

Swansea Bay University Health Board

Continuing Health Care Financial Improvement Plan

STATUS - UNAUTHORISED. Issue date: Date 1 November 2019

Work Stream 1- Analysis of the problem								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
1	Review the current budget allocation for 2019-20	UND	30-Apr		Confirm if budget allocation is appropriate for population needs		Budget allocation for 2018/19 was set below that which was required for the costs of existing packages and placements. In addition to this there has been further growth of activity.	LOW
2	Undertake deep dive review of scrutiny and brokerage proces	UND	31-Jul		Confirm the drivers which contribute to cost	Reduce waste, variation	Demonstrated all the key scrutiny roles are in place and acting correctly. High Cost panel could be instigated to add further scrutiny and assurance.	LOW
3	Undertake review of Demand	UND	31-Jul		Confirm the drivers which contribute to cost	Reduce waste, variation	Demonstrated that growth in depand and requirements to expidite flow have increased the groth in CHC spend	LOW
4	Undertake risk assessment and place on Unit Risk Register	UND	30-Aug			Ensure risk is registered	under the Adult NHS Funding Framework. The budget allocated to commission care is below that which is required to meet the demands for community care. Funding is insufficient to enable the unit to support the strategic objective to improve patient flow and support care closer to home.	LOW
5	Review data emerging from John Bolton model and test CHC specifics in the model	UND	30-Aug		Savings would be developed through decreasing deconditioning associated with improved ALOS	Would reduce waste and variation across the Health Board	The Transformation work if reducing ALOS follow dmission will reduce dependancy in some cases and their care needs will not be as complex this could rerduce some CHC cases by number and comexity. The Model it self does not fully address the CHC funded nursing care element from a modelling perspective. National work is expected to clarify this position	LOW
6	Raise need for urgent discussion on number of appeals with W/Glam and clarify who will lead. Number of appeals over the last 12 months and number upheld	DE	30-Sep		Ongoing discussions with partners		ensure good governance between partners	LOW
7	Unit to clarify coding of palliative care and when info presented within PFC report is correct. Lack of investment in NCCD database.	CHC Manager	30-Sep		Meeting with Finance to review database. Completed		Ensure accuracy in the benchmarking data used	LOW
Work Stream 2 - Strengthening Scrutiny & Assurance								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
8	Review all CHC home packages of care	HON	30-Nov		Most cost effective provision to meet needs	Reduce waste, variation	Assessment timescales met in line with All Wales framework	LOW
9	Undertake a review of all high cost packages in external placements	DF	30-Sep		Most cost effective provision to meet needs	Reduce waste, variation	Assurance that placement is in line with assessed need	LOW
10	All high cost cases over £75,000 to Triumvirate for review in advance of review at High Cost CHC Panel	UND	31-Oct		This will provide assurance the process that has taken place to allocate resource is robust	Senior Level Assurance	Triumvirate scrutiny and approval	LOW
11	Re start High Cost CHC Panel to agree funding for case over £75,000	DST	30-Sep		This will provide assurance the process that has taken place to allocate resource is robust	Senior Level Assurance	Immediate effeciency on commisioning costs	LOW
12	Unit to complete peer review of current process with HD and C&V	UND	30-Sep		Benchmark comparator	Assurance	provide benchmark with other organisations around providing assurances for procedures and arrangements.	LOW
13	DST to support further analysis: <ul style="list-style-type: none"> Palliative care High cost packages “provider” view 	DE	30-Sep				Demonstrated that growth in depand and requirements to expidite flow have increased the groth in CHC spend	LOW

14	Share current sustainability policy with DE	HON Swansea	28-Aug				Share poision	LOW
15	Develop Highlight Report and Improvement Plan. Develop Standard Dataset	UND	30-Sep			Improve asurance and governance oversight	Ensure good governance	LOW
16	Report position of CHC budget and plan through Unit Finance meetings, Board, Corporate Financial Management group, FPC Committee and weekly Fiannce Review meetings	UND	30-Nov			Improve asurance and governance oversight	Ensure good governance	LOW
Work Stream 3 - Cost Containment Actions								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost imporvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
17	Confirm and agree plan with Unit and Executive Senior leadership Team	COO	30-Sep			To ensure that appropriate governance and authorisation has been received.	Ensure good governance	LOW
18	Instigate immediate referral management by implementing a 1 in and 1 out policy for Care home placements at Standard and non standard rate.	UND	To be Authorised Options for consideration.		Patient who is discharged to a care home who can receive care whilst in a hospital bed will reduce cost by £766 a week. There are on average 8 new patients a week. If these cases are delayed through a cap on spend or increased panel scrutiny process then it will be approximaely £766 x 8 = £6128 a week not used to fund care home placements at the standard rate.	Patients will be required to stay in NHS acute or community hospitall bed. This is expected to impact Ty Olwen, SH,MH,NPT,GH and Mental health inpatient Wards. This will potentially have an impacts associated with deconditioning and also wider flow impacts to the Health Board	Immediate effeciency on commisisoning costs	HIGH
19	Calculate options around potential to 'cap' number of placements and impact of this on system	Delivery Support Team	To be Authorised				Standard weekly care home costs has been used to demo nstrate the financial benefits to holding 40 patients in hospital for 16 weeks each.	HIGH
20	All emergency flow bridging placements are to stop and full referral andreview at weekly panel to be agreed.	HON	To be Authorised		Emergency flow bridging patients leads to early access to Care Home beds which increases costs by the number of weeks the placement has been brought forwards. This is don't at the expense of more detailed comprehensive scrutiny and assessment of the submission.	Patients will be required to stay in NHS acute or community hospitall bed. This is expected to impact Ty Olwen, SH,MH,NPT,GH and Mental health inpatient Wards. This will potentially have an impacts associated with deconditioning and also wider flow impacts to the Health Board	Immediate effeciency on commisisoning costs	HIGH
21	Communicate with staff and all Units the revised flow pathways for referrals	HON	30-Sep			To ensure all parties are aware and can make contingencies associated with their area	Ensure changes appropriately communicated	LOW
22	Same day Fast Track Assessment and Transfer Service to stop and all cases must go through Full referal and panel and agreed	HON	To be Authorised		Fastracking leads to early access to Care Home beds which increases costs by the number of weeks the placement has been brought forwards. This is don't at the expense of more detailed comprehensive scrutiny and assessment of the submission.	Patients will not be enabled to die at home or a chare home of their own choice. This is expected to impact Ty Olwen, SH,MH,NPT,GH and Mental health inpatient Wards	Immediate effeciency on commisisoning costs	HIGH
23	Consult with staff on the changes and with Units	HON	30-Sep			To ensure all parties are aware and can make contingencies associated with their area	Ensure changes are correctly communicated	LOW
24	Agree referral pathway between wards and CHC team for access to the Gorseinon beds	HON	30-Sep			ensure all parties are aware of the referral and management process	Changes are correctly communicated	LOW
25	Agree a referral pathway for patients requiring long term CHC placements from the community to Access NHS beds	HON	To be Authorised			ensure all parties are aware of the referral and management process	Changes are correctly communicated	HIGH
26	Agree with Information team to revise rules around measuring ALOS and LOS for patients in GH	Improvement Manager	30-Sep			Ensure performance reporting repots NHS activity correctly	Ensure Unit is correctly p[erformance managed for the type of beds they manage	LOW
27	Implement Referral criteria for Fast Tracks End of life Patients if in a NHS bed will be not be funded for NHS Community Care	HON	To be Authorised		Reduces costs associated with providing home based commissioned care and also care home costs	Patients will be required to stay in NHS acute or community hospitall bed. This is expected to impact Ty Olwen, SH,MH,NPT,GH and Mental health inpatient Wards. This will potentially have an impacts associated with deconditioning and also wider flow impacts to the Health Board	Immediate effeciency on commisisoning costs	HIGH

Work Stream 4 - Transformation								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
28	Re allocate 8 beds in Gorseinon Hospital for CHC patients for extended 4 months rehabilitation prior to transfer to home of choice.	HON	To be Authorised		Determine the most cost effective use of the 8 unfunded beds . Scoping exercise in progress	Patients will be required to stay in NHS acute or community hospital bed. This is expected to impact Moriston Hospital as the main Unit. This will potentially have an impact associated with deconditioning and also wider flow impacts to the Health Board	Unit to use its allocated resources to benefit its financial challenges	HIGH
29	Review the current mixed model of provision of Continuing Health Care including Palliative Care within the HB (excluding Care Homes)	HON	31-Mar		Determine the most cost effective and efficient means of supporting complex patients and those at the end of life in their own homes . Timescale extended due to delays with Project manager starting.	Reduces the need for cost containment actions which can impact flow. More prudent approach to managing this group of individuals	Eliminate variation across the Region to ensure patients receive consistent service to meet needs	LOW
30	Scope opportunities for MHLD and PCS to work more collaboratively when commissioning and managing more complex patients	UND/HON	31-Dec		Collaborating and maximising resources between both Units can improve outcomes for patients and potentially offer greater opportunities to influence the sector . Good progress around clinical responsibility for the	Reduces the need for cost containment actions which can impact flow	More effective working between Units	LOW
31	Review the market position statements with in the Local Authority Areas and refresh the joint Commissioning Strategy	UND/HON	31-Mar		A clear strategy will support providers to understand the changing needs of the population and support fee negotiations. Work ongoing with LAs	The sector will be resilient and responsive to changing need	Care home sector provision to meet population needs	LOW
32	Reviewing and Benchmarking Long Term Care Team Structures and provision	DF	31-Mar		Explore staffing structure in more detail review provision against All Wales position . Furtherwork following KPMG workshop	Benchmark exercise	Effective structure in place to manage complex care	LOW