Agenda

10:00 – 10:15  Chair’s introduction
10:15 – 10:30  NHS Improvement update
                Jack Hardman, Costing Lead, NHS Improvement
10:30 – 11:15  Putting the ‘I’ in PLICS
                Jack Hardman, Costing Lead, NHS Improvement

11:15 – 11:45  Break – refreshments served in the break out area

11:45 – 12:15  Case Study: PLICS and Model Hospital as a driver for clinician engagement
                Dawn Murphy, Finance Business Partner, Tameside and Glossop Integrated Care NHS Foundation Trust

12:15 – 13:15  Lunch - refreshments served in the break out area

13:15 – 13:45  Structured networking session

13:45 – 14:30  Scan4Safety: ‘learning from a Site of Excellence’
                Mark Songhurst, Project Manager, S4S, Leeds Teaching Hospitals NHS Trust

14:30 – 14:45  Comfort Break - refreshments served in the break out area

14:45 – 15:15  EY Audit Session: Improving the Quality of your Costing
                Muhammad Amanji, Advisory Services, Ernst & Young

15:15 – 15:30  Closing remarks

15:30  Close
NHS Improvement update

Jack Hardman, Costing Lead

NHS Improvement
Changes between draft and final cost collection guidance

Episodes collected for acute PLICS submissions

- Feedback supported the change for acute trusts to submit complete and incomplete episodes in 2019.
- The standards process explains how to cost the 4 episode types
- All 4 types will be collected in 2019
- The field named ‘Consultant episode completed indicator code’ detailed in IR1.2 in the technical document will be collected. This field is a year 1 requirement.
- Community and Mental Health trusts should continue to cost completed episodes only

Legally sensitive data

- The guidance on how to identify legally sensitive data in PLICS is still being worked through by NHS Improvement and NHS Digital.
- Once we are certain there will be no changes to the legal restrictions around coding of episodes we will produce a technical update.
- Legally restricted codes lie in sensitive services
  - Gender reassignment
  - Sexual health services
  - HIV/AIDS patients
  - Reproductive medicine

Chemotherapy

- There is no change to the collection of chemotherapy delivery or procurement for 2019
Submission schedule

Reference cost only submissions

• The deadline for Community, Mental health and Ambulance Reference Costs return is the week ending 26th July 2019.

PLICS and Reference Costs submission

• For the acute sector, we will be scheduling your submissions in weekly slots
• You will be asked to select a week in which you wish to submit on a first come, first served basis
• You will be expected to submit your PLICS XML files and your final signed off National Cost Collection workbook on the same day within your chosen week.
• If you submit your signed off PLICS and NCC workbook early, you will have the option to request to submit again within the collection window, if you find a substantial error when internally validating your submission.
• The resubmission period will be between the 14th and the 25th of October 2019.
• Resubmissions will be on request by NHS Improvement only.
• Non acute sector TBC.
National Cost Collection Support

Call Surgeries

In 2019 the National Cost Collection Team will support practitioners by holding a call surgery to help with queries on the cost collection

- Weekly on Wednesdays up to and including 12\textsuperscript{th} June, 2-5pm
- Then daily from 17\textsuperscript{th} June 2-3pm
- The telephone number to use will be announced from the cost collection OLP course next week.

OLP

The National Cost Collection Team will launch the 2019 National Cost Collection course on the OLP on the 4\textsuperscript{th} March.

If you were enrolled on the 2018 course you will be automatically enrolled on the 2019 course.

If you need to be enrolled on the course please email your request to costing@improvement.nhs.uk
New PLICS portal launched
V2 to launch summer 2019

Click the activity to view key metrics analysis

Matches Trust mean at selected HRG level

User can click to view and download the full activity and resource metrics

Cost by collection activity

Cost by collection resource

Show Activity Resource metrics
Activity Resource chart
Putting the ‘I’ in PLICS
Jack Hardman, Costing Lead
NHS Improvement
Changes between draft and final cost collection guidance

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New PLICS portal launched

Option to switch cost opportunity chart by different dimensions

9 TFCs present 48% of the total opportunity

45% the opportunity in NES POD setting

5 HRGs present 30% of the total opportunity
V2 to launch summer 2019

Presentation title

Cost by collection activity

Emergency care £167.60
Microbiology £24.65

Cost by collection resource

Nurses £37.02
Other doctors £47.89
Supplies and services £45.25
Support costs £84.11

Click the activity to view key metrics analysis

User can click to view and download the full activity and resource metrics

Matches Trust mean at selected HRG level
Break
(11:15 – 11:45)
Model Hospital – Support for Clinical Engagement

Model Hospital and how it links to Costing
Effective use of Resources Governance Group

<table>
<thead>
<tr>
<th>February 2018 to January 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>February</strong></td>
</tr>
<tr>
<td>Model Hospital</td>
</tr>
<tr>
<td>May</td>
</tr>
<tr>
<td>Action Plan Review</td>
</tr>
<tr>
<td>GIRFT</td>
</tr>
<tr>
<td>Trust PLICS Submission</td>
</tr>
<tr>
<td><strong>November</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Overview

Presentation aims – Use of Resources

Costing

£'s

Costing

£'s

Costing

£'s
Effective use of Resources Governance Group

Presentation aims – Use of Resources

Patients/Activity + £’s Costs = Cost per Patient = How effective are we using our Resources

Finance & Use of Resources

Model Hospital

GIRFT

GETTING IT RIGHT FIRST TIME
Power of data rather than the £’s – Clinicians are interested in data and are competitive
Presentation aims – Use of Resources

- Business and Operational Managers – now used for job planning discussions

- Nurses/Ward Managers/Matrons – identified inefficiencies in the system as well as greater understanding of processes to refine costing information

- Clinicians engaging on data and understanding issues with pathways, identified areas of improvement in costing assumptions
Lunch
Structured Networking session

Dawn Murphy, Finance Business Partner – Costing, Systems and Planning
Tameside & Glossop Integrated Care NHS FT
In your relevant groups, please discuss the below and note down your ideas…you have 30 minutes!!!!

1. With the earlier PLICS presentation in mind, what areas of your organisation would you investigate?

2. With Integrated Care Systems the vision for the NHS in England: a) how do you see your role changing and b) how are you/would you support your ICS?

3. NHSI are considering costing education materials, training and other support for groups such as clinicians, NEDs and CEOs. Which audiences should we prioritise and what do you feel they need to know/need support on?

4. How do you think your PLICS data should be used by the wider NHSI teams (eg Pricing/Model Hospital/Op Prod/GIRFT/Use of Resources) – and what would you hope for from the results?
Case Study: Scan4Safety, learning from a Site of Excellence

Scan4Safety: ‘learning from a Site of Excellence’
Mark Songhurst, Project Manager, S4S
Leeds Teaching Hospitals NHS Trust
7 Hospitals
1.5m Patients
17,000 staff
£1.2 bn Turnover

117,000 inpatients
1,100,000 outpatients
263,000 Emergency Department attendees
9,844 babies born

All Patients have a GS1 compliant GSRN

120 Specialist Services
175 Buildings
114 Wards
135 Departments and Clinical Areas
69 Operating Theatres

Over 24,000 GLNs

232 Materials Management Areas
28 Inventory Managed locations

£18m Inventory

Over 130,000 GTIN

120,000 Order lines
630,000 Invoices
300 Systems and Applications

PEPPOL Enabled

£1.2 bn Turnover

199,000 inpatients
1,100,000 outpatients
263,000 Emergency Department attendees
9,844 babies born

All Patients have a GS1 compliant GSRN

120 Specialist Services
175 Buildings
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£18m Inventory

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630,000 Invoices
300 Systems and Applications

PEPPOL Enabled
What is Scan4Safety?

“The clinically led digital innovation of a Trust through the implementation of standards”

We want the ability to track:

- Our patients
- The products
- The place
- Our involved staff
- The procedure (OPCS)
- The surgical trays & instruments
GS1 and Scan4Safety

- Saving Money
- Improving Patient Safety
- Saving Time
- Elimination of Out of Date products and excess stock
Hospital of needs and wants

**Patient Location**
- Test Results
- Sufficient Stock
- Availability of Resources
- Medicines

**Bed Side Notes**
- Research
- Innovate
- Explore Outcomes

**Plans for care**
- Communication
- Bed Side Care
- Plans for care
- Resources

**Observations**
- Support patient recovery
- Innovate

**Medicines**
- To be the best for specialist and integrated care

**Accurate Outcomes**
- To provide the best levels of care in the best surroundings

**Financial Control**
- To receive the best care available in a timely manner
Identifying Spaces

22,303

22,303

2,000+

Plus Over 1,400 function GLNs for Stores
Establishing a location
Order Management
Our work with GHX and two other demonstrator sites (Plymouth and Salisbury) has given us access to over 130,000 GTINs.
Inventory Management
Paper Free Inventory
Product Recall

2 months work checking we had no cases

17,000+ patients / 22,000 implanted items checked in under 30 minutes
Streamlined Procurement

Purchase Orders

Order Response
- Order Acknowledgement
- Order Acceptance/Reject
- Invoice/Credit Notes

Advanced Shipping Notice (ASN)

PEPPOL
Wristbands

Neo-natal

Infant

Adult and Paediatric
How this looks in real life
Patient Journey

First Floor Bexley Wing

Second Floor Bexley Wing

Second Floor Chancellor’s Wing

First Floor Chancellor’s Wing
Real time patient timeline

Bed11 - Ward J23
Level 01 - First Floor - Chancellor's Wing(SJH)
14:05

Recovery Area - Ward J23
Level 01 - First Floor - Chancellor's Wing(SJH)
11:32

Theatre5 - Operating Theatres
Level 01 - First Floor - Chancellor's Wing(SJH)
10:41

AnaesRm5 - Operating Theatres
Level 01 - First Floor - Chancellor's Wing(SJH)
10:35

WardWaitingArea - Ward J23
Level 01 - First Floor - Chancellor's Wing(SJH)
09:50

Breastimaging - Outpatients
Level 01 - First Floor - Chancellor's Wing(SJH)
08:30

WardWaitingArea - Ward J23
Level 01 - First Floor - Chancellor's Wing(SJH)
07:05
Combining Standards for success

- GTIN + GSRN + GLN = Recall
Benefits - Reduced wastage

### Annual Loss

**By number of units**

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>25</td>
<td>£2,500,000.00</td>
</tr>
<tr>
<td>2017</td>
<td>8</td>
<td>£1,000,000.00</td>
</tr>
<tr>
<td>2018</td>
<td>2</td>
<td>£500,000.00</td>
</tr>
</tbody>
</table>

### Product usage

Volume

- 2016: 1261
- 2017: 1256
- 2018: 1503

Value

- £- to £3,000,000.00
- £500,000.00 to £2,500,000.00
- £1,000,000.00 to £2,000,000.00
- £1,500,000.00 to £2,500,000.00
- £3,000,000.00
## Benefits realised

<table>
<thead>
<tr>
<th>Soft</th>
<th>Indirect</th>
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</thead>
<tbody>
<tr>
<td>Reputation</td>
<td>Strategic Resourcing</td>
</tr>
<tr>
<td>Hub of Learning</td>
<td>Stock Standardisation</td>
</tr>
<tr>
<td>Workforce Satisfaction</td>
<td>Workforce Productivity</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Theatre Utilisation</td>
</tr>
<tr>
<td></td>
<td>Upstream Supply Chain Efficiency</td>
</tr>
<tr>
<td></td>
<td>Patient Level Costing</td>
</tr>
<tr>
<td></td>
<td>Clinical Practice analytics</td>
</tr>
<tr>
<td></td>
<td>Demand Aggregation</td>
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</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Recall Staff Time</td>
<td>£84,411</td>
</tr>
<tr>
<td>Inventory Reduction</td>
<td>£1,781,634</td>
</tr>
<tr>
<td>Returned Stock</td>
<td>£159,082</td>
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<tr>
<td>Efficiency Benefits</td>
<td>£157,645</td>
</tr>
<tr>
<td>Tray Rationalisation</td>
<td>£133,564</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£2,316,336</strong></td>
</tr>
</tbody>
</table>
**10:15** - MHRA Notification Confirmed in Trust

**10:28** – Confirmed we have the product in the Trust and that there will be no use of these products in the coming days

**11:42** – Confirmation to Medical Director - Operations that all respective products have been removed from the clinical area and are under the control of the appropriate Inventory Manager.

---

**Recall in Figures**

- **839** Product Lines
- **79** Mandatory Product Lines
- **62** Product Ranges
- **124** items removed from St. James’s Site
- **34** items removed from LGI Site
32 of 69 Theatres fully scanning at Point of Care

(awaiting a development in PPM+ before further roles out due December 2018)

Reviewing usage information to reduce Inventory further
PLICS – Processing the information

Powergate report processed and matched to patient records using NHS no, date and other rules adding additional information

MDF:HCCPowergate
LocationName
EncounterNoOrig
ConsultantID
SDate
IssuePointDesc
ProductCode
Qty
Cost
CCNo
NCACode
Sub1Code
EDCatCode
EncounterNo
Source
Serial
ProductCode
Cost
Location Name

Epinum
MRN
NHSNumber
CaseNoteNumber
EMAttendNo
Iteration
Matched
RVU
UTILPOD
UTILTFC
UTILCONSULT

Patient Bill
VIEWING CONSUMABLES ON THE PATIENT BILL
<table>
<thead>
<tr>
<th>LocationName</th>
<th>Total Records</th>
<th>TotalValue</th>
<th>Matched</th>
<th>Matching Rate</th>
<th>Total Records</th>
<th>TotalValue</th>
<th>Matched</th>
<th>Matching Rate</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>620042-LG-TRAUMA THEATRES</td>
<td>21,585</td>
<td>1,259,357.34</td>
<td>11,153</td>
<td>51.67%</td>
<td>23,408</td>
<td>1,363,244.07</td>
<td>12,074</td>
<td>51.58%</td>
<td>↓</td>
</tr>
<tr>
<td>620045-LG-SPINAL THEATRES</td>
<td>6,843</td>
<td>1,348,673.19</td>
<td>13</td>
<td>0.19%</td>
<td>7,398</td>
<td>1,458,613.87</td>
<td>13</td>
<td>0.18%</td>
<td>↓</td>
</tr>
<tr>
<td>620046-LG-NEURO THEATRES</td>
<td>445</td>
<td>184,044.60</td>
<td>0</td>
<td>0.00%</td>
<td>468</td>
<td>198,620.43</td>
<td>0</td>
<td>0.00%</td>
<td>✰</td>
</tr>
<tr>
<td>62011C-LG-MAX FAX THEATRES</td>
<td>1,852</td>
<td>146,834.90</td>
<td>1,429</td>
<td>77.16%</td>
<td>1,722</td>
<td>198,857.00</td>
<td>1,374</td>
<td>76.70%</td>
<td>↓</td>
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<tr>
<td>62018C-LG-GILBERT SCOTT THEATRE</td>
<td>191</td>
<td>45,818.44</td>
<td>173</td>
<td>90.58%</td>
<td>208</td>
<td>51,031.70</td>
<td>184</td>
<td>88.46%</td>
<td>↓</td>
</tr>
<tr>
<td>6201AA-LG-AUDIOLOGY PAEDS</td>
<td>324</td>
<td>30,403.31</td>
<td>267</td>
<td>82.41%</td>
<td>380</td>
<td>36,073.31</td>
<td>312</td>
<td>82.11%</td>
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<tr>
<td>623049-WGH-OPHTHALMOLOGY THEATRE</td>
<td>1,539</td>
<td>75,190.08</td>
<td>1,488</td>
<td>96.69%</td>
<td>1,752</td>
<td>85,410.48</td>
<td>1,701</td>
<td>97.09%</td>
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<tr>
<td>628927-LG-RADSTOCK</td>
<td>16,383</td>
<td>1,767,300.21</td>
<td>16,017</td>
<td>97.77%</td>
<td>18,237</td>
<td>1,974,611.77</td>
<td>17,851</td>
<td>97.88%</td>
<td></td>
</tr>
<tr>
<td>628971-LG-CARDIAC HEART VALVE</td>
<td>226</td>
<td>381,815.64</td>
<td>216</td>
<td>95.58%</td>
<td>254</td>
<td>425,190.42</td>
<td>242</td>
<td>95.28%</td>
<td></td>
</tr>
<tr>
<td>629020-LG-CATHETER LABS</td>
<td>49,831</td>
<td>2,272,122.67</td>
<td>45,711</td>
<td>91.73%</td>
<td>52,873</td>
<td>2,453,211.71</td>
<td>48,637</td>
<td>91.99%</td>
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<tr>
<td>629040-LG-FLUOROSCOPY</td>
<td>170</td>
<td>5,849.42</td>
<td>87</td>
<td>51.18%</td>
<td>185</td>
<td>6,381.63</td>
<td>94</td>
<td>50.81%</td>
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<tr>
<td>64002A-SJ-CT SCANNING</td>
<td>108</td>
<td>200,524.20</td>
<td>104</td>
<td>96.30%</td>
<td>110</td>
<td>204,508.20</td>
<td>106</td>
<td>96.36%</td>
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<tr>
<td>640079-SJ-MRI</td>
<td>154</td>
<td>17,997.39</td>
<td>68</td>
<td>44.16%</td>
<td>141</td>
<td>17,996.48</td>
<td>61</td>
<td>43.26%</td>
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<td>64007D-SJ-FLUOROSCOPY</td>
<td>896</td>
<td>23,481.57</td>
<td>785</td>
<td>87.61%</td>
<td>957</td>
<td>24,613.77</td>
<td>829</td>
<td>86.62%</td>
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<tr>
<td>640159-SJ-OBSTETRIC BREAST THEATRES</td>
<td>78</td>
<td>63,708.84</td>
<td>78</td>
<td>100.00%</td>
<td>91</td>
<td>82,422.38</td>
<td>91</td>
<td>100.00%</td>
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<tr>
<td>643022-SJ-GYNAE THEATRES</td>
<td>1,120</td>
<td>130,775.96</td>
<td>812</td>
<td>72.50%</td>
<td>1,221</td>
<td>137,477.31</td>
<td>883</td>
<td>72.32%</td>
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<tr>
<td>643034-SJ-RADSTOCK</td>
<td>11,635</td>
<td>594,553.35</td>
<td>11,298</td>
<td>97.10%</td>
<td>12,148</td>
<td>631,354.10</td>
<td>11,784</td>
<td>97.00%</td>
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<tr>
<td>643039-SJ-DAVID BEEVER THEATRES</td>
<td>413</td>
<td>699,140.27</td>
<td>327</td>
<td>79.18%</td>
<td>455</td>
<td>772,036.47</td>
<td>367</td>
<td>80.66%</td>
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<tr>
<td>643725-SJ-UROLOGY ROBOTICS</td>
<td>1,762</td>
<td>310,844.60</td>
<td>1,703</td>
<td>96.65%</td>
<td>1,923</td>
<td>336,670.03</td>
<td>1,864</td>
<td>96.93%</td>
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<tr>
<td>644814-SJ-OPHTHALMOLOGY THEATRES</td>
<td>8,951</td>
<td>528,022.70</td>
<td>8,817</td>
<td>98.50%</td>
<td>9,870</td>
<td>577,188.90</td>
<td>9,730</td>
<td>98.58%</td>
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<tr>
<td>CA3020-CA-ORTHOPAEDIC THEATRES</td>
<td>7,071</td>
<td>1,878,734.83</td>
<td>6,808</td>
<td>96.28%</td>
<td>7,630</td>
<td>2,092,375.83</td>
<td>7,344</td>
<td>96.25%</td>
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<tr>
<td></td>
<td>131,577</td>
<td>£11,965,193.51</td>
<td>107,354</td>
<td>81.59%</td>
<td>140,921</td>
<td>£13,027,889.86</td>
<td>115,127</td>
<td>81.70%</td>
<td></td>
</tr>
</tbody>
</table>

Trend:
- ↑ Increase
- ↓ Decrease
- ✰ No change
PLICS & Scan4Safety

PLICS Benefits

• More accurately costed procedures
• Increased transparency
  • Confidence in the data
  • Highlighted incorrect coding
  • Allows the search for variation in practice
• Captures any item scanned whether 10p or 10k

Caveats to consider

• Doesn’t work for all products, some proxy values have to be set up
• Does not create a list of High Cost Devices and Implants for CTP/RC
• Will need to incorporate NHS Supply Chain zero cost items (nominal value)
Thank you

Right Patient
Setting standards to make sure we always have the right patient and know what product was used with which patient, when.

Right Product
Setting standards to make sure our staff have what they need, when they need it.

Right Place
Setting standards to make sure that patients and products are in the right place.

Right Process
Setting standards and implementing common ways of working to deliver better and more easily repeatable patient care.

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Comfort break
(14:30 – 14:45)
NHS Improvement

Virtuous Cycle of Improvement: Improving the Quality of Your Costing
Objectives

1. Discuss themes from Costing Assurance Programme Reviews Year 1 to Year 3
2. Highlight trends where we have observed overall improvement
3. Outline remaining common areas of development
4. Discuss other factors that are impacting costing
Year 1 Costing Process and Reference Cost Reviews 2016/17 – Themes Identified

- Acute
- Clinical & Wider Team Engagement
- Job Plans
- Data Matching & Quality
- Programme Management
- Pharmacy Data
- Documentation
- Emergency Department
- Board Level Advocacy

492 Recommendations

68 High Risks
131 Medium Risks
198 Low Risks
95 Improvement Opportunities
Year 2 Early Implementers PLICS submissions 2017/18 - Themes Identified

Costing Assurance Programme Reporting Dashboard

30/30 Reports Completed

140 Findings

26 High Risks
41 Medium Risks
67 Low Risks
6 Improvement Opportunity

Onsite Audit Themes:
- Limited clinical and wider engagement
- Incomplete patient-level information
- Limited or incomplete costing documentation
- Allocations based on national tariff
- GL to CL mapping not completed, partially completed, or not approved

CAT Tool Observations:
- Inconsistent approach in preparing the CAT
- Inaccurate completion of the CAT
- Lack of uniform understanding of the purpose of the CAT
Year 3 - Non PLICS Providers Review

2018 Themes Identified

YEAR 3 INSIGHT DASHBOARD

Emergency Department (ED)
Costs are allocated to patients based on time spent in the department with no weightings in place.

Critical Care Allocations
Weightings often based on national averages rather than a measure of nursing acuity based on treatment procedures.

Accuracy of Theatre Costs
Costs are based on estimations for session times and resource allocations, and protheses costs are based on an average costs.

Medical Staffing Costs
Medical staffing costs are not appropriately apportioned based on accurate job plans, especially for junior doctors.

Non-Admitted Patient Care
Allocations are based on estimations for first/follow-up attendances, rather than on actual duration of attendance.

Clinical Engagement
No processes to obtain clinical engagement at the Trust to validate allocations, inputs or outputs in the costing process.

Unmatched Activity
High percentage of unmatched activity, and allocation of unmatched activity across all matched activity.

Project Management
Project plans have not been developed for the 2018/19 CTP submission, especially to address any data quality gaps.
2. Improvements observed from Year 1 to Year 3

**Board-level engagement**
- Increased appreciation of the importance of costing.
- Improved desire to use PLICS data to drive strategic and operational decisions.

**Improved relationships with costing system suppliers**
- Greater co-operation between Costing Teams and system suppliers.

**Better understanding of data quality issues**
- Improvements have been made in patient-level matching results – for example, increased proportion of positive matches, and development of more stringent matching rules.
- When data quality issues arise these are investigated and remediated in a timely manner.

**Greater co-ordination between Costing and Information teams**
- Costing and Information teams are increasingly working together to share knowledge and expertise.
- This enhances the accuracy of information used in costing.
3. Common areas for development identified Year 1 to Year 3

Clinical Engagement
- Limited engagement with clinical services across key services.
- Lack of clinical involvement in the validation of cost inputs or outputs.

Data Matching
- Low levels of data matching for Pharmacy, Pathology and Radiology.
- Data quality issues are restricting the ability to accurately allocate costs directly to a patient.

Cost allocations based on National Average and National Tariff
- Cost allocations for A&E, Critical Care and Pathology have been weighted based on National Average or National Tariff.
- Not compliant with the Healthcare Costing Standards; not an accurate reflection of actual resource consumption.

Allocation of Medical Staffing costs
- Use of job plans is not consistently applied, or information contained in them is not up-to-date.
4. Other factors affecting costing

**Quality of costing following transactions**
- Loss of high quality costing processes that have been developed over a number of years.

**Issues faced in promoting costing when operating under a managed service contract**
- Trusts are unable to achieve consistent engagement and support in validating costing information.
- No access to audit trail and system/process notes.

**Material issues identified within Reference Cost Reconciliations**
- Increase in the number of material errors identified within Reference Cost Reconciliations.

**Lack of forward planning to comply with technical standards**
- Insufficient programme management – for example, lack of project plans detailing key milestones and relevant action owners.
Increased stakeholder engagement through the ‘SLR Leadership Programme’

**Introduced the role of ‘Costing Champions’ within each directorate**
- 20 week programme directed at all clinical finance managers

**Developed a robust training schedule**
- Group training sessions on basic principles of costing
- 1:1 sessions between costing and finance managers
- Individual objectives and targets, monitored on a weekly basis.

**Utilised reporting tools and dashboards**
- Use of Qlickview reporting across all directorates for costing outputs

**Quantified the measurement of success**
- Implemented a Net Promotor Score amongst finance managers to track overall engagement
- Realised quantifiable benefits in monetary terms to aid and contribute to the Trusts financial recovery plan
Closing remarks
Thank you for attending

#ImprovingCosting
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