been instrumental in reinvigorating the branch. He has also contributed to the HFMA nationally, latterly being appointed a trustee. In 2007 he was appointed chief executive of North Tees and Hartlepool NHS Foundation Trust, having been director of finance at the trust.



■ The London Branch nominated **John Goulston** for an Honorary Fellowship following four years' service as its chairman during which he held the branch together against a backdrop of staffing and organisational changes. His understanding of finance staff development helped the branch put together an exceptional programme of events for members. Mr Goulston, who is now chief executive of Barking, Havering and Redbridge Hospitals NHS Trust, is an



enthusiastic advocate of the association and a role model for many aspiring finance directors.

■ Dick Clarke,

president and CEO of US HFMA, was also awarded an Honorary Fellowship for more than 20 years of help and assistance to the UK HFMA. His contribution to the UK/US Exchange has led to the programme's success and his frequent writings and contributions to conferences have given a regular insight into US healthcare policy.



■ The HFMA also made one Outstanding Contribution Award, which is given to members who have made a particular contribution to the association, either at branch or national level, over the course of the year. Winners of this award receive a place on the US/UK Exchange and a £1,000 travel bursary to cover the cost of the US leg of the programme. This year the award was made to **David Bowen**, for his dogged promotion of HFMA membership. Over the past year, he has recruited more than 60 members and his efforts have made the West Midlands the biggest branch in terms of membership numbers. Mr Bowen, who is chair of the branch recruitment, education and training committee, became an Honorary Fellow of the association in 2002.



TAKING TALENT TO THE TOP

- Winner London SHA
- Also shortlisted NHS North West

AT THE HFMA annual conference in 2007, director general of NHS finance, performance and operations David Flory raised concerns about the paucity of applications for top finance jobs, both at national and local level.

He asked if the profession was unhealthy and why it had problems recruiting finance directors from the internal talent pool. A year on, an NHS London project that aimed to answer Mr Flory's concerns and help develop the finance leaders of the future has won the HFMA Jon Havelock Award.

The Jon Havelock Award recognises a significant contribution made by an individual finance professional or finance team to financial performance or financial management.

Judges said the SHA's talent management research exercise, as the project was known, provided excellent research on a key issue for the NHS finance function.

There is a dearth of high-quality applicants for finance director positions from within the NHS in the capital and the research aimed to find ways to enhance recruitment, retention and development of current finance staff on the career path to finance director and other senior positions.

Survey of 500

The first step for the project, which was led by the finance staff development team, was to survey more than 500 finance directors and band eight and band nine finance staff to establish the reasons behind the shortage.

They also established a list of competencies required at finance director level, which would supplement existing competence frameworks and act as a baseline against which future talent development initiatives might be measured. A toolkit to help finance directors develop talent within their organisations and a high-level action plan were also developed.



WHAT THE JUDGES SAID

"This piece of work provides excellent research on a key issue for the NHS finance function and provides clear messages for the future development of band 8/9 finance professionals, succession planning and talent management"

The FSD team said its talent management exercise would enable finance directors to track talent among their staff and support staff development. SHAs can use it to create a pool of talent ready to become deputy finance directors and finance directors, and this is consistent with the FSD infrastructure adopted by all 10 SHAs.

Service for free

The survey and outputs were given at no cost to all finance directors in London, while the succession planning toolkit and related documents on developing local talent will be

provided at no cost to all 10 FSD managers.

Judges were impressed by the research and its potential impact and use in other parts of the NHS. 'This piece of work provides excellent research on a key issue for the NHS finance function and provides clear messages for the future development of band eight/nine finance professionals, succession planning and talent management,' they said.

'It is a well researched and innovative project that can easily be transferred to other SHAs and NHS organisations. It provides excellent value for money and offers an extremely useful framework for future work in this area.' ■

IT'S GOOD TO TALK



Matthew Cripps, head of healthcare, procurement and market management (left): 'It shows what can be achieved when different organisations with different remits but with the ultimate aim of better care for their patients put their heads together.'

A PROJECT THAT brought together clinicians, finance and general managers to reduce unnecessary activity has won the 2008 Clinical Engagement Award for NHS Manchester and South Manchester Practice-Based Commissioning (PBC) Group.

The contract-driven reforms, which also generated a cycle of improved pathway efficiency and savings to be reinvested in other services, was launched in 2007/08. The practice-based commissioners in the south of the city got together with Manchester Primary Care Trust and University Hospital of South Manchester NHS Foundation Trust.

Sponsor: National Institute for Health and Clinical Excellence

■ **Winner** South Manchester Practice-Based Commissioning Group and NHS Manchester

■ **Also shortlisted** Sherwood Forest Hospitals NHS Foundation Trust

The areas the commissioners wished to focus on had a number of characteristics. These included activity that was manageable outside secondary care (such as greater than necessary outpatient follow-up) and activity the commissioners considered unnecessary (pre-procedure bed days, for example).

They also identified activity outside the commissioners' control (consultant to consultant referral ratios for example) and activity resulting from inappropriate provider decisions or pathway management (some readmissions and some planned procedures not carried out).

Eight of the 10 requirements were introduced in month seven of 2007/08, with the other two introduced later. Over the full year, the initial implementation led to at least:

- 4,000 fewer outpatient follow-ups,
- 1,300 fewer pre-procedure bed days,
- 100 fewer readmissions and
- 600 fewer antenatal admissions not related to delivery (HRG N12).

The requirements saved £1.3m across the full year. Patient care was improved through more informed follow-up decisions being made, increased capacity for the provider and the generation of funds for investment in other areas.

Judges favoured the Manchester entry as they felt it created more direct patient benefits, it generated the most savings and both primary and secondary care clinicians had been engaged in the process.

The winners said their project broke new ground because it brought together clinicians, finance staff and other managers from across primary and secondary care to improve patient

WHAT THE JUDGES SAID

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They introduced 10 performance requirements, which were designed by the group's clinicians and PCT finance, contract and commissioning managers, and enhanced by the trust's clinicians, finance and operations managers.

The commissioners wished to reform the trust's systems in a number of areas using the new contracts regime. Change was incentivised by ceasing to fund activity and rewarding reduction in activity in the areas that had been identified.

care and reform clinical pathways.

Not only did it harness the new contract regime to require provider reform, but also it utilised market management techniques by encouraging PBC referrals management. It created a virtuous circle of reform, financial reward (for the trust) and investment (for the commissioners).

They added the approach is readily transferable to other parts of the NHS – indeed, it has been rolled-out across Greater Manchester in 2008/09. ■

NICE guidance sets standards in four different areas

- Guidance to encourage **good public health**: for example we have recommended a range of activities to encourage people to take exercise.
- Guidance on the care and treatment of people being looked after in the NHS. These are called **clinical guidelines**, and cover a wide range of topics. For example, we have made recommendations on the best care for people with depression, for the care of pregnant women, and the care of children with a high temperature.
- Guidance about when and under what circumstances drugs and other technologies should be prescribed on the NHS. This is called **technology appraisals guidance**. The NHS is obliged to put our technology appraisal recommendations into practice within 3 months unless special circumstances apply.
- Guidance about when and under what circumstances certain surgical procedures should be offered on the NHS. This is called **interventional procedures** guidance.

As well as producing guidance, NICE works to help NHS and local authorities put our guidance into practice. This includes producing the following implementation support tools – all guidance and tools are available from www.nice.org.uk

Forward planner

This summarises published and forthcoming NICE guidance. It explains which sectors are likely to be affected, estimates the potential cost impact (maximum cost if approved for appraisals in development), and notes what the impact may be on 'Payment by results'.

Costing tools

Costing tools help assess the financial impact of implementing NICE guidance. They comprise a national costing report and a flexible Excel costing template, which can be used to estimate local costs and savings.

'How to' guides

The 'How to put NICE guidance into practice' guide is the cornerstone of our implementation support programme. It provides an implementation model to help everyone involved in improving health and wellbeing or patient care. The guide is based on experience in the NHS and work described in the published literature. The 'How to change practice' guide aims to improve patient care by giving practical advice to encourage healthcare professionals and managers to change their practice in line with the latest guidance. It is focused on the healthcare setting, but the general principles of change may be applicable elsewhere.

Slide sets

Slide sets can help to raise awareness of new guidance at an early stage. They highlight the key priorities for implementation and offer questions that can be used in discussion. They can be adapted to suit local needs.

Implementation advice

Implementation advice provides help with action planning, points to the national support available and highlights relevant resources, tools or examples of good practice.

Audit tools

Audit support tools help organisations to carry out baseline assessments and to monitor any subsequent activities. They are available in formats that can be integrated into local audit systems.

Commissioning guides

Topic-specific commissioning guides are web-based resources to support the effective local commissioning of evidence-based care for patients. They offer detailed practical information on key clinical and service-related issues, and an interactive commissioning tool to help estimate and inform the level of service needed locally as well as the cost of local commissioning decisions.

Developing indicators

NICE is involved in a programme of work on indicator development. We are working with relevant organisations to help ensure their indicators are aligned to NICE recommendations where possible.

Field Team

We have a team of consultants who can support individual organisations – if you'd like to know more email fieldteam@nice.org.uk.

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Med^e

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Whatever your priority, we will help you achieve.

Find out more at HFMA's Annual Conference about the value commissioning and provider organisations are already realising.

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HCS Performance Networking