

Board of Directors: 12.0.2018

Agenda Item: Bo.7.18.21

BRADFORD IMPROVEMENT REPORT – 2017/18 ANNUAL REPORT

Presented by:	Matthew Horner, Director of Finance	Author:	Chris Danson, Transformation Director
Previously considered by:	Finance & Performance Committee April 2018		

Key points	Purpose:
1. This report provides the final year end position for the Bradford Improvement Board for the year ending 31 March 2018.	To discuss and note

Executive Summary:
<p>During 2017/18 and as a result of challenges presented by our EPR implementation, staffing shortages and seasonal bed pressures, there have been delays in delivering the full expected recurrent financial benefits plans.</p> <p>Whilst the year end position shows almost full delivery of the £26.9m CIP plan, a significant proportion have been achieved through the use of non-recurrent measures, but noting that there remains further potential for the 2017/18 improvement plans to deliver future savings into 2018/19.</p> <p>Overall the Foundation Trust exceeded its financial control total for the year ending 31 March 2018.</p>

Financial implications:
Yes – Income & Expenditure

Regulatory relevance:

Monitor:	Quality Governance Framework
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Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Strategic Objective:	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

BRADFORD IMPROVEMENT BOARD – 2017/18 ANNUAL REPORT

1. Scope

The purpose of this paper is to update the Board of Directors on the final position reported by the Bradford Improvement Board in relation to the savings/efficiencies delivered in 2017/18.

2. Bradford Improvement Board, formerly the Trust Improvement Committee Meetings

The BIP/TIC held fortnightly meetings throughout the year.

3. Year to Date Performance

3.1 Carter Improvement Programme

Planned Savings to March 2018	£7.1m
Actual delivered to March 2018	£8.8m

Savings have resulted mainly from non-recurrent flexibility but also include savings from the move towards greater use of biosimilar drugs.

3.2 Workforce Improvement Programme

Planned Savings to March 2018	£4.0m
Actual delivered to March 2018	£2.1m

Savings have resulted mainly from direct engagement of agency workers; Allied Health Professional agency expenditure has reduced significantly. Agency Consultant staff across the Division of Medicine has been significantly higher than planned.

Aggregate sickness absence levels are 4.6% for the year ended March 2018; the planned aggregate sickness absence target for the year was 4%.

3.3 Urgent & Emergency Care Improvement Programme

Planned Savings to March 2018	£0.2m
Actual delivered to March 2018	£0.7m

Financial benefits associated with this programme are resultant from actions taken in 2016/17.

The programme continues to support the following priority areas:-

- Nurse and Doctor streaming as patients arrive at Accident & Emergency Department to achieve 15min arrival-to-assessment internal target
- Increased utilisation of assessment areas
- Support for the Emergency Department nurse lead role in First Net board to facilitate flow
- Continued support for safe, timely discharges using criteria led discharge and SAFER principles to reduce delays for inpatients

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The 'Work as one' week, commenced 14th May 2018 and focussed on patient flow across the whole organisation. The focus of the week was to encourage systems thinking and ensure all colleagues work more collaboratively to help expedite safe, quality care for all patients.

3.4 Outpatient Improvement Programme

Planned Savings to March 2018	£0.1m
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Actual delivered to March 2018	£0.3m
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The introduction of EPR and resultant issues with management data and business intelligence support has resulted in limited planned financial benefits. Ongoing data quality issues have impacted the ability to monitor improvement project outputs.

3.5 EPR Improvement Programme

Planned Savings to March 2018	£0.3m
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Actual delivered to March 2018	£0.0m
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Whilst it is likely financial savings are being delivered (eg reductions in unnecessary repeat diagnostic testing), data quality issues have also impacted the ability to monitor these benefits.

3.6 Better Notes, Better Care Improvement Programme

Planned Savings to March 2018	£0.0m
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Actual delivered to March 2018	£0.0m
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The introduction of EPR represents a significant opportunity to improve the richness of clinical coding for our patients. Clinicians will be able to see a more holistic view of a patient's condition; this will also provide for a more robust comparison of patient outcomes.

In the twelve months prior to EPR go-live the average number of impacting co-morbidities and complexities recorded was 1.3 per patient. The introduction of EPR has seen a stepped increase in the average number of impacting co-morbidities and complexities and by the year this increased to 2.0 per patient.

3.7 Elective Care Improvement Programme

Planned Savings to March 2018	£1.7m
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Actual delivered to March 2018	-£0.9m
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The implementation of EPR, seasonal bed-pressures and shortages of Operating Department Practitioners impacted directly on the success of this Programme. Aggregate activity levels are less than the previous year.

3.8 Improvement Plan

Planned Savings to March 2018	£13.5m
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Actual delivered to March 2018	£15.9m
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Savings are mainly as a result of non-recurrent flexibility.

4. Summary

The savings/efficiencies achieved in year exceeded £26.8m and contributed to the Trust delivering its financial control for the year ending 31 March 2018.