Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Minutes of a Meeting of the AWP NHS Finance and Planning Committee

Held on 15th December 2014 at 9.30 a.m. in Seminar Room 4, Jenner House, Wiltshire

These Minutes are presented for **Approval**

Members Present

Lee O'Bryan (Chair) – Non-Executive Director

Sue Hall – Executive Director of Resources

Kristin Dominy – Executive Director of Operations

Tony Gallagher – Chair of the Trust

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer

Kerry Geoghegan – Head of Business Planning

Peter Wilson – Head of Business Development

Mel Corish (in-part) – Bed Management Consultant

Fiona Bell – Head of Programme Management Office

Amanda Willis – Head of Contracting and Procurement

Pippa Ross-Smith – Deputy Director of Finance

FP/14/107- Apologies

1. Apologies were received and accepted from: Emma Roberts, Malcolm Sinclair, Barry Dennington and Graham Coxell.

FP/14/108 – Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda.

No interests were declared.

FP/14/109 – Minutes/Summary of the Meeting on 21 November 2014

1. The minutes of the previous meeting held on 21 November 2014 were approved and taken as accurate, following the amendment outlined below:
2. The typographical error on page 2, at point 3.1, was corrected to: 'The Trust had forecast'.

FP/14/110– Matters Arising

1. Actions labelled in green had been completed.
2. On the action for SH to clarify the legal position with CCG South Gloucestershire, SH updated that South Gloucester and all commissioners were liable to pay any charges outside of the contract. South Gloucester did not dispute the fact that they were due to pay, but were financially challenged and struggling to pay. The invoice had been issued. The current bill for out of area was approximately

£500,000, which had been invoiced. The Chair asked if an appeal process was in place. SH confirmed that there was. Work was currently being undertaken to mitigate the risk. SH added that North Somerset were also financially challenged. AG suggested that it would be necessary to receive clarification before audit issues occurred. SH confirmed that it was necessary to receive clarification from all commissioners. She updated that, as of month nine (December), a formal agreement of balances was conducted, during which any disputes were submitted to TDA.

3. The Chair asked if it was possible to analyse income risks and the four year forecast. SH confirmed that, in February, she could highlight to the Committee all disputes from month nine agreement of balances. The Chair added that the discussion should include Auditors and end-of-year technical issues. TG added that it would be more beneficial to hold such a discussion pre-year end, rather than post-year end.
4. On the CIP update, the Chair reminded those present that he had asked for other savings activities to be included in the reporting.
5. The Capital Estate Strategy presentation would be presented during the second part of the Board meeting, on Wednesday 17 December.

FP/14/111– Finance Forecast: Plans to Close Gap

1. The Chair outlined that the function of the Committee was to assure financial delivery, in-year, in line with expectations. Linked to this was a commercial, business development and planning piece, as well as the need to understand wider performance issues tasked to the Committee. The Chair said that the finance in-year section was of primary importance. He suggested that the quality of the paper currently presented to the Committee was inadequate. The Chair reminded those present that, in the previous meeting, issues with the paper had been raised such as clarity of narrative, and the levels of analysis and insight presented. The Chair stated that the current paper remained insufficient for the task, and expressed his concern about the £700k gap. He stressed that information should be readily visible within the paper, alongside sufficient analysis, and suggested that the paper was limiting the Committee’s capability and proficiency.
2. TG said that he was concerned about the governance consequences of having an insufficient paper. Further, there was an audit issue as the paper did not accurately or coherently present information. TG suggested that the quality of the discussions held within the Committee were not matched by the quality of the papers.
3. SH said that the knowledge within the Finance team of the issues underlying the financial position, as well as the relationship between the Finance team and the Operations team, pertained to a greater understanding of operational issues than the papers suggested. SH suggested that the team struggled to translate the issues into a coherent narrative for the paper. KD agreed. She said that the level of understanding on locality budgeting was good, but stated that it was difficult to aggregate the information. PRS added that, at a granular level, the team had visibility of a good level of detail. She agreed that it was difficult to isolate trends

for the paper, and emphasised that there were a significant number of trends which worked together.

4. SH outlined how the team had worked throughout the month to complete the paper. The team had determined the financial position and bottom line by day three. Analysis had subsequently been undertaken for two days, which had not yielded the desired results. Repeated further analysis was then required. SH added that the team also worked with localities to complete the analysis and report-writing.

5. The Chair reiterated his concern that the gap of £700,000 would not be closed. Further, the figure had worsened slightly in-month. SH confirmed that there was no gap of £700,000. She explained that the forecast in November had reported £1.4 million. The team had consequently asked for the contingency to be released and for cost reductions to be implemented, to deal with the remaining figure. The action for month eight was to quantify the gap of £700,000, looking at better rostering of agency spends and capitalisation. In December, the team had taken the rest of the contingency as agreed by the Committee but release it to the contingency forecast, which meant that the in-month position had not changed. SH added that page 7 of the paper outlined the details of how the £700,000 gap had been closed. The forecast table showed that there would be no gap at year-end, and that the £700,000 gap had been mitigated.

6. The Chair and TG emphasised that the paper was not sufficiently clear, and that there was a risk of the Trust or third parties misreading the information. The Chair asked for the narrative to be presented more clearly.

7. SH outlined that, as of month eight, taking into account that the contingency had not yet been dropped into position, the year-to-date figure was £771,000 away from what was expected. The position had slightly worsened in month eight. The plan had been to forecast on a monthly basis; the Trust was £90,000 away from the forecast made in November. This was due to nursing and staffing pressures. LDUs were currently working to reduce their forecasted position.

8. In terms of staffing, there were several key areas of concern. At month eight, there were 482 'financial ledger vacancies'. Within that, 47 employees were on maternity leave and 66 were on sick leave. The positions were shown as vacant because the employees were not currently in the roles; the positions were currently filled by bank and agency staff. The true vacancy figure was 369. There were plans to recruit for 290 vacancies, primarily in Secure Wiltshire and Specialised. Corporate were showing 88 vacancies, mainly for housekeeping and administration roles. The paper presented a breakdown of the vacancies by LDU.

9. Out of area was a primary concern. The team had produced the I&E excluding the out of areas, to show the actual position. PRS explained that the I&E excluded the impact of out of area spend, and therefore excluded the Trust's risk share of the £543,000. The report also excluded the impact of the £700,000 release of the contingency. It was therefore possible to understand the position based purely on day-to-day activities within the organisation. This showed the Trust running at a loss, year to date, of £4,360,000, and a forecasted loss of surplus of £136,000 on all business activity. PRS summarised that pressures were on pay, and that there were insufficient increases in income and non-paid costs. The team were

analysing the pressure, to determine how much was non-recurrent, and were analysing the impact of safer staffing as well as any double-running costs such as maternity leave or sick leave.

10. SH recalled the pressures which had occurred at the beginning of the year in Bristol, and noted that the initial contingency had been allocated to the area. She asked whether that had been included in the year-to-date figure. PRS confirmed that it was. SH suggested that, without the risk of PICU, the figures would have been within the control total.

11. AG said that the report was helpful. He understood that the underlying budget was sound, as was underlying business, and said that the pay strains were reflected well in the paper. AG understood that there was a reasonable challenge for the Trust, but that the challenge was not insurmountable.

12. The Chair asked if staff costs could be attributed to vacancies. PRS replied that analysis was being undertaken to determine whether the issues related to headcount and grade within headcount, and whether the vacancies were within expensive grades. PRS was attempting to identify a behavioural trend. The Chair agreed that it would be helpful to receive an outline of the overspend analysis.

13. The Chair asked for the I&E paper to be included within the Board papers.

14. SH explained that the Trust-wide forecast table at page 7 had been reduced. The comments pertained to the main movements from month seven to month eight, for each area. Most LDUs' forecast positions were improving. Secure's forecast had shown slight improvement, but was still a cause for concern. Secure were struggling to recruit, and were in the process of interviewing for band 5s and band 3s. KD outlined that Secure's net position had been analysed. The turnover rate was still poor. KD proposed that the new model would impact positively on retention rate. Paul Townsend was writing a more detailed paper on the issue.

15. SH relayed feedback from staff, that they would not necessarily stay within their roles if they were offered higher pay. She added that a 'refer a friend' scheme had been introduced. TG suggested that the issue be referred to ESEC. KD added that the possibility of rotational posts had been considered, which she suggested would be attractive to potential candidates. TG agreed that employees who had gained experience throughout organisations were valuable. **– ACTION SH**

16. KD said that staff were being lost to agencies. PW added that there was significant investment in training and induction for new starters. He outlined that such investments were lost in organisations with particularly high turnarounds. TG understood that in other organisations, incentives were introduced to attempt to retain staff.

17. SH continued with the forecast paper, which outlined the schemes the team planned to undertake in order to make additional savings. A rebate of the PFI insurance of £300,000 had been received, and the Trust had additional FP10 savings. Further, there were four additional schemes which made up the total of £1,467k. SH updated that the schemes were delivering. The table including the schemes showed the adjusted forecast, which reported that the control figure would be hit. SH stated that she was confident that the figure would be reached, dependent on any further CQC's requirements following the current inspection.

18. Further work was required to understand Bristol's forecast. The forecast had improved, and Sarah Brampton continued to work through the details of the new Bristol tender implications. There could be an improvement in the Bristol forecast. KD explained that it was necessary to map old model staff onto new models and determine the variations and transition arrangements. The same analysis would be performed for inpatient services.

19. TG said that the headcount numbers were unclear and needed improvement. He understood that agency staff had not been budgeted for, despite the fact that the team knew agency staff would be employed. TG suggested that there were practical issues with the budgeting paper. KD stated that she could write a briefing to outline and clarify the staffing issues, particularly within clinical services, to present at the next Committee meeting.

20. SH turned to the balance sheet. The PFI repayment had been reversed back into position. Other main variants related to out of areas, and affected assets and liability. Further, deferred income had been included at the bottom part of the balance sheet, and had now been put into the position. PRS added that the plan had not shown detailed enough phasing. SH confirmed that more detailed phasing would be included in next month's paper, and the balance sheet plan would be phased in line with known payments.

21. SH outlined that Bristol and Wiltshire had paid their second quarter CQUIN invoices, which had been outstanding. Further, the outstanding debt relating to Wiltshire had been agreed at £350,000, against the initial holding debt of £645,000. The payment was expected imminently. Swindon Borough Council had paid two LIFT invoices, which had been outstanding since the beginning of 2014. An agreement on Swindon's outstanding year-end invoices had not yet been reached. SH had scheduled to meet with Swindon's Director of Operations, who would review the position, on 22 December 2014.

22. There were currently no redundancy provisions in the balance sheet.

23. There were two primary concerns with cash flow. The Trust were behind on the capital programme, due to payments made to the CQC. The work had largely been completed, but had not been signed off by surveyors and invoices had not been received. The team were confident that payments would be completed by the end of March 2015.

24. The team were not proposing to make adjustments to the control totals, both on EFL or the capital limit with the TDA. It was currently expected that both would be achieved.

25. The Investment Planning Group had recently met, and a request had been made to adjust the capital plan, to allow for the Windows XP Replacement Project pulling forward a further £125,000 in-year. This could be funded by a delay in the start of the replacement for RIO project, as well as laptop contingency and discharge summaries. The electronic transmission of discharge summaries was no longer required, because external funding had been secured through the Digital Technology Fund.

26. An offer had been received for Foxley Green, which was a site in Salisbury. This was a protracted sale, and the offer was for the payments to be made in two parts.

Overall, it was estimated that a profit would be made on the property. SH added that the DV had provided advice. SH asked the Committee to approve the team to enter the next stage of negotiations.

27. The Committee approved the proposal.

28. TG noted that land values were appreciating. He asked why the price was high, and when the last valuation had been conducted. SH confirmed that a review was being conducted of current net book values and disposal values, which would be brought to the Committee in January 2015.

29. The Chair asked if the capital refocus would impact on plans in later years. SH replied that the capital plan did not currently impact, but that the team were monitoring the plan in terms of its potential impact in the future. The team had asked for a paper from the Committee around the implications of securing a loan, or borrowing money from the Priory.

30. The Chair actioned SH to further her understanding of the business case for the cost and benefits of the Bristol tender. **– ACTION SH**

FP/14/112 – CIP and Other Savings Projects

1. FB explained that she had attempted to split the paper into three areas, looking at CIP, cost reduction and more efficient coordination for 2015. The bottom line for CIP was that most LDUs had largely delivered on their plans. There were some exceptions. As a whole, reports were showing confidence that deliveries would be made in-year, in full and recurrently.

2. Month eight was £19,000 under the forecast. Year-to-date, this was £43,000 down accumulatively, which was a total delivery of 4.5 against 4.554. FB said that the forecast confirmed all variations would be picked up, to report full delivery.

3. The Chair asked if delivery was being completed in the way that had been intended. FB replied that delivery was largely aligned with the Trust’s plans. Re-organisations had led to a more ‘programmed’ approach. Bristol had also taken a more programmed approach. FB summarised that those who had not adopted a more programmed approach would have more work to complete in 2015. The Chair asked if areas which had not taken a more programmed approach were learning. KD replied that FB was currently writing a consultation exercise, to bring together those with ‘Programme’ or ‘Project’ in their title, to solidify infrastructures to deliver programmed activity.

4. FB outlined that a disconnect came from the divisions between the organisation’s departments. She suggested that triangulation was not effective, because reports and analysis were being undertaken separately. FB suggested that it would be beneficial to receive overviews of information, and conduct inter-department discussion, before papers were written. TG agreed that it would be more beneficial to discuss month seven figures in detail and with more understanding, rather than discuss month eight figures using unclear or incomprehensible figures. SH added that it would be more beneficial to analyse and determine general trends, rather than focusing specifically on in-month data.

5. FB turned to cost-reduction. She updated that the team had not had the same ‘grip’ on the cost reduction schemes as they had on the CIP. There were three

cost reduction programmes running: IT, procurement and pharmacy. There was a subtlety around the schemes, in that procurement had always been a cost-reduction programme. An element of IT's budget had been reduced in-year, which sat in the CIP programme, and an element of the funding had come into the cost reduction programme. Pharmacy had sat solely in the cost-reduction programme.

6. TG asked for clarity around the issues within Pharmacy, and noted that the definition of 'pharmacy' was unclear. FB explained that all pharmacy savings had sat in cost-reduction; she clarified that money had not necessarily been removed from the budget. PRS added that, as a result of cost-reduction work, reports were run as part of 2015's budget-setting so that it was clear where the budget would be taken from. This analysis would be performed retrospectively. The volume of drug usage was governed by LDU behaviours TG emphasised that there were process issues, and asked for further clarity going forward. **– ACTION FB**

7. FB added that additional targets had been monitored, due to incoming cost pressures. Procurement had had an additional £400,000 added onto their target for the year, and had forecasted that the original target would be met. The end of year forecast showed a £215,000 variation. AW explained that, for localities to be able to deliver, projects and work had been undertaken and the savings which had been made had gone to localities.

8. IT had been given an additional target of £500,000 put in against them, which made the target £570,000. IT were on track with delivery. They had forecast that they would be -£6,000 by year-end. FB highlighted table 18 in the paper, which was flat because the forecasting had not been adjusted. IT had effectively over-delivered in the first months, which had led to a dip in the last quarter. FB confirmed that IT was on track to have delivered their target by year-end.

9. Pharmacy had a target of £689,000. This had been reported quarterly, because much of the billing came in at a minimum of three months in delay. Currently, it was forecast that quarter two would come in on plan. The forecast for the final quarter was significantly under. FB predicted that pharmacy would not recover by year-end. The Chair asked FB where the £140,000 additional drug savings had come from. FB confirmed that the amount had been included.

10. The Chair asked if, going forward, cost-reduction schemes would be brought forward to the team's portfolios for management. SH replied that the over-providing was also an issue. She added that the organisation should be looking to reduce its costs. The Chair understood that the non-pay percentage reductions were modest. SH stated that 75% of cost was pay, and PRS added that approximately 60% of non-pay was fixed. TG asked what the saving would be if the Trust moved from being a high subscriber to a low subscriber. SH confirmed that such analysis had been undertaken, and said that the results could be shown to the Committee. **– ACTION FB**

11. FB outlined that the team planned to look at bigger, Trust-wide schemes in 2015. CIPs were 5% of the total budget, which would remain at approximately £7 million. Each LDU or cost centre had been given a 5% target in the previous year. The plan proposed that the cost centre target would be 2%, and the remaining 3% would be sourced from Trust-wide schemes such as HR efficiencies, procurement, finance and estates. The 2% in the LDUs could focus on headcount and

pathways, with the 3% relating to Trust-wide operations. FB suggested that, going forward, it was necessary to determine discretionary and non-discretionary spend. She estimated that the discretionary spend was approximately £120 million; further analysis was needed.

12. FB further outlined that the team had scheduled an Extended Executive Group for 16 January 2015, to discuss potential schemes, numbers and priorities and in order to understand the LDUs' views on what they would contribute on their schemes. The full year effect for 2015 would be received from the LDUs. It was necessary to determine targets, and how much had been pulled through from 2014, which would give LDUs individual targets and suggestions on how targets could be met. FB outlined her intention that the work for LDUs would be reduced in 2015.
13. The Chair understood that there was a correlation between the programmed approach and positive results.
14. PW added that commissioning intentions needed to be factored in to cost improvement plans. FB replied that the Finance team had provided basic planning assumptions, which had been included in the paper, around inflation etc. Processes would be implemented, once figures and targets had been confirmed. It was further necessary to be open around planning assumptions, so that changes in the national guidelines were clearly understood.
15. The Chair asked for a focus on CIP in the next Committee meeting. SH and PRS agreed that it would be more beneficial to present the information in February 2015. The Chair suggested it would be helpful to invite the MDs. **– ACTION PRS**
16. The Chair and FB determined that the action arising from the paper were for the Committee to approve the 60/40 split. The Chair said that the benefits to the approach had been clearly outlined, and that he approved the approach. TG added that there needed to be a formal sign-off by the LDUs.

FP/14/113 – Planning, Timescales, Progress, Assumptions Issues and Business Development

1. PW outlined that the report had been produced on the back of the deep dive and the strategy summits at localities. The paper highlighted the long-term strategic aim to attract £100 million' worth of growth. CAMHS is kept in but the tendering of the Bristol, South Gloucestershire and North Somerset procurement process, has been delayed by the impending election. The team were continuing to work with Wiltshire commissioners and the Priory, as well as Bristol CCG on the LD pathway. PW noted that work with Bristol had been slightly stalled by Commissioners. The team were working closely with BANES, as well as a variety of potential partners, regarding the re-provision of an inpatient base. Further, Martin McLean had attended a review of the decision to retract the North Somerset substance misuse tender submission.
2. There were six priorities for Trust-wide business development areas, including areas which needed further work in order to reach the £100 million target. Further priorities were the areas of Eating Disorders, Learning Disabilities, and Criminal Justice. The paper further discussed the risks around the upcoming election.

3. Section 6 of the paper comprised the business planning processes and timescales. KG updated on business planning. The team were waiting for notification from the TDA, with regard to the business planning timescale for 2015 to 2016. The information would be published on 23 December 2014; however, this could be delayed following the publication of the Dalton Review. The same timescales and business planning requirements as had been developed in 2013 were currently still being worked to. Major changes to the plan were not expected, and the team were currently on target as required. An initial draft plan would be produced in January 2015. KG added that the team had not received formal written comments from the TDA in response to either the operating plans or the IBP. The team had been waiting for the feedback since April 2013.

4. Localities' engagement with the two year plan was positive, and business growth had improved since 2013. Smaller localities had proposed interesting suggestions for innovative business.

5. The Chair understood that there were different requirements for the TDA and Monitor. SH explained that the TDA and Monitor had attempted to pool their timescales as part of the triangulation initiative. TDA and Monitor were expected to support the plans in terms of the wider economy, and had promised to align planning deadlines. The AWP followed the TDA deadlines.

6. The Chair understood that the target had been set to be met by the end of January 2015. PW confirmed that the areas and localities to work on would be highlighted in the current meeting, so that focus could then be placed on the localities in order to deliver on plans and targets. TG emphasised that it would be beneficial to act in accordance with a two-year plan rather than a five-year plan.

7. PW turned to the Business Development Framework. He outlined that the local localities development plans were often commissioner-led and were invested in by commissioners. Localities in this tier were largely able to implement the changes independently, with support from Corporate as and when required. The next tier pertained to larger projects, often with a commissioning steer. Corporate supported the localities in this tier with expertise, finance and business development plans where necessary. The top boxes in the table were larger ticket items, which would help to deliver the £100 million growth target over the upcoming five years. They pertained to: development of core mental health servicing to a new geography; the development of AWP inpatient services; expansion of dementia and memory services pathways; provision of mental health expertise to external businesses on M4/5 corridor CAMHS Tiers 4.3 and 2 delivery; integrated delivery with community/acute social care, voluntary care and emergency care sectors.

8. SH suggested that it would be beneficial for financial scale to be outlined. TG asked that extra clarity be added to the report, to outline what steps needed to be taken in order to meet the target.

9. KD added that it was necessary to identify, understand and analyse current available models. She suggested that it was not possible to achieve the target unless a thorough understanding of the market and competitors had been gained. Subsequent to the Dalton Review, System Leadership had become increasingly important. TG stated that the Bristol model provided insight into the workings of

the model in the correct way. KD asked if the Trust wished to extend their visibility into the borders, in order to gain wider intelligence and visibility. KG added that the six areas outlined in the report included the possibility of moving into health or social care. Some specialised services had suggested that prison services could grow considerably, if primary care services were delivered to prisons. TG agreed that it was necessary to find a model which fitted with the post-Dalton values. PW suggested that the AWP needed to secure its 'proven track record' position, as outlined in the Dalton report, before it was able to expand its reach.

10. PW noted that the Trust-wide development table on page 3 of the report focused on the two-year plan. It was expected that the priority development areas could be completed quickly, particularly inpatient areas and bed stocks. Medium term areas included the provision of mental health services and expertise across the patch. Further down the line, investment would be prepared for CAMHS.

11. KG clarified that there was a variety of potential developments within the first section of the table, which would help with wider AWP operations as well as growing business. The Chair emphasised that more detail on the report was required to outline the steps which needed to be taken in order to meet targets. TG outlined that a subsection of the Board would undertake analysis of the Dalton report over the next four to six weeks, and would update the Board in January 2015. TG reminded those present that Dalton had scheduled to make the categorisations in January 2015. Recommendations would be made by the end of January at the latest. The Chair suggested that, in parallel, further detail on the six suggestions in the paper be clarified and set out in the report. PW noted that some suggestions may be re-prioritised as a result of Board-level discussions.

12. The paper outlined the growth in the current financial year, as well as the losses of contracts. Removing Dementia Bristol, the figure was acceptable.

13. SH added that, in terms of growth and loss, the team were aware that they needed to be set out profitable services more clearly. Part of the work required included reference costs, and understanding cost drivers. TG agreed that the profitability of service lines was important, and that allocation was equally important. He agreed that it was necessary to understand reference costs as well as overheads.

14. TG outlined that the Trust had decided not to bid for the Drugs and Alcohol tender in North Somerset. He had suggested to Martin McLean that it would be beneficial to bid for tenders within the Trust's borders, in order to prevent the tenders being won by competitors. The decision to bid for tenders was a Board-level decision. TG proposed that any bidding decisions be put through the Financial and Planning Committee, before being proposed to the Board. TG emphasised that the Trust was currently border-based, and that the decision to bid was within the remit of the Trust.

FP/14/114 – Quality and Performance Report

1. KD updated that, in terms of the monitor assessment framework indicators, CPA service users with the review remained below the expected target in Bristol. Work was underway to review the issue. In terms of gate keeping for Crisis Home Treatment, the indicator had moved to green. There were some performance challenges, both in Bristol and in Swindon, for locality-specific indicators. A written

branch review had been conducted to analyse how the areas were recording their performance. Changes had subsequently been made. Within Bristol, it was necessary to review the way that administrative processes lined up with the new model.

2. In relation to Adults, the repatriation of service users close-to-home and to admit to home localities remained positive. In relation to Older Adult Services, the occupancy had reduced. There remained a number of delayed transfers of care, with more than 20 service users at any one time delaying their discharge. PICU appeared to have reduced its occupancy during November, and out-of-Trust placements had been reduced.

3. KD asked the Committee to note that a paper had been presented to commissioners on Tuesday 9 December, asking to block purchase additional capacity from the private sector. Approval had been given in principle, and a final decision would subsequently be made on the basis of the due diligence outcome.

4. TG asked KD why the root and branch analysis of Swindon was being undertaken. KD replied that performance in Swindon had dropped, and appeared not to be sustainable. It had been apparent for some time that the performance in the Intensive Team was insufficient. Further, a process was being undertaken, led by the Commissioner, to review the front door. It was expected that this would impact. Further challenges to the way in which referrals were accepted by the recovery team had been identified. KD summarised that there were underlying problems in relation to reporting. TG understood that the problems in Swindon had occurred since he had joined the Trust, and that over time changes had been made to staff, pathways and the Commissioning body. He emphasised that the root cause of the problem was unclear, and that there was a factor which had yet to be identified. TG stated that it was necessary to gain further understanding of the area in order to resolve the problem, and that further action than the root and branch analysis needed to be undertaken. TG proposed that the Clinical Director speak to the Committee about his suggestions of the root cause of the problem. **– ACTION KD**

5. In terms of Bristol, KD updated that the management team were improving in light of the transition. KD said that she had growing confidence in the team's understanding of the causes and potential resolutions to the problems identified. She expected that an improvement would occur.

6. TG reiterated his concern about the deterioration of the referral to assessment memory services indicator. KD confirmed that the performance in the indicator in question had unexpectedly deteriorated in North Somerset in the last month. TG replied that the deterioration pointed to a trend. He asked for further clarification of the figures subsequent to the current meeting.

7. The Chair asked who was sighted on Appendix B. SH replied that the figures were reported on the Finance Paper, which was sent to the TDA. The information was not included in submissions sent out by the Trust. The Chair understood that the Committee had the benefit of being sighted on the full-year forecast. TG suggested that the green full-year forecast be included in the paper. **– ACTION**

KD

8. MC outlined that work was currently at an early stage. She updated that she had been conducting intensive information-gathering for the past four to five weeks, and that analysis currently being undertaken was based on research conducted on site in localities. The acute pathway model MC was reviewing pertained to inpatient services, including PCLS. Different models were run in each locality. The capacity and approach taken by different teams was different in each place; MC noted that each locality was dealing with very different populations and needs. There would be opportunities to make changes, in order to improve outcomes.

9. MC updated that people felt generally comfortable about length of stay in inpatient wards. The length of stay could be improved, by benchmarking against top quartile performers across the country. Intensive teams offered different services across localities, which significantly impacted outcomes. In some areas, the maximum possible service by intensive teams was a medication drop and check, and in other areas services such as intensive home treatment, psychological therapy and mindfulness were being provided. MC summarised that patients were not being kept at home when they needed to be admitted to hospital, but that patients were not receiving a sufficient level of in-home care. Data was being pooled to support the theory, and a model would be produced.

10. There was a significant number of people suffering with personality disorders, who had long lengths of stay in inpatient services. Evidence and best practice suggested that the maximum length of stay for patients with personality disorders was three days, in order not to worsen the condition. MC outlined that models were being created to determine the impact of length of stay. Some localities were currently piloting alternative approaches, which provided extra support for people with personality disorders in the community, as well as access to DBT and other therapeutic interventions. Some localities had also increased the training of staff so that they were able to better manage people with personality disorders. MC stated that a significant saving in bed days would be reached if the model was workable.

11. Changes to the way beds were being utilised had interesting consequences. Keeping patients in their own localities allowed data to be more easily analysed. It was necessary to analyse the impact of the model, and such analysis was currently being undertaken.

12. MC updated that research was being undertaken into the connection between capacity and need. Some areas hosted crisis houses, and offered good access to supported accommodation. Transfers were delayed because people were homeless and had no accommodation to be transferred. MC suggested that there was an opportunity to develop and grow the business, as well as to smooth the transition across the pathway. Similarly, with older patients, there were difficulties securing placements for patients with dementia or challenging behaviour. MC understood that solutions needed to be found in partnership with potential providers and local authorities. She suggested that it would be most beneficial to grow care home liaison services, which was a cost-effective action.

13. FB asked MC for clarity around delivery timelines, and whether MC's work was being cross-referenced. MC replied that analysis would be available to the Board

in January 2015. She emphasised that some changes which were being proposed would take significant time to plan and introduce.

14. TG stated that the research was 'fundamental' to the understanding of AWP's core business. He asked MC to provide details of the ranges of lengths of stay and numbers of patients, to both the Board and to CDs. TG asked that the localities also be provided with the information, so that they had visibility of outliers. TG further proposed that quick wins could be identified and presented to the Board before January. He suggested that working with Otsuka could be beneficial, and would provide a competitive advantage.

15. KD summarised that issues to consider more seriously were: challenging behaviour units for people with dementia; the PD pathway, which was critical to solving spikes in intensity and demand; an acute assessment unit, which could combine CTOs and S136s to ensure that patients could leave in good conditions, and the introduction of intensive day services.

FP/14/116 – Any Other Business

1. There were no material changes to be made to the TDA Oversight Return front sheet. SH added that all Board members had received a request to complete a declaration under the Fit and Proper Person's test, the deadline for which was 15 December 2014. SH agreed that the action would be checked for Board before being asked to sign the return.

2. Monitor and Compliance, as well as the Board statements, were signed off with no changes.

3. On the Contracts and Procurement Paper, AW updated that the team were working on the contracts database, at Appendix A, and a contracts amnesty. Appendix A, the contracts database, revealed everything currently held, so that it was possible to investigate whether the contracts were still valid or needed to be renewed. This action was live, and there was currently a process which allowed for tenders to be monitored. AW further updated that the team had analysed all suppliers which were above tender threshold. The second chart in the paper showed all high value suppliers and areas where valid contracts were not in place. 'Care' was a particularly high issue, which was due to out-of-areas where contracts were not in place. 'Buildings' pertained largely to room bookings and rentals. AW assured the Committee that areas of significant spending had been identified.

4. The Chair asked AW if the team pushed back on areas of spending. AW confirmed that they did, and often negotiated prices.

5. SH added that the database could be filtered by amount, tender, date and other factors. She confirmed that AW's team pushed back to localities, which was sometimes well-received and sometimes was not. AW's team were required to spend a significant amount of time with the localities. SH updated that analysis was being undertaken into Trust-wide schemes for CIPs.

6. TG noted that there was a session on reference costs scheduled for after the Board.

7. SH added that, as noted in the Board paper, there were early indications that the

tariff deflator for 2015 was 1.55% for mental health, and 1.9% for acute. These figures were in consultation, and would be confirmed with the announcement of the planning guidance on 23 December. This figure constituted a 0.35% uplift for mental health.