

FINANCIAL UPDATE

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TAKING **PRIDE** IN OUR CARE

Barking, Havering and Redbridge **NHS**
University Hospitals
NHS Trust

AGENDA

Our financial position

- 2017/18
- 2018/19

Overseas Visitors Update



HOW THE SITUATION DEVELOPED

- Optimistic plan different to that expected by CCG leading to disputes and ultimately expert determination
- Different judgements applied to financial reporting in the second half of the year
- Operationally unable to live within expenditure plans and a shortfall on expected financial improvement plans
- Loss of Strategic Transformation Fund (STF) financial support as a result of the losses above



PUTTING THINGS RIGHT

- Resulted in deficit of £49m for 2017/18
- Financial Special Measures
 - Required to produce a Financial Recovery/Improvement plan
 - Improving understanding of benchmarks
- Cash support required from DH, supported by NHS Improvement
- Development of action plan and changes needed to improve financial governance – supported by NHSI and PwC
 - Training
 - Compliance
 - Reporting



TAKING ACTION

- Top priority still maintaining safety and high quality of care
- Quality Assurance Panels
- Improvements driven from the “ground up”
- Tools to support staff handle staffing/budgets
- Additional training
- Tackling expensive agency staffing
- Comprehensive review of all areas of corporate spend
- Paying over 90% suppliers in line with Better Payment Practice Code



LOOKING AHEAD

- 2018/19 will be challenging
- Planned deficit of £52.5m
- Cost Improvement (savings) requirement of £39m
- This will take some time to get back to break-even
- Improved cash management and payment of suppliers



OVERSEAS VISITORS AND NHS CARE - WHO'S ELIGIBLE/NOT ELIGIBLE FOR FREE NHS CARE

- The NHS guidance is a very detailed and comprehensive document
- Based on the concept of “ordinary residence”
 - An “overseas visitor” is any person who is not “ordinarily resident” in the UK.
- Nationals of countries outside the European Economic Area (EEA) must also have indefinite leave to remain in the UK in order to be “ordinarily resident” here
- Important exceptions – **emergency care** and **maternity** – we cannot withhold these services to anyone who needs them
- An emotive topic – contrary to instincts of huge majority of clinicians
- Vast majority of patients are not “health tourists”



NUMBERS AND RECOVERY RATES

Financial Year	No. overseas patients invoiced	Total charges invoiced	Recovered so far
2016/17	573	£3.2m	£249,000
2017/18	378	£2.5m	£419,000

Context: total activity seen by hospital (overseas small element)

- 240,000 Emergency attendances, 73,000 admissions
- 8,300 babies delivered
- Maternity, specialist medicine
- Very difficult to recover some sums



WHAT DO WE DO?

Examples:

- Main features of overseas process –we ask/check
- The overseas visitors team – how do they work?
- Up front payments
- Invoicing
- Follow up – debt collection
- Escalation/reporting/Home Office

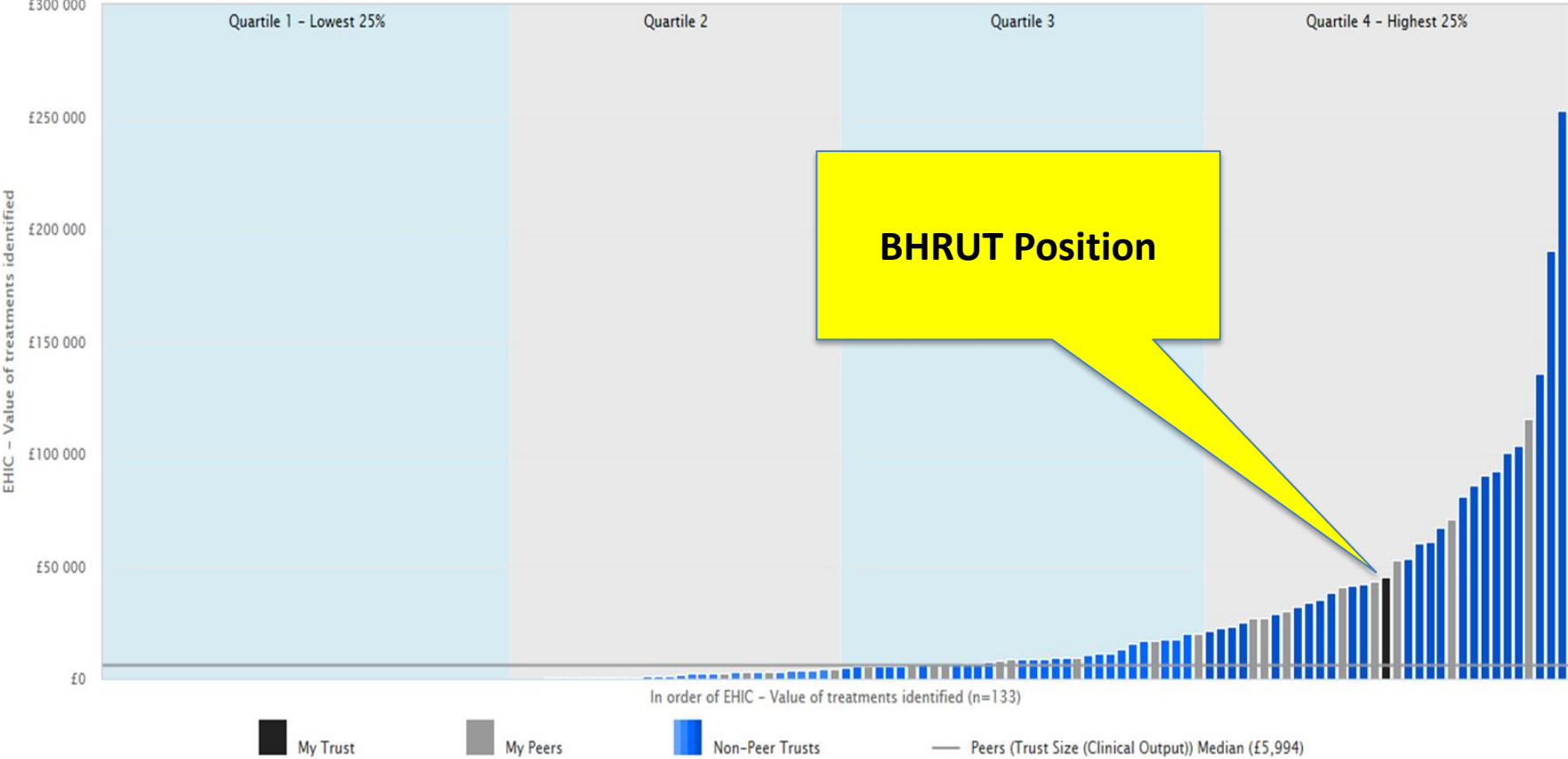


OVERSEAS VISITORS

- Trust is in top quartile for EHC identification

EHC - Value of treatments identified, National Distribution

Options



CONTINUED IMPROVEMENT

- National issue
- Hospital has developed an Overseas Visitor Action Plan
- What works well elsewhere?
- What we hope to achieve?

8,900 checks on NHS 'health tourists' find just 50 liable to pay

Ross Lydall Health Editor

A PILOT scheme set up by Jeremy Hunt to check whether patients were entitled to free NHS care found only a tiny number were ineligible, the Evening Standard can reveal.

Figures from London hospitals which asked 8,894 people for two forms of ID prior to treatment showed that only 50 – or one per cent – had to pay for their

clear". Barts Health asked 2,752 patients attending outpatient renal clinics at the Royal London hospital for ID. Two were found ineligible for free treatment and billed a total of £2,500.

It also found 17 of 1,497 maternity patients at Newham hospital ineligible and billed them £104,706. Inquiries continue into a further 77 patients.

Barts Health said it had continued to ask for up-front ID in these departments but had shelved plans to extend the checks to maternity and orthopaedics at the Royal London.

Dr Ron Singer, chairman of Newham Save Our NHS, claimed the trials were "part of the Government's hostile environment policy" that resulted in uproar over the treatment of Windrush migrants. "If you go to Newham hospital you will see huge signs saying you may not be eligible for free NHS treatment. The hostility is right in your face."

St George's, in Tooting, which at one stage was owed £5 million by overseas patients, checked 1,660 maternity patients over five months. Eighteen were found to be ineligible and were billed a total of £45,000. It also checked neurology and neurosurgery patients.

Barking, Havering and Redbridge trust screened 1,021 women attending maternity at Queen's hospital. Eleven were ineligible and were each billed £6,500. It has since ended the checks.

The Department of Health declined to say whether the ID checks would be abandoned in light of the trial. It said: "We are considering the findings from the evaluation before deciding on next steps with NHS England and NHS Improvement."

@RossLydall

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Don't turn the NHS into border control

OUR report today about the impact of an NHS identity-checking pilot scheme has been seized upon by campaigners as another example of the Government's "hostile environment" policy.

What is certainly true is that the upfront checks on patients – who were asked to supply photo ID and a document proving their home address – were of limited value in detecting those who were not entitled to free NHS care.

Eighteen trusts took part in the two-month pilot scheme, of which 11 were in London. All 11 were asked by the Standard to supply data. To their credit, five of the biggest trusts did. They said 8,894 people were asked to produce ID. Only 50 were found to be not entitled to free treatment. Dozens more are under investigation, but that is more likely to be futile than fruitful.

The Department of Health states that the NHS is a "national, not an international, health service". Emergency care is provided without question to all those in need, regardless of whether they are ordinarily resident in the UK. Some people do seek to abuse the NHS, flying in for treatment and leaving before they pay. The law has been changed to require upfront payment in such non-urgent cases.

What this pilot has shown is that there is limited value in demanding ID upfront. Nobody was denied care but unknown numbers may have been deterred from seeking treatment. Admin staff rather than frontline clinicians may have carried the burden of performing the checks, but all should be able to put a patient's medical needs first. Checking patient IDs would be a waste of NHS resources.