BCF reporting dashboard
January 2020

Appendix A

Monthly highlights

- Increase of 25% of FFAs continues from SATH and additional admission avoidance activity
- Cost pressure of additional beds continues due to increase in costs (market driven) increased Discharge Notifications through Fact Finding Assessments (FFAs) and step up admission avoidance
- S75 agreement draft documents near completion.
- Benchmarking summary included
- Q3 BCF Template was submitted in line with the deadline of 24th January

Activity against Benchmark (based on National Audit for Intermediate Care 2018)

Benchmark area	Benchmark	Current (Projected)	RAG	Comments
Workforce (therapists)	12.2 wte	5 wte (tbc)		Therapists in place Also supporting Health and Social Care Rapid Response Team (HSCRRT) admission avoidance assessments
Investment	£5.2m	£2,784		Budget pressures continue due to use of beds. Pathway 1:2:3 ratio currently 62:25:13 including Pathway Zero from 59:26:15 baseline
Referrals	3525	3435		25% increase in FFAs against last year consistently Last 5 weeks ave 41 FFAs a week. Same time last year was 28 FFAs a week Rapid Response overall increase of 15% in last 4 weeks
Beds	41	53		Recent increase in bed usage due to increase FFAs with similar ratio and increase admission avoidance (AA) step ups. Ave last year of 4. This year 8 beds used. Last week was 11 in beds Ave Q3 beds last year was 38 beds; this year is 47 including AA
Waiting times	5.6 days	3 days		Waiting times monitored within weekly Bed meetings. Rapid Response 95% achieve two hours response
Length of Stay	31 days	23 days		Performance tracked through weekly report to the CCG. Q3 average last year was 24 days
Outcomes (home post Enablement)	66%	70%		Based on snapshot audits and case reviews

BCF programme update

Programme	RAG	Progress and further actions
TWIPP		Detailed programme in place and Governance arrangements, reporting and Communication plan in place Summary (Christmas Newsletter) attached TWIPP Newsletter - Christmas 2019 FINAL
Intermediate Care Team (Telford Integrated Community Assessment Team- TICAT)		Team in place (TICAT) supporting admission avoidance, early discharge and Enablement Increase of 25% in FFAs against last year. 4 of the last 5 weeks have received 40+ FFAs TICAT reviews P2 and P3 to ensure accurate Pathway
Integrated Discharge Team function		Team in place. Within SATH (part of TICAT team) Independent Assessor role supports Pathway 3 discharges where providers agree to accept
Pathway Zero		Approach developed with Shropshire Council and SATH colleagues to promote strength/ asset based approach on discharge from hospital. Implemented 2nd September Developed to support achieving the target of pathway 1:2:3 ratio of 80:15:5. Target of 5% of discharges as Pathway Zero. Currently 7% of discharges Dedicated post utilised from existing Adult Social Care resources
Health and Social Care Rapid Response Team (HSCRRT)		Implemented from 18th November. Governance through Board and Operational meetings. 237 referrals to date. Overall 15% increase in Rapid Response referrals. PDSAs in place to monitor and develop Pilot. HIC Reporting Template for HWB B
Frailty Programme and Collaborative		Advanced Care Planning and End of Life through a Collaborative programme approach. Care Home MDT including with the PDSAs
Frailty Front Door		Team funded by CCG. SATH therapists in place. Medical staffing within the Team needs further follow up. SCT funded to provide a Rapid Response Nurse. Not recruited to date
Care Home MDT		Team targeting identified care homes. Implementing Emergency Passport and Red Bag Scheme. Advanced Care planning ahead of Frailty Collaborative. Supporting Frailty Collaborative EOL

		Independent Assessor role reviews all care home admissions to facilitate early discharge
DTOC High Impact Changes		Summary below
Disabled Facilities Grant		Provision of equipment, minor adaptations such as grab rails or ramps to assist disabled people in meeting their needs; major adaptations to an existing home. Limited of £30,000 per adaptation with some additional Discretionary Top Up where required. Delays in completing some major adaptations. OTs remain case managing until completed

BCF metrics

Metric	RAG	Comments
Non Elective Admissions		Non-Elective Admissions at month 7 total is +2.9% over target.
Delayed Transfers of Care (DToC)		Target of 7 days delay per month. At Month 8 6.10 days/ month 2nd regionally in Month 8 overall. 39th nationally overall performance. ASC is 3rd regionally SATH reduced from 1.7% in Month 7 to 2.4% in Month 8 Reduced delays days in SATH and community hospitals by more than 30% against last year. DToC pressure is mental health: 350+ days more than last year. Related to delays in Panel process and to transferring to secure rehabilitation.
Permanent admissions to care homes		Target of 404/ 100,000 population. Outturn last year was 548/ 100,000 after previous three years of well below national levels (579/100,000) Reviewing data to fully determine current and projected position
Reablement		Target 80%. Monthly ave of 63%. Reporting period is from January – March Reviewed inclusion criteria due to all P2 and P3 included. 14% of inclusion have RIP within 91 day period Revised count for latest month increased to 69%

Finance

BCF areas for expenditure	RAG	Expenditure utilisation comments
Intermediate Care (£6,686,763)		
Rehabilitation and Enablement		Shropshire Community Trust therapists TICAT function support admission avoidance, discharge from hospital, preventative interventions within localities

Domiciliary Care		Budgeted 47,000 hours. Currently forecast over 48,000 hours
Rehabilitation and Enablement Beds		Block and spot Intermediate Care beds. GP supporting Enablement beds Month 8 shows and expected overspend of £590k which related to use of Intermediate Care beds The risk share agreement allows for a 50/50 share of any overspend. Spot bed prices for nursing beds were 18% higher than forecast and 35% higher for residential.
Shropshire Community Healthcare Trust		SCT services including Rapid response, Single Point of Access(SPA) community and specialist nursing teams
Shrewsbury and Telford Hospital Trust		Monies included related to SATH – aligned to rehabilitation within SATH and supported discharge of stroke patients eg ESD, SATH neuro-rehab clinics and therapists
Community Resilience (£972,012)		
Preventative Services		T&WCCG Grants eg contribution to Age UK and Stroke 6 and 12 month reviews
Carers		Deliver Carers support through Carers Contact Centre, specific carers support roles, emergency support, Carers respite, Admiral Nursing and Carers Officer
LA Grants		Grants (Commissioned services) identified. This includes contracting with NHS and Council monies eg Age UK and Information and Advice Contract
Telford Neighbourhood Care (£4,279,510)		
Rehabilitation and Enablement		OT provision within community teams to deliver preventative interventions and DFG assessments to maintain independence
Assistive Technologies		Provision of ATs to support sensory and physical impairment, Hub and development of Independent Living Centre to increase early help. Pill boxes. Supported by community alarm provision and contract and Community Equipment Stores contract. AT lead post
Preventative Services		Funding of Access Team (Family Connect) Support Workers links to Supporting People
Shropshire Community Healthcare Trust		Monies aligned related to Shropshire Community Health Trust including community and specialist nursing
Other Care (£11,734,627)		

Improved BCF		Includes funding for additional SW, OT, Matron, Independent Assessor, Tracker supporting DToC performance. Also funds domiciliary care bed price increases to ensure robust provision. Winter Pressures grant
Maintaining Eligibility for Clients with LTC		Supporting client care.
Programme Management		CCG monies aligned to specific Programme Management monitoring, finance, performance analysis and reporting, Quality Monitoring
Care Act Implementation		Range of provision including Information and advice, Advocacy contracts, implementation of Safeguarding Board, training SWs in the legal process, specialist mobility assessments
Disabled Facilities		Grant allocation aligned to specific regulations in home adaptations. Increased utilisation and remains in budget.
Grand Total: £23,672,912		

High Impact Changes

Impact change	RAG rating April 2019	Further Actions	Target RAG April 2020
Early discharge planning	Established	Further work to embed processes including EDDs in place within 48 hours Early planning for elective care discharges Frailty plans to support early discharge Embed Pathway Zero across all areas as facilitation of early discharge	Established
Systems to monitor patient flow	Established	Embedded End PJ Paralysis, Criteria Led Discharge on all wards Stranded Patient Reviews impact on both sites enhanced and maintained Continue to manage surges in FFA and Pathway 2/3 surges System-wide demand and capacity management plan refreshed	Mature
Multi-disciplinary/ multi agency discharge teams including voluntary and community sector	Mature	Further development of MDT working within the acute hospital Further development of Frailty Front Door	Mature
Home First/Discharge to Assess	Mature	Consistent desired ratio splits of 80% P1, 15% P2, 5% (Currently improved to 65: XX:XX Further facilitation to early discharge for care home admissions Ensure sufficient P1 capacity Embed Pathway Zero	Mature
Seven day service	Established	Further improve systems and processes in place to ensure target discharge numbers over 7 days	Established

		Workforce development for 7 day working	
Trusted assessors	Mature	Daily MDT IDTs in place IDTs involved in Check Chase Challenge, targeted In-reach and Strand Patient Reviews Independent Assessor in place	Mature
Focus on Choice	Established	Further embed Pathway Zero Further develop Criteria Led Discharge	Mature
Enhancing health in care homes	Established	Further development of Emergency Passport and Red Bag Scheme Further implementation of Enhanced Clinical Health in Care Homes proposals Support Frailty Collaborative EOL pilot in identified Care Home	Mature

Risks and mitigation

Risk identified	**Mitigating actions**
Integration of CCGs and ensuring planning and approach is maintained	Monthly BCF Board agreed from January 2020 Planning for 2020/21 programme to be considered in Monthly Board meetings including budget setting on specific lines.
Risk Sharing Agreement not signed off for 2019/20	Draft RSA sharing with CCG. Seeking agreement to ensure Section 75 Agreement signed.
Increased level of referrals to TICAT – increase of 25% against last year – impact on workforce	Review of TICAT team systems and processes
Increased level of referrals to TICAT – increase of 25% against last year – increased costs and forecasting for 2019/20 and 2020/21	Development of Pathway Zero and pilot of HSCRRT Weekly monitoring of performance Weekly BCF Board agreed to monitor performance Review of all budget lines before and within the December BCF Budget lines
Grants agreements for 2020/21 not agreed at this time	January Board highlighted need to clarify position in relation to Grants for 2020/21 Planning workshop to take place before February BCF Board meeting
Spot bed prices for nursing beds were 18% higher than forecast and 35% higher for residential. Contributed to cost pressure	Agree budget for beds based on demand and block purchase more beds to predict costs