

Minutes

General Assembly

110 Rochester Row

Thursday 2 February 2017, 11.00 – 15.00



MEMBERS PRESENT

(SA) Sanjay Agrawal (MO) Mark Orchard

(NB) Nigel Booth (LO) Lee Outhwaite

(CC) Caroline Clarke (AR) Andy Ray

(BG) Bill Gregory (TW) Tony Whitfield

(KG) Ken Godber

(OH) Owen Harkin

(CH) Chris Hurst

(TJ) Tom Jackson

(IM) Ian Moston

HFMA STAFF/GUESTS PRESENT

(PB) Paul Briddock (SH) Sam Hall (Kindred PR)

(MK) Mark Knight

(EK) Emma Knowles

(EL) Emma Legg

(SM) Sarah Moffitt

(AM) Alison Myles

(IT) Ian Turner

Part One: HFMA Business

1. Welcome and introductions

MO welcomed those present and introductions were made.

Apologies were received from Simon Crowther, Spencer Prosser, Andrew Holden, Peter Dawson, John Graham, Derek Lindsay, Alex Gild, Huw Thomas, Paul Simpson, Neil Kemsley, Paul Stefanoski, Robert Forster, Kevin Stringer, Suzanne Tracey, Susan Goldsmith, Ros Preen, Keely Firth, James Rimmer, Shahana Khan, Alison Cracknell, Chris Calkin, Paul Cummings, Bill Shields, Sue Lorimer and Andy Hardy.

MO explained that the main aims of the meeting were to:

- Discuss the HFMA's proposed new three year strategy
- Agree how the Association should respond to the current issues facing the NHS.

MK commented on the level of media attention surrounding the difficulties the NHS is currently facing and that today's meeting is an opportunity for those involved to suggest how the HFMA should respond going forward.

2. Minutes of the last meeting

Members reviewed the minutes of the meeting 15 July 2016 and agreed that they were a true record.

It was noted that the one action from this meeting has been completed.

3. Update on HFMA activities

MK reported that the HFMA's 2016 annual conference was a success, with a well-received programme and a 30% increase in DoF attendance, despite a drop in the overall number of delegates. MK explained that he is proposing a refresh of the conference programme for 2017 with a greater emphasis on digital health, a different style of delivery from the panels and more of a four nations focus. It was noted that a sub-group has been formed to oversee this process.

AM updated the Assembly on learning and development activity:

- Events during 2016 were well attended with the 'Step Up' theme proving to be very popular
- The Healthcare Costing for Value Institute held its first international symposium in October 2016 which offered insights into the Australian, Swedish and Spanish healthcare systems amongst others. The Institute is now working to increase clinical engagement with four clinicians having been appointed to the Board
- The Association is working with Dr Sanjay Agrawal, HFMA Trustee and Consultant in Respiratory and Intensive Care Medicine at University Hospitals Leicester NHS Trust, and Future Focused Finance (FFF) on a proposal to support clinicians in developing their skills
- The FSD and FMTS teams are currently recruiting graduates and apprentices for September
- The success of the HFMA's NHS Operating Game continues to grow with a whole health economy game currently in development

- The qualification pilots are underway with two modules piloted in November 2016 and a further two in January 2017. The final two pilots will begin in March and AM reported that so far feedback has been positive, with some learners indicating that the work involved has proved challenging. AM noted that this is appropriate for a Masters level qualification
- There has been a huge amount of interest in the qualification so far and the business development team are currently pursuing around 600 live leads. As yet there have been no sign ups and AM noted that the target for 50 individuals to start the first cohort in May is very ambitious.

MO emphasised that the qualification is a huge investment for the HFMA and asked members to endorse and promote it within their own organisations. The members queried whether the apprenticeship levy presents any opportunities for the qualification and AM confirmed that the team are currently scoping these out.

IT gave the members an overview of the balanced scorecard up to end of December 2016:

- The KPIs are predominantly green with amber areas not presenting any major issues aside from the financial position of the Association, which is currently below budget. This is primarily due to a drop in e-learning sales, although e-learning feedback remains strong
- The HFMA remains well supported by the commercial sector and continues to expand its revenue streams
- 110 Rochester Row continues to over-perform with a growing customer base and a good level of repeat business
- 100% 'good' or 'excellent' feedback on all events has been received for the first time.

IT reported on the Association's future developments:

- Due to the poor return currently received on its cash reserves, as well as an anticipated rent increase for its current premises, the Association is looking to invest in office property in Bristol. It is hoped that a property can be found with additional space which can be sublet to generate additional revenue
- Work continues to ready the qualification for the live launch in May and develop both new versions of the NHS Operating Game as well as the HFMA Job Board
- The HFMA continues to be the host organisation for FFF and will be developing the 2017/18 work programme in the near future.

IT reported that work is underway to develop an HFMA App. The members discussed this and the following points were made:

- The App will be for members only and will ask questions of the user to determine their preferences and to help tailor their experience. It was noted that via the App the HFMA will be able to access instant feedback and responses from the membership
- Some thought is needed to align both the App and the future of Healthcare Finance magazine and there is potential for news articles to be made available on this platform
- The costing for the App is currently under review and as this is a significant investment it will likely go out to tender.

PB gave a brief overview of the main outputs from the Policy and Technical team's 2016/17 work programme over the last quarter, as well as upcoming work:

- The results of the HFMA's sixth financial temperature check survey were published in December 2016 and highlighted issues around the governance arrangements of STPs
- Responses have been submitted to a number of consultations including NHS Improvement's section 118 notice
- The team continues to support e-learning and ensure all modules are up to date. They have also supported the quality assurance of the new HFMA qualification
- 33 pieces of media coverage were achieved over the last quarter with the majority from priority titles. Media requests continue to be received and PB reported that this includes the BBC, who sought out the HFMA's view when NHS Improvement released the Q2 figures, as they view the Association as an independent objective organisation
- The Healthcare Costing for Value Institute continues to push boundaries with its programmes, including the Value Masterclass taking place at the end of February which will mainly feature clinician speakers.

EL

It was agreed that EL would circulate the most recent Policy and Technical board report to the members of the Assembly for further information.

4. HFMA's strategy for 2017 to 2020

MK explained that a strategy was first introduced in 2012 to push forward the Association's aims and agenda. The strategy for 2017-2020 builds on the previous one and the HFMA's mission to maintain its position as the voice of healthcare finance. MK reported that the Board of Trustees had agreed that a refreshed set of values were needed. It was also noted that the Trustees had requested amendments to objectives 2 and 4 of the strategy and their associated KPIs.

The members discussed the strategy and its four main objectives and the following points were made:

- The vision/mission should be revised to include the Association's new social care faculty partnership with CIPFA
- In line with the development of the HFMA App, the Association's increasing focus on digital should be highlighted within the strategy. It was noted that live video streaming is now available at Rochester Row and could be utilised at future Assembly meetings
- The percentage of FDs and CFOs who are members is particularly low in Scotland and this needs to be explored
- The term 'member grades' under objective 1 appears elitist and it was suggested that contribution, continuity and level of interaction should be used to categorise the membership
- It might be helpful to carry out some research mapping on the correlation between areas with poor financial performance (eg those organisations in receipt of

EK/PB

distressed funding) and the presence of HFMA/FSD. The results could help to promote the work of HFMA

- Emphasising the value of HFMA membership is crucial, particularly to help key influencers such as Bob Alexander and Paul Baumann justify their continuing work with the Association
- Collaboration with other bodies on key projects, as outlined under objective 2, continues to progress well with official organisations including NHS Improvement, NHS England, the Kings Fund and the Nuffield Trust approaching the Association to undertake joint work
- MK will be meeting with senior FDs from each of the devolved nations to discuss how the HFMA can help them. In line with the 2016/17 work programme the Policy and Technical team will be undertaking a piece of research with each of the devolved nations and initial conversations around this have taken place with the branch chairs
- Additional investment has been made in the PR plan since the previous strategy to identify where the HFMA is being mentioned in the press and to ensure key publications are targeted
- More learning should be shared with the devolved nations and integration further encouraged
- Discussions are underway with HFMA USA and HFMA Australia to develop the concept of 'HFMA International', an online network where the memberships can connect and share content and best practice. It was noted that a joint product or conference could potentially be developed from this
- Objective 2 should be revised to the following: 'To be the 'Voice of Healthcare Finance through the development of leading edge policy and technical work'
- The intention for the qualification is for it to become part of the 'built-in' career structure of NHS finance professionals. Members suggested that this might be an easier sell to individuals who have been qualified for a number of years, and want to refresh their knowledge, as opposed to those who have just graduated
- Ensuring the event programme is efficient and maximises attendance is another focus of the strategy and, in line with this, the 2017 commissioner and provider summer conferences will overlap
- The unofficial theme of the strategy is 'a strong HFMA for a weakened NHS' and it is key that finance professionals feel they can rely on the Association and are supported by a strong network
- The strategy currently proposes to increase the Associations reserves by £1 million over the next three years. After discussion at the Trustees is now suggested that all profits made over the three years should be reinvested back into products, services and events, as well as maintaining the HFMA's workforce, which is now fairly sizeable at a total of 80 staff members. Therefore, a breakeven over the three years is now planned.
- The Association continues to work to develop new opportunities within the commercial sector and any surpluses from these activities will also be reinvested
- Practitioner research should be commissioned as part of the new strategy to give further credibility to the HFMA's voice. AM explained that the qualification, in particular the MBA top up, is designed to encourage research and innovation work

- It might be more appropriate to reword the strategy's mission to reflect that the HFMA is the voice of NHS, rather than healthcare, finance.

The Assembly discussed the Association's pursuit of a Royal Charter, as outlined in the new strategy. MK explained that in order to achieve this, organisations must prove their membership is comprised of a unique profession. MK reported that David Williams at the Department of Health had been very supportive of the HFMA's previous application and as such a conversation is being pursued to ascertain if their endorsement can help the Charter be achieved. It was noted that receipt of a Royal Charter would enhance the HFMA's reputation as a reliable institution.

The Assembly queried the impact of the HFMA's work and the nature of that impact and suggested that the new strategy is very output focused. It was suggested that more thought needed as to how the Association can get the maximum amount of value from its activities. It was noted that the HFMA does not always have to take the role of content generator but could utilise its partnerships. The members queried whether the intention of the Association is to be heard or to have influence, and PB gave the example of last year's mental health investment survey, where the results were passed directly to those involved in NHS England's seven day workstream. The Assembly agreed that this is a good example of the HFMA using its research to influence, but questioned how this will be emphasised in the strategy and the maximum result achieved from all outputs.

MK explained that the strategy will now be updated to reflect the feedback of both the Board of Trustees and the General Assembly and will then be circulated to branches and committees for input. It is then due to be signed off by the Trustees at their April meeting before being launched at the Key Supporters Dinner/General Assembly meeting in July.

Part Two: Policy and Technical Focus

5. The big issue – is the NHS in crisis or not?

CH gave an overview of the focus of the afternoon; to explore the extent of the issues currently facing the NHS and to discuss how the HFMA should respond. Those present were asked to consider the following four questions:

- 1) What should the HFMA's line be on NHS funding? Should we be asking for more money?
- 2) How well are we supporting members with the huge pressure they are under? Is there anything more we can do?
- 3) Is our media strategy still the right one? Should we be more or less vocal?
- 4) How should we, or perhaps, should we, be giving similar messages about the position in the devolved nations?

CH commented that financial problems are generally a secondary consequence, and either the result of action, or inaction. It was noted that the following should be kept in mind during the discussion:

- The NHS is a business, and like any business, capacity and over capacity is an issue
- A well-qualified diagnosis leads to the correct treatment and the HFMA must diagnose the NHS's problem
- Professional judgement is key and the past is usually a good predictor of the future
- Language, delivery and method of communication/messaging is crucial.

The Assembly discussed question 1 and the following points were made:

- Efficiency is frequently blamed for the lack of money within the NHS, this needs to be explored with a focus on the factors, and a balance found between this and affordability
- The consequences of not maintaining 'flow' through the healthcare system and the impact of this should be emphasised to the wider public
- Some of the language used within the NHS creates boundaries between it and the public. It was noted that terms such as 'tertiary care' mean nothing to most people or patients and that if the HFMA is attempting to influence the public thought is needed around the wording used
- Many of the quoted financial targets/ savings are so large they have become meaningless and should be broken down in a way that resonates with the relevant audience
- The political narrative of 'the NHS got what it asked for' does not take into account the complexity of its financial problems or the many variables, including population, demography, impact of social care, and headroom for redesign and efficiency in primary and secondary interfaces in care. While the NHS may have got what it asked for, it also got things it didn't ask for, for example cuts to social care funding. It was suggested that the HFMA should be a champion of explaining this complexity. Furthermore, the HFMA should seek to express their analysis in a way that attracts governmental interest and presents solutions.

The Assembly listened to a clip of Paul Briddock being interviewed on Radio Five Live about the current financial position of the NHS and queried the intention to deliver key messages, and the view of the HFMA, during this. PB explained that prior to the interview a significant amount of time was invested in working on the message, and gathering relevant facts and figures, but that due to the aggressive line of questioning there was only so much that could be relayed. SH noted that it is better for the HFMA to be involved in the conversation in this way, than not involved at all.

The members discussed this and the following comments were made:

- The HFMA needs to define its territory in media responses, and whether it will make comment or offer solutions. If the Association is not offering solutions the members queried who will
- The Association must define its key messages so these can be drip fed to both the membership and the public
- The HFMA should highlight successes within the NHS to encourage and inspire the membership
- A more front-footed and assertive line should be taken by the Association

- The HFMA should take a view on the complexity of the NHS's system management and help to repackaging the debate by discussing different short-term solutions, for example, loans to enable organisations to achieve transition. It was noted that some of the clinicians who are involved in redesigning the current system are also seeing daily increases in patient numbers and that the NHS can't be 'closed for refurbishment'.

The Assembly discussed question 2 and the following points were made:

- The Association's communications strategy must reach all layers and facets of the membership
- Members don't necessarily see the HFMA's media work as relevant to them
- As back office consolidation is a general issue for all organisations, should the HFMA have a view on this?
- The majority of the NHS workforce are likely more concerned with their personal finances, as opposed to the national picture, and with mergers and redundancies at many organisations emphasis should be placed on members' personal development. The HFMA should strive to become the enabler of a highly skilled workforce
- Loss of confidence at senior finance level permeates negatively through organisations and as such the HFMA must support these roles for the overall benefit of the system
- The Association should also focus on supporting those individuals within the NHS who view themselves as contributors to its success as opposed to overheads, for example, interim staff.

It was noted that one of the members has previously taken the results of the *NHS financial temperature check* survey to their finance committee in order to provide context and to demonstrate the financial pressures across the NHS.

SH gave an overview of the Association's current media strategy and explained that its intention is to represent the HFMA as a professional body and thereby improve the reputation of the NHS finance profession. SH noted that as the current context is a negative financial picture, talking about the great work NHS finance teams are doing through a variety of media channels has been a focus. SH explained that the three primary channels here are the health media, the public sector and broadsheet media, with the BBC identified as the gold standard, and that the tabloid media are never approached. PB reported that good relationships have been developed with key figures in the media as part of this strategy and as such the focus will now be on communicating with, and to, the membership. The development of the HFMA App is part of this and EK noted that for bigger, strategic items like the *NHS financial temperature check*, communication plans are actioned, and that the new website is helping to disseminate the Association's outputs. It was noted that the HFMA cannot be as aggressive in their media approach as organisations like NHS Providers as it represents the healthcare system as a whole.

The Assembly discussed question 3 and the following points were made:

- The HFMA is in a position to drive forward the conversation on the future of the NHS and the services it is able to fund. The members discussed this and agreed that the Association must be careful not to overstep the mark. It was suggested that while the NHS is still so fragmented it would be ill advised for the HFMA to enter into a public debate on money
- Efficiency and waste are key factors in the debate around funding for the healthcare system and the NHS must be seen to have done everything it can with what it has already been given. It was suggested that finance professionals saying there is not enough money in the NHS has led to scepticism from the general public
- The Association needs to be on the front foot with the efficiency message and this should include conversations around supply, manufacture, procurement and staff pay
- The HFMA needs a more proactive media line on areas such as back office, pathology and urgent emergency care redesign, and getting it right first time.

The Assembly discussed question 4 and the following points were made:

- We are one HFMA and the benefits of four health models operating alongside each other should be exploited
- The devolved nations don't want their own versions of the *NHS financial temperature check* as finance directors in each country speak to each other regularly and are aware of the position and pressures
- The HFMA's Policy and Research Committee have recognised the good practice and valuable learning within the devolved nations, particularly around health and social care. It was noted that this Committee is considering visiting Northern Ireland at some point to pursue this.

CH concluded that there is potential value in the HFMA consistently relaying a 'four levers' message, in which 'pulling' these in the correct way will help to resolve some of the problems the healthcare system currently faces. Levers could include the need for recalibration and efficiency and CH suggested this is a relatable message for members and that repetition is key to influencing.

Members agreed that this is not a time to be timid, and that as well as identifying what we want to be, the Association must be clear on what it is not.

Close



Actions

HFMA General Assembly

2 February 2017

No.	Action	Who	Status
3	Circulate the most recent Policy and Technical board report to the Assembly	EL	
4	Consider adding research to map the correlation between areas with poor financial performance and the presence of HFMA/FSD to the policy and technical work programme	EK/PB	