

Exploring the role of the NHS finance business partner



IN PARTNERSHIP WITH



Think Ahead



Contents

Introduction	3	Key relationships	12
Key messages	3	Future direction for finance business partnering	14
What is a finance business partner?	4	Messages for those considering becoming an FBP	15
Emergence of the role in the NHS	6	Conclusion	17
Responsibilities of the role	6	Appendix 1	18
Skills and qualities required to perform well in the FBP role	9	Appendix 2	18

Acknowledgements

This briefing was written by Andrew Monahan, policy and research manager, HFMA, under the direction of Emma Knowles, director of policy and research, HFMA. Claire Bennison, head of ACCA UK; Alex Metcalfe, head of public sector policy at ACCA; Lloyd Powell, head of ACCA Cymru Wales; Pauline Schu, ACCA professional insights manager; Clive Webb, ACCA head of business management; David Ellcock, FFF programme director; and Camilla Godfrey, FFF assistant programme director, all provided invaluable support.

We are grateful to the following who contributed to this research:

- Claire Abraham, head of financial management, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Sanjay Agrawal, consultant in respiratory and intensive care medicine, University Hospitals of Leicester NHS Trust
- Katherine Archer, senior finance business partner, Oxford University Hospitals NHS Foundation Trust
- Charles Beddington, senior finance business partner – commercial, Boots UK
- Jo Bell, directorate manager for specialist services, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Sarah Bence, technical editor (education), HFMA
- Jeff Buggle, regional director of finance – East of England region, NHS England and NHS Improvement
- Neil Cowan, director of operations – surgery, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Jess Crocker, senior finance lead: Devon and Cornwall, NHS England and NHS Improvement
- Stuart Eadie, senior commercial finance manager, Vodafone
- Liz Goodson, senior finance manager – partnerships, NHS Wakefield Clinical Commissioning Group
- Rowena Green, director of operations – medicine, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Stuart Hull, finance business partner, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Karen Jarvill, associate director of finance, Royal Cornwall Hospitals NHS Trust
- Tracey Jones, finance business partner, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Ekanem Kofi Ikpeme, finance lead, architecture and cybersecurity team, NHSx
- Dr Akeeban Maheswaran, consultant anaesthetist, University Hospitals of Leicester NHS Trust
- Julia McLarty, head of redevelopment finance, Royal National Orthopaedic Hospital NHS Trust
- Pete Papworth, director of finance, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Andy Rhodes, finance business partner, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Helen Rushforth, improvement manager – productivity and efficiency, Royal Bournemouth and Christchurch Hospitals Foundation Trust
- Jake Stephens, finance business partner, Royal Surrey County Hospital NHS Foundation Trust
- Huw Thomas, director of finance, Hywel Dda University Health Board
- Tanya Tretheway, divisional finance manager, Royal Cornwall Hospitals NHS Trust
- Sharon Tyrrell, associate director of finance, Cornwall Partnership NHS Foundation Trust
- Richard Wallis, finance business partner, Surrey and Borders Partnership NHS Foundation Trust
- Tanya Wells, finance business partner, Integrated Care 24 Limited
- John Williams, director of finance, Sheffield Children's Hospital NHS Foundation Trust
- Kirsty Williams, finance business partner, Solent NHS Trust
- HFMA's Policy and Research Committee

Introduction

Across the NHS, finance business partners (FBPs) play a key role in supporting the delivery of safe, effective and financially sustainable clinical services. They also have a critical role in supporting the decision-making of the clinicians and operational managers with whom they work.

As a relatively new role within the traditionally well-defined finance function, the HFMA, Future-Focused Finance (FFF) and the Association of Chartered Certified Accountants (ACCA) have worked in partnership to produce this briefing, which is designed to help existing and aspiring FBPs.

For many finance professionals progressing through their careers, the FBP role will be the first role that requires a skillset beyond standard reporting and data analysis. FBPs provide a key link between frontline services and the finance function, often needing to meet the varying demands of two masters.

This briefing explores the common responsibilities of the role, and the skills and qualities needed to execute them. It also reviews the varying approaches to where an FBP sits within an organisation, and the key relationships an FBP needs to build to perform to the best of their ability.

It includes findings based on a series of interviews with FBPs, senior finance colleagues, operational directors and managers, and clinicians with a responsibility for finance.

The primary aim of this briefing is to provide existing and aspiring FBPs with an authoritative, but concise, analysis of what the role involves, the skills and values they need and the part they play in ensuring the success of an NHS organisation. Individuals can also use it to assess their personal development needs and influence the way that their role evolves.

It will also be helpful in informing others about the role – for example, it will help senior finance colleagues design and shape their finance functions. It will also help clinical and operational colleagues to better understand what to expect from their FBP and why they are critical to the success of the services they support.

FBPs may also have job titles such as (senior) finance managers or divisional accountants. This research focuses on the individuals within finance teams who work closest with service team leaders to improve the quality and sustainability of healthcare services.

Key messages

Our research has identified the role of the NHS FBP as having the potential to play an important part in the success of an organisation and, therefore, the finance function. From an individual perspective, it has offered a valuable career step for many aspiring finance leaders and an extremely fulfilling role for everyone we spoke with. The key messages for individuals and organisations have been summarised below.

Key messages for individuals

The frequency and type of interactions to which the FBP is exposed mean that the role differs from most finance roles our interviewees performed previously. Understanding the business, and the people who make it work, are key to ensuring FBPs can add the most value possible.

In addition to sound financial skills, an FBP requires strong communication skills, and extensive interpersonal skills in order

to build the relationships necessary to understand the business and drive improvements forward.

The main interactions our FBPs had were with the senior management team of their business unit and the wider finance team. However, it is important to ensure good links are made with everyone who contributes to the provision of services.

The main challenges they faced were contending with the breadth of services and specialist language, and a potential for barriers to be put up in instances where early financial involvement was new to an organisation's way of working.

Despite sometimes being frustrated with a pace of change, all of our interviewees were positive about the role of the FBP. Most notably, this was down to being able to see the impact they were having and operating in a more autonomous capacity to previous roles.

Key messages for organisations

From an organisational perspective, we found the benefits an FBP can bring include:

- Providing expert financial advice to inform better decision-making
- Bringing a financial presence at an earlier stage of developmental discussions
- Improving overall relationships and understanding across various operational and support services.

In order for FBPs to have the greatest chance of success, our research identified that the following elements need to exist:

- Clear lines of accountability
- Organisational awareness of the expectations of the role
- Defined role distinctions within the finance team.

Often the role includes responsibility for management accounting functions. Where this is the case, we found it is important that these are not overbearing, reducing the opportunities for FBPs to focus on strategic financial objectives.

Additionally, accessibility and visibility are more important than the physical or structural location of an FBP, and if they are located within a service team, organisations need to be mindful that professionalism means that FBPs are able to remain objective.

Finally, as a result of this research, FFF, ACCA and the HFMA strongly recommend that any NHS organisations without FBPs as part of their financial support to clinical and corporate services should consider implementing them and begin benefiting from the advantages they can bring.

What is a finance business partner?

ACCA describes an FBP as playing a key strategic role in a business. A core part of a management decision-making team, they use financial information to influence and shape outcomes. Their skillset allows them to interpret internal and external environments to meet both financial and strategic objectives.

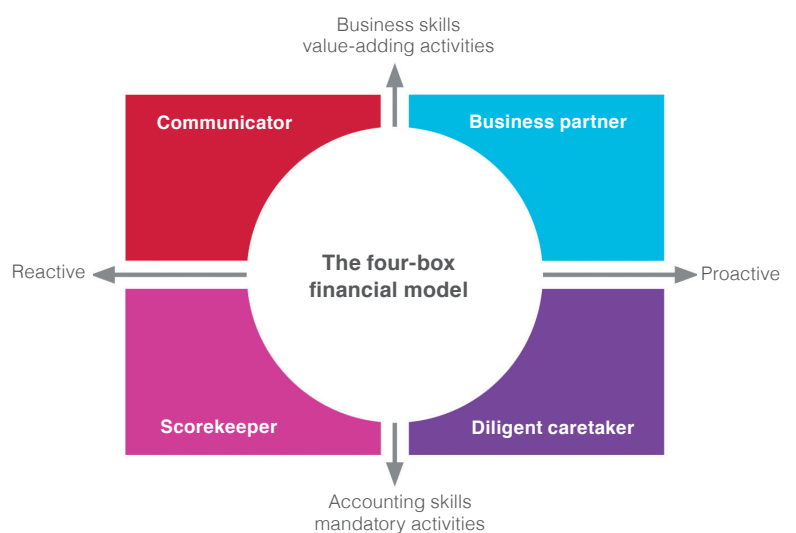
As part of a wider finance service delivered by all members of a finance team, the function of business partnering is well illustrated using the four-box finance model in **Figure 1** and introduced in the ACCA/PwC report *Market change is faster than ever – is your finance function in the race?*¹

The scorekeeper and diligent caretaker roles focus on core accounting activities, seeking process efficiency and monitoring against regulations and standards.

The communicator and business partner roles shift focus from communicating the results of transactions and reconciliations to insightful analysis and having a seat at the decision-making table to drive strategy.

An organisation's size, structure and geography will inform how the function of business partnering is

Figure 1: The four-box finance model



delivered – as a standalone role without any responsibilities for scorekeeping or diligent caretaking, or as part of a wider portfolio of work including some level of traditional accountancy duties.

¹ ACCA and PwC, *Market change is faster than ever – is your finance function in the race?*, 2016

Health and beauty retailer and pharmacy chain Boots has tried both ways, as illustrated in **Case study 1**. And someone who has a clear vision of what an FBP means to them from an NHS perspective is John Williams from Sheffield Children's NHS Foundation Trust (**Case study 2**).

*NHS finance: designing our future*², a joint report between FFF, PwC and the HFMA, identifies the NHS finance function of the future as requiring a workforce that not only understands and interprets data, but is also 'able to communicate it effectively

to other parts of the system in order to maximise its value', and that 'it is essential that staff understand how they, as finance professionals, can have a direct impact on the quality of patient care'.

The report also outlines a clear role for FBPs, commenting: 'The bulk of the workforce will be undertaking business partnering and data insight activities to inform the ongoing strategy of the organisation and system.'

Case study 1: Charles Beddington, senior finance business partner, Boots

Charles Beddington, a senior FBP at Boots, described how, at the beginning of 2019, they changed the way they performed the business partnering element of their finance function. Prior to 2019, Boots' FBPs were considered a 'jack of all trades' for finance, encompassing month-end, planning and analysis, strategic reviews and business cases. But they were finding the requirements of month-end, forecasting and budgeting were not allowing for sufficient time to be spent on communicating and business partnering to deliver the desired level of quality.

The restructure of their finance service has seen the development of three 'towers' delivering a more matrix-style finance

function. A control tower focuses on day-to-day ledger processes and month-end routines. A financial planning and analysis tower prepares budgets, forecasts and standardised processes around daily, weekly and monthly reporting. The business partnering tower is responsible for strategic reviews, business cases and driving business forward by being there to challenge decisions from a position of truly understanding their area of responsibility.

Although this has technically reduced the number of people with some form of business partnering responsibility, it has allowed more time and freedom to pressure test the risk and opportunities involved in each aspect of the business,

without the shackles of the important scorekeeping responsibilities. This has allowed the business partners to spend more time with people in the business, to listen closely and understand more deeply.

The change in finance structure has meant a new cross-functional way of working for Boots' finance team, and the organisation has had to adapt as well, recognising that the business partner is no longer a one-stop-shop for all things finance. Charles also highlighted a need to be disciplined and to focus on the big things rather than getting sucked into the detail. He compared the role of the FBP to that of a finance director for a specific element of the business.

Case study 2: John Williams, executive director of finance, Sheffield Children's NHS Foundation Trust

John Williams is passionate about the role of the FBP and its influential position in an NHS organisation. Having been an FBP at Derby Teaching Hospitals NHS Foundation Trust, managed a team of FBPs as deputy director of finance for Chesterfield Royal Hospital NHS Foundation Trust, and now considering the value of introducing them as he embarks on his first finance director role at Sheffield Children's NHS Foundation Trust, he has all the credentials to talk knowledgeably about the role.

For John, a successful FBP will have stepped outside the transactional detail of finance and embedded themselves in a service unit management team. They will

provide strategic and tactical guidance in areas other financial roles don't necessarily get the chance to – balanced scorecards, quality, performance and risk analysis to name but a few.

Casting his mind back to when he was an FBP, John recalled feeling influential and engaged. He also enjoyed the opportunity to work autonomously with an element of creativity. Equally, when asked about the not so enjoyable aspects of the role, his simple answer was 'not much', followed (after a moment's reflection) with a recognition that, for some, the breadth of services, specialist language and sheer volume of work may be a challenge when

first starting the role. Senior leaders should be mindful of this possibility.

Coming back to the present day, John described Sheffield Children's NHS Foundation Trust as having a relatively good, stable, financial position. However, the financial challenges that lie ahead will require increased engagement from the whole organisation. This is where he feels the role of finance business partnering – supporting clinical leaders, training and developing non-financial colleagues and being the outward facing part of the finance function – is uniquely placed to enable the organisation to rise to the challenge.

² FFF, PwC, HFMA, *NHS finance: designing our future*, December 2019

Emergence of the role in the NHS

The drive for operational efficiencies and increased productivity has led to NHS organisations demanding more from their finance teams. Recognising the need for a closer link between finance and operational teams, less of a ‘them and us’ culture and more trust and knowledge sharing, finance teams have needed to ensure they have scope within their own resources to meet these demands – widely recognised as the FBP.

This move has been supported by advances in technology such as digitisation and automation. By reducing the time required for scorekeeping activities such as invoicing, purchase-ledger, reconciliations and reporting, these advances have enabled finance teams to focus more time on proactive, value-adding activities.

In recent years, the demand for efficiencies has matured into a focus on value-based healthcare. As a result, FBPs are being required to adapt once more, with some NHS organisations bringing outcomes into the equation rather than just cost, and requiring an assessment of the financial impact of decisions over a longer period or across a wider breadth of services.

Furthermore, advances in the detail and availability of local and national costing data have contributed to the demand for finance functions to increase their understanding of the services they support, and also their ability to do so. These drivers are unlikely to diminish in the coming years, with ACCA recognising digital technologies and market expectations as two of the four drivers that will exert the most influence on the future of the accountancy profession³.

Responsibilities of the role

The function of finance business partnering can be delivered either as an individual's sole focus, or as part of a wider set of responsibilities. We have identified the responsibilities unique to the finance business partner role, those that are aligned to a more traditional management accountant role, and those that could be performed by either.

Accepting that there is no ‘one size fits all’ job description for an FBP, **Figure 2** sets out where our research suggests the distinctions lie. With a number of the tasks having a potential to overlap between roles, it is important that there is a clear understanding of which role is required to perform each task. This role clarification should be transparent to everyone, not

Figure 2: FBP responsibilities

Core FBP responsibilities	Potential overlaps with other finance roles	Management accounting function often undertaken by an FBP
Finance lead (mini-FD) for a care group/division/locality	CIP/QIPP monitoring/delivery	Undertaking/overseeing month-end processes
Financial support and challenge for operational teams	First point of call for all things finance	Monthly reporting
Financial lead for business cases and tendering exercises	High-level budget-setting	Detailed budget-setting
Scenario modelling and financial planning	Structured finance training	Ad hoc requests for invoice processing, small budget adjustments, rota costings etc
Using costing information to improve service efficiency and productivity		
Interpreting finance data and providing a clear message of wider NHS financial environment		

³ The other factors are regulation and governance, and globalisation. Full report from ACCA, *Professional accountants – the future: Drivers of change and future skills*, 2016

Case study 3: Sharon Tyrrell, associate director of finance, Cornwall Partnership NHS Foundation Trust

Despite reporting a surplus position in 2017/18 and 2018/19, the trust has an underlying deficit. A recent Care Quality Commission (CQC) report on Cornwall's use of resources stated that 'staff did not understand well the trust's underlying financial position as one-off and financial adjustments have allowed the trust to deliver a surplus each year'. It noted that the trust 'must ensure there is a clear message to budget holders and staff regarding the trust's financial position and the need to deliver efficiencies at pace'. This is one area where the trust thinks

FBPs can make a difference. The CQC noted that the finance leadership team was already addressing the issue, with plans to 'develop credible finance business partners who can effectively support clinical divisions in understanding their financial position and effectively plan and deliver efficiencies'.

Sharon commented that the traditional accounting functions are being performed well. But they were finding that between finance managers, a business planning team and separate project management

support, relationships across corporate support services and operational services could sometimes be disjointed and inconsistent. This often left them on the back-foot with developments clinical teams were eager to explore.

By having an individual with a financial, business and strategic mindset working more closely with operational teams, the aim is to embed strong financial management skills in the workforce and be more collaborative and proactive in how they approach the organisation's future.

just finance teams. Not having clear roles and responsibilities will inevitably lead to an increased risk of duplication or an inadequate finance service.

In order to perform the FBP duties listed in **Figure 2** to a high standard, two themes were prominent in our discussions with existing FBPs and their stakeholders:

1. A deep understanding of the business and the organisation

Knowing what drives the financial position of a care group or division and how to influence it, recognising who to talk to and how to get things done (being a fixer or enabler), and being able to communicate about the wider context and not just figures. For many, the ability to understand the business is best achieved through shadowing operational colleagues, spending time in different departments, and making sure they attend as many relevant meetings and discussions as possible. Some useful links to resources that can help develop a wider understanding of the NHS (for new and existing FBPs) can be found in **Appendix 1**.

2. Being a link or bridge between finance and operational services

Effectively sharing their understanding of the business with colleagues in finance, and similarly their financial knowledge and understanding with colleagues in the business unit. An ability to understand many detailed aspects, but share a concise overview of often complex scenarios, in a way that enables others to understand how it relates to the strategic and financial objectives of the organisation.

Understanding both finance and clinical services and providing a link between the two, enables FBPs to be problem-solvers. Understanding data sources and structures and navigating the relationships between different areas of an organisation can assist in identifying the best course of action. Some examples of these problems include presenting a clear business case, resolving activity coding anomalies and achieving safe staffing levels within budget.

The question of whether an organisation's FBPs should be responsible for traditional management accounting or not is one currently faced by Cornwall Partnership NHS Foundation Trust, as described by its associate director of finance, Sharon Tyrrell (**Case study 3**).

Vodafone has a very different outlook on how to deliver the management accounting aspect of a finance function, as explained by Stuart Eadie (**Case study 4** overleaf).

Where does the FBP fit into the organisational structure?

There is an ongoing debate about where an FBP fits best within an organisational structure – as part of the finance team or with the clinical services they support?

Our research has identified four different scenarios of how and where the role has been positioned within organisations. In order of commonality (1 = most common), these are:

1. Managed by finance, located in finance
2. Managed by finance, located with operational management team
3. Managed by director of operations, located with operational management team
4. Managed by director of operations, located in finance.

Where FBPs are managed within the finance function (usually by a deputy or assistant director of finance) there is usually a dotted line of responsibility to the director of operations, with appraisals and objective-setting discussed as a trio.

Location and line management is often determined by an organisation's size, structure and geography – larger organisations are more likely to have FBPs located with operational teams and reporting to a director of operations.

One other relevant factor is physical office space. With many NHS organisations and services being spread across more than one site, it is not always possible for the FBP to be located anywhere other than with a central finance team.

Case study 4: Stuart Eadie, senior commercial finance manager, Vodafone

Vodafone's finance function consists of the following teams:

- Financial planning and analysis
- Financial operations
- Commercial finance
- Business intelligence
- Supply chain.

Stuart Eadie works in the consumer commercial finance team, which performs business partnering for the consumer division. He has no responsibility for management accounting, which allows him to focus on managing the business performance.

Vodafone does not have a traditional management accounting department, instead, the month-end responsibilities of closing the accounts are completed within the financial operations team, then reporting is produced by the financial planning and analysis team. Vodafone has invested heavily in automating as much as possible to enable an increased focus on value-adding activities.

Stuart describes his role as 'half financial controller, half FBP'. He spends most of his time working on investment cases, commercial launches, forecasting and

managing budgets, while ensuring the business has the necessary financial control. He identified the main skills and qualities required to perform this particular role as stakeholder management (building relationships, trust and mutual respect), commercial acumen and influencing skills. He also highlighted the importance of speaking a language familiar to the person you're engaging with, not 'finance speak'.

Describing it as 'definitely a dynamic, fast-moving role', like many of the FBPs we spoke to Stuart enjoys the fact that there is never a dull day.

Those FBPs located within a care group or division commented that the benefits included that:

- They get to hear more of the everyday conversations
- Their regular presence makes them more approachable
- It's easier to ask for help
- There is a degree of learning by osmosis (particularly helpful in the early months of the role).

Admittedly, there were also times when they craved the quiet hum of a finance office rather than the busy environment of a ward or management office.

The FBPs located in finance generally spoke of a natural split of their time. Around month-end they were more likely to be found working alongside their finance colleagues, with the rest of the month mostly spent getting out and about spending time supporting operational and clinical colleagues.

While operational directors are more likely to want FBPs to be located in the service and report directly into them, and senior finance colleagues prefer line management to remain within finance, both recognised that as a relatively senior role, ultimately the line management and location should not matter.

What is more important is that FBPs are visible and approachable to the operational teams they support, and that they perform their duties in a manner that is consistent with the rest of the organisation and its objectives.

Accountability should be clear either way, and, provided the service and finance are able to maintain an open, honest and transparent relationship in determining the best course of action for patients, the FBPs are not likely to find themselves caught in the middle.

When we asked about the potential for conflicts to arise between the needs of the finance team and the service teams, there were very few actual examples.

Disagreements and differences of opinion naturally form part of the journey of doing what is best for patients, but they rarely lead to actual conflict. The more likely pressures cited were those of time and managing the things that must be done along with those that are nice to do. Again, an open and honest approach, complemented with a degree of resilience and pragmatism, will serve an FBP well with this particular conundrum.

One area of concern, common wherever the FBP is positioned, is the risk of being so involved or sympathetic to the service that they lose the ability to be objective. Being too entrenched within a service to be able to provide a robust challenge or offer new solutions to recurring problems is a risk that organisations and individuals need to be mindful of.

Skills and qualities required to perform well in the FBP role

The skills and qualities required to perform the role of an FBP are not necessarily at the disposal of all accountants. A number of our interviewees commented that business partnering is not the right role for everyone. At Boots, Charles Beddington likened the different skillsets to the different pieces on a chessboard, and the key was understanding where people could be deployed most effectively.

Andrew Bone, an FBP at NHS Lothian in Scotland, feels that employing people with the right characteristics is key to the role's success – find the right individual and the role is likely to work well in influencing groups of people to make better decisions. Employ the wrong person and they will simply perform a traditional finance role with a different job title.

When we asked what traits an FBP needed to perform well in the role, three skills and qualities stood out – sound financial skills, strong communication skills, and high-level interpersonal skills.

Sound financial skills

Whether through industry qualifications or the Agenda for Change bandings, the world of healthcare professionals is very structured. Being a qualified accountant and demonstrating their capabilities will assist an FBP to gain an initial level of credibility among the individuals and teams they work with.

Being a competent, technically astute accountant will ensure that the minimum requirements of the role (overseeing the financial position) are achievable. Without sound financial skills, an individual is likely to struggle in a role, as the level of information and knowledge required can feel overwhelming in the first few months. Instead, it is during these times that accountancy can often provide a much-needed safety net.

A qualification alone, however, will not ensure that credibility endures. While technical finance skills should be considered a foundation and prerequisite for the role, it is other skills and qualities that will have a greater determination on whether or not an individual is suited to the role of FBP.

Strong communication skills

FBPs will no doubt already be comfortable discussing financial issues within the finance directorate. However, a significant amount of time in this role is spent discussing

finance with non-financial colleagues. Here FBPs will find a wide and diverse range of understanding and interest. While some people will be comfortable talking accruals and prepayments, the majority will require rather more simple terminology and explanations.

There will be a regular requirement for an FBP to present the financial position to various audiences. It is important to be comfortable presenting and to be able to tailor their style depending on the group of people they are engaging with. High-level overviews will be needed with groups of clinicians or board members who will be comfortable asking questions about the detail if they need to know more. More detailed presentations, demonstrating a depth of knowledge, are likely to be required in smaller meetings with key personnel, when discussing how exactly to influence the financial position.

Every time an FBP presents, attends a meeting or simply passes someone in a corridor, it is an opportunity to make an impression, pass on useful knowledge and information, or develop their own knowledge and understanding of how the services work. Every interaction should be seen as an opportunity to increase their sphere of financial influencers.

In each of these circumstances, language is an important component of strong communication skills. Knowing a healthcare resource group from a procedure code will help with discussions with information teams. However, it is possible to lose clinicians' and nurses' interest if they are not familiar with these classifications. FBPs will need to find a common language with each of the individuals and groups they partner with and, given their multitude of relationships, they will need to recognise that there is definitely more than one common language.

On the subject of language, and being aware that financial information can sometimes be delivered one-dimensionally, Rowena Green, director of operations for the medical care group at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, commented that when dealing with operational colleagues, 'an FBP's ability to make finance interesting is as important as getting the numbers right in the first place'. This is when storytelling, supported with practical reasoning, is required in place of traditional numerical facts.

Acknowledging the need for finance to communicate well with clinical services, FFF has developed a group of individuals, known as finance and clinical educators⁴ or FACE, committed

⁴ To read more about finance and clinical educators, please visit the FFF website: www.futurefocusedfinance.nhs.uk/face

to demystifying finance in order to improve clinical value. While not limited to FBPs, the FACE network was developed to inspire better relationships between clinical and finance professionals – a core function of business partnering.

High-level interpersonal skills

High-level interpersonal skills go further than just good communication skills. Being personable will help an FBP get information out of people, colleagues will feel more comfortable sharing information and it will help an FBP to get to know and understand the business better.

Building and maintaining relationships, sometimes in difficult circumstances, will enable those relationships to have more chance of enduring and surviving pressured conversations. Most people work in the NHS to do what is best for patients, but there will be times when there are different views of what best looks like and how to achieve it.

As identified earlier, part of the role is to provide robust challenge and ask tough questions. High-level interpersonal skills will allow an FBP to do this in a way that does not risk future working relationships. It should also be noted that part of this skillset is to not be afraid to ask seemingly stupid questions. In addition to the possibility of pointing out something others may have overlooked, asking the stupid questions is part and parcel of an FBP understanding the services they are both supporting and representing.

Over time, through having good relationships and recognising colleagues' different personality types, an FBP with high-level interpersonal skills will understand which levers to pull and how hard to pull them.

Recognising that how we do our jobs is at least as important as what we do, FFF has developed a *Behavioural skills framework*⁵ outlining the behavioural skills finance staff need to develop to carry out their jobs in the best possible way.

Additional skills

Other notable skills discussed during our interviews are set out below.

Flexibility and adaptability

In addition to the ability to tailor presentation styles to different audiences, keeping an open mind as to how best to approach things, accepting frequent changes to the 'to-do' list and adjusting plans for unforeseen circumstances, are all necessary in the role of an FBP.

An inquisitive mind

An inquisitive mind is key – not just in terms of getting to know the business, but also in getting into the finer details of why

things are done, how they can change and what barriers need breaking down in order to implement measures to improve patient services and the financial position.

Proactive approach

The role of the FBP is a major one in moving finance from a reactive technical function merely responding to queries, into proactively supporting individuals to make decisions in a timely manner.

Resilience

Whether from lack of clinical engagement, lack of budget or sheer volume of work, most FBPs will experience some form of frustration in their role. Resilience, in the form of persevering with clinicians, finding alternative solutions within budget, or identifying what really needs doing, will be the key to coming out the other side and feeling stronger for it.

Time management and ability to prioritise

Given the broad range of services they support, coupled with demands from within the finance structure, the call on an FBP's resources means that it is important for them to be able to appropriately manage and prioritise their time to ensure they are neither overstretched nor that they delay anything critical from moving forward.

Digital acumen

Making use of the advances in technology and automation, and understanding and manipulating a wider range of data and sources of data, is a key skill for FBPs. The developments in data warehousing and reporting techniques for both clinical and financial data are key tools in assessing and sharing information at the disposal of an FBP.

Judgement

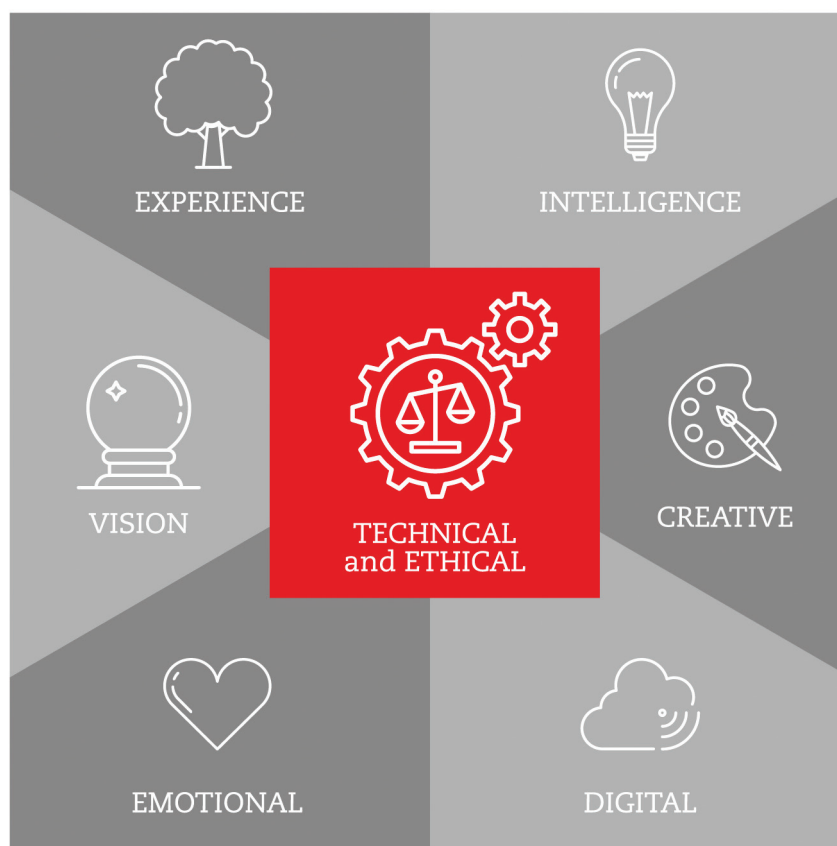
Knowing when to trust, guide, nudge, push, force, who to do it to and how strongly, will help an FBP achieve the desired outcomes as efficiently as possible. Additionally, knowing when 80% complete is 'good enough' and when to strive for perfection will help an FBP manage the demands on their time effectively.

The skills and abilities included in current FBP job descriptions and a checklist of examples of the types of strengths FBPs need to demonstrate can be found in **Appendix 2**.

⁵ To read more about the behavioural skills framework, please visit the FFF website: www.futurefocusedfinance.nhs.uk/behavioural-skills-framework

Figure 3: Professional quotients

All professional accountants will need to balance their professional quotients (PQ) to fit their role and stage of career. Each accountant's PQ will reflect their competency and skill across seven constituent areas.



Source: ACCA (2016a)

The skills and qualities identified above, resonate well with ACCA's concept of professional quotients (**Figure 3**) introduced in its 2016 report *Professional accountants – the future: Drivers of change and future skills*⁶. The report highlights how 'professional accountants of the future will need a changing combination of professional competencies: a collection of technical knowledge, skills and abilities, combined with interpersonal behaviours and qualities – professional quotients (PQs)'.

Although FBP's will need to possess many of the same qualities, this does not mean they will approach the role in the same way, as we understand from Claire Abraham in **Case study 5** below.

For both new and existing FBP's, some helpful links to resources designed to develop some of the skills and qualities highlighted above can be found in **Appendix 1**.

Case study 5: Claire Abraham, head of financial management, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

As a head of financial management, Claire Abraham manages a team of five FBP's and recognises the benefits of a mixture of personalities and approaches.

'Every one of them is different,' she says. 'They each bring their own uniqueness and different approaches. But that's a good thing, they need to be strong personalities in the role they perform.'

Working in the same role for different care groups allows them to learn from each other, share their observations of clinical services and challenge the way we do things collectively.'

⁶ ACCA, *Professional accountants – the future: Drivers of change and future skills*, June 2016

Key relationships

Relationship building, as one of a number of high-level interpersonal skills, has been outlined by many we spoke to as one of the crucial skills an FBP must possess. The very nature of an FBP's responsibilities mean that they often need be different things to a number of different people.

When asked which key personnel an FBP must work with, one operational director replied: 'Just about everyone! The buck stops with them upward, and the downward delegation to get things done stops with them too. They tend to have the grasp of technical details around them to get things achieved.'

It may seem impractical to report that an FBP is required to build a relationship with just about every department in an organisation, but given that the majority of FBPs we spoke to said exactly that, it highlights how diverse the role can be. We only need to consider how a single business case involving additional activity would conceivably require extra space and additional staffing, meaning potential involvement from each of the teams identified in **Figure 4**.

Naturally some relationships are more key than others. Unsurprisingly, the most important relationships an FBP must make were felt to be with the operational management team and with the hierarchy and other functions of the finance team.

Operational team relationships

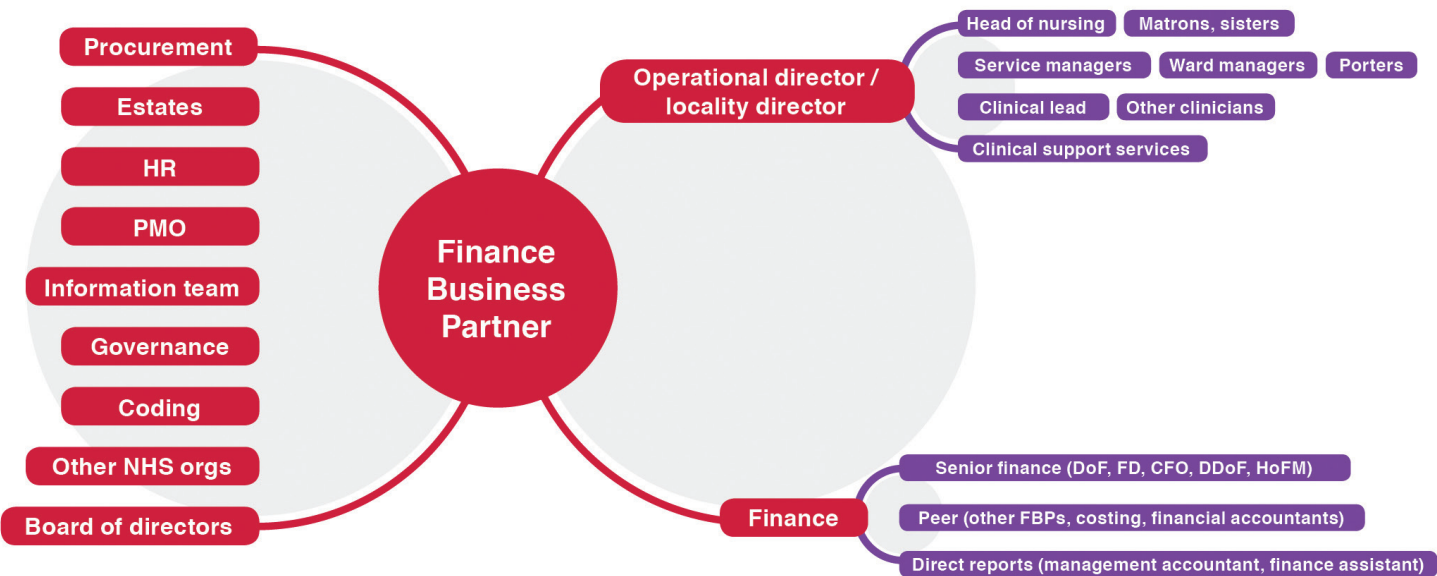
Primarily, an FBP needs to have good relationships with the leaders of their business unit (as a group and as individuals), most likely in the form of an operational or locality director, together with clinical and nursing leaders. Through regular meetings and ongoing discussions, they will work closely together towards delivering the common objectives of the service. These are the people whose flows of information and levels of trust with an FBP will have the greatest impact on the likely success of the role in shaping future healthcare services.

As part of the relationship, an FBP will need to discover how they like to receive data, how they respond to challenges or obstacles, and their collective strengths and weaknesses. In doing this, an FBP will learn how best their role can support the decision-makers within their business unit.

Recognising the 'doers', in the words of one FBP, is also vitally important to knowing how a business works and where improvements can be made. Knowing who or where to turn to when things are not progressing is important.

Appreciating the dynamics of group relationships will also enable an FBP to recognise the different influences

Figure 4: FBP relationships



individuals assert within their group. Developing these types of relationships naturally takes time and plenty of listening and observation.

It's not just with the senior team members where good relationships are important. An example of a savings initiative from one particular trust also highlights how an FBP connecting with all members of their clinical service teams can pay dividends. The example involves a pharmacy technician noticing a certain drug was purchased in packets containing 10 tablets, yet patients were discharged with a course of eight tablets. The observation was mentioned following a briefing the FBP had provided on the division's savings plans. An FBP's conversation with the appropriate procurement team later meant a simple suggestion resulted in saving money and reducing waste, with zero upheaval and no financial outlay.

Operational directors, service managers and directors of finance cannot possibly be expected to know this level of detail. But by ensuring the right message is shared throughout the division and being approachable enough to receive all manner of ideas and of suggestions, an FBP is in a position to facilitate improvements on many different levels.

An important component of building these relationships, especially where FBPs may be newly introduced, is for the organisation to accept why an FBP is involving themselves in understanding how clinical services work. For some, this can require quite a culture change and it is important for the

executive board to share with the trust why the FBP has been introduced and what the expectations are. One FBP we spoke to cited this as one of the biggest challenges (**Case study 6**).

Finance team relationships

It's important for senior finance team members to know they can trust their FBPs' judgement, and that the advice they are providing to the clinical teams is consistent with the messages shared throughout the trust.

An FBP must also develop strong ties with the finance team responsible for the monthly management accounts (assuming they do not report directly to the FBP), to ensure the messages they are hearing operationally are in tune with the information contained within the ledger and forecasts.

Equally, depending on how the functions and duties are structured, an FBP will benefit greatly from sharing knowledge with their colleagues responsible for costing data. Close links here will not only improve the accuracy of costing data, but also allow FBPs to gain access to useful data to support improvement initiatives, develop business cases and further increase their understanding of how their services operate.

HFMA's Healthcare for Value Institute briefing, *Value Challenge 2.0*⁷, explores how patient-level costing data in England can support the implementation of the Getting It Right First Time initiative.

Case study 6: Tanya Wells, finance business partner, Integrated Care 24

Tanya Wells is an FBP with Integrated Care 24, a social enterprise that provides a range of NHS services, including GP out of hours and NHS111, to more than six million patients. She reports directly to the finance director and works closely with the executive management team for a regional locality, including a medical director, a nursing director and an associate locality director.

While her role includes overseeing the month-end position and annual budget preparation, the business partnering element is defined by her ability to

offer advice and guidance, allowing the executive management team to stay ahead of the game as much as possible.

To do this, Tanya ensures that she steps back from the detailed numbers and takes stock of the wider context. She is conscious she needs to know as much about the business and its services as she can. Primarily, this is done by getting out and about, spending time with service managers and asking how things work.

FBPs were introduced into the organisation's structure in early 2019 as

a result of four individual organisations becoming one. Initially there was a resistance to the change in culture, with some services unsure why finance staff were getting involved where they previously had not.

Through Tanya's inquisitive mind, and the ability to offer a supportive challenge, the relationships have improved and trust is building. The outcome is that Tanya is now being included in projects and developments earlier in the planning process, at a time when she is more able to have a guiding influence.

⁷ HFMA Healthcare Costing for Value Institute, *Value Challenge 2.0*, October 2019

Future direction for finance business partnering

With the emergence of sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) in the structural landscape of the NHS in England, it is likely that an FBP may be required to work across organisations, supporting groups of specialities in primary, secondary and tertiary care, as they collaborate along pathways to best serve the needs of patient populations.

Such a scenario is already beginning to exist in NHS England and NHS Improvement's regional structures, including in the East of England. Jeff Buggle, regional director of finance, commented on the recognition and challenge to create new types of relationships with various NHS organisations. Along with other regions, they are beginning to employ FBPs to stimulate system conversations in order to promote a change in focus from costs and savings to discussions that can support organisational awareness of value and outcomes.

Providing a more assistive relationship is very much a new role from a regulatory perspective – 'no longer just score-keeping, but doing something with the numbers', as Jeff puts it. This will no doubt require the same characteristics, skillsets

and resilience as the FBPs we have spoken to, as well as some cultural change.

Additionally, as service transformations spread into multi-year projects, FBPs are likely to be required to provide data forecasting and modelling outcomes over a longer term than the current short- to medium-term approach.

An increased level of autonomy has also been cited as a future development by some of our interviewees. This could result from increased scale – across an ICS, for example. Or it could simply result from the role becoming more established within an organisation and required to take on higher levels of responsibility, reporting directly to a director of finance rather than a deputy or associate director.

One such example where autonomy already exists is in NHS Lothian in Scotland (**Case study 7**).

From an individual's perspective, the role of the FBP can provide many opportunities. There is no doubt it can be an important springboard for individuals to develop the skills

Case study 7: Andrew Bone, finance business partner, NHS Lothian

Andrew Bone is an FBP for NHS Lothian in Scotland. With a turnover of more than £1.5bn and responsibility for three large acute hospitals and a mental health hospital, working alongside four integrated joint boards⁸, NHS Lothian's structure is not dissimilar to an STP in England.

In order to manage the finances of an organisation of this size, the role of the FBPs in NHS Lothian is as close to a mini-finance director as any of the partners we spoke to and one where autonomy was clearly evident.

Andrew's areas of responsibility include an acute hospital (the Royal Infirmary) and two large strategic organisational

themes (scheduled care and cancer performance). Reporting to the deputy director of finance for NHS Lothian, Andrew's main relationships are primarily one-to-one with chief service officers and the site manager for the Royal Infirmary. He also has very close links to the management accounting function.

Having taken a while to fully get to grips with the responsibilities of the role (the 'who does what' in finance), NHS Lothian now feel they have found a structure that will help the FBP role deliver their objectives for the organisation.

These objectives do not include any operational reporting or management

accounting duties. Instead, the role focuses on the medium to longer-term sustainability of services – identifying and planning major service changes to deliver savings, developing business cases as part of financial modelling and planning, and supporting senior decision-makers on how to make effective decisions for business-critical activities.

As a result of not being entirely bound by monthly financial responsibilities, and working more with people rather than figures, Andrew describes the role as almost a personal business adviser to the key decision-makers in his business units, with him tailoring his approach to best fit the needs of the unit.

⁸ Integrated joint boards (also known as integration authorities or integration partnerships) are jointly accountable to Scottish ministers, local authorities, NHS boards and the public for delivering the nationally agreed outcomes. As separate legal bodies, they lead on, and have devolved responsibility for, the planning, commissioning and monitoring of community health and social care services and for acute unscheduled care services.

While everyone working in the NHS has a duty of care to all patients and service users, for individuals in non-patient-facing roles, such as finance, recognising the impact they play in delivering that care can be a little more difficult than those in frontline services. The majority of FBP we spoke to commented that the role of the FBP, through working closely with frontline services, provided the opportunity to witness the impact their work can have on the quality of care provided, more so than any previous roles within finance.

The main challenges our FBPs commented on were an initial resistance to being accepted, getting to grips with the wide breadth of services and specialist language, and an element of frustration – sometimes from not having the time to provide a gold-star service, and other times not seeing projects being implemented quickly enough. It is in these circumstances that both resilience and an ability to be confident in asking questions have served many FBPs well.

Case study 8 identifies one finance professional excited by the opportunities the role allows, and conscious of how the pace of change can sometimes lead to frustration for FBPs and key stakeholders within their sphere of influence.

Any advice?

Our final question to the FBPs, senior finance colleagues, clinicians, directors and service managers we interviewed was: what advice would they give to any prospective FBPs? While all responses were of a positive nature, here is a small representative sample of the advice offered:

- ‘Do it. It is a unique role that isn’t embedded in just finance – it’s a very different role. You’ll need good influencing, presenting, engaging and communication skills, but this role will only enhance those as part of your personal development.’
John Williams, director of finance, Sheffield Children’s Hospital NHS Foundation Trust
- ‘This isn’t your average finance role; it’s critical to understand the service and its people, you can’t do it by numbers alone.’
Claire Abraham, head of financial management, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Case study 8: Ekanem Kofi Ikpe, financial lead, architecture and cybersecurity team, NHSx

Working in the newly formed NHSx, a unit designed to lead digital transformation in the NHS, Ekanem’s role requires building relationships and partnering with different NHS organisations across the country.

Her role primarily involves supporting business case development and subsequent budget monitoring for organisations granted public dividend capital (PDC) funding to implement the latest digital systems and technology. This will lead to the efficient functioning of a ‘complete patient healthcare record’ across different places of care within a region. Nationally, these regions are recognised as ‘exemplar sites’.

Currently operating across three waves consisting of 14 exemplar sites, the role

sits within a national programme team supporting national programme managers and local finance leads designated to ensure delivery via the host trust organisation for each exemplar.

This can mean working in an advisory capacity when reviewing initial business cases and in a robust monitoring capacity when checking milestones have been met in order to transact the next element of piecemeal funding.

Just like FBPs working within a single organisation, Ekanem describes the role as ‘requiring a detailed understanding of the operational context and strategy to be able to support organisations appropriately’. As the national programme is being delivered alongside local digital

initiatives, appreciating the context in which each organisation operates, their financial challenges and their cultural differences is an important aspect of gaining insight and sustaining good relationships.

‘It’s a very exciting role, especially knowing the potential impact of the programme,’ she says. ‘You need to be resilient though, as there are times when the momentum slows. But you have to push through the frustration and move the agenda forward as best as possible. Working at a national level, there are regional disparities that should be better understood, but sometimes these variations are not immediately obvious, and even when they are, they can remain a significant challenge.’

- 'Take time to learn everything you can about the services and the people; ask questions (of everyone); don't bury yourself in finance but do remember that finance is your purpose for being there.'

Katherine Archer, senior finance business partner, Oxford University Hospitals NHS Foundation Trust

- 'Be open minded, open to change in order to make improvements. Put yourself in their shoes, get to know the business, make links across services and trusts.'

Richard Wallis, finance business partner, Surrey and Borders Partnership NHS Foundation Trust

- 'Make sure you learn the basics of the services as soon as you start. Meet with operational and clinical colleagues regularly, understand the operational workings. Maintain positivity – even when the numbers are bleak!'

Rowena Green, director of operations – medicine, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

- 'Try to experience a number of areas within finance before taking on the FBP role. Having an experienced-based understanding and knowledge will assist in adopting an overview approach to partnering.'

Charles Beddington, senior finance business partner, Boots UK

- 'Focus on the relationships. Deliver on what you said you'd do. Don't be scared to ask silly questions in order to know the business. Be confident to challenge and learn how to do this formally and informally.'

Tanya Wells, finance business partner, Integrated Care 24

- 'Get out and about, be seen, introduce yourself. Be clear on what you can achieve. Don't ask about the money with clinicians, ask about how services could be improved.'

Dr Akeeban Maheswaran, consultant anaesthetist, University Hospitals of Leicester NHS Trust

- 'Keep an open mind, but at the same time don't be afraid to insert your own ideas and initiatives.'

Stuart Eadie, senior commercial finance manager, Vodafone

- 'Get qualified, get out and about to understand the business and how this translates into the finances of the business. Involve your service managers before the month-end position closes.'

Neil Cowan, director of operations – surgery, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Conclusion

Our research has confirmed the importance of partnering and how it is rapidly becoming a key component of the finance function.

The availability of data and technologies has provided the opportunity and created the demand for finance functions to offer a closer working relationship with operational elements of their business. By truly understanding the business in order to provide financial intelligence, an FBP role can play a crucial role in the decision-making process.

For individuals, the role can be an opportunity to witness the heartbeat of an NHS organisation and the flow of patients, acquainting themselves with far broader experiences than

just finance. It effectively means practising being a finance director at a level where they are more able to make mistakes and learn from them.

The role is not for everybody and requires a rather broader skillset than the average finance role. The key to success is very much how you manage your relationships rather than the figures. After all, it takes two to partner.

Partnering: relating to an agreement between organisations or people to work together¹⁰

¹⁰ Cambridge Dictionary definition

Appendix 1

The table below includes links to data and resources that can help both new and existing FBPs with understanding the business, and the skills and qualities identified in the briefing.

Body	Resource	Summary
ACCA	How to be a good business partner	Article about the strategic role of finance professionals and what it means in practical terms to be a business partner
	The finance business partner	Online course looking at how to become a trusted adviser in your client's business.
	How the best ones behave	Recorded webinar highlighting lessons to be learnt from some of the best components of business partnering
	The accountant as a strategic influencer – part one: role of a business partner	Online course considering the changing role of the finance professional and looking at some of the ways they can bring greater efficiency and productivity by building closer links to the business and developing the role of business partner
	The accountant as a strategic influencer – part two: becoming a business partner	This second module looks to highlight some of the interpersonal skills required to be an excellent business partner, providing useful tools to help build rapport with stakeholders
	Are you a good business partner?	Article looking at how to be a good business partner by helping management analyse unexpected events clearly, concisely and quickly
FFF	Finance and clinical educators (FACE) network	Sharing resources and sharing best practice, the network will support individuals to demystify NHS finance within their organisations
	Crossing professional boundaries toolkit	This King's Fund toolkit helps leaders from clinical and financial teams who want to encourage collaboration across professional boundaries
	Behavioural skills framework	Outlines the behavioural skills finance staff need to develop to do their jobs in the best way
	Best possible value (BPV)	Practical tools and resources to support you in planning and making effective, value-based decisions for service users and taxpayers
	Four strengths framework	A simple, time-saving toolkit to support the development of skills for the challenges ahead
HFMA	E-learning	Online modules covering a comprehensive range of topics – such as how NHS services are paid for, budgeting, commissioning, governance, and costing – as well as providing relevant options for staff working in England, Wales and Northern Ireland
	Qualifications in healthcare business and finance	The HFMA Academy offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. We deliver all qualifications online through the academy learning environment
	NHS Operating Games	The NHS Operating Games are a set of unique and valuable training tools for NHS staff, whether in clinical, financial or board member roles. The NHS Operating Games give the perfect balance of knowledge transfer, real-life examples and fun, to deliver engaging training sessions. We have games for acute hospital trusts, mental health trusts and integrated health and social care
	EVO (Engagement Value Outcome)	EVO facilitates the engagement of a multidisciplinary team in the understanding and use of patient-level information and costs, and its relationship to value in healthcare. The aim is to achieve the best outcome for the patient within the resources available

Appendix 2(i)

The table below highlights some of the skills and abilities included in current FBP job descriptions.

Skills and abilities

Level	Skill/ability	Approach
Critical	Ability to build sound working relationships	Able to work collaboratively in the organisation and local health economy
	Business improvement techniques	Understands and can apply information and techniques – for example, in relation to the Model Hospital and patient-level costing information
	Can provide complex advice and support to staff	Links productivity, activity, throughput, capacity to achieving desired outcomes
	Can see the changes needed	Understands the patient pathway, brings together and interprets the available information
	Coaching	Uses one-to-one discussions to enhance an individual's skills, knowledge or work performance (short-term, task-based)
	Understands perspectives	Takes time to understand where everyone is coming from
Essential	Understands value	Can make it real and relevant for colleagues
	Influencing and negotiation skills	Is engaged and can secure engagement
	Proactive	Uses financial information as starting point for dialogue about corrective action
Desirable	Successful negotiator	Including the management of people's expectations
	Project management	Maintain momentum

Appendix 2(ii)

The table below includes a checklist of the strengths that FBP's need to demonstrate.

Skills and abilities

Strength	Example
Finance player	<p>Advance understanding of the key operational and financial challenges facing the NHS – expert in your field</p> <p>Responsible for the integrity and accuracy of financial information, associated systems, processes and governance supporting both the business unit and the organisation in achieving its financial objectives</p> <p>Provide timely and accurate reporting of the financial position as the start point for change</p> <p>Regularly present and update on progress analysing, comparing and interpreting highly complex financial and performance data using skills, knowledge and judgement</p> <p>Highly numerate with strong analytical and critical reasoning skills and with the ability to think strategically and to think through complex challenges</p> <p>Strong business acumen, a commercial focus balanced with a reasoned operational view</p> <p>Identify and report all relevant financial risks within your business unit</p> <p>Understand the impact of local and national policy on the business unit's financial and performance position</p> <p>Ensure opportunities for efficiency and innovation are achievable, realistic and deliverable within agreed timescales</p> <p>Evidence of sound financial judgement so that scarce resources are used for best possible outcome</p> <p>Can tie financial agenda to current ways of operating – for example, linking quality improvement to delivering value and improving outcomes</p> <p>Ability to work with minimal supervision, especially with giving financial advice</p> <p>Good intellectual and analytical ability</p> <p>Excellent written and verbal communication skills</p>
Team player	<p>Understands own role, its scope and the impact of changes</p> <p>Strong communication, negotiation, influencing and presentation skills appropriate for a wide range of audiences and situations</p> <p>Keeps communication clear and simple</p> <p>Ability to inspire confidence and respect of others</p> <p>Leads by example</p> <p>Constructively challenges and accepts constructive challenge</p> <p>Actively listens</p> <p>Role model's ethical behaviour and establishes a culture of best practice, team working and cooperation</p> <p>Ability to function as a team player and self-motivator</p> <p>The ability to work in multi-disciplinary teams to achieve organisational success</p>
Drive value	<p>Recognises that improved patient care at the heart of all decision-making</p> <p>Capable of challenging and proposing solutions to ensure achievement of the organisation's and business unit's financial and performance objectives</p> <p>Develops, nurtures and maintains key relationships</p> <p>The ability to show empathy and consider an issue from alternative points of view</p> <p>Ability to deal with complex, contentious and confidential issues</p> <p>Ability to question and challenge existing processes, showing innovation and an ability to improve current methods</p> <p>Focus on customer service to ensure that operational staff are provided with the tools and information to both monitor and evaluate their financial performance</p>
Make change happen	<p>Actively promotes change and improvement</p> <p>Informing and involving staff when change is needed so that it is seen as an opportunity, not a threat</p> <p>Makes a significant contribution to the business planning and financial monitoring processes</p> <p>Able to work with non-finance managers to: deliver financial information effectively; and provide training to new/existing managers to improve financial management skills</p> <p>Successful negotiator including the management of people's expectations</p> <p>Work closely with the wider organisation to influence and support financial decisions both at an operational and strategic level</p> <p>Significant track record of leading change through people</p> <p>Makes decisions and has a clear reason for the decisions made</p>



About ACCA

ACCA (the Association of Chartered Certified Accountants) is the global body for professional accountants, offering business relevant, first-choice qualifications to people of application, ability and ambition around the world who seek a rewarding career in accountancy, finance and management.

ACCA supports its 219,000 members and 527,000 students (including affiliates) in 179 countries, helping them to develop successful careers in accounting and business, with the skills required by employers. ACCA works through a network of 110 offices and centres and 7,571 Approved Employers worldwide, and 328 approved learning providers who provide high standards of learning and development. Through its public interest remit, ACCA promotes appropriate regulation of accounting and conducts relevant research to ensure accountancy continues to grow in reputation and influence.

ACCA has introduced major innovations to its flagship qualification to ensure its members and future members continue to be the most valued, up to date and sought-after accountancy professionals globally.

Founded in 1904, ACCA has consistently held unique core values: opportunity, diversity, innovation, integrity and accountability.

About Future-Focused Finance

Future-Focused Finance is about improving NHS finance for everyone; recognising the need for strong financial skills and understanding across all professional groups to deliver the good patient care and value for taxpayers. In 2018 the Future Leadership Council refreshed their strategic aim and objectives. This means with the support of the Finance Development Foundation and Finance Staff Development we're working to develop a diverse, appropriately skilled, adaptable and resilient finance function and workforce to ensure value for money and quality services for patients.

About the HFMA

The Healthcare Financial Management Association (HFMA) is the The Healthcare Financial Management Association (HFMA) is the professional body for finance staff working in healthcare. For 70 years it has provided independent support and guidance to its members and the wider healthcare community.

It is a charitable organisation that promotes the highest professional standards and innovation in financial management and governance across the UK health economy through its local and national networks. The association analyses and responds to national policy and aims to exert influence in shaping the healthcare agenda. It also works with other organisations with shared aims in order to promote financial management and governance approaches that really are 'fit for purpose' and effective.

The HFMA is the biggest provider of healthcare finance and business education and training in the UK. It offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The association is also an accredited provider of continuing professional development, delivered through a range of events, e-learning and training. In 2019 the HFMA was approved as a main training provider on the Register of Apprenticeship Training Providers and will be offering and developing a range of apprenticeships aimed at healthcare staff from 2020.

© Healthcare Financial Management Association 2019. All rights reserved.

HFMA

1 Temple Way, Bristol BS2 0BU

T 0117 929 4789

F 0117 929 4844

E info@hfma.org.uk

Healthcare Financial Management Association (HFMA) is a registered charity in England and Wales, no 1114463 and Scotland, no SCO41994. HFMA is also a limited company registered in England and Wales, no 5787972. Registered office: 110 Rochester Row, Victoria, London SW1P 1JP

HEA.FIN.067 03/17

www.hfma.org.uk