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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 September 2021		Agenda Item	2.4
Report Title	Enhanced Virtual Wards Position Paper			
Report Author(s)	Heledd Bingham, Emily Davies, Nikki Ellery, Neil Hapgood, Amy Beeton, Divya Christopher, Jeremy Lewis, Samantha Scott.			
Report Sponsor	Dr. Anjula Mehta			
Presented by	Dr. Anjula Mehta			
Freedom of Information	Open			
Purpose of the Report	The report is being presented to provide assurance to members on the activity in relation to the establishment of enhanced community virtual wards across 4 cluster of the SBUHB footprint, following approval of the Business Case on the 2 nd June 2021.			
Key Issues	<p>The paper fully aligns with the Health Board's corporate objectives as outlined in the CSP and Annual plan. The focus is around care closer to home, of increased integrated community provision and care and, of providing better health, better care and better lives.</p> <p>The paper provides members with assurance on the delivery of the Virtual Ward programme against the milestones outlined within the business case and updates members on work being progressed, including significant focus and progression to deliver to timescale in the following key areas: Digital, performance, recruitment and operational management (implementing the framework, developing key documentation). A detailed outline of work progressed to date in each of these areas, along with the programme risks are outlined within the body of this report.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • RECEIVE an update on the development and implementation of the Virtual Wards in line with the GMOs outlined with the 2021/22 Annual Plan; • To note the anticipated delivery dates; • To note the potential slippage against allocated monies for 2021/22. 			

	<ul style="list-style-type: none"> • Provide on-going support to ensure that the focus and delivery of the programme remains an organisational priority, enabling access to support functions such as business support, occupation health/ HR support/ digital support to enable the milestones outlined in the business case to be achieved.
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Enhanced Virtual Wards Position Paper

1. INTRODUCTION

The purpose of the paper is to provide a summary and assurance to members, of the progress achieved to date in regards to the development, enhancement and roll out of the Cluster Virtual Wards across four clusters within the SBUHB Footprint.

Members are asked to note:

- the developments to date in implementing the enhanced virtual wards,
- Governance arrangements that have been put into place,
- The recruitment position as of September 2021,
- Financial forecasts, and
- Projected timelines for the launch of the enhanced project.

2. BACKGROUND

The Swansea Bay UHB annual plan 2021/22, outlines the key goals, methods and outcomes (GMOs) for the Health Board for the financial year 20/21 and beyond. These GMOs build on priorities outlined within the Clinical Services Plan, where there is a clear focus on an improved urgent and emergency care (UEC) system with a whole system approach to service for Older People and Frailty.

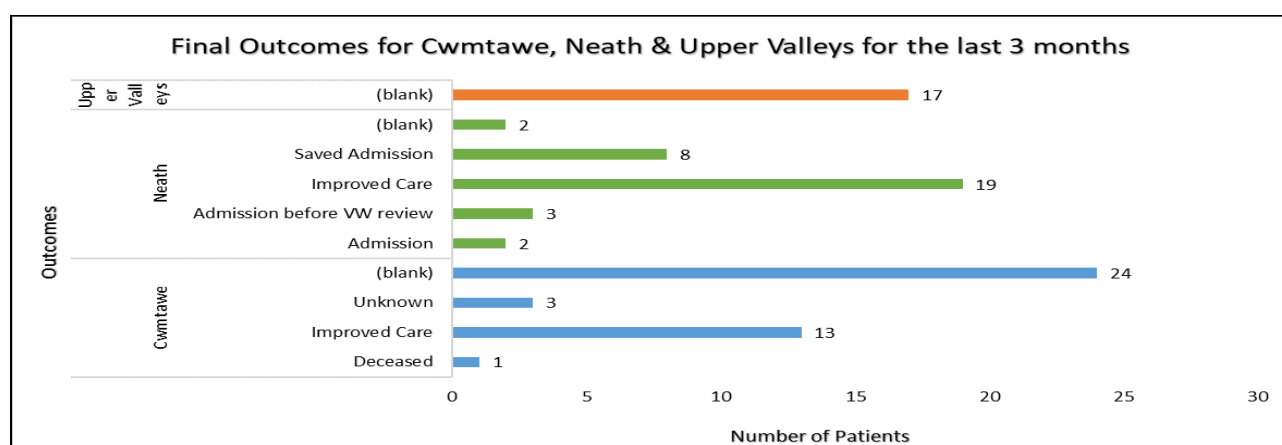
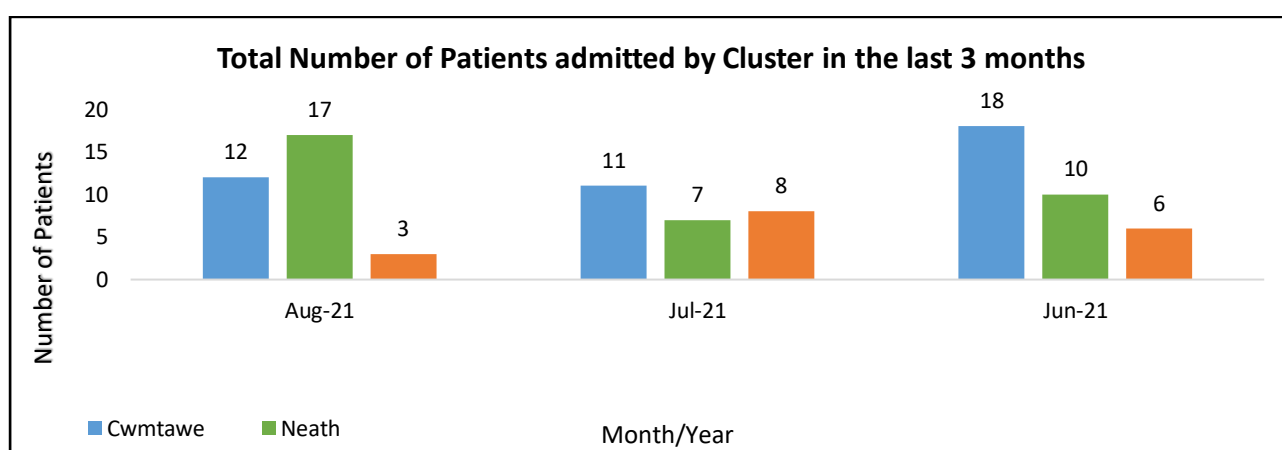
A central and critical component of the wider UEC Programme and the Health Board vision is the shift in focus towards increased delivery of services within the community setting and as close to home as possible, thus as a consequence reducing the need for hospital admissions and enabling the earlier discharge of frail older people. This model is outlined in detail through the Service Delivery Model for Integrated Medicine for Older People (appendix 1) and the Virtual Ward Business Case – approved 2nd June 2021 (appendix 2).

The approval of investment to enhance the 3 cluster wards already in operation in Neath, Upper Valleys and Cwmtawe and to establish a new Virtual Ward in Bae Cluster will enable the community to manage an increased patient cohort on the virtual ward, to further reduce avoidable admissions and to enable capacity to “in-reach” into hospital and expedite discharges.

Current Virtual Ward Performance:

As noted above, a small-scale virtual ward is operational within three clusters across Swansea Bay. Scale of delivery has been limited due to no additional or dedicated staffing infrastructure to enable a greater volume of patients to access the virtual wards.

A snapshot of activity for the last 3 months is outlined below. As outlined in the business case, it is anticipated that the added investment across the three current clusters virtual wards and expansion to include a further cluster (Bay) will enable a greater cohort of frail, elderly patients to be managed through the virtual wards. (50 patients per cluster at any given point). Enhanced and aligned Performance dashboards are in the process of being developed and will enable the on-going monitoring of the impact of the enhanced wards on reducing hospital admissions of this cohort of patients, through the active management of a greater volume of patients within the community setting.



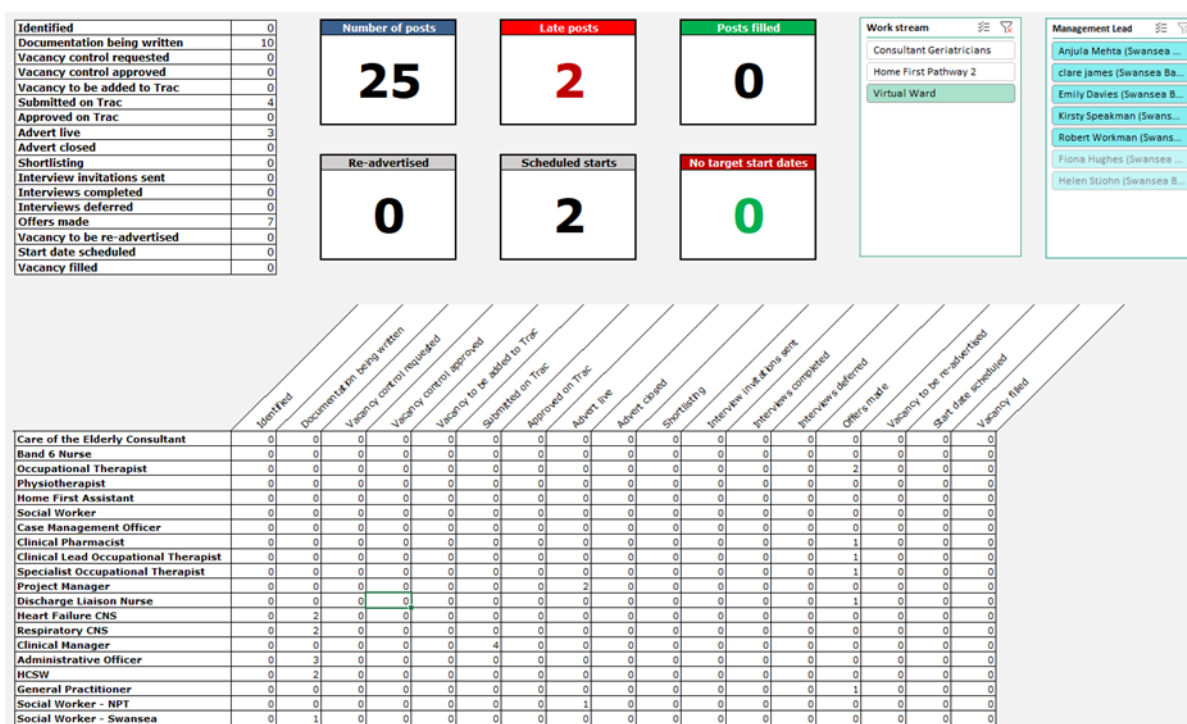
*Due to MDT meetings taking place on the 15th September 2021, some outcome data is yet to be updated. The additionally of Clinical managers and administrative officers on the wards will enable improved data monitoring going forward.

Enhanced Virtual Ward Recruitment

The recruitment phase is well progressed. **25WTE** posts have been approved for funding (excluding the four WTE Consultant Geriatrician posts).

Due to the volume of posts being recruited into, a recruitment tracker has been developed to ensure that there is continued oversight on progress with recruiting into key roles. The tracker is monitored through the Step Up/ Step down core group and UEC Board.

Below is a dashboard summary of the current status with recruitment. A full report, with a breakdown of individual posts is attached (attachment 3); Recruitment is on track to deliver by December 2021 in line with Virtual Ward Go Live date.



Consultant Geriatrician posts and recruitment:

A Consultant Geriatrician meeting was held on the 7th September 2021 to discuss and agree a plan of action to mitigate against the lack of interest in the 4 WTE Consultant Geriatrician posts. It was agreed that David Burberry, Consultant Geriatrician would review the job advert and JD to see how they can be made more attractive plus develop a proactive plan to secure trainees as they became available over the next 24 months.

In the interim, Dr Anjula Mehta met individually with consultants to discuss the option of taking forward additional community sessions. Expressions of interests were noted from four consultants and following further discussions 2-4 sessions per cluster per week have been agreed. Discussions have commenced with Finance and HR regarding SLA/ Contract and cost centres for the sessions. There remains a

risk around the longer-term model and this will be monitored closely by the UEC Board and VW Steering group.

Digital Systems process mapping and SIGNAL.

A significant level of work is being undertaken by the Digital work stream to enable the streamlining and improved effectiveness of virtual ward reporting and ensure transparent and consistent reporting across all clusters.

The Virtual Ward Digital team are currently finalising the process mapping for the Virtual Ward itself in order to complete the creation of SIGNAL (V2). As the Virtual Wards will be conducted in a similar way to a Board Round on a ward within a hospital, SIGNAL was deemed the most appropriate system to use for this process.

The use of Welsh Clinical Portal is also being established in order to record information for secondary care. That will form part of the process mapping and patient flow.

Dashboards and BI will be built into the use of SIGNAL to be best of its capability, and the team are working alongside Information and Quality Improvements to establish the requirements. Where there are potential gaps these will be identified and highlighted to the Digital Group to ascertain an alternative solution and way forward.

The use of Vision in the GP practice will be a key part of the patient pathway and recording of information and this will be built into the whole process mapping from end to end to be agreed. Once SIGNAL and WCP has been developed and agreed, training will be given to users in readiness for go-live.

At present, there is a deadline of 4th Oct for a solution to be in place and the Digital team will be able to confirm this depending on requirements, or a proposed date as soon as possible after this. It is worth pointing out that there is a new version of SIGNAL (V3) being rollout later this year and it is anticipated the Virtual Ward could be moved over to that in the future (TBC).

Quality Improvement and measuring performance.

High Level Dashboard

As noted above, digital colleagues have working on the development of a Virtual Ward dashboard to monitor activity and performance against the agreed KPIs within the business case. Meetings are in place to finalise and sign off the dashboard. It is anticipated that the high-level dashboard will be in a position to go live by the end of October 2021.

Below is an outline summary of the high-level indicators and reports that will be generated from the high-level dashboard.

Data Capture/ Performance

Emergency Admission comparisons between virtual ward (VW) Clusters and non-VW clusters can be examined over time and via Statistical Process Control (SPC).

Length of stay (LOS) distributions including total LOS, mean LOS, median LOS breakdowns between VW and Non VW.

All data can be drilled down to practice level to understand variation between practices, clusters, vw's & Non VW. Filters being implemented across all pages for virtual ward in order to see the wider impact.

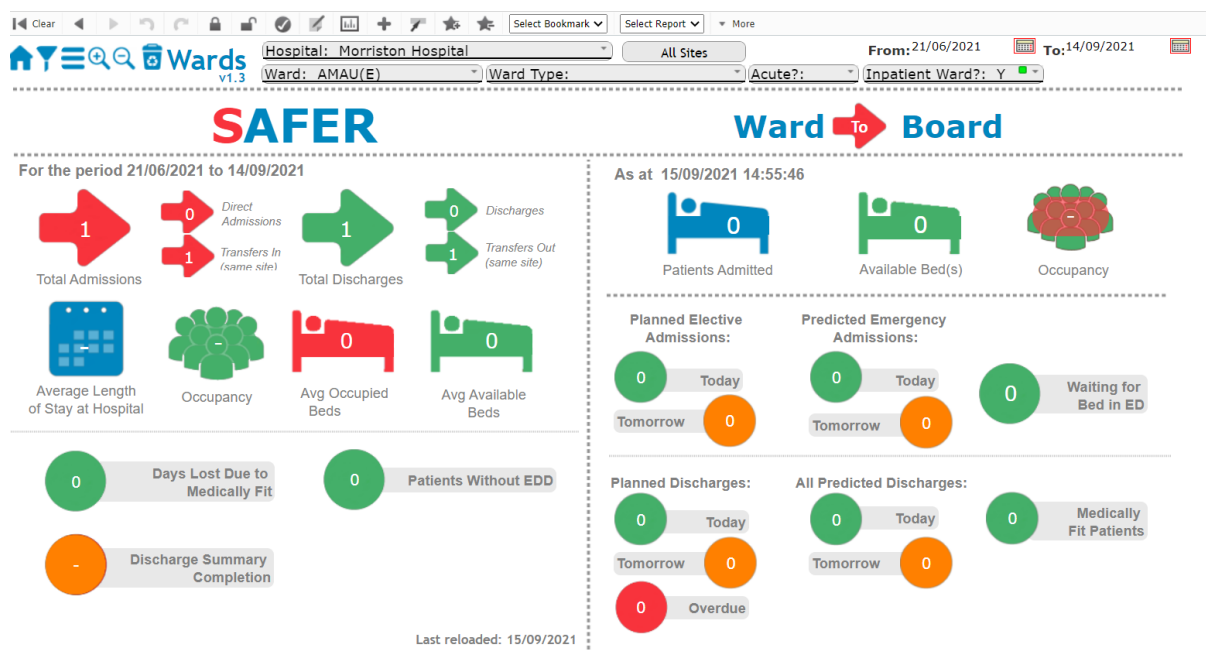
Standardised crude rate (rate per 1000 GP registered population) views of the data allowing for more direct comparison to be made between the cohorts adjusting for population served.

Filters are in place to allow for understanding of admission reasons, deprivation, discharge destination including mortality etc.



Operational Dashboard:

Work is on going to enable operational information collected through the clusters to be generated and viewed through a dashboard similar to the secondary care ward dashboard illustrated below. This work will be progressed through the digital work stream over the coming months. This will enable members to further drill down in to the patient detail of the ward and generate SPC charts to support the high-level view of what is happening within each cluster ward. A further update on progress will be provided.



Performance Indicators (PI's)

Quality Improvement Team have been working with clusters to ensure that there is alignment across all clusters in regards to clinical, referral and governance requirements. This will provide the ability to capture transparent and consistent performance data from the virtual wards. This work is on going with clusters. A final proposal on KPIs will be taken for approval to the Operational Group Meeting on the 6th of October 2021.

PROMS/PREMS

Initial meetings have been held with providers looking at suitable platforms on which to collect Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

Both CIVICA and Pro-Mapp have been identified, PROMs and PREMs question sets to be agreed by Project Group and proposal for PROMs and PREMs collection method to be submitted to VW Digital Group during October 2021.

Operational policies and procedures

- **Referral criteria and discharge:** the referral form has been agreed by the Medical Director for PCT Group. Final sign off by the operational group will take place on the 6th October 2021. The focus will be on having one consistent referral and discharge criteria across all cluster –thus enabling greater transparency around performance monitoring of activity and outcomes.
- **SOP** – Current SOPs have been collated. Project team are developing one Health Board wide SOP which will include details around referral pathways

etc. to be confirmed by the ops group in Oct. SOP will be ratified by the Operational Group in November 2021.

- **Patient info/ education**—A leaflet has been put together for patients and family that explains the concept of the virtual ward and how the Virtual ward operates. Social media and MSM press releases have been issued highlighting the development and benefits of the Virtual Ward for our frail, elderly patients. Further work to be undertaken with Comms to take place over the coming months.
- **Clinical Governance** – work has been undertaken through the various work stream to ensure that all aspects of documentation being developed and clinical service delivery are heavily focused on robust clinical governance measures and processes. This will be monitored on going through the Operational and Steering Groups.

Electronic Frailty Framework (E-FI) update:

Work is progressing with implementing and embedding the E-FI framework. A summary update is provided below.

Of 18 eligible practices 12 (67 %) have signed the paperwork, 2 have given verbal agreement and will submit signed form ASAP and four have said they do not wish to be involved. Work is underway to install the Virtual Ward software, and run the EFI for all practices that have signed up, please see progress table below.

Plan moving forward for full engagement:

- Engagement with practices will be on-going. Cluster leads, project manager and GP clinical lead and cluster lead will continue to take forward discussions with those practices who are currently not engaging,
- Practices who are signed up to the framework have been given the software to commence the profiling work,
- MDT's to commence week beginning the 20th September 2021 and recruitment is well under way for staff. Information will be collated regarding benefits for practices and patients, and experiences of practices in incorporating the Virtual Ward workload. This information will form a phase two push with outstanding practices.,
- As the project develops further work will be undertaken to capture data around unplanned admissions, and longer stays, from non-participating practices, which will further support a case for involvement.

Estates.

No agreement has been made as to where the virtual ward core staff will be based, although it is envisaged the Clinical Manager, Administrative Officer and HCSW will be co-located within their designated cluster for ease of communication and line management. Due to the nature of the virtual wards promoting digital alternatives to face-to-face meetings, the majority of MDT members will either work from home or be integrated into existing specialist team locations.

Multi-professional and multi-partnership engagement/working.

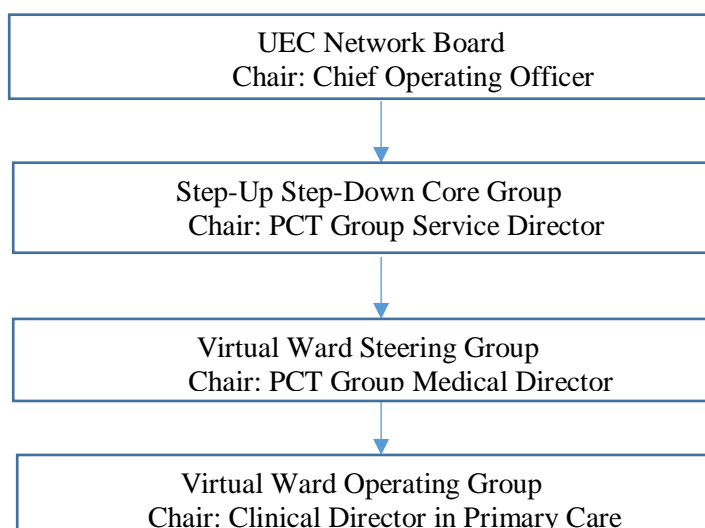
Collaboration between service groups and multi agencies is vital for the success of the virtual wards. Targeted engagement has commenced between Primary Care, Community, Secondary Care and Social sector to outline the priorities and expected outcomes of the virtual ward roll. Partnership working has already been strengthened with Secondary Care Respiratory and Frailty teams in addition to NPT Local Authority through effective communication from the Primary Care team.

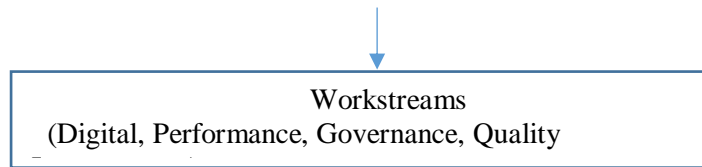
3. GOVERNANCE AND RISK ISSUES

Programme Governance and Reporting Structure

Robust programme governance arrangements are in place. The programme reports to the UEC Board, Chaired by the Chief Operating Officer. A monthly Operational Group (Chaired by The Clinical Director in Primary Care) reports through to the Steering Group (Chaired by PCT Group Medical Director/ SRO Virtual Ward programme). Matters for escalation are discussed at the Step up Step Down Core Group (Chaired by the PCT Group Service Director / SRO Step Up Step Down) prior to the UEC Meetings.

Workstreams have been established for Digital, recruitment, performance, and documentation to enable elements of the project to be driven forward at pace. Updates and documentation developed for sign-off are taken through the Operational and Steering groups for assurance and sign off, prior to discussion at the Step Up Step Down Group and UEC Board.





Programme Risks

The risk register outlines current project risks. Critical risks area around workforce (especially the recruitment of community staff, the destabilisation of core services with core service staff applying for virtual ward posts, the operational pressures within the community setting) Clinical (especially the risk of further COVID waves) and Corporate/ Operational (around capacity of senior and key operational management staff to allocate to the project).

The Risk log is managed and reviewed by the Steering group on a monthly basis key risks are reported up into the UEC Board.

Risk Description	Risk Impact	Risk Likelihood	Risk Score	Mitigating Action (MA)	Post MA Risk Impact	Post MA Risk Likelihood	Post MA Risk Score
Availability of the required workforce for the Virtual Ward within the timescales for recruitment.	5	4	20	Discussions ongoing with HR and service leads; Availability to be scoped further; Review of short term resources within cluster groups; JDs to be agreed and advertised. Recruitment commenced for VW, track in place, weekly monitoring and interviews taking place with good interest.	5	2	10
Fourth COVID Wave	4	3	12	Dedicated workforce for VW in recruitment, GP Practices to follow own COVID continuity plans	4	3	12
Recruitment of 4 x Geriatricians	5	4	20	2-4 sessions per week agreed to cover all 4 Clusters Short term contingencies in place pending completion of recruitment. Continued risk to stability and funding.	5	3	15
Impact of VW recruitment creating workforce gaps elsewhere in the system	3	4	12	Recruitment tracking in place to highlight gaps to be mitigated as recruitment progresses	3	3	9
Lack of capacity within social care to meet any additional demand within the community	4	4	16	Escalated through HB channels, Paper being prepared for transformation board (RPB) outlining options if recruitment into Pathway 2 and 4 posts is unsuccessful.	5	5	25
Reporting capabilities will not be in place in time for Go Live	3	2	6	workstream in place, stream lead identified, digital process mapping taken place, KPI to be agreed, plan and delivery timeline in place.	2	1	2
Increased pressure on community services as a result of VW without additional resource (DN/CRT)	3	3	9	Performance measures in development and to be live prior to commencement of services. KPIs will provide an early view of any additional impact on services through the monitoring mechanisms and through the Ops and Steering group Governance Structure.	3	2	6

4. FINANCIAL IMPLICATIONS

The financial forecast for 2021/22 is outlined below. It should be noted that due to on-going recruitment the position with finance remains fluid and may change.

It should also be noted, as outlined in the business case, that additional costs around equipment, implementing the framework and digital have been absorbed through the Transformation funds.

Role	Band	wte	pa	pm	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Virtual Ward Co-ordinators	Band 7	4.00	223	19					9	19	19	19	65
Nurse Leadership input	Band 8b	0.20	13	1	1	1	1	1	1	1	1	1	9
Project Manager	Band 7	2.00	112	9					5	9	9	9	33
Administration	Band 3	4.00	104	9					9	9	9	9	35
Clinical Pharmacist	Band 8a	2.00	130	11					11	11	11	11	43
GP Sessions	GP Sessions	8.00	128	11		6	9	11	11	11	11	11	69
Clinical lead sessions	GP Sessions	5.00	80	7	7	7	7	7	7	7	7	7	53
Social Worker	Band 6	2.00	95	8					8	8	8	8	32
Discharge Liaison Nurse	Band 6	1.00	47	4					4	4	4	4	16
Occupational Therapist	Band 8a	1.00	65	5					5	5	5	5	22
Occupational Therapist	Band 7	1.00	56	5					2	5	5	5	16
Occupational Therapist	Band 6	2.20	104	9					9	9	9	9	35
Chronic Conditions Team													
Assistant Practitioners	Band 4	2.00	60	5					5	5	5	5	20
1WTE x band 7 Cluster Chronic Con	Band 7	2.00	112	9					5	9	9	9	33
Non-pay - tx's			61	5					5	5	5	5	20
1-off revenue set-up			80						80				80
Total			1470	116	8	14	17	18	175	116	116	116	580

5. RECOMMENDATION

Members are asked to:

- Note the progress made to date as summarised in the body of the report;
- Note the recruitment is on track to deliver in line with the Go Live date of December 2021;
- Note the risks and challenges outlined within the body of the report;
- Provide ongoing support to this project;
- Allow future opportunity to provide regular updates on progress to members.

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 checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" 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 checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Outlined within the body of the paper.		
Financial Implications		
A detailed financial breakdown and update has been provided in the main body of the paper.		
Legal Implications (including equality and diversity assessment)		
No known legal implications.		
Staffing Implications		
Recruitment phase is underway; detail is contained within the body of the report.		
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.		
<p>The development of the Virtual wards full aligns with the principles of the Well Being of Futre Generations (Wales) Act 2015 and the 5 ways of working. In summary:</p> <ul style="list-style-type: none"> ○ Long Term – The Virtual ward will enable further capacity within the community, reduce the need for EMAs and expedite earlier discharge, thus creating a longer term, sustainable solution to the management of Frail elderly across Swansea Bay. ○ Prevention –There is a strong focus on the ethos of preventions and specifically of managing patients as close as home to possible, reducing exacerbations of ill health and preventing the need for hospital admissions. ○ Integration – The implementation of the Virtual Ward is heavily dependent on effective integrated working, especially between Health and Social Care and Third Sector and primary and secondary care. 		

<ul style="list-style-type: none"> ○ Collaboration - The implementation of the Virtual Ward is heavily dependent on effective collaboration across the Health SECTOR and with other organisation's and services. There is a shared vision across Health and Social care to deliver the principles of care closer to home. ○ Involvement - The successful implementation of the Virtual Wards will be dependent on the ability to involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. Significant engagement has already taken place and there is wide cross-organisational representation on the Steering group which is driving this project forward. 	
Report History	N/A. This is the first report that has been received by the Performance and Finance Committee.
Appendices	<p>Supporting information to the report should be listed here.</p> <ol style="list-style-type: none"> 1. Service Delivery Model for Integrated Medicine for Older People 2. Virtual Ward Business Case 3. Recruitment Update paper.