

INNOVATION IN OUR SYSTEM, WARTS, AND ALL.

Presentations from our 6 systems on Innovation



Chaired by Dawn Scrafield, Chief Finance Officer,
Mid and South Essex NHS FT

 skills
development
network





Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Tom Burton

Director of Finance

Princess Alexandra Hospital NHS Trust

Tuesday 21 February 2023

Working together
for a healthier future



3 initiatives

1. Medium Term Financial Planning – System Wide
Led by West Herts on behalf of the system
2. Flash reporting, Day 1 early view
Led by HPFT
3. Engine Room, Bringing Accountability and Decision making forward
Led by Princess Alexandra Hospital



Hertfordshire and
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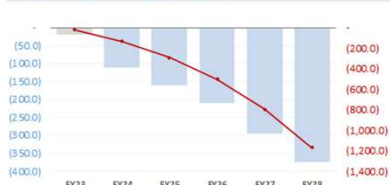


1. Medium Term Financial Plan

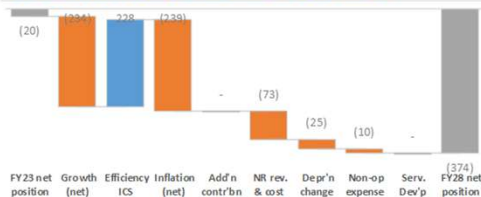
Financial overview

System	ICB
-£373.5m	-£53.6m
do-nothing pressures	Providers
	-£319.9m

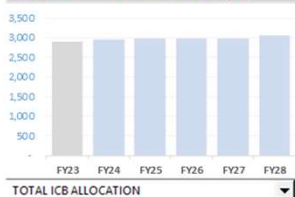
Net position annual forecast (£m)



System net position bridge from outturn FY23 to FY28 (£m)



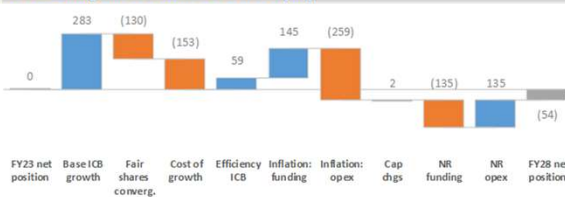
ICB allocations annual forecast (£m)



ICB expenditure annual forecast (£m)



ICB I&E bridge from outturn FY23 to FY28 (£m)



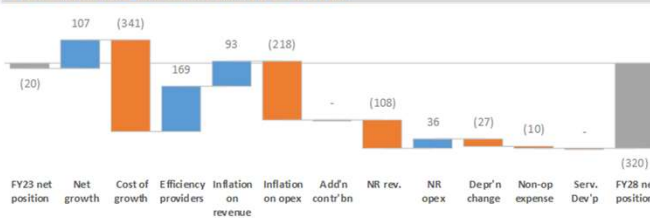
Providers revenue annual forecast (£m)



Providers expense annual forecast (£m)



Providers I&E bridge from outturn FY23 to FY28 (£m)



Principles:

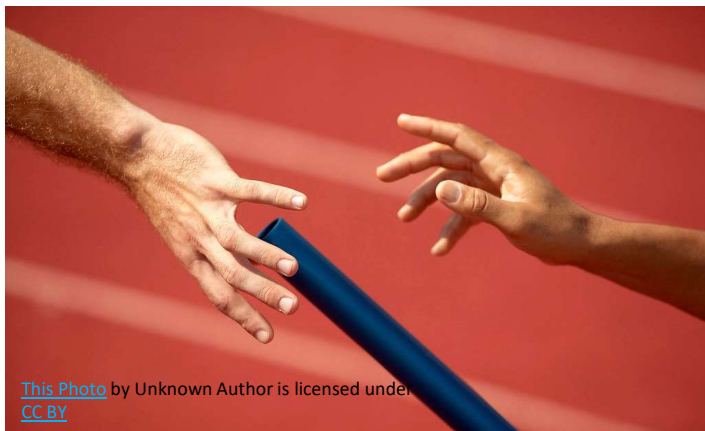
- Identify system financial plan.
- Ensure consistency of application of planning assumptions and demonstrate impact of changes on future financial position of the system.
- Enable early look of planning assumptions and road testing as guidance is released.



Hertfordshire and West Essex Integrated Care System



2. What is the Flash?



Flash Position = an early indication of the financial position; enables handover of info from Finance to Ops to enable earlier decisions

Assumes we can:

- A. Estimate the position early;
- B. Take action on this information;
- C. Those actions have a benefit



2. Flash Principles

Challenge Statements

1. How to decide on key areas which impact financial position
2. How to get key data to ensure accuracy
3. How to estimate realistically
4. Avoiding doing the whole job early / doing it twice

Proposed Solution

1. Prioritise parts of I&E with:
 - Greatest cost fluctuation
 - Largest spend
2. For HPFT this meant:
 - Block Income
 - Other Income
 - Pay – 3 types separated
 - Secondary commissioning
 - Overheads
3. High level numbers only



3. Engine Room

Moving the decision making and actions into a physical space





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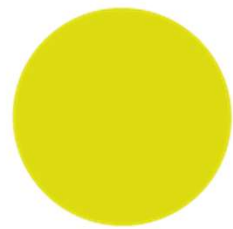
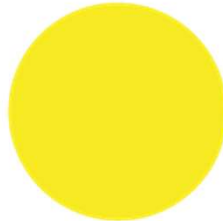
Hertfordshire and
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Integrated Care Board

Thank you!

Tuesday 21 February 2023

Working together
for a healthier future







BLMK Developments & Challenges

Developments

- We have an agreed set of System Financial Principles
- Our system financial reporting includes financial information of four Local Authorities (Places) and inter system partners
- Developed Five Year MTFP over summer and autumn of 2022 – including services provided by inter system partners
- The Milton Keynes Deal ; Bedfordshire Deal in development

Challenges

- Culture of Health and non NHS Partners ; ICBs are very different organisations
- Finance Function support to emerging Places structures and Alliances



BLMK have agreed a Set of System Financial Principles (1)

- We will work together collaboratively to pursue and achieve our Objectives, providing whatever support and assistance we reasonably can to each other to do so. We will act with utmost good faith towards each other
- We will be open and transparent and willing to share information, knowing it will not be used against us
- We will invest in the development of our teams to support greater system working. Finance leaders will support the development of a 'system orientated' culture.
- Financial Stability - We will financially compensate any organisation whose financial position worsens as a result of a decision that improves the finances of the system as a whole
- We will manage risk as a system, and share risk based on the principle of who is best able to manage the risk.



BLMK have agreed a set of System Financial Principles (2)

- We will actively work to enable funding flows based on the service cost base to move across sectors or organisations as pathways change.
- Organisations will not take unilateral decisions that affect system capacity.
- We will change our contracts to enable the delivery of the right services and pathways, not use contracts to block change.
- We will develop System Business Cases jointly and use the ICS FD and CEX group to address any challenges that cannot be addressed elsewhere
- All parties will provide support and leadership in the development and implementation of projects.
- We will build the evaluation of planned benefits into our approach and will stop or change any service transformation that does not deliver the anticipated benefits



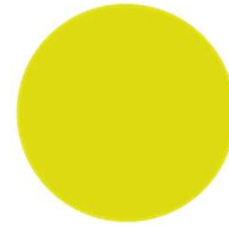
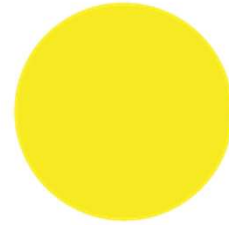
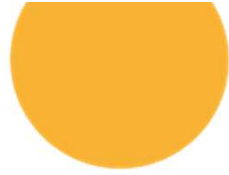
All Finance BLMK Staff Away Day

- Held in November. 100+ Finance colleagues from across the BLMK system attended
- Opportunity to connect
- Spent time thinking about opportunities to work together to improve our work experience, and the experience of our residents and service users
- Themes emerging from the day:
 - ✓ Connecting and creating working networks
 - ✓ Streamlining processes and removing duplication
 - ✓ Aligning and developing Training & Development



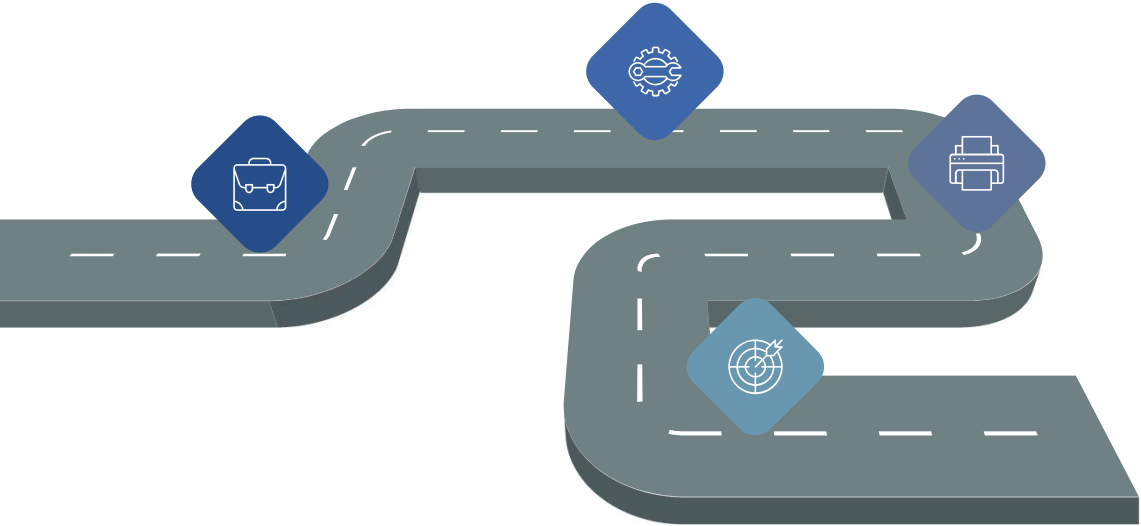
Building on the Away Day

- Using pre-existing CFO and Deputy CFO forums to drive agenda
- BLMK establishing networks for specific interest areas and specialisms
- BLMK Value Makers Forum
- Aligned professional study leave policies and training & development opportunities
- Building on FFF Finance Accreditation
- Student Forums
- We have created a system wide shared collaboration space / channel on MS Teams



East of England Finance Conference 2023

Prescribing Data Innovation



Luke Branch
Management Accountant



Suffolk and North East Essex
Integrated Care Board (ICB)

Suffolk and North East Essex
Integrated Care Partnership



A man with short hair, wearing glasses and a blue shirt, is speaking in a virtual meeting room. The background is a simple, modern office environment with a window showing a bright sky. A red URL is overlaid on the right side of the image.

<https://youtu.be/tVltJmyaNak>

LUKE BRANCH, MANAGEMENT ACCOUNTANT, NHS SUFFOLK AND NORTH EAST ESSEX ICB

Original Process

START - 20th of Month:
Data Released by Information Services Portal

Processes to clean data

Run LARK Lookup against Contraceptives in PH Spend
Calculate HCD items (Cost/Items >£417) & checked baseline & exemption lists
Email HCD data to Medicine Management Team; they will spend time checking for items already top-sliced as FP10's / PH Spend.

Month End Accounting Processes:

Prepare Journals for actuals, accruals and forecast adjustments for:
-Prescribing Spend
-Recharges (FLU, FP10's and PH Spend)
-HCD
-Resource Retained Centrally
-HOT

Reports to download:

-PMD Summary (Excel & PDF)
-PMD Detail (Excel & PDF)
-IPP Report (Excel & PDF)
-PrescQuipp Cat M Report
-HOT Report (Excel & PDF)
-PH Spend Report @ BNF Section Code (4 Digits)

-FP10, FLU & Methotrexate Report @ BNF Chem Substance Code (9 Digits)

-Catalyst EPD for HCD Report (*ePact Consolidates Lines – makes HCD Exemption identification impossible*)

Transfer Data onto Practice Level Budget Report Template via Lookups.
Email to Meds Teams.

Quarterly- Prepare Practice Level Prescribing Incentive Reports, having to look up against Reports from the same Quarter PY for Performance comparison.

End est. 10th of following Month

Remaining Time for added Value work. ie. Deep Dive Analysis, Budget Holder Updates, Planning etc

Repeat for North East Essex (06T)

Repeat for West Suffolk (07K)

<https://youtu.be/tVltJmyaNak>

[Click Refresh](#)
[Go Make a Cup of Tea](#)

[Reports](#)
[Incentive Schemes](#)
[HCD Outliers](#)
[Accruals, Actuals & Forecast](#)
[Adjustment](#)
[Further Analytic Reports](#)

**Est 20th of
Month: Data**
Released by
Information
Services Portal

All Ready in 15 mins

Remaining Time for added Value work ie. Deep Dive Analysis, Budget Holder Updates, Planning etc



Reports to download:

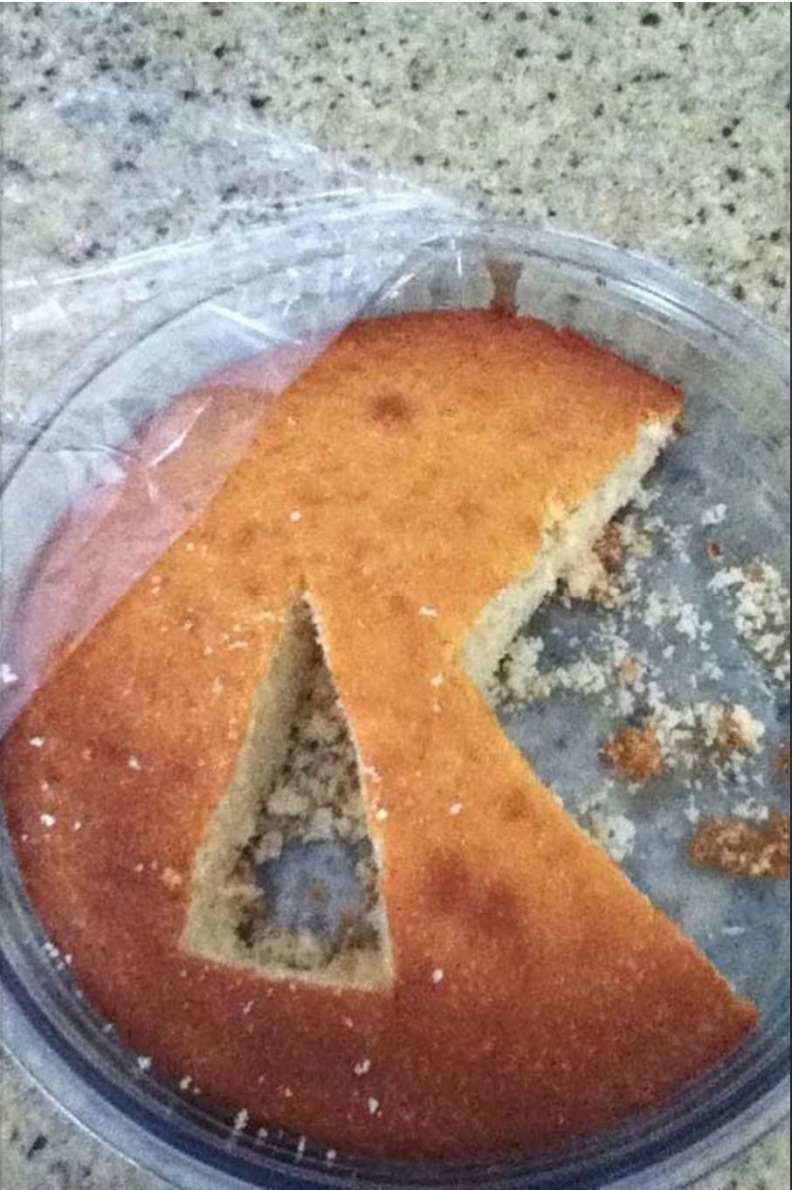
- PMD Summary (PDF for Control Check)
- PMD Detail (PDF for Control Check)
- PrescQuipp Cat M Report
- IPP Report (PDF for Control Check)
- HOT Report (PDF for Control Check)

-Catalyst EPD for HCD Report (*ePact Consolidates Lines – makes HCD Exemption identification impossible*)

Pop it in designated folders for Query to capture.

Est. 20th of the Month 9:15am

**New
Process**



◆ **Cake Portion Analogy:**

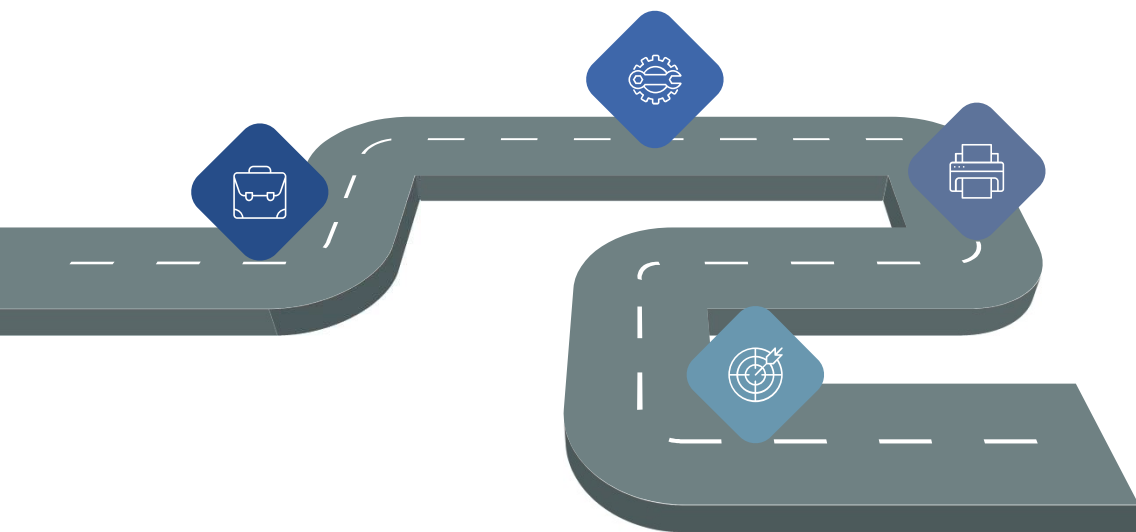
Downloading the Recharge & Top-slice Reports at different Levels of the BNF Hierarchy makes it impossible to see what is actually remaining.

By using PowerQuery, I am able to download and process the Report in one go and handle over 6 million rows of Data, allowing it to talk to 4 other data sets.

Not only are the Practice Level Budget Reports, Incentive Scheme and Month End Financial Process Automated, but I now have a hub that Meds teams can access to quickly compare Practice Performance.

East of England Finance Conference 2023

Prescribing Data Innovation



Thank you!



**Suffolk and North East Essex
Integrated Care Board (ICB)**

**Suffolk and North East Essex
Integrated Care Partnership**



**WEST
SUFFOLK
ALLIANCE**
about people & places





Mid and South Essex
Integrated Care
System



Mid and South Essex

Innovation in Mid & South Essex

Jennifer Kearton

Director of Resources

Mid and South Essex Integrated Care Board

www.midandsouthessex.ics.nhs.uk



Mid and South Essex
Integrated Care
System



Mid and South Essex

System Costing Hub

- ✓ Developed an ICB Model Health System training pack and delivered our first training session to the Pathway Development team.
- ✓ Enrolled our first ICB Model Health System Ambassadors.
- ✓ ICB costing staff completed the costing training programme developed by the MSEFT.
- ✓ Held our first System Costing Hub awayday.
- ✓ Taken our first steps into developing system pathway costing to support the Dermatology pathway redesign.
- ✓ Working with HFMA to write up our approach to system costing as a case study for others to share our experience and learning.
- ✓ First ICB in the country to establish a costing hub (as far as we are aware)

www.midandsouthessex.ics.nhs.uk



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PowerBI

- MSE FT have successfully implemented the use of this powerful tool to aid senior Executives and Budget Holders to understand the financial position.
- Bespoke reports developed allowing users to interrogate data to understand the drivers behind the high level numbers.
- System wide working group to look at how this tool can be used to understand the Health landscape behind the numbers providing a better way of looking at information for clinicians in the future.
- ICB developing System Financial Reporting over the next 9 months.

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System



Mid and South Essex

Thank you

Jennifer Kearton

Director of Resources

Mid and South Essex Integrated Care Board

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C&P Efficiency Example

HFMA East Region Conference



Background



- History of rising CHC costs, outstripping inflation
- Backlog of cases
- Transactional/ contract relationships with Local Authority
- Problems perpetuation with increases from Hospital Discharge Programme

Opportunity



- Brought in clinical lead – nurse with CHC background
- Focus on reviewing new cases and then a small dedicated team to focus on backlog case reviews
- Established relationship and process for review/ challenge with Local Authorities
- Savings year to date = £7m (9% CHC costs)
- Learning;
 - Experts to challenge rather than project folk/ consultants
 - Backfilled CCG staff to allow them to focus on backlog and prioritise CHC case reviews
 - Relationship shift from contract team to contract team with LAs to clinical challenges and decision making



Norfolk Community
Health and Care
NHS Trust

Purchase to Pay Project

Helen Royall - Head of Financial
Management

Norfolk Community Health and Care

Norfolk and Waveney Integrated Care
System

February 2023

LOOKING AFTER YOU LOCALLY

Inspected and rated

Outstanding ☆



Project Goal

Creating a sustainable process that will enable the Trust to pay its suppliers in a timely manner and achieve the national benchmark of 95% better payment practice code.

Background

- October 2019 – Trust moved financial systems from Integra to an Oracle Platform – provided by Shared Business Services
- As part of this transition the following changes occurred:
 - All invoices scanned by SBS in Wakefield
 - New rules applied to supplier invoices – to increase the number of automatic 3-way matches and prevent interventions (XX rule – Budget Managers)
 - The Trust taking on the role of INVOICE QUERY MANAGER (IQM)
- Assuming all worked well, the end result would have been:
 - Minimal finance team intervention for invoice processing and payment
 - Reduction in the level of month end accruals and adjustment journals moving costs to the correct budget area

HOWEVER!

- Any of us that have worked in Finance will know – the theory is all great, to get to the end outcome takes a lot of work, people investment and time

What Happened Next.....

BPPC Paid period	Invoice count	Invoice count (Passed)	% Passed
OCT-19	274	231	84.31%
NOV-19	725	395	54.48%
DEC-19	666	354	53.15%
JAN-20	1,115	691	61.97%
FEB-20	1,594	1,130	70.89%
MAR-20	1,466	1,035	70.60%
Grand Total	5,840	3,836	65.70%

- The one thing that was supposed to improve Better Payment Practice Code (BPPC) % - deteriorated
- End of the Financial Year the Trust closed with circa £17m payables - Trust's potential financial obligations, which has a PDC implication of £600k
- With a year end CASH balance of £29.5m
- Turnover for the year was £117m

And then COVID-19 happened

Impact of COVID-19

There were 2 factors that had to be considered:

1. The Cabinet Office Procurement Policy Note PPN 02/20 – April 2020 was issued as part of COVID-19 measures
NHS England and Improvement issues the following instruction on the back of the PPN:

Prompt payment

The NHS is an important customer to many businesses, and it is vitally important we ensure that cash flows as promptly as possible during COVID-19. Therefore, with immediate effect all NHS organisations must aim to implement the following:

- payment of all invoices within 7 days of receipt of goods and service¹
- process part payments on the undisputed elements of all invoices currently on hold
- ensure that all invoice queries are resolved within a further 7 days.

To ensure the changes to payment terms do not put unnecessary burden on government banking service and providers of financial services, we ask that all organisations:

- maximise the use of BACS/RFT payment runs where possible
- process payments early in the banking day
- use standard business processes to transact payments rather than Urgent Manual RFT, Chaps or Faster payments.

2. The impact of COVID-19 on clinical staff meant that support areas had to take on more responsibilities free up clinical staff to focus ONLY on clinical activities

Mitigating Actions:

The following actions were immediately introduced within the Finance Team:

1. All Apprentices, Support Accountants, Management Accountants and Finance Undergrads were made responsible for coding and maintaining the Accounts Payable system
2. All non-PO invoices were loaded into the generic Finance Team user: RY3TEAM, providing visibility to the whole team of what invoices were awaiting actioning
3. All members of the Finance Team, from DDoF down had the ability to code and clear invoices for approval

4. Daily rota was created:

Task	Monday	Tuesday	Wednesday	Thursday	Friday
Circulate morning stats and allocations*	Matt	Matt	Matt	Matt	Cameron
BPPC failures	Cameron	Joel	Aleiza	Cameron	Charley
Legal letter notifications	Cameron	Joel	Aleiza	Cameron	Charley
Top 10 approvers email			Matt		Matt

5. Daily meeting was held @ 4pm to review progress and discuss issues including the quantity of HELD invoices sitting with budget managers
6. The introduction of daily monitoring was introduced for PO's as shown on the following slide

Outcomes:

1. Within 3 months the BPPC exceeded 95%
2. Clinical Staff were freed up from coding
3. The Trust was able to meet 7 days PP

D331 - BPPC Summary Analysis

BPPC Paid period	Invoice count	Invoice count (Passed)	% Passed	BPPC amount (£)	Invoice amount passed (£)	BPPC amount passed (%)
APR-20	1,505	1,255	83.39%	5,465,416.17	5,029,581.73	92.03%
MAY-20	1,335	1,199	89.81%	4,786,517.09	4,380,145.48	91.51%
JUN-20	1,593	1,364	85.62%	5,535,884.38	4,784,432.89	86.43%
JUL-20	1,430	1,367	95.59%	5,039,549.33	4,751,483.79	94.28%
AUG-20	1,378	1,263	91.65%	4,165,868.84	4,192,260.42	100.63%
SEP-20	1,295	1,240	95.75%	3,914,034.67	3,764,859.10	96.19%

Good morning,

Please see below the stats for the Non-PO report today.

The daily movements on the P2P System are:

	Previous	Today	Movement
Non-PO Invoices			
Non-PO Invoices with SBS	16	10	-6
New Invoices received, now available to code	8	20	12
Outstanding Invoices from previous days, still available to code	0	0	0
Invoices pending BM Approval	99	83	-16
Invoices held by budget managers	211	203	-8
TOTAL NON-PO INVOICES	334	316	-18
PO Invoices			
PO Invoices Client	216	213	-3
PO Invoices SBS	0	1	1
TOTAL PO INVOICES	216	214	-28

Invoices which were coded on the same day - 31/03/21 **3**

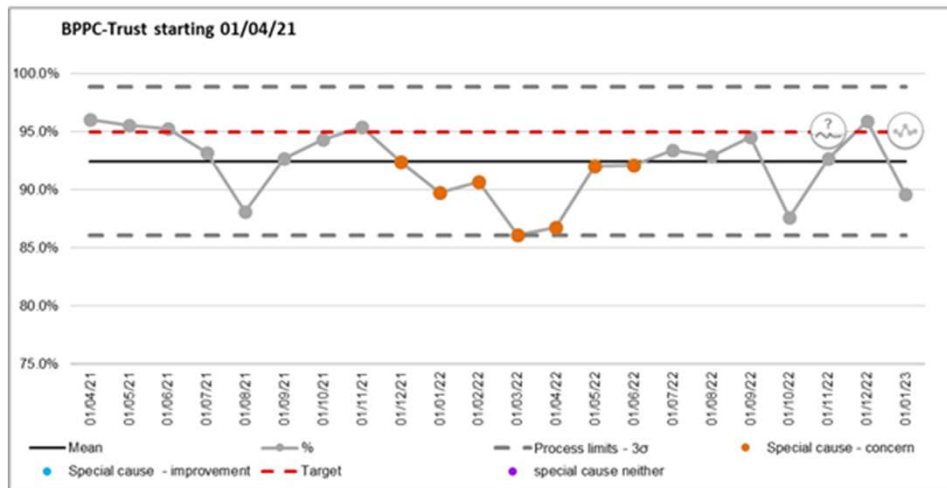
	Previous	Today	Movement
Invoices in RY3FTEAM's Queue			
New Invoices received, now available to code	0	0	0
Invoices pending approval, escalated back to RY3FTEAM	52	39	-13

Sample daily report circulated by 9am

Now to the Present

Learnings and Next Steps:

1. The Trust does not always consistently hit 95% BPPC however the performance over the past 2 years has improved and is now much more consistent, there are dips in performance around holidays. The finance team do try to remind budget holders to set vacation rules
2. The Finance Team have learnt that once you take over a task, as in coding non-PO during the pandemic it is very hard to hand it back into operational areas, this remains an issue for the Team
3. The Team continue to review and code non-PO invoices daily and we have found this works well with shift patterns on clinical teams – who then on weekends approve the invoices for payment
4. The daily report: Monday to Friday continues to go out to the Finance Team and the 4 pm meeting remains in place led by the Support Accountants
5. To make another step change in the performance will be to move to **NO-PO NO-PAY** which is currently being investigated following the Procurement transition last year
6. This is definitely the correct direction of travel however as a Finance Team it is our responsibility to ensure suppliers and staff are paid within the NHSE/I guidance and therefore at some point I will be back to share the next mitigating process we have developed to improve BPPC and our budget managers





Norfolk Community
Health and Care
NHS Trust

Thank You!



February 2023

LOOKING AFTER YOU LOCALLY

FINANCE INNOVATION FORUM REGIONAL LEAD



Steven Course

Director of Finance

NHS Norfolk and Waveney Integrated Care Board

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Steven Course, Director of Finance of NHS Norfolk and Waveney Integrated Care Board (ICB).

East of England Finance Innovation Forum rep.

“We have lots of innovation in the East of England, let’s get better at sharing it”