National Cost Collection 2020
Covid-19 Recommendations

18 May 2020

NHS England and NHS Improvement

Welcome

Your NHS England and NHS Improvement representatives are:

Candice Goold – Head of Costing

Katy Ashton - Costing Manager

Todays Agenda

- Operational and data quality challenges that trusts are facing in making submissions
- What NHS England and NHS Improvement are doing to support trusts as they make submissions
- Collection dates survey analysis and confirmation of windows
- Submission scheduling
- Update on the Covid-19 Recommendations
- What’s next?

Objectives of today

To give you:

- A clear steer on timelines
- What is the same, and what is different?
- Awareness of new, supportive guidance on adjustments to make

Introduction

Since the Cost Collection Launch Day 3 March 2020:

Exceptional circumstances and exceptional, unpredicted change to NHS services.

Why have we changed the plan?

- Impact of Covid19
- Feedback from costing practitioners

What is the same?

- Costing principles – particularly reconciliation, materiality and transparency
- Costing standards
- Technical Document
- NCC collection and guidance

What has changed?

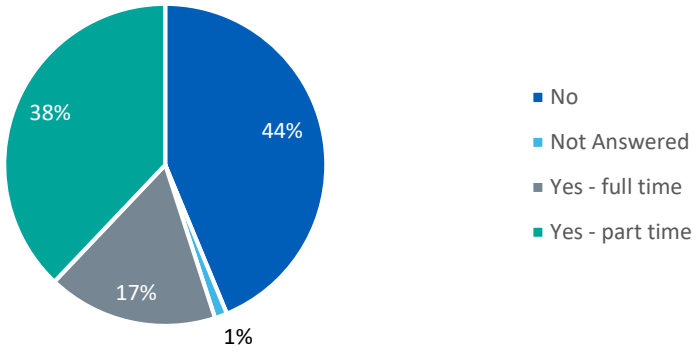
- Planned submission windows
- Additional guidance to be issued, relaxing the costing standards in some areas
- Additional adjustments, removing exceptional expenditure

National Cost Collection Window Engagement Survey – Results

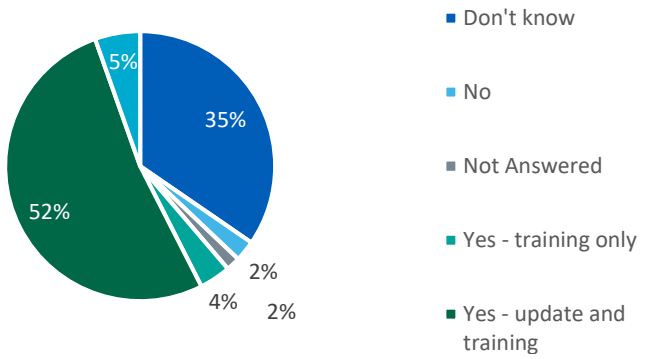
NHS England and NHS Improvement

Operational Concerns

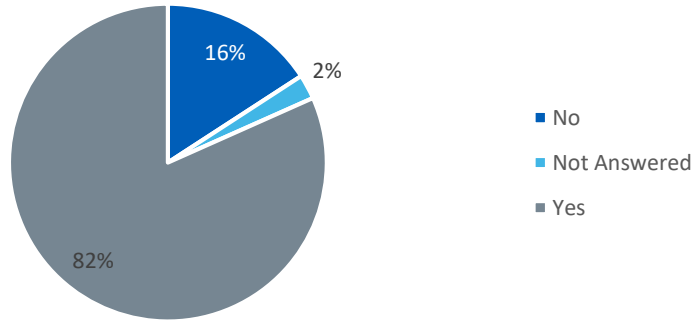
Have the staff in your organisation who are involved in the cost collection process been redeployed as a result of the Covid-19 pandemic?



Is your software supplier able to update your costing system and provide the training you require remotely to comply with the 2019/2020 extract specification?

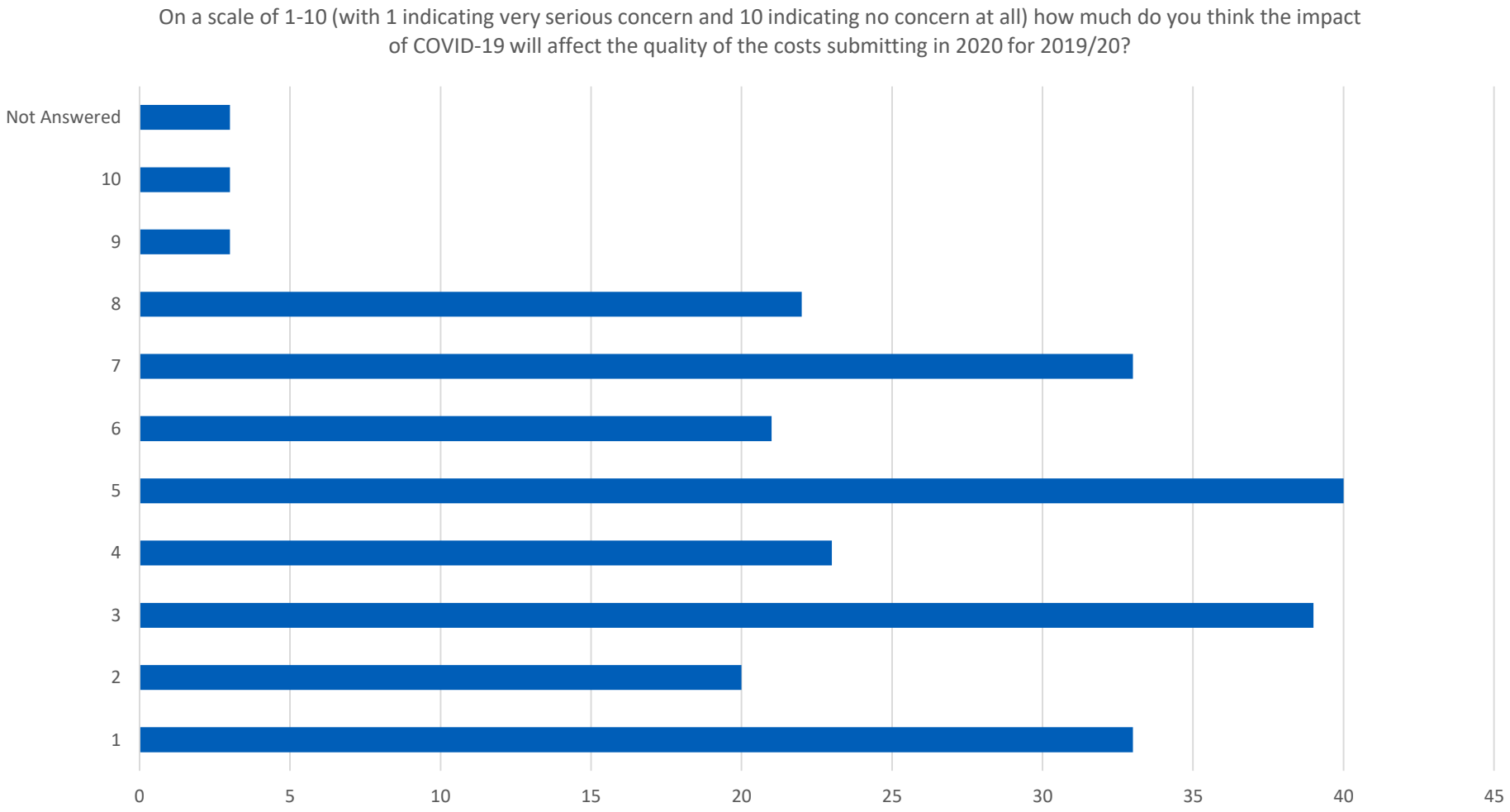


Can you access the systems required for the cost collection process remotely?

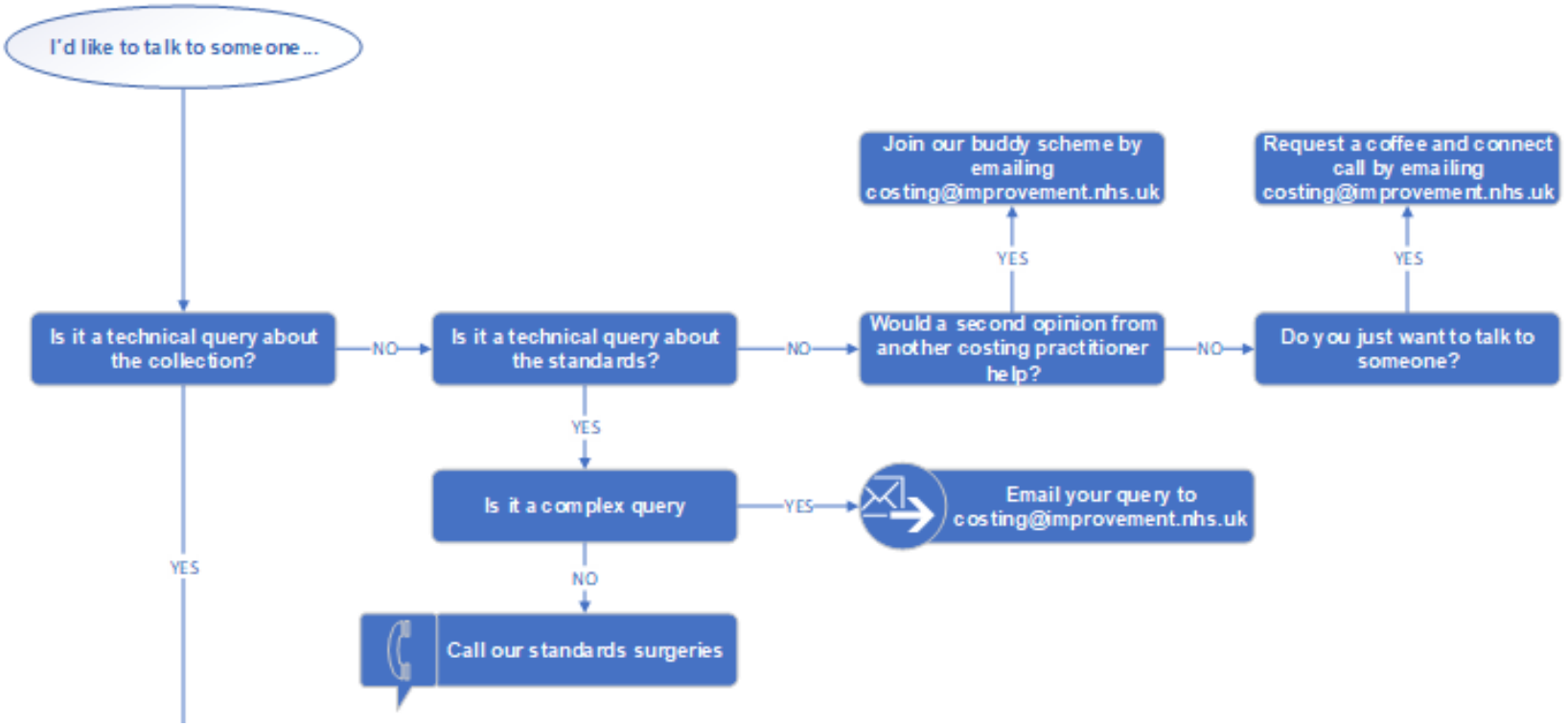


- In total the survey had 240 responses
- It covered a large percentage of the total sector
- It has been used in the decision making process and has actively changed the original proposed planned dates

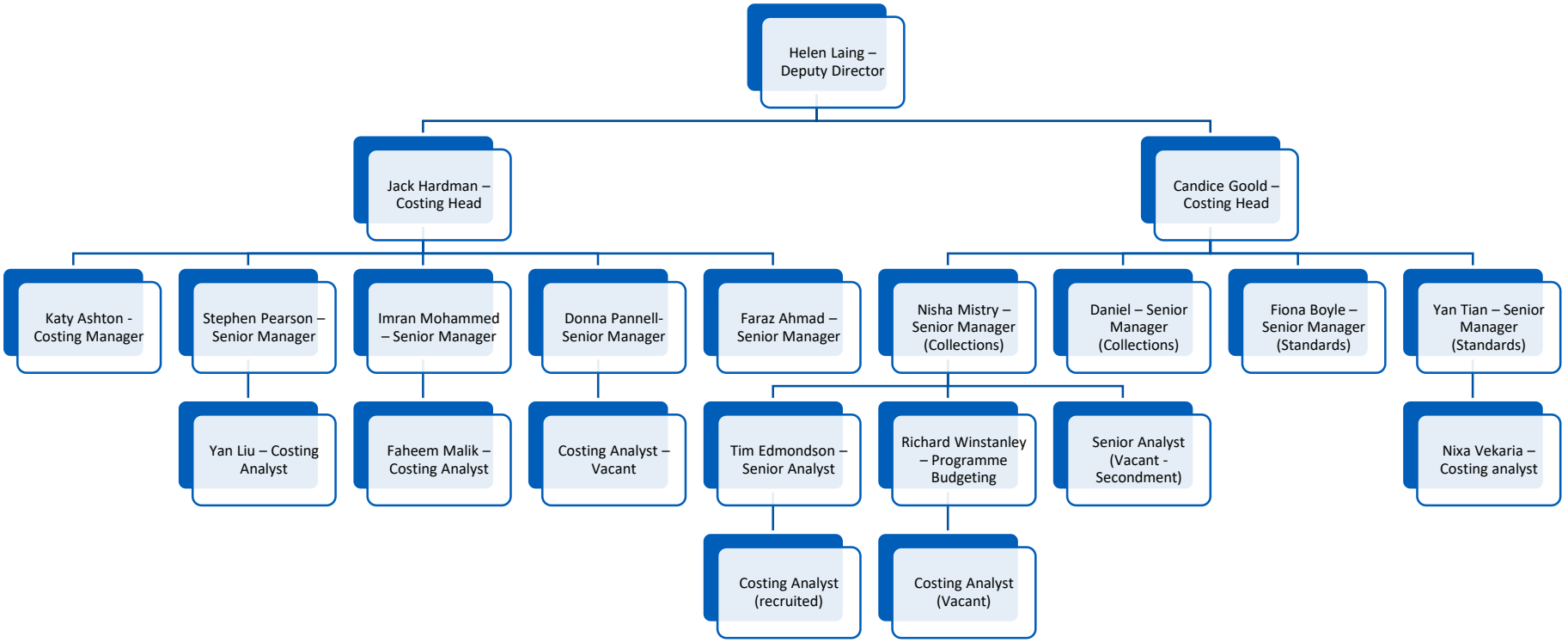
Data Quality Concerns



Support Available



Team Update


Helen Laing – Deputy Director
Jack Hardman – Costing Head
Candice Goold – Costing Head
Katy Ashton - Costing Manager
Stephen Pearson – Senior Manager
Imran Mohammed – Senior Manager
Donna Pannell- Senior Manager
Faraz Ahmad – Senior Manager
Nisha Mistry – Senior Manager (Collections)
Daniel – Senior Manager (Collections)
Fiona Boyle – Senior Manager (Standards)
Yan Tian – Senior Manager (Standards)
Yan Liu – Costing Analyst
Faheem Malik – Costing Analyst
Costing Analyst – Vacant
Tim Edmondson – Senior Analyst
Richard Winstanley – Programme Budgeting
Senior Analyst (Vacant - Secondment)
Nixa Vekaria – Costing analyst
Costing Analyst (recruited)
Costing Analyst (Vacant)

NCC Engagement Response

- Within the 240, a number of trusts replied with more than 1 response
- The data for the choice of NCC window has therefore been adjusted as follows:
  - Trust response >1 and same window response – Duplicates Removed = 22 rows removed
  - Trust response >1 and different window response – Trust contacted on 07/05/2020 for final option = 14 rows removed
  - Trust response >1 and different window response – Trust contacted on 07/05/2020 for final option but no response as at 11/05/2020 = 2 rows removed
  - No questions answered but survey submitted = 1 row removed
- Adjusted number of responses carried forward into analysis - 199

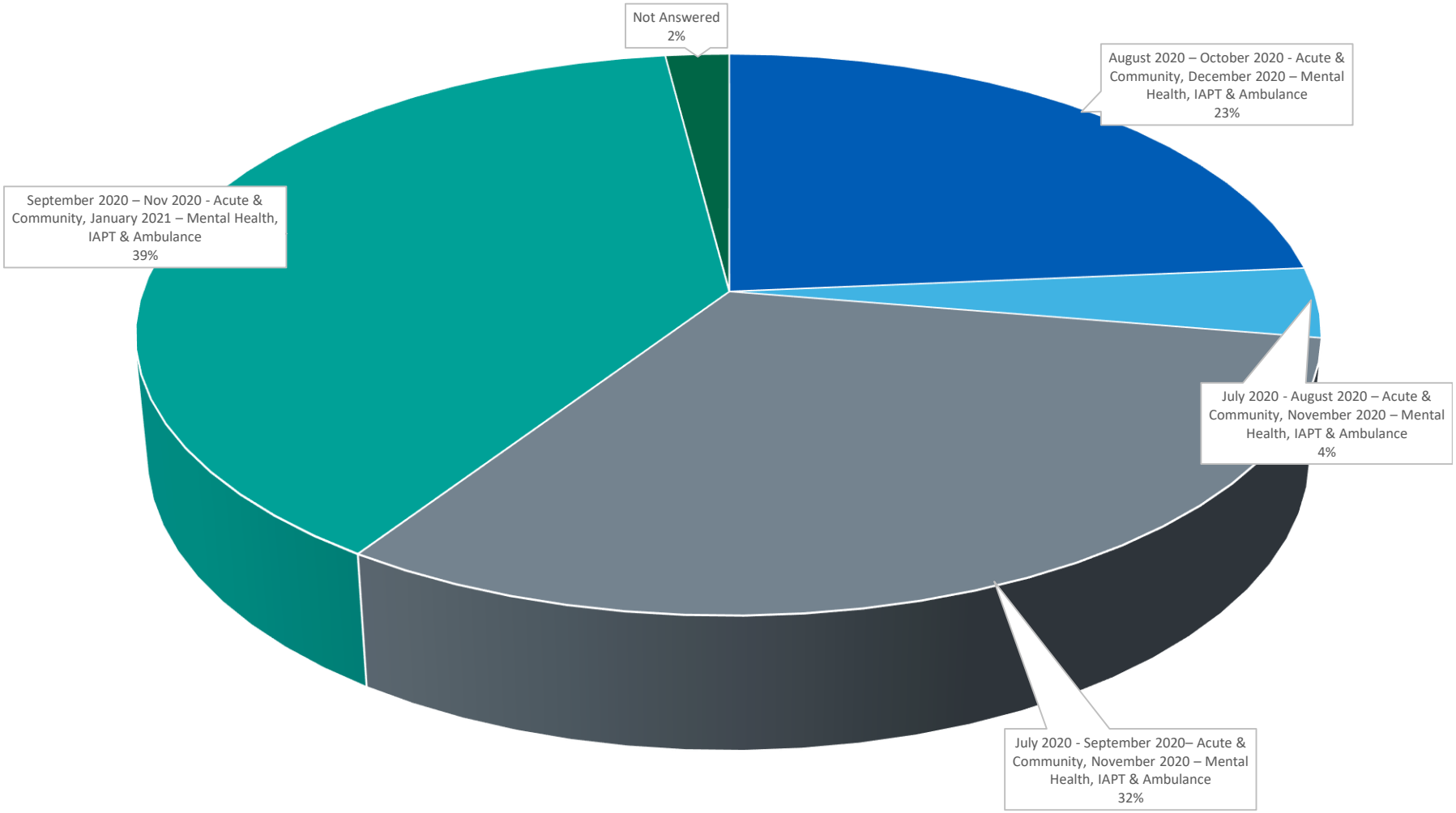
NCC Engagement Response (2)

The adjusted data can be broken down as follows:

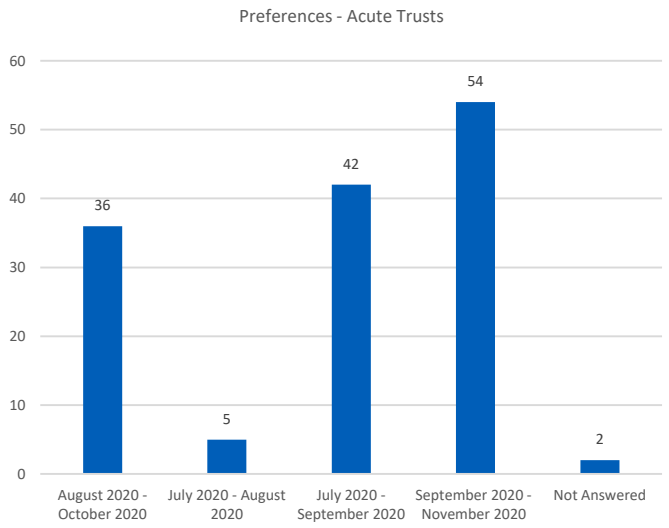
- 3 software suppliers
- 2 anonymous
- 139 Acute Trusts (/147 95%)
- 6 Ambulance Trusts (/10 60%)
- 16 Community Trusts (/21 76%)
- 33 Mental Health Trusts (/48 69%)

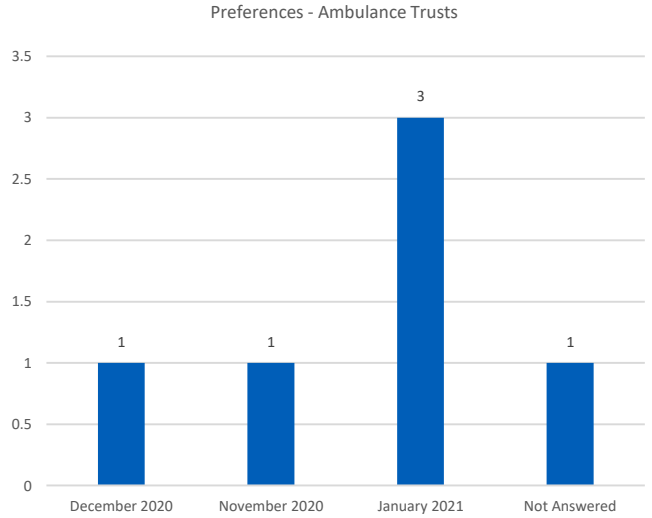
TOTAL PERCENTAGE OF TRUSTS RESPONDED = 194 / 224 = 87%

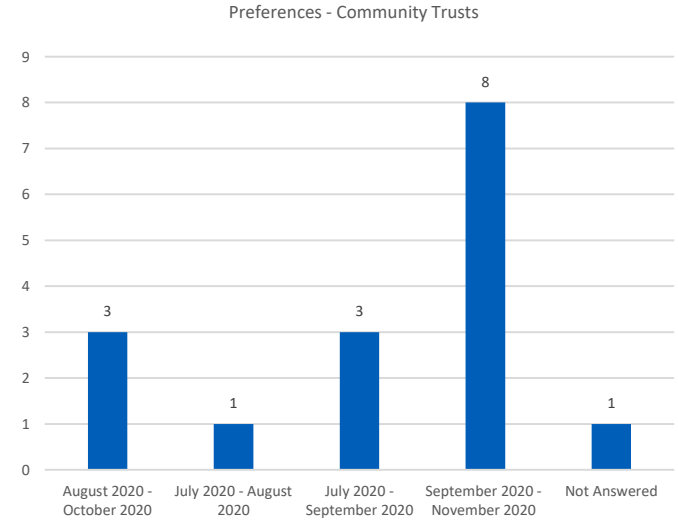
Preferences – All Trusts

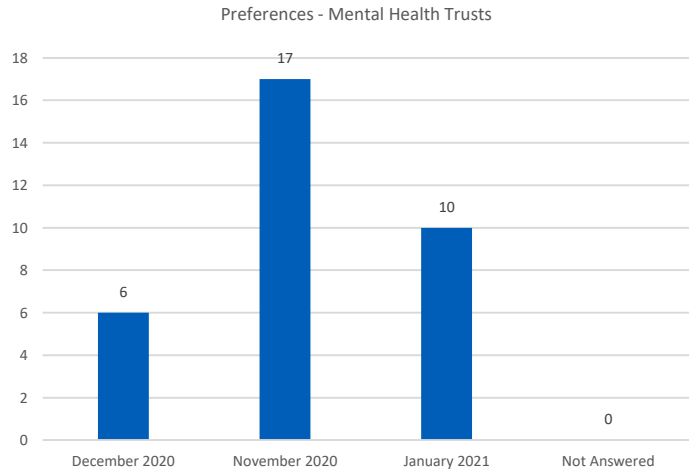


Preferences – By Trust





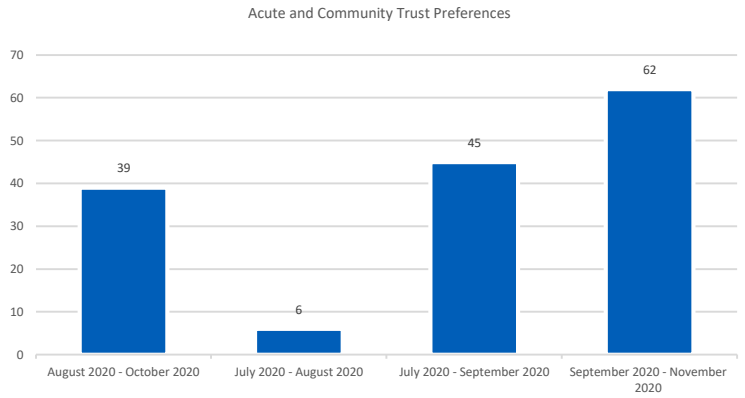




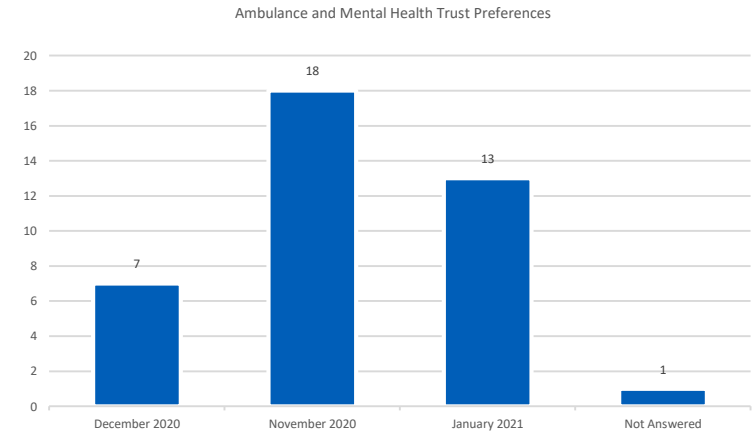
Combined Preferences Table

- Based on sector therefore 196 responses

Acute and Community Combined		
	Count	%
August 2020 - October 2020	39	25%
July 2020 - August 2020	6	4%
July 2020 - September 2020	45	29%
September 2020 - November 2020	62	40%
Not Answered	3	2%
	155	98%



Ambulance and Mental Health Combined		
	Count	%
Dec-20	7	18%
Nov-20	18	46%
Jan-21	13	33%
Not Answered	1	3%
	39	100%



2020 Collection Mandated Window

- Acute and Community Window

  Window will open on 7 September 2020

  Window will close on 6 November 2020

  There will be no resubmission window

- Ambulance, IAPT and Mental Health Window

  Window will open on 11 January 2021

  Window will close on 29 January 2021

  There will be no resubmission window

- Benefits:
  - 1st and 2nd Preferences picked
  - IAPT timing no longer an issue
  - Gives more time for Covid19 recommendations to be enacted
  - Development of tools and templates remain in place so those wishing to work to a earlier 2020 window, can prep files and then just submit in later
  - 132 / 240 have been redeployed either part time or full time this gives more time to those trusts
  - No planned maintenance in NHS Digitals system
  - Enables 8 week break between two mandated systems

- Disbenefits
  - Late publication of the data
  - Static PLICS model for 2021 – limited onward development from aggregate level data

National Cost Collection Window Scheduling 2020

May 2020

NHS England and NHS Improvement

Submission slot process

To be able to effectively manage acute submissions in 2020 we are implementing the following process:

- Trusts will be asked to select a submission **date** on a day between **Monday to Thursday** within the collection window
- Spaces will be limited to **10 submissions per day** during the first 7 weeks of the window and **5 submissions per day** in the final two weeks of the window
- Submission slots will be self-service and allocated on a first come first served basis
- **ALL** your PLICS XML files and your NCC workbook need to be uploaded on the **same day.** If this isn't successful, a subsequent date before the 06th November must be agreed with the NCC team.
- No initial submissions will be scheduled on Fridays – these slots will be used for trusts failing to submit on their scheduled date during that week
- As there is no re-submission window this year the NCC team may request a subsequent submission from trusts where they identify serious data quality issues
- Trusts that successfully submit their files in the early stages of the submission period may wish to improve their data and make a second submission before the close of the collection window. This will be permitted in 2020 subject to availability and the date of the second submission must be agreed with the NCC team

Submission slot process (2)

Please agree your chosen submission date with your software supplier

To schedule the submissions effectively, the engagement team have set up ‘events’ for each day during the submission period, this means booking will take place online ONLY

The booking page for Acute providers will go live on **Tuesday 26 May 2020** at 9.00am, we'll inform all cost accountants of the link by e-mail on that date

Once you have booked a date on the online system it can not be changed but you can email costing@improvement.nhs.uk to speak with the NCC team

The booking page for Acute providers will close once all trusts have booked a date or 2 weeks before the opening of the window, the NCC team will follow-up with any trusts who haven't booked by that date

Ambulance, IAPT and Mental Health scheduling tool opening will be announced at a later date.

Covid-19 and Costing in 2020

May 2020

NHS England and NHS Improvement

Covid-19 adjustments overview

With the NCC collection going ahead we want to adapt to suit the situation.

- A later and longer collection window
- But can we do a ‘normal’ collection?
- Known challenges included:
  - Costing staff remote working, redeployment and sickness
  - Lack of time with clinicians/service leads
  - Redeployment of clinical staff and other resources
  - How to identify Covid19 patients and costs?

The research process

- Started sample interviews
- Email queries and comments assessed
- Draft released for comment
- Draft approach reviewed by 75 provider costing practitioners, with 40 detailed responses
- Discussion with other stakeholders, including pricing, model hospital, strategic finance etc.

Assessment of evidence:

A difficult decision to make – no easy or 'right' answer

Main options included:

1) Include Covid-19 costs and try to cost all patient care as best we can
   - But problems with cumulative costing models.
2) Remove Covid-19 reported costs, and maintain as much consistency as possible. Leave all service activity in
   - Under-costing Covid-19 patients, but fall in elective activity overstates costs of some patients
3) Remove Covid-19 reported costs, and maintain as much consistency as possible. Adjust cost for staff without activity (fall in elective)
   - Under-costing Covid-19 patients
4) Collect the 'good' part of the year (ignore M12/Q4)
   - But nothing complete to reconcile to…

Stakeholders had a wide variety of opinions, preferences, alternative solutions, suggestions, and comments.

Proposed option going through internal governance:

Option 3: Remove Covid19 reported costs, and maintain as much consistency as possible. Adjust cost for staff without activity (fall in elective)

Limitations

- Under-costing Covid19 patients; sample exercise may be required

Benefits

- Reconciliation to final accounts including all adjustments reduces audit risk
- Full year of activity
- Covid-19 costs can also be reconciled – to the NHSE&I Strategic Finance submission
- Costing Software can do a cumulative model
- Improved ability for providers to compare year on year

The ‘Recommendations’ document

- It will be posted on the Online Learning Platform

- 3 Sections
  - Exceptional units/services and costs
  - Costing own patient care
  - Information Requirements
  - 4 Appendices

- 15 ‘Actions’ for consideration

Covid-19 Key Messages

- Should submit both the PLICS and NCC workbook collection as per previous guidance
- We have relaxed the standards for 2019/20
- Prioritise the changes locally
- Act on those changes, and
- Document what you have done

Proposed Covid-19 Recommendations

Note: All recommendations are proposed and currently going through internal governance. All recommendations should be see as indicators of possible direction of travel until the final documentation is posted onto the Open Learning Platform

NHS England and NHS Improvement

How to use the recommendations document

- This contains the technical areas where there are **recommendations** for the 2019/20 collection.
- Your trust should prioritise these locally, and then form an action plan for achievement.
- You do not have to adopt any of them.
- The Exec summary can be used for those needing a high level view of the requirements and recommendations. Senior people will not require the whole of the document (unless specifically requested).

Checklist of Actions – Appendix 2

Action	Sign off	Item	Detail
Planning		Prioritisation exercise	Work with your key stakeholders to agree which of these recommen Log the date of this meeting in your ICAL. Ensure software supplier prioritised areas.
1	**	Cost for exceptional units/services, **should be** excluded from the cost quantum. Exceptional costs **can be** excluded from the cost quantum. Reimbursement income is not netted off from cost.	If there are amounts in the GL (and therefore the final accounts) at y finance team and you wish to exclude these costs, you should conta Collection Team for permission to exclude. When authorised, the c reconciliation as 'Exceptional costs', so the value of the cost quantu You can set up local resource codes for these costs in PLICS to ide need to retain the costs in your costing system for local purposes. **Please contact the NCC team to authorise your exclusion in the**
2	**	Reconciliation of excluded costs	The value in the NCC reconciliation for exceptional units/services ar amount reported to the NHS England and NHS Improvement strateg should be documented in the ICAL worksheet designated for it.
3	**	Covid19 costs included in the cost quantum	Allocate any included Covid-19 specific costs to your own patients u can be added to all patients in month using WTE of staff. (where mo methods in the ICAL

Action 1: Exceptional units & services

- Cost for exceptional units/services, **should be** excluded from the cost quantum.
- Exceptional costs **can be** excluded from the cost quantum.

- Be aware of what is included in your other operating income.

Strategic Finance return – Appendix 3

Allowable Cost Type Item	Guidance	Costing definition
111	include cost associated with delivering additional 111 capacity	Exceptional unit/service
Decontamination	infection control, cleaning and associated costs.	Exceptional cost
Diagnostic Sampling (in Community)	Associated costs above existing resources for the procedures and equipment required of home and community diagnostic sampling (PPE, competent collection of samples, safe packaging and transport of specimens to the laboratory, the safe disposal of waste)	Exceptional cost
Diagnostic Sampling (in Hospital)	Associated costs above existing resources	Exceptional cost
Direct Provision of Isolation Pod	Cost of installing Pod or conversion of existing premises (REVEUE costs only) & costs associated with operationalising Pod.	Exceptional unit/service
Field Hospital related	Any costs associated with running one of the regional field hospitals - please give the name of the field hospital & link with heather.pittam@nhs.net and separate finance template	Exceptional unit/service
HCID centres: Backfill and additional staffing capacity as requested Specialised services	Make sure only HCID centres use this category - eg Guys & St Thomas, Royal Free, Imperial, Royal Liverpool, Alder Hey, Newcastle.	Already an NCC Exclusion
Hospital discharge programme (£1.3bn)	Ref: Covid-19 Hospital Discharge Service Requirements published 19th March 20 CCGs to include spend relating to this guidance	CCG spend, not provider?
Hotel accommodation	Accommodation bought outside of the national process	Exceptional cost
Increase administrative capacity	To manage the increased requirement for information to determine demand and operational pressures	Exceptional cost
Increase hospital assisted respiratory support capacity, particularly mechanical ventilation	Ref:IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19 7/3/2020 - The goal is to have as many beds, critical care bays, theatre and recovery areas able to administer oxygen as possible; secure a step change in oxygen supply and distribution to hospitals; mechanical ventilation; refresher training for all clinical and patient-facing staff	Exceptional cost
OOH capacity increase	Extension of OOH (or OOH/IUC) provider contracts in every area, via Regions and CCGs. NOT to be used for other extensions of services. E.g. Increase in CHC packages and more through discharge to assess scheme to create bed capacity in hospitals should be 'Plans to release bed capacity'	Exceptional unit/service
Other action (provide commentary)	There should be minimal lines to be coded to 'Other please comment' - please get orgs to choose one of the other categories - they are all linked to the work organisations have been asked to do in response to COVID - 19	Exceptional cost
Other action on instruction of national incident response team (provide commentary)	Only use this category if the costs directly relate to a SPECIFIC instruction to your organisation for example Arrowe Park, Heathrow, possibly specific direction to Ambulance trusts. Please add the name of the individual that authorised the spend from the National Incident Response Team	Exceptional unit/service
Plans to release bed capacity	Ref: IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19 7/3/2020 - free up community hospital and intermediate care beds	Exceptional cost
PPE	Cost of equipment, FIT testing plus training in line with PHE recommended usage	Exceptional cost
Preparation for ITU capacity	Ref: IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19 7/3/2020 Examples: Increased Critical Care Capacity 'Pay' £244,214. 'Pay' '10 beds' £332,070. Need more detail than this.	Exceptional unit/service
Remote management of patients	Ref: IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19 7/3/2020 Support the provision of telephone-based or digital / video-based consultations and advice for outpatients, 111, and primary care. Lots of items that would be classed as capital. Do not duplicate (in capital and revenue submissions). Make sure treatment is in line with orgs normal accounting practices	Exceptional cost
Segregation of patient pathways	Ref: IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19 7/3/2020 Segregate all patients with respiratory problems (including presumed COVID-19 patients). Segregation should initially be between those with respiratory illness and other cases. Then once test results are known, positive cases should be cohort-nursed in bays or ward	Exceptional Cost
Sickness / isolation cover	Additional staff costs (please indicate volumes) due to sickness and isolation protocol	Exceptional Cost
Support stay at home model	Ref: CARING FOR PEOPLE AT HIGHEST RISK DURING COVID-19 INCIDENT 21/3/2020 Costs associated with all patients who are considered to be at highest risk of severe illness that would require hospitalisation from coronavirus (COVID-19).	Exceptional Cost
Swabbing services	Booking and results service	Exceptional Cost
Transportation of patients	Cost associated with transporting COVID-19 patients.	Exceptional unit/service

Action 2: Reconciliation of excluded costs to the NHSE&I strategic finance submission

- You should understand how the value on this line in the reconciliation reconciles to the amount reported to the NHS England And NHS Improvement strategic finance team for exceptional units. Document how these costs are identified in your ICAL

Action 3: Covid-19 costs still in the cost quantum

- If there are any costs of Covid-19 that **were not reported to** NHSE&I Strategic Finance Team, these costs should be allocated to the services using them or directly to the Covid-19 patients,
- Do not allocate these to the exceptional units, as they are part of the cost of patient care.

- If material, you may wish to ask for a further agreed adjustment – see Action 9

Action 4: Medical staff

- Adjust allocations for redeployment using available information – to ensure material costs are in the correct place.
- Ward round information is not needed.
- Record proportional assumptions in your ICAL.
    - *For example: 60% of surgical consultants have been redeployed to support Covid19 wards during month X.*
- You could use a formulaic approach to calculate the proportion of redeployment, such as

  1 – (actual activity/expected activity)

Action 5: Non-medical staffing and other redeployment of resources

- Clinical staff may have been moved to support front line or Covid-19 specific areas. Non-clinical staff may also have been moved.
- Check for material changes, to ensure the costs in the GL still go the correct service areas
  - financial management team financial management team,
  - the e-roster system,
  - ESR
  - Service managers/clinicians if available
- You may need to disaggregate some costing account codes, but only do this where the cost is material.

Action 6: Clinical non-pay items

- For anything material, not already excluded:
- check additional material expenditure is allocated to the correct service areas.

Action 7: Estates and facilities - areas that have been redeployed, and are included in the cost quantum

- Amend floor area allocation tables if available

Action 8: Estates and facilities

- Have areas been redeployed in months 11-12?
- You could fix any floor area allocation RWV tables for month 1-10, and then set up the new configuration at month 11 (or when the redeployment happened).

Action 9: Apply for an exclusion where staff/resources have not been redeployed

- You may apply for an exclusion for areas of high unit cost where there was no material activity for a service/named care professional in the Covid-19 period (e.g. month 12 for 2019/20).
- You will need evidence to gain an exclusion.
- Email your request, evidence to costing@improvement.nhs.uk FAO Cost Collections Team - adjustments

Action 10: Additional revenue expenditure in informatics

- Review revenue investment in technology for virtual outpatients and other areas (eg ward rounds).
- If this has not been reported to the NHSE&I strategic finance team, it should be allocated over all activity that benefited from the investment

Action 11: Have theatres or general wards been turned into critical care wards?

- If so, are they recording the episodes on the CCMDS with organs supported?
- Understanding where the episodes will be seen may help you to match the cost associated with those patients to it, and also to submit the patient events in the correct part of the NCC.

Action 12: Have theatres been turned into general wards,

- Have wards been created in areas that there is not usually a ward?
- Make sure the episodes are flowing into PLICS on any new ward codes.

Action 13: How are any new non face-to-face (telemedicine) attendances recorded in PAS?

- Look for the ‘Consultation Medium’ data item.
- Are new areas flowing into PLICS?
- Following action 10 above, where technology has been put into place, check the outpatient services show the data in the correct format – eg in HRGs.

- *Note: It is likely that some of these new ways of working will continue after the outbreak, so it may be worth checking the feeds now for long term use.*

Action 14: Record material Covid-19 changes in the ICAL

- Use the Integrated Costing Assurance Log – new worksheet
- Document simply and briefly: including
  - your prioritisation,
  - key decisions,
  - stakeholders involved, and
  - the outcome of data reviews:

  Submit this worksheet with your costing submission, so your data can be viewed nationally in an informed way.

Action 15: Clinical Coding/other referencing of Covid-19 patients

- NHS England and NHS Improvement recommend you work with your clinical coders, informatics leads and software suppliers, to ensure the relevant codes for identifying Covid-19 patients are included in PAS and in the feeds to PLICS for local reporting

What’s Next

National Cost Collection Guidance

Volume 7

- Scheduling
- Work book guide
- Data Validation Tool guide
- Highlights from desktop review
- Covid19 Impact (further detail later in next slides)
- Appendix to Volume 3
- ICAL for Covid-19 to be submitted
- Relaxed board assurance and changed sign off process

National Cost Collection Guidance –

Appendix to Volume 3

- Clarification of paragraphs – signalled which paragraph in Volume 3
- Contradiction between standards and guidance – CM6 supersedes guidance
- Supplementary Feed
  - Direct access diagnostic imaging submitted through workbook
  - High Cost Drugs prefixed with PHCD should be submitted through SI feed
  - High Cost Drugs prefixed with HICD must be submitted via the workbook
  - Unmatched High Cost Drugs and High Cost Devices submitted through SI feed
  - Table of costs expected to see in the SI feed for unbundled items
  - Details on compliance of new feeds

Mental Health, IAPT & Ambulance

- Mental Health and Ambulance specifications are almost agreed with NHS Digital and we will share a draft pre Mandatory Request approval with suppliers over the next few weeks

- IAPT is still under development and is a few weeks behind Mental Health but the pre release will apply once

- Where possible have maintained the idea of minimum change in Year 1 of mandated collection

- Exact timings for guidance release is currently unconfirmed due to the impact of the Covid-19 on the NHS England and NHS Improvement editorial team but will be within Quarter 1 of 20/21

- Implementation sessions are being held weekly with all trusts who choose to attend but the attendance percentage is high with only a few trusts opting not to attend. Trusts at risk are being followed up by our Compliance Manager, Donna Pannel.

Community

- A voluntary community collection is expect to go ahead in 2020, however timings have not yet been planned
- It will be an NHS England and NHS Improvement collection however unlike last year it is expected that all fields will be able to be submitted to NHS England and NHS Improvement
- It will use the same submission tool as last year
- Development of the specification is currently paused due to staff sickness but slippage was planned into the timelines for development so not expected to have an overall impact on collection
- A very small pilot collection will be developed for wheelchairs

Final messages

Keep in touch with us:

- If you are concerned about the quality of your NCC submission
- If you need help understanding these recommendations, or the NHSE&I Strategic Finance submission

Keep talking to us

Stay safe

Do your best