

Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report
1	Review the current budget allocation for 2019/20	UND	30-Apr	
2	Undertake deep dive review of scrutiny and brokerage proces	UND	31-Jul	
3	Undertake review of Demand	UND	31-Jul	
4	Undertake risk assessment and place on Unit Risk Register	UND	30-Aug	
5	Review data emerging from John Bolton model and test CHC specifics in the model	UND	30-Aug	
6	Raise need for urgent discussion on number of appeals with W/Glam and clarify who will lead	DE	30-Sep	
7	Unit to clarify coding of palliative care and when info presented within PFC report is correct	CHC Manager	30-Sep	
Work				
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report
8	Re start High Cost CHC panels to agree funding for case over £1000	DST	30-Sep	
9	Unit to complete peer review of current process with HD and C&V	UND	30-Sep	
10	DST to support further analysis: <ul style="list-style-type: none"> • Palliative care • High cost packages • “provider” view 	DE	30-Sep	

11	Share current sustainability policy with DE	HON Swansea	28-Aug	
12	Develop Highlight Report and Improvement Plan	UND	30-Sep	
13	Report position of CHC budget and plan through Unit Finance meetings, Board, Corporate Financial Management group, FPC Committee and weekly Finance Review meetings	UND	30-Sep	
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report
14	Confirm and agree plan with Unit and Executive Senior leadership Team	COO	30-Sep	
15	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	
16	Calculate options around potential to 'cap' number of placements and impact of this on system	Delivery Support Team	To be Authorised	
17	All emergency flow bridging placements are to stop and full referral and review at weekly panel to be agreed.	HON	To be Authorised	
18	Communicate with staff and all Units the revised flow pathways for referrals	HON	30-Sep	
19	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	
20	Same day Fast Track Assessment and Transfer Service to stop and all cases must go through Full referral and panel and agreed	HON	To be Authorised	
21	Consult with staff on the changes and with Units	HON	30-Sep	
22	Agree referral pathway between wards and CHC team for access to the Gorseinon beds	HON	30-Sep	

23	Agree a referral pathway for patients requiring long term CHC placements from the community to Access NHS beds	HON	To be Authorised	
24	Agree with Information team to revise rules around measuring ALOS and LOS for patients in GH	Improvement Manager	30-Sep	
25	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	
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report
26	Review the additional staffing required to expand core DN teams to deliver end of life care and long term care at home	HON	31-Oct	
27	Take the opportunity from the new Hospital to Home service to reduce hospital lengths of stay and reduce funding requirements.	UND	31-Oct	
28	Scope opportunities for MHL and PCS CHC around joint commissioning or care home beds	UND	31-Oct	
29	Improve working arrangements around complex EMI high cost funded patients with MHL	UND	31-Oct	
30	Working with Procurement expertise to look at alternative commissioning arrangements for care homes, strengthening the market	UND	31-Oct	

Swansea Bay University Health Board

Continuing Health Care Financial Improvement Plan

6 - UNAUTHORISED. Issue date: Date 6th September 2019

Work Stream 1- Analysis of the problem

Cost improvement Rationale	Governance Rationale
Confirm if budget allocation is appropriate for population needs	
Confirm the drivers which contribute to cost	Reduce waste, variation
Confirm the drivers which contribute to cost	Reduce waste, variation
	Ensure risk is registered
Savings would be developed through decreasing deconditioning associated with improved ALOS	Would reduce waste and variation across the Health Board

Work Stream 2 - Strengthening Scrutiny & Assurance

Cost improvement Rationale	Governance Rationale
This will restrict spending to an agreed allocation. Patients will be required to wait in NHS care until funding can be released. Current panel delivers a fast decision for fast tracks / urgent at 24 hours and standards 5 working days. This process would extend the decision time to 4 weeks	Will add a delay in the ratification process. Some cases may go up in cost as well as down. Delays could impact patient flow and associated harms

	Improve assurance and governance oversight
	Improve assurance and governance oversight

Work Stream 3 - Cost Containment Actions

Cost improvement Rationale	Governance Rationale
	To ensure that appropriate governance and authorisation has been received.
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 approximately $£766 \times 8 = £6128$ a week not used to fund care home placements at the standard rate.	Patients will be required to stay in NHS acute or community hospital 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
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 hospital 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
	To ensure all parties are aware and can make contingencies associated with their area
	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 impacts associated with deconditioning and also wider flow impacts to the Health Board
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 care home of their own choice. This is expected to impact Ty Olwen, SH,MH,NPT,GH and Mental health inpatient Wards
	To ensure all parties are aware and can make contingencies associated with their area
	ensure all parties are aware of the referral and management process

	ensure all parties are aware of the referral and management process
	Ensure performance reporting reports NHS activity correctly
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 hospital 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

Work Stream 4 - Transformation

Cost improvement Rationale	Governance Rationale
Review will need to measure if NHS care is more cost effective than Domiciliary agency Care. Additional NHS core funding will need to receive additional funding.	Reduces the need for cost containment actions which can impact flow
H2H should be able to increase the discharge rate for patients and reduce the chance they will decondition and move from FNC level to CHC level	Reduces the need for cost containment actions which can impact flow
Collaborating and maximising resources between both Units can strengthen the market commissioning arrangements	Reduces the need for cost containment actions which can impact flow
Collaborating with MHL D around funding, commissioning and provision of complex EMI care which has impacted PCS	Reduces the need for cost containment actions which can impact flow
Pooling more expert support should strengthen the commissioning process for the Unit.	Reduces the need for cost containment actions which can impact flow



Expected Outcomes	Risk to USC Targeted Intervention
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
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
Demonstrated that growth in depend and requirements to expedite flow have increased the growth in CHC spend	LOW
Identified as High Risk 20 (102027) NHS care is commissioned in community 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
The Transformation work if reducing ALOS following admission will reduce dependency in some cases and their care needs will not be as complex this could reduce some CHC cases by number and complexity. The Model itself does not fully address the CHC funded nursing care element from a modelling perspective. National work is expected to clarify this position	LOW
ensure good governance between partners	LOW
Ensure accuracy in the benchmarking data used	LOW
Expected Outcomes	Risk to USC Targeted Intervention
Immediate efficiency on commissioning costs	LOW
provide benchmark with other organisations around providing assurances for procedures and arrangements.	LOW
Demonstrated that growth in depend and requirements to expedite flow have increased the growth in CHC spend	LOW

Share position	LOW
Ensure good governance	LOW
Ensure good governance	LOW
Expected Outcomes	Risk to USC Targeted Intervention
Ensure good governance	LOW
Immediate efficiency on commissioning costs	HIGH
Standard weekly care home costs has been used to demonstrate the financial benefits to holding 40 patients in hospital for 16 weeks each.	HIGH
Immediate efficiency on commissioning costs	HIGH
Ensure changes appropriately communicated	LOW
Unit to use its allocated resources to benefit its financial challenges	HIGH
Immediate efficiency on commissioning costs	HIGH
Ensure changes are correctly communicated	LOW
Changes are correctly communicated	LOW

Changes are correctly communicated	HIGH
Ensure Unit is correctly p[erformance managed for the type of beds they manage	LOW
Immediate effeciency on commisisoning costs	HIGH
Expected Outcomes	Risk to USC Targeted Intervention
	LOW
	LOW
	LOW
	LOW
	LOW