



Bracknell Forest Council

Annex B

Cost of Care report +65 Care homes

February 2023

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Executive Summary

The information presented regarding the Fair Cost of Care Exercise relates to a data collection process only. This information is not validated or verified, and it does not represent a reflection of market conditions in Bracknell Forest Council.

Bracknell Forest Council (BFC) conducted considerable engagement activity with the local marketplace to encourage as many providers as possible to engage with the Fair Cost of Care (FCoC) exercise. We took various approaches to engagement - the driving aim of engagement being to ensure we were able to reach as many providers as possible, to clearly explain the rationale and requirements of the exercise, and to set out clearly the support available for providers in undertaking and submitting a FCoC return.

All data was submitted and collected during June – July 2022 and therefore relates to the costs, or estimation of such costs, of the same period. BFC used the iESE Care Home Cost of Care (CoC) Tool on behalf of CHIP (supported by ADASS and the LGA). This tool was built in the CareCubed web-based platform.

BFC had a reasonable initial response to the exercise - 7 responses from 12 providers, equating to a 58.3% response rate. Following the initial validation of the data, there was a need to exclude a total of 3 submissions. Therefore, only 4 submissions were deemed admissible to take forward to the data analysis stage of the exercise (57% of total submissions) and representative of 33% of the market.

Bracknell Forest is the second smallest unitary local authority in England. As such, despite active engagement with the market, and a favourable response rate, the sample size for each category of placement (Residential, Residential Enhanced, Nursing, Nursing Enhanced) is very small. Therefore, the results are not statistically significant and do not form a reliable basis to inform fee decisions.

The information received in submissions is not consistent with Council's current experience of capacity in the market or fees currently paid. The Council does not currently set a standard rate when purchasing beds, as we predominantly 'spot purchase' beds from the market, with some level of negotiation regarding individual care needs and agreeing an acceptable rate to both parties. Therefore, other than a small number of 'block purchased' beds, the prices BFC pays for beds is market led i.e., the individual providers determine the fees they are willing to accept for Council purchased beds.

BFC Placement Data June-August 2022:

	Residential (Median)	Residential Enhanced (UQ)	Nursing (Median)	Nursing Enhanced (UQ)
BFC Data	£1000	£1075	£1184	£1699
Range	£875 - £1271		£1159 - £1726	

Cost of Care Exercise (2022)

	Residential	Residential Enhanced	Nursing	Nursing Enhanced
FCoC Data	£1571	£1189	£1787	£1887
Range	£1095 – £1592		£1644 - £1887	

To ensure ongoing sustainability of the market, BFC is aware that we need to review what we pay for beds on an annual basis, and where required, apply an inflationary uplift to support provider cost pressures. BFC has an established process in place to determine what we will offer providers as an annual inflationary uplift; a number of different factors are considered including:

- Key market indicators, such as the current rate of inflation and increases in the CPI, broader cost of living indicators and the national minimum wage,
- Benchmarking rates with surrounding authorities
- Working in partnership and collaboration with the market to gain a detailed understanding of cost pressures.

When determining what % inflationary uplift we can offer the market, BFC, as with all other Local Authorities, must consider its own budgetary pressures, and what is 'affordable' given the well known budgetary constraints many Councils are currently experiencing.

There is recognition that continuing to apply annual inflationary uplifts to keep pace with provider cost pressures will continue to force BFC into a deficit budgetary position.

Ultimately, BFC is acutely aware that whilst we believe we are paying a FCoC 'as of today' based on the data and narrative we have presented in this report, we will not be able to continue to do so without further increases in what we pay providers, given the current cost of living crisis and rate of inflation.

How the market was engaged

Bracknell Forest Council (BFC) conducted considerable engagement activity with the local marketplace to encourage as many providers as possible to engage with the Fair Cost of Care (FCoC) exercise. We took the decision to engage a subject matter expert to lead engagement with providers, data collection and subsequent validation of data. They were supported by a Data Analyst, working closely with the established Adults Commissioning team.

We took various approaches to engagement - the driving aim of engagement being to ensure we were able to reach as many providers as possible, to clearly explain the rationale and requirements of the exercise, and to set out clearly the support available for providers in undertaking and submitting a FCoC return.

It was initially introduced to the wider market through our established BFC Care Home forums, which are regular monthly meetings facilitated by the Adults Commissioning Team, to promote effective relationship management with local providers and afford an opportunity for two-way dialogue.

Two further, focused engagement sessions were undertaken with providers specifically to discuss the FCoC exercise. One of these sessions was delivered by the Head of Commissioning and subsequent session delivered by the Subject Matter Expert.

BFC also worked collaboratively with our neighbouring East Berkshire Authorities - Slough Borough Council and the Royal Borough of Windsor & Maidenhead, both in terms of engagement with providers and in completion of the exercise. This was to ensure a consistent, collaborative regional approach. This was important due to the close ties between smaller unitary authorities locally, and the sharing of provision across boundaries.

The East Berkshire Authorities collaboratively ran two further Care Home sessions explaining the exercise in detail and demonstrating the data collection tools we would require providers to use and to offer individual support to providers in completing the tools. In addition, BFC ran bespoke question and answer workshop sessions, specifically for BCF providers and reiterated the offer to providers of individual support in completing the exercise. 1:1 support sessions were offered and promoted to all providers, with a number of these sessions being undertaken with providers to support them through the process.

Providers were initially given 3 weeks to complete the exercise following support sessions. However, following feedback from providers, this deadline was extended by a further 2 weeks. This gave providers a total of 5 weeks to complete and submit their returns.

The table below sets out the provider engagement activity we undertook prior to and during the data collection process.

Engagement type	Frequency
Meeting with all providers	1
Meeting with providers jointly with RBWH & Slough	2
Q&A sessions BFC specific session	1
Phone calls (to encourage participation in the exercise and to set out offer of 121 support)	All providers called 3 times minimum (39 calls overall)
1 to 1 provider sessions undertaken (available upon request)	4

Following analysis of the results, two subsequent forums were scheduled in 2023 to review the findings and to walk providers through the content and key messages of this report. The forums also continued to build on the previous engagement on the development of the Market Sustainability Plan and Cost of Care exercise. It is the intention of BFC to fully engage with the market in the completion of the Market Sustainability Plan, which needs to be finalised by the 27th March 2023. Transparent, partnership working with the market is intended to ensure a shared understanding of the current market pressures and budgetary constraints in reaching a position of sustainability. Of the 10 Residential & Nursing Care Homes in the borough 9 attended one or both of the forums and were given the opportunity to discuss and review the data and key findings contained within this report.

1. Data Collection and validation

The data presented from the Fair Cost of Care Exercise is not validated or verified. The information does not represent a reflection of market conditions in Bracknell Forest Council and will not influence our approach to rate setting.

All data was submitted and collected during June – July 2022 and therefore relates to the costs, or estimation of such costs, of the same period. BFC used the iESE Care Home Cost of Care (CoC) Tool on behalf of CHIP (supported by ADASS and the LGA). This tool was built in the CareCubed web-based platform.

The tool asked providers to give details on the location of their service, core expenditure – such as staffing, supplies, overheads, head office and direct staff costs etc. It also required providers to submit figures in relation to return on operations (ROO) and return on capital investment (ROC) capital as well as data on occupancy and staff hours etc. The Council only used the CHIP CoC Tools and did not ask further information of providers, nor use any other data collection template.

BFC had a reasonable initial response to the exercise - 7 responses from 12 providers, equating to a 58.3% response rate.

We took a consistent and robust approach to validation of each individual provider return received as set out below:

- Identify any incomplete/blank data fields in individual provider returns
- Develop Benchmarks- i.e. medians of cost lines from submission data
- Identified any outliers, where costings were proportionally out from medians
- Identify line level anomalies driving outlier costings
- Contact provider directly – To notify of queries to be raised and reviewed
- Provider requested to review and resubmit- With comments
- Update tool following review
- Benchmarks – Automatically updated within tool
- Repeat process- To identify any new outliers

Following the initial validation of the data there was a need to exclude a total of 3 submissions. Rational to not take these 3 submissions forward to the data analysis stage of the exercise, following initial validation are as follows:

- **Submission 1** – incomplete dataset, so unable to undertake data analysis as key data fields were missing (queried with provider, who stated they did not have capacity to complete data requested, even with support offered to do so.
- **Submission 2** – a considerable outliers in terms of costs (significantly outside of reasonable tolerances for several cost lines) provider unwilling/or unable to review these costs.
- **Submission 3** – Data entered incorrectly into several data fields, resulting in significant skewing of data and therefore not admissible for data analysis. Provider contacted several times to validate data, but these attempts were unsuccessful.

Four submissions were deemed admissible to take forward to the data analysis stage of the exercise (57% of total submissions) and representative of 33% of the market.

2. Data Analysis

The data presented from the Fair Cost of Care Exercise is not validated or verified. The information does not represent a reflection of market conditions in Bracknell Forest Council and will not influence our approach to rate setting.

Bracknell Forest is the second smallest unitary local authority in England. As such, despite active engagement with the market, and a favourable response rate, the sample size for each category of placement (Residential, Residential Enhanced, Nursing, Nursing Enhanced) is very small. Therefore, the results are not statistically significant and do not form a reliable basis to inform fee decisions.

Number of FCoC submissions for each category:

	Residential	Residential Enhanced	Nursing	Nursing Enhanced
Number of submissions	3	2	2	1

Alongside Providers whose data could not be validated for analysis, those who had failed to submit any data were contacted at least three times via phone with an offer of support in completing the exercise. This included the offer of 1:1 support to complete the exercise. However, despite the support offered, providers were unable or unwilling to submit completed responses.

As was required of the process, providers were not asked to provide copies of relevant financial and associated records to be checked, scrutinised, or challenged by the local authority. Validated submissions were reviewed and assessed for tolerance within range. Following this process, as detailed above, 3 submissions were excluded for analysis. All other data submitted by the remaining 4 providers was taken at face value.

To reach a position on what constitutes a FCoC for care home provision, we needed to establish what we considered to be a reasonable return on capital (ROC) and a return on operations (ROO). The range submitted by providers was between 8-11% within returns. We have reviewed the guidance around benchmarks and believe this is reasonable - taking the decision to not adjust what providers submitted as a ROO and ROC for analysis purposes. In addition, given the statistical relevance of the sample size, it was deemed there was little value in applying any further and more complex analysis to this element of the returns.

The following data sets out what we have been required to submit within Annex A of the return and is included here, as per the DHSC guidance.

Bed Type	Count of Observations	Lower Quartile	Median	Upper Quartile
+65 Care home places without nursing:	3	£1267.93	£1590.66	£1592.17
+65 Care home places without nursing- Enhanced:	2	£1095.07	£1095.07	£1590.66
+65 Care home places with nursing:	2	£1643.67	£1765.20	£1886.74
+65 Care home places with nursing - Enhanced:	1	n/a	£1886.74	n/a

Cost of care exercise results - all cells should be £ per resident per week, MEDIANS.	65+ care home places without nursing	65+ care home places without nursing, enhanced needs	65+ care home places with nursing	65+ care home places with nursing, enhanced needs
Total Care Home Staffing	£900.14	£527.57	£1,110.05	£1,194.71
Nursing Staff	£0.00	£0.00	£335.16	£294.58
Care Staff	£466.43	£367.87	£446.64	£511.16
Therapy Staff (Occupational & Physio)	£11.74	£9.67	£4.84	£9.67
Activity Coordinators	£22.03	£22.03	£13.19	£22.03
Service Management (Registered Manager/Deputy)	£103.74	£103.74	£77.22	£103.74
Reception & Admin staff at the home	£32.24	£32.24	£23.11	£32.24
Chefs / Cooks	£40.77	£40.77	£36.28	£40.77
Domestic staff (cleaning, laundry & kitchen)	£68.19	£56.02	£78.60	£89.00
Maintenance & Gardening	£91.52	£91.52	£53.32	£91.52
Other care home staffing (please specify)	£83.38	£0.00	£41.69	£0.00
Total Care Home Premises	£61.20	£61.20	£67.54	£52.05
Fixtures & fittings	£25.36	£8.39	£0.87	£0.00
Repairs and maintenance	£37.10	£44.43	£36.08	£35.06
Furniture, furnishings and equipment	£12.54	£16.99		£16.99
Other care home premises costs (please specify)	£3.90	£0.00	£1.95	£0.00
Total Care Home Supplies and Services	£178.05	£183.10	£176.23	£174.42
Food supplies	£40.70	£47.56	£39.88	£39.05
Domestic and cleaning supplies	£12.09	£13.07	£12.58	£13.07
Medical supplies (excluding PPE)	£0.71	£0.71	£9.11	£0.71
PPE	£4.94	£5.64	£2.47	£4.94
Office supplies (home specific)	£3.09	£3.09	£3.69	£3.00
Insurance (all risks)	£8.40	£8.10	£8.41	£8.10
Registration fees	£4.26	£3.88	£4.07	£3.88
Telephone & internet	£3.31	£3.43	£2.15	£3.31
Council tax / rates	£1.46	£2.14	£1.23	£1.00
Electricity, Gas & Water	£51.30	£57.50	£47.70	£51.30
Trade and clinical waste	£7.41	£6.38	£6.90	£6.38
Transport & Activities	£12.16	£12.16	£6.56	£12.16
Other care home supplies and services costs (please specify)	£27.52	£19.34	£31.51	£27.52
Total Head Office	£150.36	£150.36	£123.23	£152.41
Central / Regional Management	£122.58	£122.58	£75.31	£124.27
Support Services (finance / HR / legal / marketing etc.)	£15.31	£15.31	£37.14	£15.31
Recruitment, Training & Vetting (incl. DBS checks)	£12.67	£12.67	£9.66	£12.83
Other head office costs (please specify)	£2.27	£0.00	£1.14	£0.00
Total Return on Operations	£141.18	£127.25	£159.94	£141.18
Total Return on Capital	£140.00	£140.00	£149.95	£172.00
TOTAL	£1,570.93	£1,189.48	£1,786.93	£1,886.77
Supporting information on important cost drivers used in the calculations:	65+ care home places without nursing	65+ care home places without nursing, enhanced needs	65+ care home places with nursing	65+ care home places with nursing, enhanced needs
Number of location level survey responses received	3	2	2	1
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	8	8	5	5
Number of residents covered by the responses	3	27	13	21
Number of carer hours per resident per week	27	25	29	31
Number of nursing hours per resident per week	0	0	9	9
Average carer basic pay per hour	£9.74	£10.38	£10.63	£11.53
Average nurse basic pay per hour	£0.00	£0.00	£19.85	£20.20
Average occupancy as a percentage of active beds	83%	87%	88%	94%
Freehold valuation per bed		£96,744.19		

Of the four provider submissions that were validated and used in analysis, two are not representative of the local provider market. These services reflect the “luxury” care home market, which provide exceptional levels of service at a premium. Given that this represents 50% of the validated submissions received, they have a direct and substantial impact on the median rates. This renders the data statistically invalid as a means to understand the true cost of delivering care home provision in the borough.

Additionally, the information provided is not consistent with the Council’s current experience of capacity in the market or fees currently paid. The Council does not currently set a standard rate when purchasing beds, as we predominantly ‘spot purchase’ beds from the market. There is some level of negotiation regarding individual care needs and agreeing an acceptable rate to both parties. Therefore, other than a small number of ‘block purchased’ beds, the prices BFC pays is market led i.e., the individual providers determine the fees they are willing to accept for Council purchased beds.

In one example the provider’s submission was £1644, whereas between June to August 2022 BFC has spot purchased 7 Standard placements with this provider ranging from £1,134 to £ 1,259 (rates expressed inclusive of Funded Nursing Care (FNC). This direct comparison to the FCoC submission provides an indication of the disparity between rates considered appropriate by providers on an operational basis when compared to submission.

BFC currently funds 303 care home placements as of August 2022. The overwhelming majority of placements are spot purchased at market rates, set by the individual provider. Negotiations with providers ensure a market rate is paid at the time of placement and provides strong internal data to calculate the current cost of care within the borough and surrounding area. We do not use Nursing Enhanced as a category for placements, and so in table below the Upper Quartile of current negotiated placements is given to indicate an estimated “Enhanced” rate. For comparative analysis FNC of £209.19 has been added to the Nursing Figures. Although ordinarily BFC would not pay this as homes would claim this direct from the NHS. It is not possible to arrive at a direct comparison to FCoC criteria because we do not currently record data in the same way.

BFC Placement Data June-August 2022:

	Residential (Median)	Residential Enhanced (UQ)	Nursing (Median)	Nursing Enhanced (UQ)
BFC Data	£1000	£1075	£1184	£1699
Range	£875 - £1271		£1159 - £1726	

*Data from BFC Residential to Place tracker
Data includes all spot purchasing activity
Enhanced rates calculated as the 75th percentile (median of the upper data)*

Bracknell Forest Council placement data suggests placements costs are significantly lower than the data collated through the FCoC exercise. This is additionally supported

by data collated for the iBCF reporting purposes and Health placement data, which suggest a Residential fee of £957 and a Nursing fee of £1191. This is comparable to the BFC Placement data.

The data routinely collected by the Council provides a significantly stronger basis for understanding the genuine cost of care than the small number of returns received through the FCoC exercise.

Cost of Care Exercise (2022)

	Residential	Residential Enhanced	Nursing	Nursing Enhanced
FCoC Data	£1571	£1189	£1787	£1887
Range	£1095 – £1592		£1644 - £1887	

Data from FCoC Exercise (Annex A)

Insufficient data was collected to populate Lower and Upper Quartiles

Insufficient data to express range in all four categories

The above table reflects the FCoC exercise data presented in a way that is directly comparable to Bracknell Forest’s internal placement data.

To ensure ongoing sustainability of the market, BFC is aware that we need to review what we pay for beds on an annual basis, and where required, apply an inflationary uplift to support provider cost pressures. BFC has an established process in place to determine what we will offer providers as an annual inflationary uplift; a number of different factors are considered. Including:

- Key market indicators, such as the current rate of inflation and increases in the CPI, broader cost of living indicators and the national minimum wage,
- Benchmarking rates with surrounding authorities
- Working in partnership and collaboration with the market to gain a detailed understanding of cost pressures.

When determining what % inflationary uplift we can offer the market, BFC, as with all other Local Authorities, must consider its own budgetary pressures, and what is ‘affordable’ given the well-known budgetary constraints many Councils are currently experiencing.

However, there is recognition that continuing to apply annual inflationary uplifts, to keep pace with provider cost pressures, will continue to force BFC into a deficit budgetary position.

Having undertaken this process during February- March 2022, for 2022/23 all care home providers were offered a 3% inflationary uplift on purchased beds, resulting in a total cost to the Council of £1million PA. Following this offer, all providers were afforded the opportunity to ‘appeal’ the uplift offered and were invited to submit a business case and partake in an ‘open book exercise’ setting out their rationale for requesting a greater uplift and to demonstrate their sustainability/viability concerns. This approach is

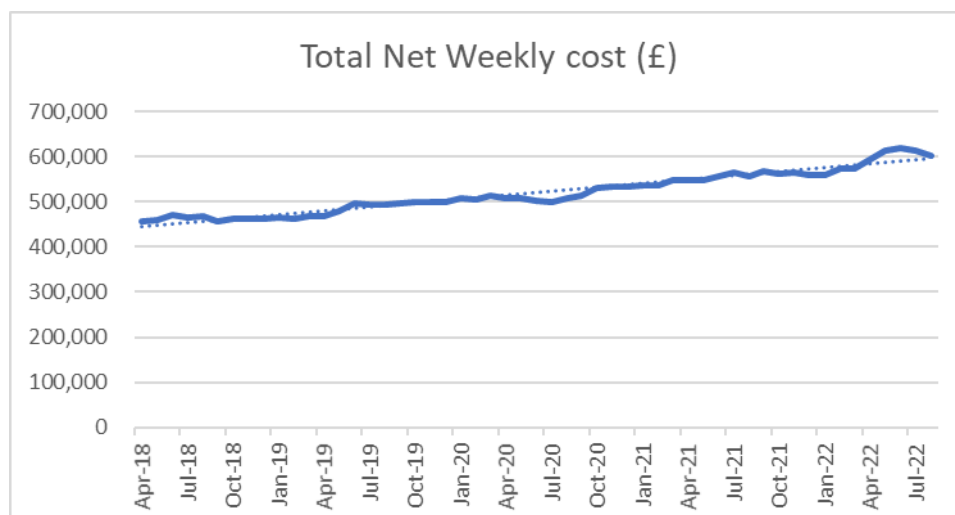
designed to support individual provider sustainability, ensuring we can identify any providers that have become unsustainable, whilst making best use of the Council resources. At the start of the 2022/23 financial year, 3 homes (25% of In Borough provision) submitted business cases to challenge the 3% inflationary uplift offered. As a result of this process, further inflationary increases were offered.

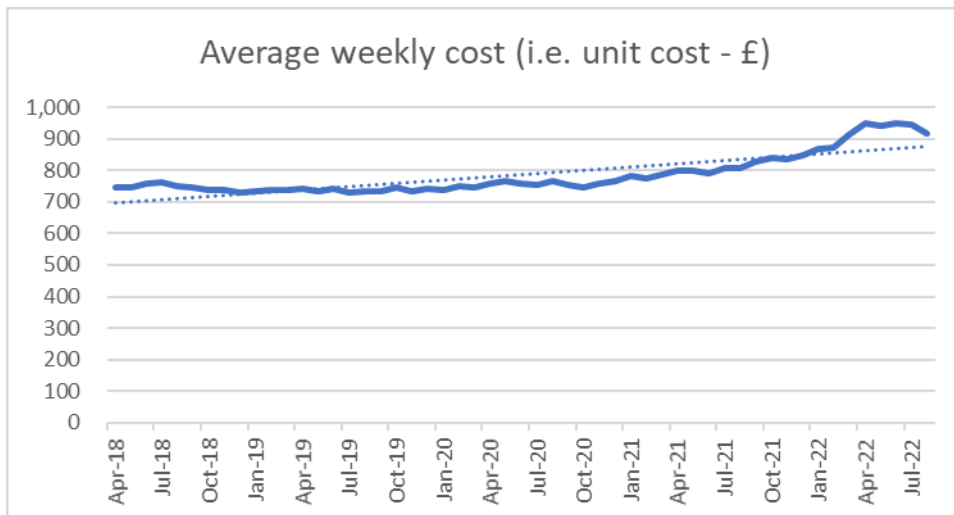
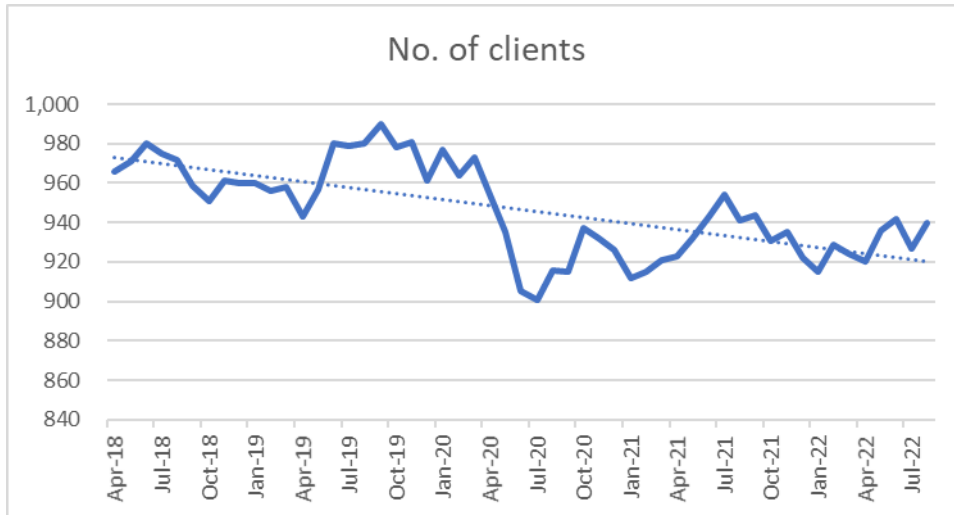
Given that such a small number of providers requested a further uplift gives further evidence that the current BFC fee rates are sustainable, and that Care Homes are broadly satisfied with the fees BFC pays.

In addition, providers are encouraged to review individual placements to ensure that assessed needs are being adequately met by the level of provision. Should increasing needs be identified requests can be made to increase the fees of the placement at any point during the year, including requests for funded 1:1 support for individuals, which significantly increases what BFC pays for a placement.

The series of graphs and tables below suggest that, while costs are rising, the number of clients for all types of care has not - since April 2018. This suggests that the cost of purchasing care is the cause of financial pressure, as opposed to increasing demand.

Since April 2018 the number of recipients of care has decreased by 10% and although the cost of care has fluctuated slightly over time, costs since April 2018 have increased by 11.6%. This increase equates to £15,096 per week (£0.787m per annum). Whilst some of this increase can be explained due to increasing complexity of needs, and therefore the need to pay for this enhanced care, the other driver of the increase is due to inflationary increases applied to fees paid. This supports the position that BFC has strived to keep pace with providers rising costs by applying fee increases through inflationary uplifts, paying for specialist care, and meeting providers requested fee rates.





Teams	Service Type	Change in Net Cost	Change in Client Numbers	Change in Net Unit Cost
CMHT	Residential*	184%	89%	50%
CMHTOA	Residential	27%	5%	21%
ACT	Residential	-3%	-26%	30%

*for the purposes of this data 'Residential' covers all +65 CH provision

The table below sets out the current capacity in the local market by providing a snapshot of vacancies for each category of care as of August 2022. The table suggests reasonable capacity for Residential, Residential Enhanced and Nursing placements. However, Nursing Enhanced capacity is significantly below other categories and BFC continue to pursue opportunities in this market to increase capacity to meet demand.

BFC Market Capacity Data

	Residential	Residential Enhanced	Nursing	Nursing Enhanced
Percentage of admittable vacancies	8.93%	9.22%	17.07%	1.2%

Taken from September 2022 Capacity Tracker

In 2021, BFC commissioned an independent organisation to undertake a detailed analysis of need for nursing and residential care capacity in the Borough. This review identified that there is sufficient residential care capacity to meet demand over the next 13 years. However, the borough would benefit from additional Nursing Enhanced services to meet demographic needs over this period. Trend data suggests that Enhanced Nursing is the fastest growing area of demand in the Borough. Between Jan – June 2022, there have been 52 placements sourced where memory and cognition is the primary support need. Memory Cognition is our closest comparative descriptor and suggests an increasing demand for Enhanced Nursing beds. If this trend continues to the end of 2022, it would represent a 25% increase from 2020/21.

To better meet this demand and increase Nursing enhanced capacity BFC has recently opened a new service in Bracknell - having commissioned a local provider to deliver the service, this has gone some way to meeting this additional demand.

There are providers of 'luxury' enhanced nursing provision within the borough, whose business model it is to cater to the self-funder market. This impacts BFC's ability to access this capacity, as fee levels are unaffordable for the Council.

3. Cost Pressures and Sustainability

Bracknell Forest maintains close communication with the market and endeavours to work in partnership, being responsive to concerns and offering support with training and continuous improvement. This is achieved through a close working relationship with our Access to Resource team (Commonly referred to as brokerage), Assessment and Care management, Safeguarding and Commissioning teams.

Providers benefit from regular forums and contract management which aims to support ongoing development and improvement. Good communication with providers ensures operational, practice and financial concerns can be raised in a supportive environment and resolved collaboratively.

Based on the range of factors discussed; partnership working with providers, evidence of capacity in the market, placement data and analysis of current fees paid, by BFC

and the nature of contractual arrangements the Council believe that existing rates being paid for new placements are at rates that are sufficient to sustain the market currently, and on balance reflect a FCoC.

However, during 2021/22 providers were supported through the distribution of additional funds made available to address the Covid pandemic and recruitment challenges. This included the Infection Control Grant and Omicron Grant, as well as the Workforce Recruitment and Retention Grant. It is recognised that services have been supported by these grants and the absence of such grants moving forwards may place additional pressures on sustainability. These shortfalls in funding need to be addressed in different ways.

In addition, the rates that the Council is paying to meet a fair cost of care in 2022 are significantly above previous levels and will continue to rise. The Council will need significant additional resources to continue to pay at these rates, and to ensure annual uplifts keep pace with the additional pressures relating to cost of living and inflation,.

For example, the Council makes reference to the Consumer Price Index in setting annual uplifts for 23/24 which will place substantial strain on Council funding sustainability.

Ultimately, BFC is acutely aware that whilst we believe we are paying a FCoC 'as of today' based on the data and narrative we have presented in this report, we will not be able to continue to do this without further increases in what we pay providers, given the current cost of living crisis and rate of inflation.

4. Reflections on the exercise

What went well?

- Partnership working and collaboration with Slough BC and the Royal Borough of Windsor and Maidenhead. This was invaluable both in terms of peer support and in providing reassurance regarding our approach to the exercise and consistency.
- Engagement and support offered to providers to complete the exercise. Where support was provided this was received positively and resulted in more viable returns, than if we had not taken this approach.
- The quality of the data BFC routinely collects and analyses. This was critical in being able to undertake the exercise and reach an informed view on what constitutes a FCoC for Bracknell, given the statistical relevance of what we were able to collect as part of the FCoC exercise.
- Ongoing engagement with providers including the opportunity to present the FCoC findings and calculations put forward in this report for additional comment and scrutiny by the market.

What didn't go so well?

- Being unable to collect a large enough number of returns with enough statistical significance to be able to establish a FCoC, through the exercise.
- The process was challenging to undertake, and guidance was not always clear on the best approach to take, creating uncertainty around the approach we were following. We had to constantly reflect on this, which was time and resource intensive.
- Guidance and related templates were amended and changed during the process a number of times, which was unhelpful.
- The tools developed to undertake the exercise, on reflection, felt overly complicated, and may have been a deterrent to providers to complete, even with support.