

# HFMA AWARDS 2018



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## Kathy Roe claims top prize



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# Integration trailblazer



**“Kathy’s approach and the integration model is viewed by the national finance function as a beacon of hope to others in these financially challenged times”**

*Kathy Roe with GenMed’s Jonathan Wedgbury (left) and HFMA 2018 president Alex Gild*

Integration, integration, integration have been the watchwords of **Kathy Roe**, winner of the 2018 HFMA Finance Director of the Year. She has been central to a radical re-engineering of the structure of local public services.

The Tameside and Glossop Clinical Commissioning Group chief finance officer has been at the forefront of efforts to bring together health and care services locally. She is also Tameside Metropolitan Borough Council chief finance officer. And her advocacy of integrated working has highlighted how local

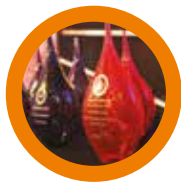
council services – housing, education and employment – are closely linked to the wider determinants of health.

The locality’s push for integration and place-based services was driven by recurrently unsustainable local authority and health services. In addition, the local provider, Tameside Hospital, was put into special measures in the Keogh review and faced concerns by the Manchester Deanery over the quality of clinical training.

One of her biggest achievements is bringing

together CCG and council staff into a single, co-located and integrated finance team. It has one of the largest integrated commissioning funds with a local authority in the country, totalling around £1bn. It is underpinned by a robust financial framework and has attracted attention from around the country. The Department of Health and Social Care asked Tameside and Glossop to contribute to work on changing section 75 rules to allow greater integrated management of services.

The finance team aims to facilitate



transformation across local services. Its professionalism and technical excellence were recognised by the HFMA North West Branch, which named the integrated group its 2018 Finance Team of the Year.

It works in collaboration with the finance department at Tameside and Glossop Integrated Care NHS Foundation Trust to deliver place-based services and return local organisations to financial sustainability.

The teams produce a monthly, economy-wide finance report, which NHS England has deemed best practice. The report includes a pan-economy savings/QIPP tracker, which enables stronger risk management and evidence of greater grip and control.

Following the finance integration, the joint leadership structure also includes the council chief executive as CCG accountable officer.

Nominating her for the award, her colleagues cited her personal qualities, which have allowed her to make the transition to strategic finance director – integrity, an ability to develop networks and build and maintain working relationships across the wider system. In recent years, these qualities have convinced Monitor to back investment in Tameside Hospital and persuaded the Greater Manchester Health and Social Care

Partnership that Tameside and Glossop was ready to receive first-wave transformation funding as part of the Greater Manchester health devolution.

Over the past two years, the local economy (integrated trust, council and CCG) has achieved savings of £82m from transformation and QIPP efficiencies, while the provider deficit position has improved by £5m. Further savings of £18.5m are expected by 2022/23, to be delivered through identified transformational schemes.

Her nomination said: 'Kathy has reshaped the context of finance in local government and health in Greater Manchester and beyond. Kathy's approach and the integration model in Tameside and Glossop, is viewed by the national finance function as a beacon of hope and promise to others in these financially challenged times.'

The judges were impressed with the scale and scope of her work. One added: 'A really

strong example of joined up working and leading from the front. Great.'

Ms Roe paid tribute to her fellow shortlisted directors. 'I am overwhelmed. I was up against such tough competition – any of us could have won. It was fantastic to be up against three other women.'

She said her focus for the last four years has been on integration and 'doing the right thing for the population of Tameside and Glossop' by maximising the value of every pound spent.

'I believe we have to look at the wider determinants of health – that's where you can influence what happens to every person.'

She added: 'This award is for all my team. The leaders I work for have allowed me to flourish and take on a different role that's never been done before. They believed in what I am trying to do, and I think that we have turned a corner; delivering so much in savings and starting to deliver on the outcomes. Residents are saying they are getting better care.' ◉

## Also shortlisted

**Suzanne Robinson, North Staffordshire Combined Healthcare NHS Trust**, has brought enormous credibility to the finance agenda across the trust, creating a clear financial strategy focused on enhancing value. This focus led the trust to introduce a transformational cost improvement programme, giving all staff a voice to make efficiencies. The trust's use of resources score improved from 3 in 2015/16 to 1 in 2017/18, while a £1m cash deficit was recovered through an innovative cash model and critical cash controls. As well as her role at the trust, Ms Robinson has stepped up to become the local sustainability and transformation partnership finance director. At national level, she is the senior responsible officer for the Future-Focused Finance *Value makers* workstream, and her work for the HFMA was recognised in a key contributor award in summer 2018.

**Andrea McGee, Warrington and Halton Hospitals NHS Trust**, demonstrated invaluable leadership qualities when a fire ripped through the building accommodating her finance team – five working days before the financial year closed. Ms McGee organised alternative work spaces for everyone and re-established the single affected clinical service with as little disruption to the trust's patient care standards as possible. In addition to an unqualified opinion from the external auditors, she steered the trust to achieve its first, ambitious control total set by NHS Improvement in 2016/17. A capital programme, driven through by Ms McGee despite the straightened financial times, paid

dividends when fire officers confirmed that fire prevention measures in the programme had contained the fire. Her colleagues say she is inspirational and consistently focuses on the patient – she believes that limited resources should not get in the way of great patient care.

A merger of two trusts is never straightforward, but **Sandra Easton, Chelsea and Westminster Hospital NHS Foundation Trust**, has led from the front in combining two different financial systems, both of which were outsourced. Incorporating the West Middlesex trust, she brought all finance processes, except payroll, and procurement back in-house, saving the trust more than £500,000 a year. Two ledger and other legacy systems were consolidated onto one ledger, while ensuring that all statutory deadlines were met. Following the merger three years ago, the new trust has faced a number of financial challenges, including the need to invest in its estates and underlying deficits. However, Ms Easton has led the work to address these challenges, including improving the underlying financial performance to deliver a £38m surplus in 2017/18 after bonus sustainability and transformation funding, and doubling the trust's capital investment. The trust was also rated outstanding in its use of resources assessment.



Shortlisted: (l-r) Andrea McGee, Sandra Easton, winner Kathy Roe and Suzanne Robinson



Two things need to be in place before costing data can be used to drive improvement: the data must be accurate, produced by reliable processes; and the data has to be trusted by the clinicians and frontline teams who will use the data to understand their activities and identify opportunities to improve.

**Wrightington, Wigan and Leigh NHS Foundation Trust** – this year's winner of the HFMA Costing Award – ran a number of programmes to address these issues and raise the profile of costing across the organisation. It now believes it has an accurate, reliable and well-used data source that has enabled it to deliver several key achievements.

Judges were impressed with the 'great examples of how they had used patient-level cost data within their service line reporting (SLR) packs to achieve transformational changes that have improved quality and cost'.

The trust started its patient-level costing journey in 2009 and has placed clinical engagement high on the agenda – it was even commended on this in its latest reference cost audit. However, it recognised that it could improve further on its processes and increase clinical engagement and usage of the data.

Some of the work has looked to improve data quality. Each specialty must now sign off its SLR output. Out-of-date job plans were updated using new software, and links with the costing model ensure the costing team is notified of any changes. And there has been a major training effort to improve use of costing data – raising awareness of useful reports and leading to a 46% increase in user stats on the SLR app.

Other initiatives have included executive-led specialty reviews of SLR, reference costs and Model Hospital data, the development of a cost centre apportionment document, new end-user dashboards and increased links to business intelligence and coding.

On the back of the reviews – part of a



Winner: *Wrightington, Wigan and Leigh NHS Foundation Trust*

# Fully engaged

*Maximising contribution* programme – the trust delivered savings of £442,000 across seven specialties. And a detailed review of specialist trauma and orthopaedics work highlighted that the current tariff did not cover the cost of complex revision surgery. After further work with the National Orthopaedic Alliance, the trust approached NHS Improvement, which, having acknowledged the issue, is working on a sustainable solution.

Costing data has also been used to agree a profit share element for a fertility fusion joint venture with Liverpool Women's NHS Foundation Trust and to calculate local prices for virtual clinics. And it has informed improvements in procurement.

Judges liked the way the trust not only talked about itself as a provider but also referred

to the 'Wigan pound', giving evidence of how its data had improved costs for the health economy.

Stephen Holt (pictured centre), the trust's head of financial planning, said that despite a good track record on clinical engagement, the trust had known it could do more. 'By improving the quality of the data, it makes people use it and getting executive lead and sign off helps to make it credible,' he said. Getting clinical leads to sense check specific consultant dashboards had also helped engage the consultant workforce. ○

"Great examples of using patient-level cost data to achieve transformational changes that have improved quality and cost"

## Highly commended

The **Leeds Teaching Hospitals NHS Trust** submission focused on its work to make its patient-level cost information have a greater impact. It also highlighted a new patient-level costing sharing group that collaborates with other trusts to share knowledge and best practice. Judges praised the development of two new tools – an opportunity benchmarker and an opportunity scoper – to help areas to focus quickly on issues of importance. In one example, the scoping tool had been used to review theatre downtime for cataract surgery, helping to optimise patient flow.

### Also shortlisted

**Cwm Taf University Health Board** has implemented a second

generation costing system in 2018. It has undertaken research to understand the impact of different primary care interventions on secondary care admissions for chronic obstructive pulmonary disease. Analysis of its expansion of the pulmonary rehabilitation service suggests it should reduce beds and save further costs.

Services at **East Kent Hospitals University NHS Foundation Trust** receive an in-depth costing performance pack covering patient-level cost, service line reporting, reference costs, Model Hospital and external benchmarking data. The packs formed part of a formal service review for seven services, leading to the creation of SLR action plans with realistic deliverables.



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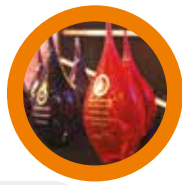
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# Way ahead



Jenny Ehrhardt (holding trophy) with Simon Collier from PA Consulting (far right)

“At £18.9m, the surplus is the largest in the trust’s 20-year history, achieved in part by the delivery of a £65m waste reduction programme”

## Highly commended

A regular award winner, the finance team at **Wrightington, Wigan and Leigh NHS Trust** has focused on making a difference in the wider local system. Working closely with NHS and non-NHS bodies, projects have aimed to incentivise care closer to home, deliver combined efficiency schemes, transform estates and improve parking. A new contract, *Sustainable hospital – services on the door*, was agreed with commissioners to ensure patients previously sent outside the borough were treated at WWL sites. The judges said: ‘With a history of sustained high-level performance, the finance team have made a difference on a socio-economic level in both the trust and the Wigan locality. It has worked on projects and initiatives that are having a sustainable impact on patients, workforce, visitors and the wider population.’

## Also shortlisted

The **University Hospitals of Derby and Burton NHS Foundation Trust** finance team played a central role in developing the financial case for merging the Derby and Burton trusts. An intensive process involved producing the finance chapters in the strategic and outline business cases and, with changes to control totals and contracts, writing and rewriting the full business case finance sections. Three long-term financial models were written – one for each of the trusts’ five-year plans and an acquisition model for the merger. The finance teams were merged and finance and procurement systems were transferred to a new cloud-based solution, allowing access from any of the new trust’s five locations.

In another example of a recent merger, the finance team at **Chelsea and Westminster Hospital NHS Foundation Trust** has improved its governance, efficiency and supported the trust to deliver its financial plans and other objectives. It also over-delivered against its control total. The team implemented a number of initiatives, including a new business partnering model that is aligned to the clinical divisions. This has helped streamline processes and freed up time to improve financial support to strategic developments and long-term planning. Automated reporting and drill-down to transactional and invoice level for end users has streamlined and improved management information and reporting. In addition, a financial innovation programme has been launched, piloting the use of artificial intelligence and robotics.

The finance function at **Leeds Teaching Hospitals NHS Trust** aims to be the best provider of finance and procurement services to support the delivery of patient care. So being named HFMA Finance Team of the Year for 2018 is a big step towards achieving that aim.

The trust’s values are described in *The Leeds way* – patient centred, fair, collaborative, accountable and empowered.

The finance team has adapted this into *Finance: the Leeds way*, engaging all 250 finance and procurement staff in the improvement effort under three objectives:

- Service and financial sustainability
- Financial governance improvements
- Finance skills development.

A continuous improvement cycle embedded in the objectives highlights the team’s tireless pursuit of better value. *Finance: the Leeds way* helped the trust resolve a critical issue – meeting its control total and achieving an unprecedented surplus.

The judges said: ‘We were impressed with how using *Finance: the Leeds way* and the introduction of day one reporting, the finance team led the delivery of the trust’s 2017/18 control total – achieving the first surplus for the trust in four years. At £18.9m, the surplus is the largest ever in the trust’s 20-year history and was achieved in part by the delivery of a £65m waste reduction programme. This established the foundations for a recurrent programme of waste reduction in 2018/19 of £55m, which is on track for full delivery.’

The team addressed a lack of belief in financial plans by setting up a new finance performance management framework that

focused on real run rates in the trust’s clinical service units (CSUs). It also promoted greater accountability and financial governance.

Achievable but challenging waste reduction targets were set by introducing a policy of holding no central risk reserves and identifying central initiatives in advance.

Each month, CSUs are RAG rated against the forecast delivery of their waste reduction target and given written feedback within five days of submitting their forecast.

Escalation actions are set out in the finance framework and consistent application of these rules was essential in delivering the trust’s control total.

Working day one reporting of the financial position was introduced in two months without affecting the quality of the reports and has been maintained since month six results were reported at 5pm on 2 October 2017.

Jenny Ehrhardt, deputy director of finance, was delighted the team received recognition. ‘The team has worked so hard and taken on so many challenges. It’s not been entirely smooth, but we knew we could do this. We want each individual to do better, so we can all improve – it’s not down to a senior leader but done by all parts of the team.’

Finance director Simon Worthington added: ‘We have a fantastic team and I’d like to pay tribute to [former trust finance director] Tony Whitfield, whose work laid the foundations.’

# Leading light



Duncan Orme (centre) with Meridian Productivity's Gareth Jenkins (left)

**Duncan Orme** – this year's winner of the Deputy Director of Finance Award – is described by his team as an exceptional leader. He has combined innovation with patient focus and a passion for healthcare to transform the culture of Nottingham University Hospitals NHS Trust and deliver real change.

With the trust moving from a £47m deficit in 2015/16 to a planned £8m surplus in 2018/19, Mr Orme was at the centre of driving a challenging efficiency programme, leading fragile negotiations with commissioners and implementing process and reporting improvements across the finance function.

The efficiency drive has improved unit cost outputs and helped the trust to achieve lower quartile Carter benchmarks. Judges were interested in the establishment of a shared service with the council to look at payroll provision and financial transaction services.

During consultation on a merger of two Nottinghamshire acute hospitals, Mr Orme led the work on how the finance functions could engage and work together to keep the best of both. While the merger did not go ahead, the two finance teams continue to work together on the implementation of ongoing clinical partnerships and service transformations.

Judges highlighted Mr Orme's commitment to patient-level costing – not just within the

The trust's award submission underlined Duncan Orme's enormous passion for finance and healthcare, which he uses to motivate his team

acute hospital, but across the whole system. He has been developing a patient tracker with the NHS Improvement costing team to capture the individual patient costs of care across the local economy footprint, including primary care, acute care, mental health and community.

This is helping to inform the whole agenda around integrated care.

Nationally, he is an advocate for patient-level costing and sits on the HFMA Healthcare Costing for Value Institute council.

The award submission pointed to Mr Orme's broad range of finance skills, enabling him to lead all elements of the finance function, including improvements in cash management and reporting, delivering significant procurement savings, implementing service line reporting, developing financial sustainability strategies and leading new commissioning mechanisms.

With a significant focus on clinical leadership and empowerment, he has been at the forefront of clinical engagement, informing clinicians who are driving forward financial debates around tariff development, *Getting it right first time*, integrated care system development and CQUIN.

As leader of the procurement function at the trust, Mr Orme is also a keen advocate for the role of clinical procurement specialists,

## Highly commended

**Helen Troalen** was appointed deputy chief finance officer of The Royal Wolverhampton NHS Trust in April 2017, but made an immediate impact on the finance function and the wider economy with a 'can do' attitude and energetic optimism. Judges said this was particularly noteworthy given she had joined from a different NHS sector and location. She negotiated an aligned incentive contract with commissioners and designed a due diligence framework for integrating GP practices within the trust.

## Also shortlisted

**Tarryn Lake** has had a relatively rapid rise through NHS finance to Sunderland Clinical Commissioning Group's deputy finance director, combining financial expertise with an enthusiasm that brings out the best in others and ensures effective partnership working. She has improved board reports, reduced closedown time at month-end, led a system-wide estates finance group, improved governance in key areas and led a complex rebasing of mental health service costs with other CCGs.

**Mike Newton**, deputy director of finance at North Staffordshire Combined Healthcare NHS Trust, stepped up during 2018 to support his finance director, who took on a half-time role as sustainability and transformation partnership finance director. In addition, Mr Newton developed a new commercial model for an out-of-area patient placement tracker with a local software firm and led the due diligence on a new business venture for the trust.

believing clinical engagement is the key to enabling rationalisation and savings.

He is committed to developing talent in the NHS and has instilled a culture of continuous development in the finance department, as well as introducing a local finance trainee programme.

Overall the trust's submission underlined Mr Orme's enormous passion for finance and healthcare, which he uses to drive innovation and motivate his team. Mr Orme said that finance professionals and other support services were a key part of the team delivering care to patients – from those on the transactional side through to costing accountants and business partners. 'Supporting care to patients and being part of that team is what motivates so many of us,' he said. ○





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t: 0117 929 4789  
f: 0117 929 4844  
e: [info@hfma.org.uk](mailto:info@hfma.org.uk)  
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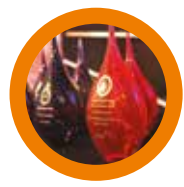
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*Facing page (clockwise from top): Kathy Roe, (finance director, p1); Jenny Ehrhardt from Leeds (finance team, p5); Stephen Holt, Wrightington, Wigan and Leigh (costing team, p3); HFMA chief executive Mark Knight; Duncan Orme (deputy, p6).*

*This page (clockwise from top): new honorary fellowships being awarded (p10); outgoing HFMA president Alex Gild; Northern Care Alliance and Mersey Internal Audit Agency (governance, p15); Christine Bray, Devon Partnership NHS Trust (innovation, p12)*



# Supporter honours

At the 2018 awards ceremony the HFMA made a number of personal awards, including seven honorary fellowships. Future-Focused Finance also presented its annual award. HFMA honorary fellowships are awarded to individuals who have made a substantial and sustained contribution to the life and work of the association.

## Honorary Fellows



◦ **Ian Hanley** was nominated by the HFMA Accounting and Standards Committee. After 30 years working in the NHS and 15 years as VAT sub-committee chair, he decided to step down and take early retirement in 2018. His detailed VAT knowledge and ability to think laterally to understand the wider implications of changes to VAT and other legislation has been invaluable to the committee and the wider NHS.



◦ **Robert White** is a longstanding HFMA supporter who has been a committee member for at least 15 years. He was nominated by the Policy and Research Committee, which said he always provides honest and constructive feedback and is happy to share his views and experiences gained from many years as an NHS finance director. He has been a member of the committee since its inception in 2015 and, prior to this, the Financial Management and Research Committee.



◦ **Mary Pettman** has been a member of the association for over a decade and was a member of the board from 2012. Her tireless enthusiasm for the HFMA and progressing its work is second to none – even now as she works on the HFMA qualifications. She played a pivotal role in making the association's conference centre a success, taking the time to get into the detail of the project and steering it throughout.



◦ **Kevin Green** was nominated by the Kent, Surrey and Sussex Branch. One of the longest-serving branch members, he recently stepped down as its treasurer. A passionate advocate of staff development, he has encouraged and influenced the development of the local branch and its activities. His financial stewardship has ensured the branch is in the good financial position. Though retiring from his substantive NHS role, he is a role model for good behaviours in the finance community.



◦ **Paul Stefanowski** has led the Mental Health Finance Faculty since 2012, chairing numerous events and offering policy and educational views and advice to help formulate its strategy. During his tenure the faculty has seen its membership increase to 100% of all mental health trusts and its reach extend significantly – the group is a highly influential force in policy, for example. He is stepping down from leading the faculty and the HFMA Board recognised his support and achievements.

◦ **Paul Briddock** has been a member of HFMA for over 20 years. He was one of the original members of the Foundation Trust Faculty and chaired the payment systems group for many years, before leading the Provider Faculty Technical Issues Group. He is one of HFMA's most ardent supporters and continues to promote the association's work in his new role in NHS England.



◦ **Keely Firth** was honoured for being 'a truly committed member of the finance family. She has been a member of the HFMA Board for a number of years but has now stepped down. She also sat on the association's Audit and Finance Committee.



*Mark Songhurst (left) with FFF's David Ellcock and Alex Gild*

## Future-Focused Finance Award

**Mark Songhurst** has been a key part of the value-maker programme since the early days of FFF, playing a huge part in its success. The Leeds Teaching Hospitals NHS Trust Scan4Safety programme manager has been doing inspirational work with the trust finance director Simon Worthington, including developing value-makers and finance and clinical educators. 'It is humbling to receive this award and I am only one of many more people working on FFF', he said. 'I am grateful to people like Tony Whitfield who started me off on the journey, as well as all those who have supported me.'

The trust hopes to announce its first clinical value-maker and finance and clinical educator with a clinical background shortly.



## Highly commended

**Phil Wood, Leeds Teaching Hospitals NHS Trust**, has championed waste reduction, developing a campaign, *Bridging the gap, one step at a time*, to help his oncology colleagues gain confidence that the unit can deliver its financial targets. Until April 2018, Mr Wood was clinical director of the oncology clinical service unit, the largest business unit in the trust in financial terms with a planned income of £170m. He was clear that clinical teams should focus on waste reduction rather than cost improvement, to ensure patients were at the heart of the agenda. He empowered individual staff to come up with and implement their own waste reduction ideas, as he believes this is a matter for all staff.

## Also shortlisted

**Sally Kidsley, Solent NHS Trust**, has been entrepreneurial and innovative in her leadership of the Solent Sexual Health Service, using finance and performance to maximise efficiency. Changes she has implemented include a year-of-care tariff for HIV patients (this was previously activity-based); online STI testing; treatment by post; and using activity data to predict demand at clinics across Hampshire, which has resulted in full clinics and efficient use of staff. She has worked with finance to model the expected cost and income changes of these developments and has robustly challenged the resulting analysis, helping deliver around 4% efficiencies on an annual basis.

**Paula Wilkinson, Mid Essex Clinical Commissioning Group's** chief pharmacist, has achieved a number of successes with the CCG finance team, including implementing an enhanced local medicines optimisation incentive scheme, which focuses on eliminating the use of medicines that may cause harm or have low clinical value. This improves engagement with clinicians and delivers savings. Ms Wilkinson works with finance colleagues to help them understand the funding issues in primary care prescribing, including the impact of the market forces factor, the vagaries of the drug tariff and concessionary drug pricing. She has also helped develop a common set of value-based commissioning policies for Mid and South Essex Sustainability and Transformation Partnership.

# System impact



**Winner: David Berridge, Leeds Teaching Hospitals NHS Trust**

Two of the constants in the health service over the past few years have been the need for ever better clinical-financial engagement and the reduction of unwarranted clinical variation, which should in turn produce greater efficiencies.

**David Berridge**, the winner of the 2018 Working with finance – Clinician of the Year Award has demonstrated both.

The award acknowledges the importance of clinical engagement in financial management and recognises a clinician who has taken financial responsibility for their services, led efficiency or improvement programmes or provided an example for other clinicians by engaging with the financial agenda.

The Leeds Teaching Hospitals NHS Trust deputy medical director has been instrumental in leading implementation of the trust's Scan4Safety programme – ensuring clinical buy-in and delivering significant savings. The programme aims to improve supply chains, introducing: GS1 numbers to populate barcodes; RFID tags; and product data management. In addition, PEPPOL standards ensure smooth electronic communication.

Mr Berridge, a consultant vascular surgeon, ensured patients were at the heart of the programme, so that it created real-world cost savings and improved clinical outcomes and efficiency. The trust has reported financial benefits totalling more than £2.3m so far, including almost £1m from a one-off reduction in theatre inventory; and £94,000 through

better operational efficiency and reduced sterilisation costs in theatres.

Cutting the time to track a recalled product from more than eight days to around 35 minutes has freed up £84,000 of clinical time for patient care.

Mr Berridge introduced programme governance that embraced the whole trust, with a programme board that included clinical staff and colleagues from finance, informatics, pharmacy, theatres, procurement, estates and medical physics. Project

nurses support clinical engagement, education and support.

The judges acknowledged the excellent field of candidates for the award. 'All clinical candidates

were operating to a very high standard and demonstrated fantastic

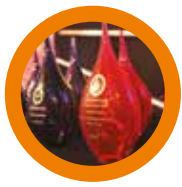
**“David’s work within his organisation showed his huge passion for safety, performance and value”**

working with colleagues in finance.' But they added: 'David's work within his organisation showed his huge passion for safety, performance and value. His commitment to working closely with finance leads resulted in demonstrable whole system impact, improving clinical value in his trust. His work, ongoing, could be replicated across organisations.'

'I was honoured to be on the shortlist, nevermind win,' Mr Berridge said. 'I am part of a massive team effort in Leeds to promote the clinical and finance teams working together as we need to make sure we use the limited amount of resources effectively for our patients.'

He paid tribute to the trust's finance team, which was working closely with the West Yorkshire Association of Acute Trusts.

As a clinician, it is easier to win over colleagues, he added. 'It can help get over their worry and show there isn't a problem with going to virtual clinics or to change supplier – we need to make sure it's the same or better quality, but you can do that and save money at the same time.' ○



# Secure service

The mantra in acute care is that patients should be treated as close to home as possible. **Devon Partnership NHS Trust** believes this should extend to people requiring low- and medium-secure mental health services. Its programme to repatriate secure mental health patients has won the 2018 HFMA Innovation Award.

The trust is part of a consortium of providers in the South-West that wish to reinvest funds currently spent on secure inpatient care to improve services and develop a community-based model of care.

In January 2017, there were around 460 patients in the region in low- and medium-security wards. But more than half were being cared for in hospitals outside the area. Patients were being treated some distance from their friends and family and local mental health services – this led to some patients spending more time in secure care than clinically necessary (up to twice as long), with associated higher costs.

Only 89% of inpatient beds in the region were being used, with only 80% in low-security wards – despite this, patients were still sent out of region. Only around a fifth of women were treated in-region and there was unmet demand from those with a learning disability.

With only two of the required seven community forensic teams in place, patients were restricted to inpatient care. The new care model takes a whole pathway approach, supporting recovery and reinvesting efficiencies in step-down and community provision to plug gaps in services.

A region-wide clinical network was established to provide care locally and address gaps in services, particularly for women, in a financially sustainable model. While at one point in 2017, 13 people had stayed in secure beds they did not need – they have now been discharged and 77 have been repatriated to the South West. New in-region beds for women have also been commissioned. Length of stay is reducing as patients are repatriated and the trust has obtained funding for a new community forensic service.

‘By establishing a breakthrough clinical partnership backed by financial and clinical support systems, the trust and its partners were able to optimise use of capacity, reduce length of stay and direct savings back into service delivery,’ the judges said. ‘More and more patients are receiving care locally, which helps

“We were impressed by this excellent example of clinical and financial collaboration using a multi-provider/whole population health approach”



Vikki Town of Prime (far left) with Devon Partnership NHS Trust, including Christine Bray (far right)

them, their family, friends and carers. We were impressed by this excellent example of clinical and financial collaboration using a multi-provider/whole population health planning approach, real-time decision making and an innovation capable of being scaled-up across the NHS.’

‘This is a real testament to all the hard work that’s gone into winning this award on behalf of

a group of eight partners,’ said Christine Bray, the trust’s commissioning contracts manager.

‘It’s a huge accolade for us – and our finance colleagues from all the organisations – in terms of our work to help more people access their mental healthcare needs. There are challenges, but we are seeing serious improvement. Our next step is to continue with this programme and extend our partnership and take in children’s secure services.’

## Highly commended

**East Lancashire Hospitals NHS Trust** was commended for its dedicated ward pharmacy (DWP) – a pharmacy workforce transformation programme that improves medicines optimisation by reducing prescribing errors and improving patient flow and experience. Instead of the traditional pattern of a pharmacist working on two or more wards a day, under DWP the pharmacist will work on the same ward all day – an idea by divisional accountant Akhlaq Hussain. They take part in the consultant ward round to ensure safe and effective prescribing, as well as supporting patients and other clinicians. Both length of stay and readmissions have been cut, patient safety and experience have improved, and drug spend increased by 1.7% against a national average of 5.2%-11.1%.

## Also shortlisted

**Western Sussex Hospitals NHS Foundation Trust** and **Coastal West Sussex Clinical Commissioning Group** used an aligned incentives contract to lever more effective system-wide working, creating a platform for integrated patient care. The contract aims to

break down barriers between organisations and share risk and accountability. An implementation plan was developed by the organisations to deliver targeted cost reductions – including integrated care across the system; in-year savings to underpin the trust’s cost improvement plan; and QIPP efficiencies for commissioners. Integrated delivery teams have been put together to deliver change under the contract.

## Wrightington, Wigan and Leigh NHS

**Foundation Trust**’s finance team worked with theatre staff to tackle longstanding problems – high agency costs, low staff morale, a lack of development plans, unmanageable shift patterns, high staff stress and a history of budget overspends. Actions included developing an in-house theatre effectiveness app; optimising the use of theatres and wards; finance staff leading a theatre working group; and specialty improvement plans. The benefits included an increase in use of almost 9%; cancelled sessions down by 31%; cost improvements of £269,000; increased activity; and budget overspends down by £241,000.



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Developing a new group assurance model to support integration won the **Northern Care Alliance NHS Group** and **Mersey Internal Audit Agency (MIAA)** this year's HFMA Governance Award.

The Northern Care Alliance NHS Group was launched in 2017, bringing together five local hospitals, 2,000 beds, specialist and acute services, a range of community services and over 17,000 staff from Salford Royal NHS Foundation Trust and Pennine Acute Hospitals NHS Trust.

The alliance consists of four care organisations that provide services to local communities and support the establishment of new integrated models of care.

The creation of the group meant governance arrangements needed to be reviewed to transform how assurance was provided across boundaries – to support integration as well as meet the requirements of the group and its two statutory bodies. Challenges included: ensuring consistent focus on assurance and risk; understanding where responsibilities sit; deploying resources differently; and collecting intelligence in new ways.

As the internal audit service provider for both statutory bodies, MIAA has advised the alliance on its journey to form a group model. This model started out with a group board sitting above other board committees and supported by shared services, all alongside a single group-led governance team and internal audit team.

Assurance processes were subject to continual review and challenge to ensure the organisations' requirements continued to be met. This continued as the group model matured, requiring flexibility, different thinking, and engaging with both internal and external stakeholders such as local authorities.

Post-launch, there was a comprehensive review of risk registers and discussions with group chief officers, audit committee members and care organisation finance directors to inform the 2018/19 internal audit plan, demonstrating a step change towards the vision of integrated assurance at group and care organisation level.

All non-executives are members of the group audit committee and links have been made between this group committee and a group assurance and risk committee. MIAA has also facilitated NED sessions on

# Super group

The judges were impressed with the overall approach, including learning from the private sector and embracing the skills and experience of non-executives



The award-winning team with Melanie Pears of Ward Hadaway (far right)

assurance and governance in a group environment.

As a result of the changes, the group believes it is providing the integrated assurance approach it wanted, while continuing to meet the assurance requirements of the statutory organisations in the group. It has also seen an increase in the sharing of good practice.

Ian Moston (pictured far left), chief finance officer of the Northern Care Alliance, said the approach to governance had required imagination about how to do things differently. 'We've really seen the value of non-executive directors in this process,' he said. And he added that working together with internal audit had

also delivered huge benefits. Tim Crowley (fourth from left), managing director of MIAA, said that the work undertaken would also be applicable to other place-based systems.

The judges were impressed with the overall approach, including learning from the private sector and embracing the skills and experience of non-executives. They also praised the group's recent Care Quality Commission well-led scores – one organisation in the group retained its 'outstanding' rating, the other increased its rating from 'inadequate' in 2016 to 'good' in 2018. The judges said this was 'an impressive improvement over a relatively short time period'. ◉

## Highly commended

When a trust survey revealed many leaders did not believe their financial plans were deliverable, **Leeds Teaching Hospitals NHS Trust** decided to implement a finance performance management framework. This focused on the real run rate in clinical service units (CSUs) and the allocation of achievable targets. The framework involves grading forecasts of target delivery, providing rapid formal feedback on a monthly basis and setting out planned escalation actions. The judges were impressed with the impact the new approach is having and the engagement from general managers and clinicians.

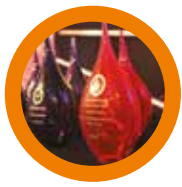
### Also shortlisted

**Berkshire West Integrated Care System** established new governance arrangements for its first-wave ICS. The structure was adopted in January 2018 following extensive internal consultation, and a joint audit

was commissioned from **PwC** to provide assurance over effectiveness of governance. This complex work involved recognising many stakeholders and navigating institutional barriers, local politics and competing priorities. The audit has led to a detailed development plan for the coming year.

### Chelsea and Westminster Hospital NHS Foundation Trust

has undergone significant changes in the past two years following the merger of two trusts. Following the insourcing of its accounts payable function, the trust has improved the control framework surrounding payments and pursued a 'no PO, no pay' process. This ensures all new spend is subject to procurement and formal controls. The process involved an extensive programme by finance and procurement teams working together to communicate the changes to the trust.



## Highly commended

**Leeds Teaching Hospitals NHS Trust** set up training initiatives as part of its *Finance the Leeds way* vision – quarterly finance time-out sessions, training for non-finance staff on the aligned incentives contract and student placements. The finance team has 30 Future-Focused Finance value makers, but by embracing the *Leeds way*, Leeds is hoping to announce its first non-finance value maker shortly. ‘Leeds is a great example of a finance team embracing the culture of the organisation, using it to determine the development agenda for staff and to support the culture of innovating at all levels,’ the judges said.

### Also shortlisted

**NHS Wales Finance Academy** is a collaborative effort by all finance directors in Wales with the ambition of developing a finance function ‘best suited’ to the country, but comparable with the best in the world. There are four interdependent programmes – developing people;

innovating and adding value; working in partnership; and driving excellence. The academy has increased engagement with finance across Wales and the recognition of the value of the finance function. It has improved financial leadership, and the sharing of innovation, as well as supporting the testing and roll-out of techniques in the value-based healthcare project.

**Betsi Cadwaladr University Health Board** is delivering an ambitious programme of finance staff development to deliver sustainable change in finance and across the organisation. It established an early focus on training non-finance managers using the HFMA *Operating game* with 170 staff. Feedback has been positive and the board plans to expand the game’s use as part of a wider financial awareness programme. Other projects have included finance staff away days, succession planning and schools and colleges engagement.

Nearly two years ago, the finance team at **Wrightington, Wigan and Leigh NHS Foundation Trust (WWL)** concluded that after years of training and development for finance and non-finance staff, it had reached a plateau. Yet that same team has now won the Havelock Training Award for 2018.

The Havelock Award recognises a contribution to finance skills development, best practice in the training of finance staff or the raising of financial awareness among non-finance staff. Established in 1999, the award is named after former Department of Health deputy finance director Jon Havelock.

Realising its training needed a shot in the arm, WWL’s finance department called on all staff to join a team seeking to reinvigorate the development on offer. This team looked to the world of UK cycling, where the concept of marginal gains resonated.

This is about small improvements adding up to significant gains overall.

A number of projects were launched to implement the concept. These were:

- Pop-in sessions – once a month the finance team sets up a virtual office on one of the trust’s sites, allowing staff to drop by and ask finance-related questions
- Training videos – a series of short video clips for non-finance staff available through the intranet to provide refresher training
- Financial performance videos – give staff information on their division’s monthly

# Breaking the cycle



Winner: **Wrightington, Wigan and Leigh NHS Foundation Trust**

financial performance

- Induction changes – the processes for new finance staff have been changed so all, regardless of their experience or grade, spend a few hours working in every department of the finance function
  - Lunch and learn – finance staff offer these sessions to finance colleagues to give them a better understanding of technical and specialist subjects, such as capital and VAT
  - Back to the floor – finance staff spend a day as, say, a porter, cleaner or in catering.
- The outcomes were positive. More than eight in 10 finance and non-finance staff said the changes had enhanced the programme. Almost three-quarters of finance staff felt more engaged with the training programme, while 42% of those not studying or who had not studied said the programme had made them consider some form of training or study. Associate director of finance David Hughes (pictured second right) said the concept of marginal gains came after reading about how it

had improved British cycling. ‘I’d be surprised if there wasn’t a trust out there doing the right things, but our question was, ‘What’s next?’ The answer was to introduce a large number of small changes that would give extra impetus to finance training at WWL. ‘Tiny changes add up when you bring them all together.’

The judging panel was impressed with the innovative use of technology and the range of mediums used to train and communicate.

‘The structured and logical approach to development enabled progressive layers to be built upon over time with yet more ambition to be realised,’ it said. ‘Small, achievable steps enabled it to improve in a realistic manner, which engaged everyone. The genuine and deep reach into the organisation it has achieved included the flexibility to engage with hard-to-reach but influential staff groups such as junior doctors. There was a clear cycle of development and improvement, which showed results arising from cycle after cycle of try, test, learn, try again.’ ◉

“There was a clear cycle of development and improvement, which showed results arising from cycle after cycle of try, test, learn, try again”

# Past winners

## Finance Team\*/Accounts Team of the Year

- 2017\* Alder Hey Children's NHS FT
- 2016 Hull CCG
- 2015 Nottingham University Hospitals NHS Trust **photo 1**
- 2014 Wrightington, Wigan and Leigh NHS FT
- 2013 Hertfordshire Partnership University NHS FT
- 2012 Alder Hey Children's NHS FT
- 2011 5 Boroughs Partnership NHS FT
- 2010 NHS Bournemouth and Poole
- 2009 Mersey Care NHS Trust
- 2008 Hull and East Yorkshire Hospitals NHS Trust
- 2007 North West Ambulance Service NHS Trust

## Clinician of the Year/Clinical Engagement\*

- 2017 Paul Buss, Aneurin Bevan UHB
- 2016 Tara Kearney, Salford Royal NHS FT
- 2015 Stephen Liversedge, Bolton CCG
- 2014 Rob Duncombe, The Christie NHS FT
- 2013 David Fearnley, Mersey Care NHS Trust
- 2012 Malik Ramadhan, Barts Health NHS Trust
- 2011 Jason Leitch, Scottish Government
- 2010 Philip Thomas, Brighton & Sussex University Hospitals Trust
- 2009 Ellen Wilkinson, Cornwall Partnership NHS Trust
- 2008\* South Manchester PBC and NHS Manchester
- 2007\* The Christie Hospital NHS FT

## Costing

- 2017 Leeds Teaching Hospitals NHST
- 2016 North Staffordshire Combined Healthcare NHST
- 2015 Alder Hey Children's NHS FT
- 2014 Derby Hospitals NHS FT
- 2013 Nottingham University Hospitals NHS Trust
- 2012 The Christie NHS FT
- 2011 Cardiff and Vale UHB

## Deputy Finance Director of the Year

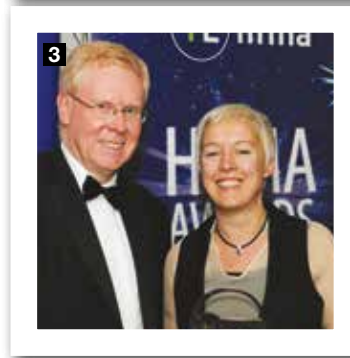
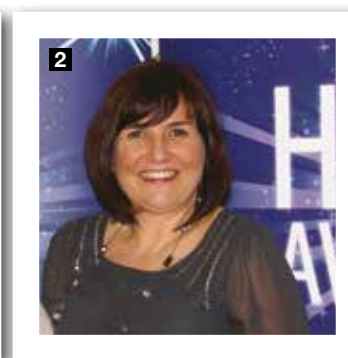
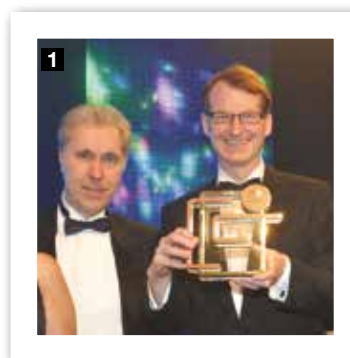
- 2017 Claire Liddy, Alder Hey Children's NHS FT
- 2016 Sheila Stenson, Maidstone and Tunbridge Wells NHST
- 2015 Chris Lewis, Cardiff and Vale UHB
- 2014 Tim Jaggard, UCLH NHS FT
- 2013 Paul Ronald, Hertfordshire Partnership University NHS FT
- 2012 Richard Wheeler, Oxford University Hospitals NHST
- 2011 Joanne Fitzpatrick, The Christie NHS FT **photo 2**
- 2010 Elaine Konieczny, Sherwood Forest Hospitals NHS Trust

## Finance Director of the Year

- 2017 Adrian Roberts, Manchester University NHS FT
- 2016 Annette Walker, Bolton CCG
- 2015 Simon Worthington, Bolton NHS FT
- 2014 Alan Brace, Aneurin Bevan University Health Board
- 2013 Colin Martin, Tees, Esk and Wear Valleys NHS FT and Bill Shields, Imperial College Healthcare NHS Trust
- 2012 Caroline Clarke, Royal Free London NHS FT **photo 3**
- 2011 David Melbourne, Birmingham Children's Hospital NHS FT
- 2010 Steve Webster, North Bristol NHS Trust
- 2009 Paul Hinnigan, NHS Blackburn with Darwen PCT
- 2008 Sue Jacques, County Durham and Darlington NHS FT
- 2007 Jane Tomkinson, Countess of Chester NHS FT

## Innovation\*/Efficiency

- 2017\* Lancashire Care NHS FT
- 2016\* Bolton CCG and Bolton NHS FT
- 2015\* Dorset CCG
- 2014 Alder Hey Children's NHS FT
- 2013 Portsmouth CCG
- 2012 Countess of Chester Hospital NHS FT/Wirral University Teaching Hospital NHS FT
- 2011 NHS Oldham



- 2010 Basildon & Thurrock University Hospitals NHS FT
- 2009 Newham University Hospital NHS Trust
- 2008 2gether NHS FT

## FFF Award

- 2017 John McLoughlin, NHS England **photo 4**
- 2016 Ben Roberts, Bolton NHS FT
- 2015 Gayle Wells, Wigan Borough CCG

## Governance

- 2017 Chorley and South Ribble CCG and Greater Preston CCG
- 2016 Lancashire Teaching Hospitals NHS FT
- 2015 North East Lincolnshire CCG, North Lincolnshire CCG, Northern Lincolnshire and Goole NHS FT, Navigo Health and Social Care CIC and Care Plus Group
- 2014 South Warwickshire NHS FT
- 2013 Imperial College Healthcare NHS Trust
- 2012 Leicestershire Partnership NHS Trust/EMIAS (internal audit)
- 2011 University Hospital of South Manchester NHS FT
- 2010 Plymouth Hospitals NHS Trust and Audit South West
- 2009 The Ipswich Hospital NHS Trust
- 2008 Plymouth Hospitals NHS Trust
- 2007 Redbridge PCT
- 2006 Oldham PCT

## Havelock Training

- 2017 North Staffordshire Combined Healthcare NHST
- 2016 London Ambulance Service NHST
- 2015 Liverpool CCG
- 2014 The Walton Centre NHS FT
- 2013 Nottingham University Hospitals NHS Trust
- 2012 Birmingham and Solihull Mental Health NHS FT
- 2011 East Kent Hospitals University NHS FT
- 2010 NHS Central Lancashire
- 2009 Heart of England NHS FT
- 2008 NHS London
- 2007 Sherwood Forest Hospitals NHS FT

A full list of previous winners can be found at [www.hfma.org.uk/awards](http://www.hfma.org.uk/awards)



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