

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	05 October 2020	<b>Action</b>	Approve
<b>Item No</b>	11	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Intermediate Tier Review		
<b>Presented By</b>	Julie Gonda		
<b>Author</b>	Adrian Crook, Julie Munn		
<b>Clinical Lead</b>	Howard Hughes		
<b>Council Lead</b>	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

### **Executive Summary**

This report highlights progress against the review of Intermediate Tier Services in Bury and makes recommendations for changes to the nature of service provision.

At present, people don't have the same opportunity to access home based intermediate care in Bury, when compared to other areas in the country. We want people to have the option to receive personalised care in their own home where it is safe and appropriate to do so. The growth in home based services means that fewer bed based services will be required in future. This report therefore seeks permission to undertake a public consultation on the proposed reduction of bed based services within the intermediate tier.

By considering our aims of delivering more care at home, of focussing our care to maximise recovery and of providing high quality accommodation when that is needed, we are led to the outcomes of this report and seek permission to undertake consultation.

### **Recommendations**

As a result of refocusing Intermediate Tier Services to become more home based, the need for bed based services reduces. Therefore in order to reduce bed based services, the following recommendations are made:

- Permission is sought to undertake public consultation for a period of 30 days on the recommendation to decommission Bealey Intermediate Care Facility and re-provide Intermediate Care beds in the Independent Care Sector.
- Following a 30 day consultation a paper containing recommendations for implementation will be brought to December Strategic Commissioning Board for implementation as dictated by notice and recommissioning periods which will be by the end of June 2021 at the latest.

<b>Links to Strategic Objectives/Corporate Plan</b>	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Development of Intermediate Tier falls within the remit of developing health and care services in Bury and is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Intermediate Tier is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Intermediate Tier is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Intermediate Tier Services will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					

Implications						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>	15/01/2020	High level principles of the intermediate tier rebalance discussed at Clinical Cabinet and Health Scrutiny Committee. Request for final proposals to be reviewed.

## Intermediate Tier Service Rebalance

### 1. Introduction

1.1. Intermediate care services support people in the community, helping to promote independence and providing care, therapies and rehabilitation. Intermediate Tier:

- provides short-term rehabilitation to enable service users to regain their optimal levels of independence;
- prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
- provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

At present, people in Bury don't have the same opportunity to access home based intermediate care, compared to other areas in the country. We want people to have the option to receive personalised care in their own home where it is safe and appropriate to do so.

Providing more care at home will mean we don't need as many bed based facilities in the future. Where individuals do need bed based care, we want this to be in fit for purpose and cost effective settings where a team of health and social care professionals co-ordinate care and support that is personalised to their needs.

By reorganising our intermediate care services, providing less bed based care and more home based care, and providing that bed based care in a more cost effective environment more Bury residents will benefit from the opportunity to recover and rehabilitate with the support of our services, reducing the likelihood of a hospital admission and need for ongoing care services

The following services will be included in the scope of this project

- Bealey;
- Killelea;
- Reablement;
- Discharge to Assess beds.

The report will also demonstrate the additional capacity that will be delivered by our enhanced Rapid Response service and our new Intermediate Care at Home service which are funded through Bury's Greater Manchester Transformation Fund, however they are not in scope of any changes recommended as a result of this project.

## 2. Background and context

Bury is experiencing unprecedented demands on its health and social care services. Bury's Locality Plan, which describes the compelling case for change, and upon which current transformation work is based highlights that:

- healthy life expectancy is significantly lower than the national average – meaning that people become ill earlier than they should;
- there will be a dramatic increase in the number of older people in Bury as well as an increase in the overall complexity of care needs – with which current services are not equipped to cope;
- the care system is financially unsustainable without radical transformation of how care is delivered – with a current do-nothing scenario of a financial deficit of £76m by 2020/21;
- transformation funding is only available for 2 years needs and sustainable methods of funding services need to be identified.

Now more than ever there is an urgent need to deliver services more cost effectively whilst ensuring activity levels, so important to managing demand in our Adult Social Care and Urgent Care system, are maintained or enhanced.

Benchmarking, as referenced below, clearly illustrates that Bury is too reliant on bed-based services delivering too much of its Intermediate Tier activity in Bealey, Killelea and its Discharge to Assess beds. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used, they will be delivered in locations that are the most cost effective and deliver the best experience and quality of care.

This rebalance will see clear activity expectations for our newly enhanced Intermediate Care at Home and Rapid Response services set and with it an increase in support to our Urgent Care system.

The rebalance will therefore be based on an in-depth analysis of episodic cost data to ensure that the budget available delivers the greatest number of episodes of care of the greatest effectiveness. Performance and budget data from the last 21 months will be used to inform this review, including comparison to Best practice from the National Audit of Intermediate Care<sup>1</sup>, NICE, The Social Care Institute for Excellence<sup>2</sup>, LGA Social Care Efficiency Programme<sup>3</sup> and IPC Brookes Managing Demand in Adult Social Care<sup>4</sup>.

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<sup>1</sup> <https://www.nhsbenchmarking.nhs.uk/naic>

<sup>2</sup> <https://www.scie.org.uk/prevention/independence/intermediate-care/>

<sup>3</sup> <https://www.local.gov.uk/our-support/efficiency-and-income-generation/care-and-health-efficiency>

<sup>4</sup> [https://ipc.brookes.ac.uk/publications/Six\\_Steps\\_to\\_Managing\\_Demand\\_in\\_Adult\\_Social\\_Care\\_Exec\\_Summary.pdf](https://ipc.brookes.ac.uk/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf)

### 3. Definition and Legal Framework for Intermediate Tier Services

Section 2 of the Care Act 2014 and its associated guidance<sup>5</sup> places a statutory duty on a local authority and its NHS partners to ‘Prevent, Reduce and Delay’ the need for Care and Support and encourages authorities and their NHS partners to deliver targeted interventions to do so, recommending Intermediate Care and Reablement as a core component of this range of interventions.

Intermediate Care was first developed in 2001 in response to the government’s National Service Framework for Older People<sup>6</sup> which saw the government reset the priorities of the NHS and local authorities towards helping older adults stay well, by helping older people to stay as healthy, active and independent as possible, for as long as possible.

It stated together we must:

- ensure that older people are treated with respect;
- prevent unnecessary hospital admission, and support early discharge;
- reduce long term illness by providing specialist care;
- promote healthy lifestyles and independence for those in older age.

Later this guidance was updated in the Department of Health’s guidance ‘Intermediate Care - Halfway Home’ published in 2009.<sup>7</sup>

Intermediate Care and Reablement are also further defined with the Care and Support (Charging and Assessment of Resources) Regulations 2014<sup>8</sup>.

“Intermediate care and reablement support services” means care and support, or support provided to an adult by the local authority which –

- consists of a programme of care and support, or support;
- is for a specified period of time; and
- has as its purpose the provision of assistance to an adult to enable the adult to maintain or regain the ability needed to live independently in their own home.

This statute states a local authority must not make a charge for meeting needs under section 14(1) of the Care Act where the care and support, or support which is provided to an adult, is covered by the definition above.

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<sup>5</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-2>

<sup>6</sup> [National Service Framework for Older People 2001](#)

<sup>7</sup> [Intermediate Care - Halfway Home 2009](#)

<sup>8</sup> [http://www.legislation.gov.uk/uksi/2014/2672/pdfs/uksi\\_20142672\\_en.pdf](http://www.legislation.gov.uk/uksi/2014/2672/pdfs/uksi_20142672_en.pdf)

The National Audit of Intermediate Care, which is now the country's largest health and care audit, defines intermediate care as *“a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Intermediate care services are usually time limited, normally no longer than six weeks and frequently as little as one or two weeks. Intermediate care should be available to adults age 18 or over.”*<sup>9</sup>

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care;
- Bed-based intermediate care; and
- Reablement.

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<sup>9</sup> [National Audit of Intermediate care Report 2017](#)

#### **4. Current Service Provision in Bury**

The current structure of services in Bury is as follows:

##### **Rapid Response**

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or unnecessary or premature admission to residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- social work;
- occupational therapy;
- physiotherapy;
- night-sitting

##### **Home Based Intermediate Care**

Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, there is currently no home-based intermediate care offered in Bury. This is being addressed by the Greater Manchester Transformation Scheme funding and has just begun operating. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

##### **Reablement**

Reablement is the assessment and interventions provided to people in their home aiming to help them to recover skills and confidence and maximise their independence. Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home Reablement meets people's daily personal care needs such as washing, dressing and making meals in addition to any therapy needs.

The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing and medical cover.

## Bed based Intermediate Care

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 1 below.

Location	Beds	Description
<b>Bealey Intermediate Care Facility</b>	13*	<ul style="list-style-type: none"> <li>• Bealey is a 13-bed intermediate care facility which provides adult intermediate care;</li> <li>• The unit has access to a small multi-disciplinary team which is primarily nursing led but has access to local GPs, Occupational Therapy and Physiotherapy. Provided until recently by Pennine Care NHS Foundation Trust it has recently transferred to the Northern Care Alliance;</li> <li>• The current patient cohort for the facility is individuals requiring symptom management for chronic disease; palliative and end-of-life comfort care; rehabilitation and tissue viability management.</li> </ul>
<b>Killelea House Intermediate Care Facility</b>	36	<ul style="list-style-type: none"> <li>• A newly redeveloped adult rehabilitation unit consisting of 36 beds to support individuals following illness or injury;</li> <li>• The unit contains four 'rehabilitation flats' designed to allow assessment of an individual before they return home following a hospital or care home admission.</li> </ul>
<b>Discharge to Assess (D2A)</b>	19	<ul style="list-style-type: none"> <li>• Within Bury, there are 19 discharge-to-assess beds available for assisting individuals to leave hospital in a supported manner;</li> <li>• Previously, these were located across three care homes (Burrswood, Rose Court, Carders Court);</li> <li>• As of November 2018, these beds are now entirely located at Heathlands Village.</li> </ul>

\* Bealey has reduced its capacity from 19 to 13 in response to deliver the required infection prevention space around its beds which are in part in open bays. This change will be permanent

This reliance on beds has resulted in the lack of development of home-based services that has happened over recent years in many areas in the UK. The development of home-based services is now underway in Bury and will be fully operational from April 2021 onwards. This provides the basis on which the changes to the bed based set of services can be proposed.

## 5. Bury Performance Headlines

### Rapid Response

After its development through transformation funding Bury's Rapid Response service responds nearly 150 referrals a month, assessing all of them and providing a short service to **90**.

If Bury was to provide a Rapid Response service the average size of other local authorities in England it would provide a service to **73** people per month therefore we can see that we are currently providing a service in excess of other areas of England providing more opportunities for people to avoid unnecessary hospital admission or premature admission to care services.

It is important this service continues to grow and transformation funding is made sustainable to ensure ongoing delivery of this service.

### Home Based Intermediate Care

Developed with the support of temporary transformation funding Bury currently delivers Intermediate Care at home to only 10 people per month, but this is growing.

If Bury was to provide an Intermediate Care Service the average size of other Clinical Commissioning Groups in England it would provide a service to **67** people per month.

It is important this service continues to grow and transformation funding is made sustainable to allow continued development.

### Reablement

Reablement currently provides a service to **66** new people per month on average each user receives 1.28 hours per day and remains on the service for 16 days.

It is funded partly through temporary transformation funding and partly through recurrent funding

If Bury's reablement service delivered activity in line with England averages it would provide a service to **69** new people per month and they would stay on average 34 days.

It is important this service continues to maintain current capacity and activity levels and transformation funding is made sustainable as without it the service would only be able to support **30** people per month at home.

## Bed based Intermediate Care

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 2 below.

Location	Beds	Activity per month		Occupancy	Avg. LOS
		Admissions	Bed Nights		
<b>Bealeys Intermediate Care Facility</b>	19/13*	12	4752	81%	33
<b>Killelea House Intermediate Care Facility</b>	36	38	8275	63%	15
<b>Discharge to Assess (D2A)</b>	19	13	6380	76%	40
<b>Total</b>	<b>74/68*</b>	<b>63</b>	<b>20264/19407*</b>	<b>75%</b>	<b>34</b>

\* Bealey has recently had to reduce to 13 beds from 19 due to new requirements for infection prevention spacing around beds in bays part way through the year.

Utilising only 75% of the available bed nights means on average 18 beds were not used.

The average length of stay in an Intermediate Care bed in in Bury is 34 days. The average in England is 26.7 days showing in addition to not fully utilising its capacity, Bury's productivity is lower than most areas in England. An efficient length of stay is considered 21 days

If Bury was to provide the average number of Intermediate Care beds as commonly available across England it would have **49** Intermediate Care beds. Currently we have **68** beds, delivering the England average would be a reduction of **19** beds.

If Bury delivered a length of stay of 21 days with 90% bed occupancy it would only need **48** beds, not the 68 we currently have. Delivering the average length of stay of 26 days would require more 10 more beds but can be overcome by supporting no more than **11** more people at home each month, or 2 per week.

Table 4 demonstrates the activity that would be delivered if Bury performed at the average levels of other Clinical Commissioning Groups and Local Authorities in the United Kingdom. It shows that Bury over delivers on the number of beds, and needs to expand its services delivered through the teams delivery care in people's own home.

**Table 4 – Bury’s Intermediate Care Activity compared with National Average**

Annual Admissions by Service Type	Bury Performance	National Average	Difference
Rapid Response	377	882	505
Bed Based	788	436	352
Intermediate Care at Home	120	811	691
Reablement	725	829	104
Total	2010	2958	948

### **Bury’s Symptoms**

Table 4 shows that unlike other Clinical Commissioning Groups and Local Authorities Bury has not developed its home-based intermediate care services with either no service provision available in Bury or the amount delivered being lower than elsewhere.

Table 4 also shows that Bury is more reliant on beds and provides more of its services in beds than others, 352 more episodes of intermediate care are delivered in beds in Bury than would ordinarily be in other parts of the UK.

Table 2 shows that the average length of stay in Bury’s Intermediate Care services is 34 days. This compares with a national average of 26.7 days. Reducing the length of stay each person remains in a service increases the number of people who can benefit from the service and also reduces the cost of each episode of care. This table shows that Bealey and our Discharge to Assess beds are particularly inefficient and is one of the reasons why the costs also expensive.

Table 2 also shows that despite having a lot of beds only 75% of the bed capacity was used throughout the year meaning Bury is paying for beds that are empty. This represents nearly £1.5m a year spent on beds that no one used.

Intermediate Care and Reablement in people’s own homes is considered an essential element of an efficient and effective intermediate care system. Services delivered in people’s own homes are ordinarily more cost effective than delivery solely in a bed

based unit and can cost up around 1/3 of the cost, meaning that the same budget that supports one person can support over 3 if the balance between care at home and care in a care home or hospital bed is correct.

It's also important to deliver care at home as this is an essential component to make sure that the people who use these services make the most progress possible. Care in a care home or hospital environment can greatly aid the recovery and rehabilitation of very dependent adults, but after a degree of progress is made their abilities plateau. If once home they are able to access ongoing rehabilitation from a reablement and/or intermediate care at home service their abilities make further progress increasing their independence and reducing or preventing their need for care.

If an adult is cared for in a bed-based service when they could actually be cared for in their own home because services are not available, this can actually increase their dependence and reduce their resilience making a return to independence far less likely.

As a result of this over reliance on beds Bury is delivering less intermediate care to its residents than is commonly available in other areas and this care will be overall less effective in its aim of increasing independence and preventing, reducing and delaying the need for care.

It is vital to address this imbalance to ensure we have services available that deliver the greatest progress possible to our residents.

## 6. Rebalance Principles and consideration of doing nothing

This project's aims are to

- Rebalance Intermediate Care services to deliver an equal if not greater number of episodes across Intermediate Care services for an overall reduced cost;
- Redesign to simplify service offer and pathways;
- Improve effectiveness and user experience.

It will do this by

- Aligning our services to Best Practice and Evidence to ensure the services provided are available to as many people as possible within the budget available;
- Ensuring services are delivered more efficiently and all waste is removed and value for money is assured;
- Protecting our high-quality estate and removing estate that is of poorer quality;
- Increasing the activity delivered and improving people's experience whilst receiving the service.

The option of doing nothing poses a significant risk to the system, both in terms of finances and in terms of paying and delivering inappropriate activity in the intermediate tier of services: The implications are that

- If no change is made, intermediate tier services will continue to provide on average 1500 episodes of care each year. If the changes are made this would rise to over 1600 meaning more people will benefit;
- Bury will continue to pay £2m a year more than it needs to in order to deliver a greater volume of care. This is inefficient and does not deliver value for money. In addition it will mean that £2m of saving will have to be delivered elsewhere which could see services cut and activity reduced elsewhere;
- Changing Bury's Intermediate care will deliver these savings whilst at the same time increasing the number of people who can benefit from these services;
- If no changes were made to Intermediate Care our residents would continue to receive the majority of care in beds. Whilst care in beds is important there comes a point where recovery and progress plateaus and further recovery is only possible with further therapy and rehabilitation at home. By not making any changes our residents will not have the opportunity to make further progress and our services will not be as effective as they could be or as they are in neighbouring boroughs

## 7. Analysis

It can be seen from the findings of this analysis that Bury delivers too much of its intermediate care in bed-based services; benchmarking shows that many of these bed-based services are more expensive than others and also less efficient. Some are also delivered in buildings that are no longer aligned to modern standards.

Bury must consider reducing the number of beds it delivers and where it does use bed-based services make sure they run as efficiently and effectively as many others do in the UK and that they are delivered as cost effectively as others.

It is evident also that the capacity of home-based services must increase, both reablement and intermediate care at home, where fewer Bury residents have opportunity to benefit from compared to if they lived elsewhere in the UK.

Intermediate Care at Home services, therapy in a person's own home, are currently being developed as part of Bury's Greater Manchester Health and Social Care Transformation plan but work is needed on increasing the efficiency of Reablement to ensure this recovery focused home care is delivered to a greater number of Bury residents and as a result its cost effectiveness and value for money also increased.

The following table 7 shows the activity that can be delivered if Bury had the average number of intermediate care beds as other areas of the UK and delivers them as effectively as others do.

Benchmarking available from the National Audit of Intermediate Care demonstrates, using NHS weighted population figures, the median number of beds for a population the size and demographic of Bury would be 49.

The table below shows the activity that can be delivered by these beds assuming 95% occupancy is delivered, which removes all the previous waste and they function effectively by delivering an average length of stay of 26 days, which is the national average and commonly achieved in other parts of the United Kingdom.

The table also shows the activity that can be delivered in reablement by releasing underused capacity. An in-depth analysis of the hours of direct care delivered and those available and not used shows an additional 8161 hours of care are available which would support an additional 258 people per year and increase the size of the caseload by 10. This can be delivered by making changes to the effectiveness of rota systems and scheduling, increasing the responsiveness of the service to rapid changes and removing downtime and waste.

	Recommended			18/19			
	Bed Based	Reablement	Total	Bed Based	Reablement	Total	Difference
<b>Places</b>	49	70	<b>119</b>	74*	60	<b>134</b>	<b>-15</b>
<b>Admissions per month</b>	54	82	<b>136</b>	66	60	<b>126</b>	<b>+10</b>
<b>Annual admissions</b>	653	983	<b>1636</b>	788	725	<b>1513</b>	<b>+123</b>

\*This data was calculated prior to the reduction of beds in Bealey

This modelling demonstrates that despite a reduction in beds of 25 using bed-based and reablement more efficiently delivers an extra 10 episodes of care a month and 123 over the course of a year. This achieves one of the principle aims of this project; to maintain or increase the number of episodes on intermediate care delivered.

These changes would mean 135 people receiving their intermediate care at home instead of a bed, or 11 per month. However, the number receiving care in a bed would still be greater than commonly found in other areas of the UK where the number for a population the size of Bury would only be 436, rather than the 653 delivered by this model.

In addition to making these changes Bury is also delivering its Intermediate Care at Home service as part of Bury's Greater Manchester Health and Social Care transformation plans. This will see the following additional activity delivered.

	New Intermediate Care at Home	Total all Intermediate Care Services
<b>Places</b>	85	<b>204</b>
<b>Admissions per month</b>	100	<b>236</b>
<b>Annual admissions</b>	1200	<b>2836</b>

In total, changes to the bed based and reablement services plus the new Intermediate Care at home service will see 2836 people have the opportunity to receive a service providing the support needed to Prevent, Reduce and Delay the need for care and support. This is 1323 more per year than currently achieved.

A further 250 episodes of care per month will also be delivered by Bury's newly enhanced Rapid Response service, increasing the total number of episodes to 5,836.

## 8. Analysis Recommendations

This model shows that by removing waste, aligning our services to best practice and evidence and delivering services efficiently and effectively Bury need to make the following changes to its Intermediate Care System

Bury only requires 49 bed, as it currently has 68 it therefore must reduce its number of beds by 19.

Bury must increase its Intermediate Care at home activity to at least 811 episodes per year or 68 per month. Transformation plans are projected to deliver up to 100 episodes a month, however this funding for this new service is temporary so must be made sustainable.

Bury must increase its reablement activity to 69 per month. Bury delivered 60 per month in the year 18/19 but is currently delivering an average of is current delivering 68 per month in 19/20 reaching a peak of 99 in August and an average of 90 per month is the most recent quarter. £600,000 of this funding is temporary which if not made sustainable will reduce the activity to an average of 30 per month.

## 9. Cost Efficiency

Bury only requires 49 bed, as it currently has 68 it therefore must reduce its number of beds by 19

This reduction must be done with regard to the remaining principles of this project; to protect high quality estate improving people's experience of care and ensure we deliver that care as cost effectively as possible, therefore we must also explore if the remaining 49 beds can be provided more effectively.

This table shows the annual costs of the services in scope of this project at 19/20 rates

What	2020/21 Budget	LA or CCG budget	Contract with	Notice Period	Funding Source
Bealey	£1,723,904	CCG	Salford Royal NHS FT	6 months	Core Budgets
GP Support @ Bealey	£120,276	CCG	GP Federation	3 months	Core Budgets
Reablement	£593,000	LA	In House Service	N/A	Savings
Killelea	£3,929,800	LA	In House Service	N/A	Core Budgets
D2A beds	£391,957	LA	Heathlands Village	No active contract but expected 1 months notice	One of funding from reserves*
D2A beds	£611,000				CCG Recharge
<b>Total</b>	<b>£7,369,937</b>				

\* As £391,957 of the D2A beds were funded from a one off use of reserves, this is not available for a recurrent saving, but show here to demonstrate the full cost of these beds. If these beds were to close only £611,000 would be saved recurrently.

This table shows the direct costs of care per episode of care and compares this to benchmarked averages available from the National Audit of Community Hospitals<sup>10</sup> and the national Audit of Intermediate Care services<sup>11</sup>. The cost of an episode of care is affected by the costs of delivering the service and the amount of activity it delivers and is therefore a useful measure when comparing efficiency and effectiveness.

<sup>10</sup> [NHS Benchmarking Community Hospitals](#)

<sup>11</sup> [NHS Benchmarking National Audit of Intermediate Care](#)

Service	Benchmark Cost	Episode Cost
Bealey	£5,780	£9,375*
Killelea	£5,408	£3,460
Reablement	£1,560	£1,859
Discharge to Assess	£2,852	£5,784

\* This episode cost is calculated using the operating budget, not the commissioning budget. The commissioning budget sees an episode cost of £13,122. Since reducing the bed space the average monthly admissions have been 9 making the episode cost £17,500.

This shows that an episode of care at Killelea compares very well with other services delivering care efficiently and demonstrating value for money.

However, the cost of care in Bealey and Discharge to Assess Beds are considerably more expensive than the average cost of care in similar services elsewhere in the UK demonstrating these services are not operating as efficiently as others and can be procured more cost effectively delivering value for money

## 10. Quality of Estate

Bury's bed based Intermediate Care services are currently delivered in 3 locations across the Borough.

### Bealey Intermediate Care Facility

Bealey is an intermediate care facility delivering 13 intermediate care beds on Dumers Lane in Radcliffe south of the centre of Bury. Built around 1903 as Bealey Memorial Convalescence hospital it has had a number of purposes including as a maternity home, community hospital and now intermediate care facility. It provides a number of single rooms with the remaining care being delivered in four bedded single sex bays all of which are based on the ground floor. It does not provide ensuite accommodation and has no facilities on site for the cooking of food which is bought in from a nearby hospital. Its age means it is in need of modernisation to keep pace with ever progressing hygiene and safety standards and there is a risk it will be unable to meet these standards in the near future.

Providing care to only 13 people at any one time means it cannot benefit from economies of scale and the cost of providing care remains higher than more modern larger units. Its layout prevents further conversion to deliver a greater number of beds and it would also be impossible to convert in to single rooms or deliver ensuite facilities. It was found to comply with all the required standards when last inspected by the Care Quality Commission (CQC) in 2012. The way the CQC rate services, has changed since but it has been inspected by Bury Care Organisation and complies with required standards.

## **Killelea Intermediate Care Facility**

Killelea is an intermediate care facility delivering 36 single rooms all with ensuite facilities. It is located on Brandlesholme Road and is north of the centre of Bury. Built in the 1960s it recently benefitted from a complete refurbishment and now boasts a fully equipped therapy hub to help people regain confidence and skills to manage everyday tasks, as well as a bistro and hairdressers. Whilst residents are encouraged to prepare their own meals wherever possible hot food is prepared and available on site. Four of the larger single rooms are set up as flats equipped with assistive technology enabling residents to test out equipment before they go home. It is rated Good by the Care Quality Commission when last inspected in 2019.

## **Discharge to Assess Beds**

Bury's Discharge to Assess beds are 19 beds delivered within the Heathlands Village Care Home in Prestwich. Located in the south of the Borough very close to Manchester. The Heathlands Village provides a wide range of care services for up to 214 older people from both the Jewish and Non-Jewish community. The Heathlands Village is divided into six units. Beach House, residential dementia, Wolfson, residential, Unit 2 residential, First floor residential, the Simon Jenkins nursing unit and Oakwood nursing dementia unit. Bury's discharge to assess beds are located in one of these units. All are single rooms and benefit from ensuite facilities. The care home has many communal lounges and facilities on its large site. The service was rated Good by the Care Quality Commission in October 2018.

## 11. Recommendations

Following a review of the cost effectiveness of bed based service provision and quality of estate it is recommended the following changes are made to Bury's Intermediate Care Bed based services.

The table below shows the changes in bed capacity and an associated changes in costs

<b>Proposed Changes</b>	<b>Current Capacity</b>	<b>New Capacity</b>	<b>Cost/Saving</b>
Decommission Bealey Intermediate Care Facility (3)	13	0	- £1,723,904
Decommission Bealey GP cover			- £120,276
Decommission 19 D2A beds at Heathlands	19	0	- £611,000
Retain Killelea Intermediate Care Facility and expand nursing capacity to 24 nursing beds (1)	36	36	+ £185,000
Commission 13 residential intermediate care beds from the independent sector * (2)	0	13	+ £440,583
<b>Total</b>	<b>68</b>	<b>49</b>	<b>- £1,829,597</b>

\* It is recommended these beds are purchased in the south of the borough to provide better geographical spread of the services

1, Killelea currently delivers 8 nursing beds, this will see the number of nursing beds increase to 24

2, There are currently a large number of vacancies across the independent care sector care homes and it is recommended a competitive tender is carried out to purchase 13 residential beds to be used for intermediate care delivery. These would be on one site and as a preference the south of the borough. The indicative cost above is at £650 per bed per week but may change following competitive tender.

3, The Bealey site, if no longer used, following this consultation should be included in the Radcliffe regeneration plans

## **12. Recommendations for Strategic Commissioning Board**

As a result of refocusing Intermediate Tier Services to become more home based, the need for bed based services reduces. Therefore in order to reduce bed based services, the following recommendations are made:

- Permission is sought to undertake public consultation for a period of 30 days on the recommendation to decommission Bealey Intermediate Care Facility and re-provide Intermediate Care beds in the Independent Care Sector.
- Following a 30 day consultation a paper containing recommendations for implementation will be brought to December Strategic Commissioning Board for implementation as dictated by notice and recommissioning periods which will be by the end of June 2021 at the latest.

## Appendices

### 1, Equality Impact Assessment

<b>Equality Impact Analysis Form</b>	
<b>The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.</b>	
To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG <a href="mailto:akhtar.zaman4@nhs.net">akhtar.zaman4@nhs.net</a> for Quality Assurance:	
<b>Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8)</b>	
<b>1</b>	Name & role of person completing the EA: Adrian Crook
<b>2</b>	Directorate/ Corporate Area Commissioning
<b>3</b>	Head of or Director (as appropriate): Julie Gonda
<b>4</b>	Who is the EA for? The Intermediate Care (IMC) Review
<b>4.1</b>	Name of Other organisation if appropriate Bury Local Authority (as IMC Review Team Leads)
<b>Section 2: Aims &amp; Outcomes (Refer to Equality Analysis Guidance Page 8-9)</b>	
<b>5</b>	What is being proposed? Please give a brief description of the activity. The IMC Review identifies a range of measures under consideration. Whilst all are inter-related and should be considered in the whole the IMT Review Team has asked the CCG for an EIA to be performed on the impact of Bealey Community Hospital being decommissioned, Heathlands Beds being decommissioning and new beds being commissioned from the independent sector.
<b>6</b>	Why is it needed? Please give a brief description of the activity. A restructuring of the bed based to deliver cost efficiencies and improved experience
<b>7</b>	What are the intended outcomes of the activity? Closure of an expensive bed based service delivered in poor quality estate and reprovision in a more cost effective bed base of higher quality will both improve experience and save cost. Additional beds not required will also be removed, removing waste

8	Date of completion of analysis (and date of implementation if different). Please explain any difference	Analysis completed in September 2020 at the request of the IMT Review Team. The proposed change would require the outcome of consultation to be considered. This will then require analysis and recommendations to be approved. It is not anticipated that the change, if approved, would commence until 2021.
9	Who does it affect?	The proposed change is to close Bealey Hospital, this would affect those Bury adult patients that require IMC support if no suitable alternative was secured.

**Section 3: Establishing Relevance to Equality & Human Rights**  
**(Refer to Equality Analysis Guidance Page 9-10)**

**10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.**

	General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	No	This service is currently open to all protected characteristics and all other population groups.
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	No	This service is currently open to all protected characteristics and all other population groups
	To foster good relations between people who share a protected characteristic and those who do not	No	This service is currently open to all protected characteristics and all other population groups

**10.1 Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right**

	Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
	Age			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Disability			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Gender			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Pregnancy or maternity			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Race			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Religion and belief			If the closure of Bealey forms part of a better system with

				better outcomes then all will benefit.
	Sexual Orientation			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Other vulnerable group			If the closure of Bealey is forms part of a better system with better outcomes then all will benefit.
	Marriage or Civil Partnership			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Gender Reassignment			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	Human Rights (refer to Appendix 1 and 2)			If the closure of Bealey forms part of a better system with better outcomes then all will benefit.
	If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights.			
	If the closure of Bealey is replaced by a better system with better outcomes then all will benefit.			
<b>Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11)</b>				
<b>11</b>	<b>What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12 )</b>			
	<b>Details of Equality Information or Engagement with protected groups</b>	<b>Internet link if published &amp; date last published</b>		
	None as this is an initial EIA requested by the IMT Review Group	There is a planned public consultation exercise set to commence in October 2020		
<b>11.1</b>	<b>Are there any information gaps, and if so how do you plan to address them</b>			
<b>Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12)</b>				
<b>12</b>	<b>Complete the questions below to conclude the EA.</b>			
	What will the likely overall effect of your activity be on equality?	As a stand alone exercise it would reduce the number of IMC beds by 19 in Bury. As part of wider suite of proposals, it would help to deliver a better IMC offer across Bury		

<p>What recommendations are in place to mitigate any negative effects identified in 10.1?</p>	
<p>What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?</p>	<p>The current service and any future delivery models would seek to add value where possible.</p>
<p>What steps are to be taken now in relation to the implementation of the activity?</p>	<p>Public consultation is planned for October 2020.</p>
<p><b>Section 6: Monitoring and Review</b></p>	
<p><b>13</b></p>	<p>If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.</p>
<p>To be determined.</p>	

## 2, Quality Impact Assessment

### Quality Impact Assessment Tool – Bury CCG

#### Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive, neutral or adverse) on quality from any proposal to change the way services are delivered. Where potential adverse impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially adverse risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

#### Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	INSIGNIFICANT
2	UNLIKELY	2	MINOR
3	MODERATE / POSSIBLE	3	MODERATE
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

A fuller description of impact scores can be found at appendix 1.

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

#### Stage 1

The following assessment screening tool will require judgement against the 6 areas of delivery in relation to Quality. Each proposal will need to be assessed whether it will impact positively, adversely or have a neutral impact on patients / staff / organisations. Where adverse impacts score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Safeguarding and Quality team.

**Title of the scheme/project being assessed: Intermediate Care Rebalance**

**Brief overview of the scheme:**

Key questions to consider

- What is the specific change that the scheme will deliver?

The IMC Review identifies a range of measures under consideration to totally redesign the way IMT services are delivered across Bury.

- What are the outcomes that will be delivered by the change?

Decommission 19 IMC Beds

- What is the impact of the scheme from a financial and workforce perspective?

Would form part of suit of recommendations to save £2m

**Answer positive, neutral or adverse (P/N/A) against each area. If A score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment**

Area of Quality	Impact question	P/N/A	Impact	Likelihood	Score	Full Assessment required
	Decommissioning of Bealey Intermediate Care Facility and D2A beds and re-provision of beds in the independent sector					
<b>Duty of Quality</b>	Could the proposal impact in a positive, neutral or adverse way on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	N				
<b>Patient/Staff Experience</b>	Could the proposal impact in a positive, neutral or adverse way on the following - positive survey results from patients and staff, patient choice, personalised & compassionate care?	N				

<b>Patient Safety</b>	Could the proposal impact in a positive, neutral or adverse way on the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P				
<b>Clinical Effectiveness</b>	Could the proposal impact in a positive, neutral or adverse way on evidence based practice, clinical leadership, clinical engagement and high quality standards?	P				
<b>Prevention</b>	Could the proposal impact in a positive, neutral or adverse way on the promotion of self-care and improving health equality?	N				
<b>Productivity and Innovation</b>	Could the proposal impact in a positive, neutral or adverse way on - the best setting to deliver the best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				

Please describe the rationale for any positive impacts here:

**Patient Safety** – Bealeys is an old estate and not best equipped for privacy, same sex accommodation or for hospital comparable safety. If Bealey was closed and no further system changes made then patients who needed it would have to be admitted to hospital, however provision is to be made in the independent sector in better quality estate delivering single rooms.

**Clinical Effectiveness** – Whilst the quality of clinical care at Bealey is not on the CCG risk register it is acknowledged that the LOS at Bealey is greater than the national average for patients in a similar facility.

**Productivity and Innovation** – It is recognised that Bealey is more expensive than other options available.

#### Approval

Signature:	Designation:	Date:
	Project Manager/Commissioning Manager	
	Clinical Lead	
	Deputy Head/Head of Commissioning	

Stage 2

Area of quality	Indicators	Description of impact (Positive, Neutral or Adverse)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
<b>DUTY OF QUALITY</b>	What is the impact on the organisation’s duty to secure continuous improvement in the quality of the healthcare that it provides; in accordance with ‘NHS Outcomes Framework 2015-16’					
	Does it impact on the organisation’s commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?					
	Does it impact on the organisation’s commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?					
	What is the impact on strategic partnerships and shared risk?					
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual access to services and experience of using the NHS (Refer to Trust Equality Impact Assessment Tool)?					
	Will this impact on the organisation’s duty to protect children, young people and adults?					

<b>PATIENT EXPERIENCE</b>	What impact is it likely to have on self reported experience of patients and service users? (Response to local surveys/complaints/PALS/incidents)				
	How will it impact on patient choice? For example choice being influenced by wait times, access to services and clinical outcomes.				
	Does it support the compassionate and personalised care agenda?				

<b>PATIENT/STAFF SAFETY</b>	How will it impact on patient safety?				
	How will it impact on preventable harm?				
	Will it maximise reliability of safety systems?				
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?				
	What is the impact on clinical workforce capability care and skills?				
	How will it impact staff safety incidents?				
	How will it impact staff satisfaction?				

<b>CLINICAL EFFECTIVENESS</b>	How does it impact on implementation of evidence based practice?				
	How will it impact on clinical leadership?				
	Does it reduce/impact on variations in care?				
	Are systems for monitoring clinical quality supported by good information?				
	Does it impact on clinical engagement?				

<b>PREVENTION</b>	Does it support people to stay well?				
	Does it promote self-care for people with long term conditions?				
	Does it tackle health inequalities, focusing resources where they are needed most?				

<b>PRODUCTIVITY AND INNOVATION</b>	Does it ensure care is delivered in the most clinically and cost effective way?				
	Does it eliminate inefficiency and waste?				
	Does it support low carbon pathways?				
	Does it lead to improvements in care pathway(s)?				

Appendix 1

	<b>Consequence score (severity levels) and examples of descriptors</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Domains</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Impact on the safety of patients, staff or public (physical / psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality / complaints / audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
			Major patient safety implications if findings are not acted on		
<b>Human resources / organisational development / staffing / competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	<p>Late delivery of key objective/ service due to lack of staff</p> <p>Unsafe staffing level or competence (&gt;1 day)</p> <p>Low staff morale</p> <p>Poor staff attendance for mandatory/key training</p>	<p>Uncertain delivery of key objective/service due to lack of staff</p> <p>Unsafe staffing level or competence (&gt;5 days)</p> <p>Loss of key staff</p> <p>Very low staff morale</p> <p>No staff attending mandatory/ key training</p>	<p>Non-delivery of key objective/service due to lack of staff</p> <p>Ongoing unsafe staffing levels or competence</p> <p>Loss of several key staff</p> <p>No staff attending mandatory training /key training on an ongoing basis</p>
<b>Statutory duty / inspections</b>	No or minimal impact or breach of guidance/ statutory duty	<p>Breach of statutory legislation</p> <p>Reduced performance rating if unresolved</p>	<p>Single breach in statutory duty</p> <p>Challenging external recommendations/ improvement notice</p>	<p>Enforcement action</p> <p>Multiple breaches in statutory duty</p> <p>Improvement notices</p> <p>Low performance rating</p> <p>Critical report</p>	<p>Multiple breaches in statutory duty</p> <p>Prosecution</p> <p>Complete systems change required</p> <p>Zero performance rating</p> <p>Severely critical report</p>

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
<b>Adverse publicity / reputation</b>	Rumours  Potential for public concern	Local media coverage short-term reduction in public confidence  Elements of public expectation not met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
<b>Business objectives / projects</b>	Insignificant cost increase/schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/Loss of >1 per cent of budget  Failure to meet specification/slippage  Loss of contract / payment by results  Claim(s) >£1 million
<b>Service / business interruption Environmental impact</b>	Loss/interruption of >1 hour  Minimal or no impact on the environment	Loss/interruption of >8 hours  Minor impact on environment	Loss/interruption of >1 day  Moderate impact on environment	Loss/interruption of >1 week  Major impact on environment	Permanent loss of service or facility  Catastrophic impact on environment