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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 September 2019	Agenda Item	4.1
Report Title	Deep Dive Follow Up Assurance Paper: Primary and Community Services Finance Recovery Plan for Continuing Health Care.		
Report Author	Jason Crowl		
Report Sponsor	Jason Crowl		
Presented by	Tanya Spriggs Interim Unit Nurse Director		
Freedom of Information	Open		
Purpose of the Report	Paper outlines the current Unit CHC Budget Financial Recovery Plan and the steps the Unit is taking to progress the plan through the necessary governance structures within the organisation.		
Key Issues	<p>It is recognised that there has been growth in demand for more patients to receive long term care out of hospital which requires funding by the NHS.</p> <p>Current demand is expected to exceed the budget allocation.</p> <p>The Unit has maintained significant monitoring of the position since April 2019 and following the 'deep dive' exercise has taken steps to strengthen the financial recovery plan.</p> <p>The recovery plan has not been approved by the Health Board at this stage.</p> <p>Areas identified as high risk will not progress until authorised.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are requested to note:</p> <ol style="list-style-type: none"> 1. The content of the report and attached Financial Improvement Plan 2. The next steps the Unit is taking to progress the plan through the necessary governance structures within the organisation. 3. Note high risk elements of the FRP have not been authorised for action at this stage. 		

Primary and Community Services CHC Financial Recovery Plan

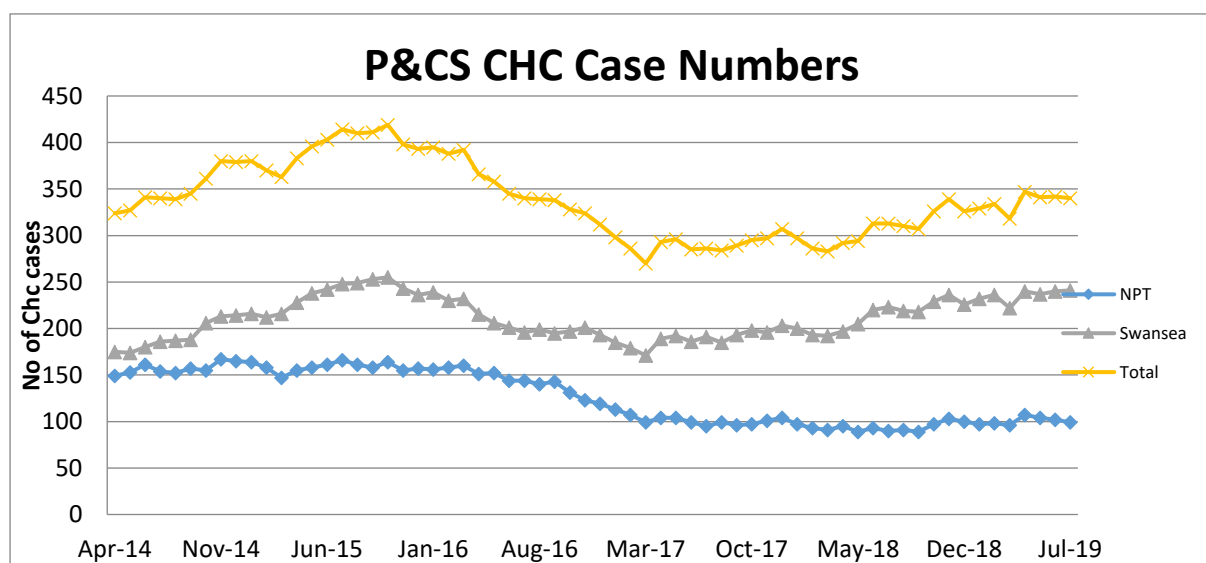
1. INTRODUCTION

This paper aims to provide the Performance and Finance Committee with assurance regarding the steps being taken by the Primary and Community Services Delivery Unit around managing the projected overspend to the Continuing Health Care Budget.

2. BACKGROUND

Primary Care and Community

In 2016 work progressed to amalgamate the former three localities and standardise processes around the administration of the National CHC Framework which enabled the PCS Delivery Unit to achieve significant savings.



The graph shows, the reduction in case numbers and then the increase from the beginning of 2018. The increase in the number of CHC placements in total is due, however, to increased numbers within the Swansea area, whilst the number of CHC cases within the Neath Port Talbot area has remained more stable over the same period.

The downward trend in number of patients receiving general community CHC packages of care however, reversed in 2018/19 as demand for long term care in the community increased.

A deep dive review has been completed which identified that growth across higher cost patients and a focus on quicker discharges has contributed to increasing demand on the Unit CHC Budget.

The Unit has maintained regular engagement around cross-Unit working, prioritising patient flow to improve Unscheduled Care targets as part of Targeted Intervention. During the same period there has also been an increase in the number of high cost packages of care as a percentage of the total number of packages. These include high cost placements or packages of care for conditions such as MND/MS/Huntington

Chorea whose numbers within the population remain reasonably static. However, the number of complex EMI patient patients account for 50% of the high cost figure and are expected to rise as a proportion of an aging population.

Criteria	Sub Criteria	LHB Weekly Rate	Placement Cost Year to Date	Year End or End Date	Full Year Projected Cost to HB:
General Nursing	Nursing placement in a Care Home Young Physically Disabled (aged 64 years and under)	£3,141.12	£82,117.85	31/03/2020	£164,235.70
General Nursing	Specialist provision - Acquired brain injury	£3,084.87	£80,647.32	31/03/2020	£161,294.63
General Nursing	Specialist provision - Other	£2,994.78	£78,292.11	31/03/2020	£156,584.21
General Nursing	Nursing placement in a Care Home Young Physically Disabled (aged 64 years and under)	£2,454.30	£64,162.41	31/03/2020	£128,324.83
Elderly Mentally Ill Nursing Home	Nursing placement in a Care Home	£2,454.30	£64,162.41	31/03/2020	£128,324.83
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Elderly Mentally Ill Nursing Home	Nursing placement in a Care Home	£2,430.00	£63,527.14	31/03/2020	£127,054.29
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General Nursing	Specialist provision - Acquired brain injury	£2,430.00	£63,527.14	31/03/2020	£127,054.29
Elderly Mentally Ill Nursing Home	Nursing placement in a Care Home	£2,430.00	£63,527.14	31/03/2020	£127,054.29

3. GOVERNANCE AND RISK ISSUES

The PCS Unit monitors the FRP through the Unit Management Board, The Unit Finance, Performance and Business Meeting and is in turn overseen by weekly Unit Financial review meetings, Monthly Recovery meetings and Quarterly Performance Meetings.

A key part of the FRP is the redesigned plan which has been strengthened following the analysis of activity and Quarter 1 figures and contains four work streams.

Work stream 1 – Analysis of the problem

These actions are associated with diagnosing the underlying problems which are contributing to the budget overspend. The work here is low risk to the organisation and is associated with analysis of the activity data, accuracy of the data, review of trends and assessment of two other health Boards for comparison.

Work stream 2 – Strengthen Scrutiny and Assurance

The actions have been chosen to help strengthen the oversight of the unit and the senior leadership team around the financial recovery plan and trends in activity. These actions reduce the risk to the organisation as they improve overall oversight at the Unit and Corporate level.

Work stream 3 - Cost Containment

The actions which have been identified if implemented would deliver cost containment within the current financial year. These actions, if initiated would represent a high risk to patient flow across the organisation and are reflected in the Unit Board Assurance Framework under *Deliver Excellent Patient Access and Outcomes (Risk ID 2017)* and are subject to Quality Impact Assessments. The actions necessary to contain cost have been chosen as the most effective to enable the PCS Delivery Unit to achieve financial recovery for the CHC budget. As the majority of referrals for long term care funding are from the acute hospitals cost containment will inevitably have cross unit impact.

Due to the associated risks these work stream actions cannot be agreed by the PCS Unit in isolation and must be agreed by the Executive Senior Leadership Team.

Work stream 4 - Transformation

The transformation actions have been chosen based on findings from the deep dive analysis and also sharing of models through the all Wales CHC professional network. A key element of improving the CHC spend is supporting patients out of hospital at an earlier stage. This reduces dependency associated with long lengths of stay and increases the number of patients who would require only Funded Nursing Care only.

Next Steps

The Unit has developed a Financial Recovery Plan which will rebalance the budget. Due to the significant risks to patient flow identified in the plan the Unit is unable to unilaterally enact the plan without robust cross Unit consultation and authorisation by Senior leadership team. The sections of the current plan remain **Unauthorised**.

The Unit plans the following next steps:

- 1) Continue to work with the Delivery Support team on the plan.
- 2) Continue to work through elements of the plan which are low risk to patient flow.
- 3) Seek a position from the Senior Leadership Team regarding the high risk cost containment elements of the plan.
- 4) Submit Quality Impact Assessment for Review
- 5) Continue with the existing schedule for oversight meetings

Oversight Key Dates 2019/20

Date	Comment
10 th April	Discussed as part of Unit Board Agenda
16 th April	CHC Report presented to Performance and Finance Committee discussing 2018/19 activity and potential cost containment actions and associated risks.
23 rd April	Discussed as part of the Unit Finance Recovery Meeting with DOF / Team
8 th May	Position reviewed as part of Unit Board meeting Agenda
17 th May	Position, actions and risks discussed as part of Financial Management Group meeting
21 st May	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
12 th June	Position reviewed as part of Unit Board Meeting Agenda
18 th June	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
3 rd July	Deep Dive Review Meeting for first quarter activity data and underpinning analysis
9 th July	Position reviewed as part of Unit Board Meeting Agenda
16 th July	Recovery position reviewed and actions assessed as part of the Unit Finance and Business Performance Meeting
16 th July	Presentation of second deep dive analysis paper at Performance and Finance Committee
25 th July	Action plan reviewed against deep dive findings to confirm next steps at dedicated Unit FRP meeting
29 th July	Deep Dive data review meeting
29 th July	Discussed as part of financial report presented during the Unit to executive Performance Meeting
31 st July	Cross Unit Financial Recovery Meeting where the impacts of CHC cost containment were share with wider Units
6 th August	Recovery position reviewed and actions assessed as part of the Unit Finance and Business Performance Meeting
7 th August	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
13 th August	Position reviewed as part of Unit Board Meeting Agenda
19 th August	CHC team meeting with DST regarding FRP

20 th August	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
22 nd August	Revised DRAFT FRP for CHC and associated QIA completed and shared with DST for review
29 th August	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
3 rd September	Recovery position reviewed and actions assessed as part of the Unit Finance and Business Performance Meeting
4 th September	Cross Unit Financial Recovery meeting reviewed the Draft documented FRP and QIA. All Units raised significant concerns around impacts to their own FRP and flow planning assumptions and detrimental impacts to patient safety.
9 th September	QIA for CHC FRP to be reviewed at Triumvirate
10 th September	Position reviewed as part of Unit Board Meeting Agenda
10 th September	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
13 th September	Meeting with DST to review plan and agreed actions
17 th September	Presentation to Performance and Finance Committee around Q1 activity and dedicated PCS FRP Assurance Paper.
18 th September	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
25 th September	Health Board QIA Panel to review the submitted QIA assessment for the FRP
25 th September	Reviewed as part of the Unit Finance Recovery Meeting with DOF / Team
1 st October	Recovery position reviewed and actions assessed as part of the Unit Finance and Business Performance Meeting
TBC	Executive SLT to review Unit FRP Plan to confirm agreement to proceed with any cross Unit elements

4. FINANCIAL IMPLICATIONS

The table below shows the CHC expenditure for the Swansea Bay University Health Board (SBU HB) for 2017/18 and 2018/19 and the forecast position for 2019/20 based on data to the end of M04.

Current projection for PCS is £1.1m overspend. Depending on referrals this could be the same as 22 patients at standard nursing home cost for a year or just 9 patients with complex EMI needs. Therefore to recover the full amount in 6 months before the end of the year the PCS DU would be required create a waiting list for upto 44 standard nursing home placements or 18 patients with complex EMI needs.

Category	Total 17/18 £m	Total 18/19 £m	Forecast 19/20 £m	Qtr1 Actual 19/20 £m
MH&LD CHC	20.70	23.01	24.06	5.87
P&CS CHC	15.67	17.36	19.09	4.73
P&CS FNC	7.28	7.60	7.46	1.85
SING Paeds	0.76	0.83	1.00	0.24
Total	44.41	48.80	51.61	12.69

5. CONCLUSION

The Unit remains committed to maintaining tight control over CHC expenditure and returning to a balanced position. The Unit has maintained internal and external oversight of the CHC spending position and has completed a deep dive analysis and comparison with two external Health Boards. However, meeting the growing referral rate and the need to expedite discharges in line with targeted intervention improvement plans will not enable the Unit to deliver financial recovery as planned.

6. RECOMMENDATION

Members are requested to note:

- 4. The content of the report and attached Financial Improvement Plan**
- 5. The next steps the Unit is taking to progress the plan through the necessary governance structures within the organisation.**
- 6. Note high risk elements of the FRP have not been authorised for action at this stage.**

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The paper and attachment outlines the work streams and the patient impacts.		
Financial Implications		
The paper outlines the financial position, the aims of the improvement plan and the inherent risks if the plan is not accepted.		
Legal Implications (including equality and diversity assessment)		
The paper reflects the use of the NHS CHC Framework		
Staffing Implications		
The paper has not identified any significant issues associated with staff		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.		
<ul style="list-style-type: none"> ○ Long Term – Impact to patient flow, changes to commissioning in the market ○ Prevention – Improving patient flow with H2H may reduce dependence on CHC cost ○ Integration – Stronger integrated services associated with H2H could reduce CHC spend ○ Collaboration – Stronger collaboration with units could improve CHC spend ○ Involvement – Stronger involvement with the wider sector could improve the CHC spend 		
Report History		
Appendices	Appendix 1 - Financial Recovery Plan	