



Mid and South Essex
Integrated Care
System



Mid and South Essex

Mid and South Essex ICS – System Costing Hub

- Mid & South Essex NHS FT

www.midandsouthessex.ics.nhs.uk

The Importance of Costing in delivering Our System Vision



Understanding system costs for reallocation of system funding.



Supporting population health improvement in allocating funding to preventative programmes.



Developing System Service Line Reporting to support accountability in System Service Line Management.



Supporting efficiency programs to identify clinical variation, duplication and waste at a system level



The impact on Patient Care Through Transformational Change



Stewardship is our system clinically led transformation programme; redesigning services using patient level costs and activity.



Costing work has informed preventative health programme business cases such as the Fracture Liaison Service to improve population health.

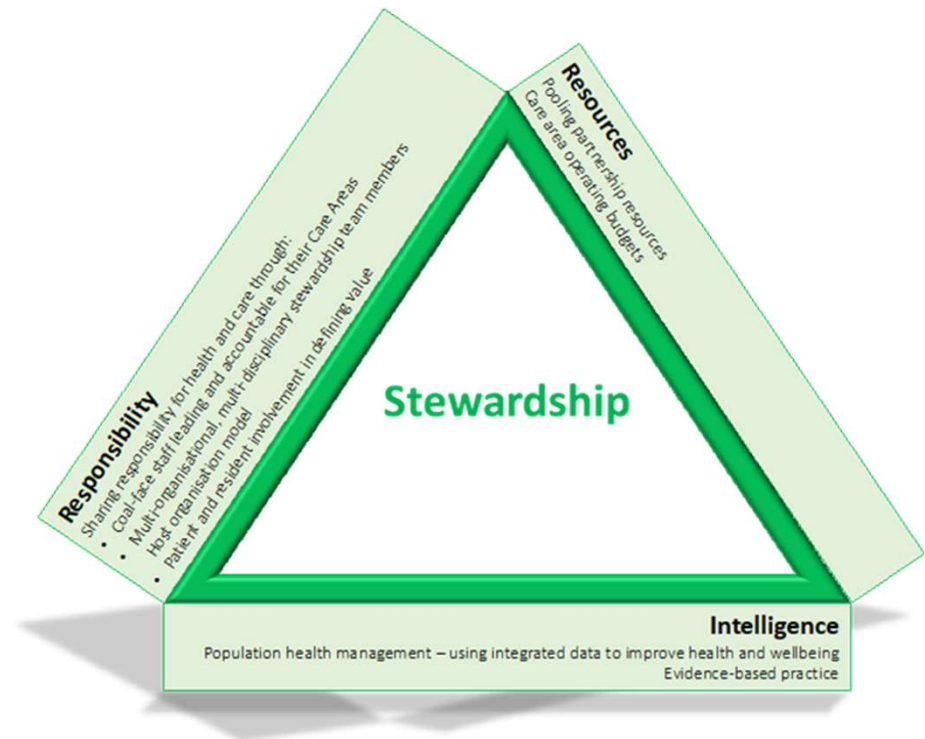


Our costing hub facility has been crucial in the Socio-Technical Allocation of Resources (STAR) process for Stoke services.

[Star: A tool for commissioners - The Health Foundation](#)

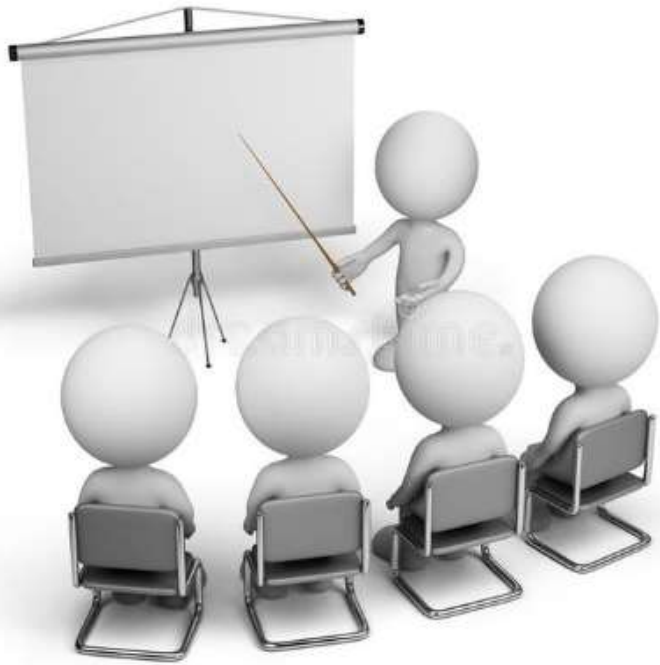


Our costing hub work in partnership with non-finance staff across system partners to improve understanding and use of robust costing data.



Changes from costing hub so far will:

- Prevent 500 hip fractures per annum – saving c£5m in emergency care
- Change the pathway for stroke patients to improve health outcomes and improve use of resources



Partnership in Developing and Using Costing Data - what can others learn?



Provided development and training opportunities in the ICB in the use of costing data. Transparency in one version of the truth.



Improved understanding and use of costing data to support patient pathway redesign with purchase of healthcare teams. PbR doesn't = cost



Increased use of national tools, GIRFT, Model Health System and PLICS portal. Examples of how routine reporting can change behaviour.



Developing skilled Costing Practitioners for the future through the costing hub. Understanding the consumption of resources is crucial to understand in the future.

Our vision is to:

Work collaboratively to lead improvement, change and innovation to deliver service redesign, improving services for our population and optimise use of limited resources.



Creation of a System Costing Hub team to support the ambition of an 'ICS Financial Framework' – One partnership pound.



Establishing a costing baseline position to develop a system costing strategy.



Achieved our first steps in costing a whole patient pathway – and learning



Imagine the future - Innovative thinking outside the box to overcome barriers.

Strengths

- Experienced staff with proven evidence of delivery.
- Matured costing models in place
- Good informatics support
- Teams are resourced to deliver current workloads

Weaknesses

- Identified clinical leadership and engagement in Costing was our largest area for development system wide within our strategy.

Opportunities

- Development of efficient system patient pathways which deliver better health outcomes for our local population
- Support delivery of Improving Value

Threats

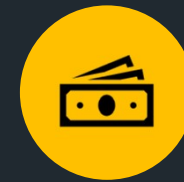
- Engagement as a system trying to meet day to day challenges / priorities and support system working.
- Obtaining Funding for dashboard developments.
- Lack of buy-in from operational leaders



Improving clinical engagement/leadership in costing



Training, operational /clinical staff to better understand costing information



Further development of patient pathway costing at system level



Development of system Service Line reporting (SLR) using PLICS data



Support system level whole pathway business cases and efficiency programs



Supports the redesign of patient pathways across the system



Lead system level costing deep dives via the EVO process



Ensuring alignment of the costing hubs objectives to the system strategic plan ensuring we're all working towards the same goals and ambitions.

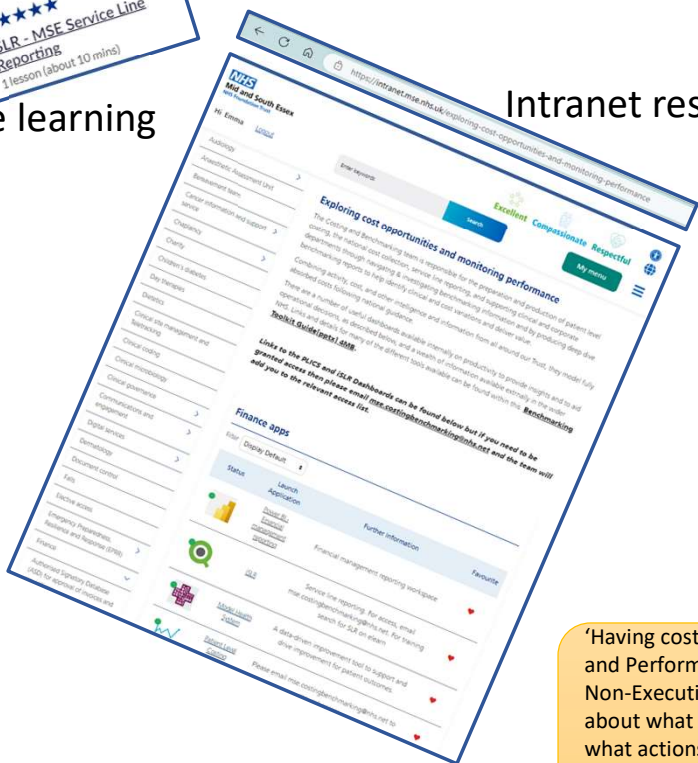
The outline ICS costing strategy

Engagement, Awareness and Training Offer

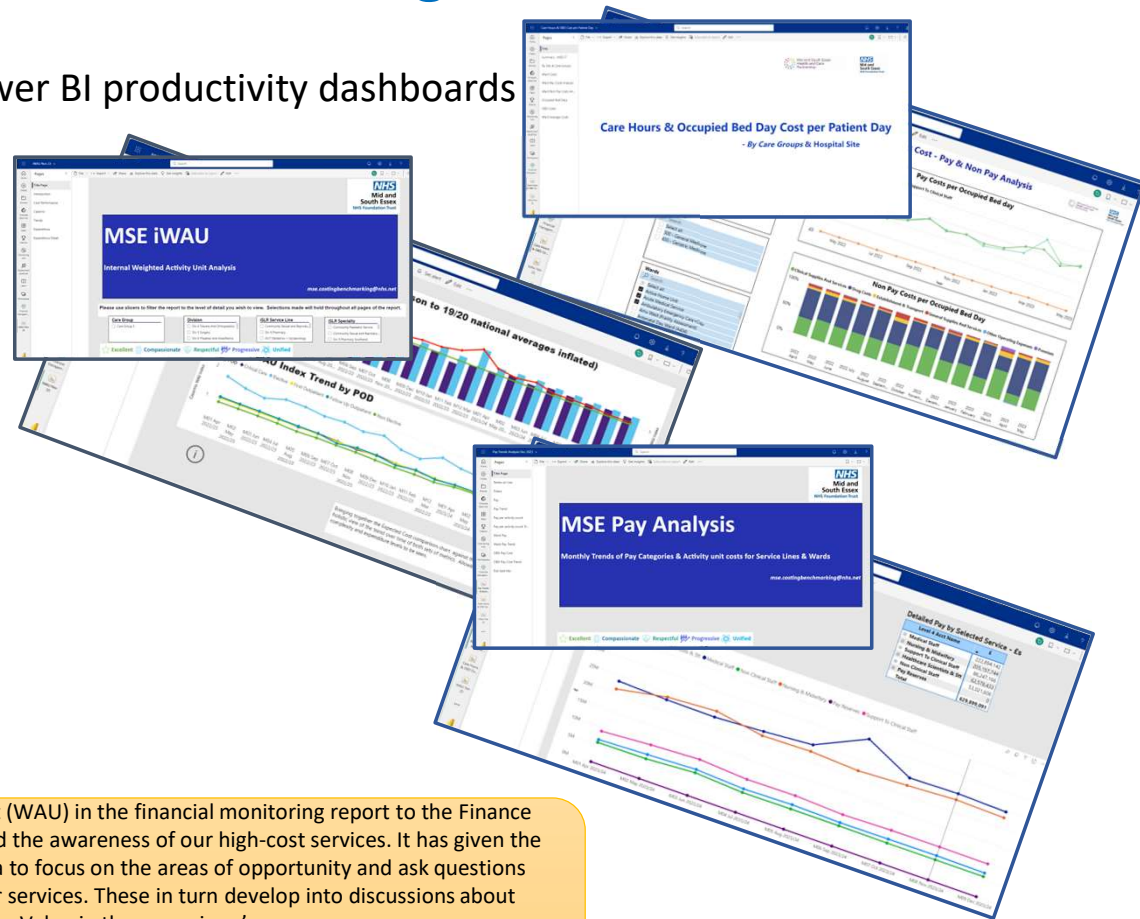
Suite of Power BI productivity dashboards



Online learning



Intranet resources



'Having cost per weighted average unit (WAW) in the financial monitoring report to the Finance and Performance Committee has raised the awareness of our high-cost services. It has given the Non-Executive Directors high level data to focus on the areas of opportunity and ask questions about what is driving costs in particular services. These in turn develop into discussions about what actions are being taken to Improve Value in those services.'

Julie Parker
Non-Executive Director

mse.costingbenchmarking@nhs.net
Dedicated email

Productivity reported in monthly Finance and Performance Reports

Bimonthly Training programme for Managers

The collage features several key training materials:

- What is Benchmarking?**: A slide defining benchmarking as comparing business processes and performance metrics to industry leaders and best practices internally (between departments or sites) or externally (across our system, nationally, to best performing Trusts, with other similar Trusts). It lists benefits like identifying areas for improvement and learning from others.
- The importance of data quality**: A slide stating that data from clinical systems is a reflection of what we record. It asks why it might be wrong and how to correct it, emphasizing that data anomalies can be off-putting and that information should be approached with a critical eye.
- Deep Dive programme - EVO Framework**: A slide about the Engagement Value Outcome (EVO) framework, which facilitates the engagement of multidisciplinary teams in the prioritization and use of patient-centred information and tools, with a focus on achieving the best outcomes for the patient within the resources available.
- System Focus and Pathway redesign**: A slide about the MSE Hub of Costing & Costing Hub, which brings together costing teams across the MSE system to work collaboratively and improve patient pathways across the whole system.
- Model Hospital**: A slide describing a data-driven improvement tool managed by NHS England that supports improvements in population health. It is available for anyone with an NHS email to access and contains a wealth of information to work on, providing performance information and identifying opportunities for improving value and comparing Trusts and nationally.
- Two Main Facets**: A slide titled 'Making the information useful & Using the information'. It explains that data is only useful if it is high quality and accurate, and that it should be used to inform decisions and drive change. It lists examples of useful data like patient satisfaction and clinical outcomes.
- PLICS**: A slide showing a screenshot of the Patient Level Costing (PLIC) system, which provides a detailed view of patient-level costs and allows for comparison with other Trusts.
- HOB - Hospital Optimisation Benchmarking Tool**: A slide showing a dashboard for the HOB tool, which provides insights into performance by comparing Trusts and metrics such as ED waiting, mortality, and readmission rates.
- IWAW**: A slide showing a bar chart comparing 'Expected vs Actual Cost' for various services, with a table below showing specific cost data for different categories.
- NBSB**: A slide showing a screenshot of the NHS Benchmarking Network (NBSB) Member Data Programme, which provides a comprehensive overview of performance across the network.
- iSLR**: A slide about the iSLR (Integrated Service Line Review) tool, which can be used to view the activity trends of a service, including average LOS, and how these may be influencing the costs reflected in the tool.

& information included in MSEFT's operational and clinical managers induction training