Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Health and Wellbeing Select Committee**	
MEETING/ DECISION DATE:	**27 January 2016**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Final Report of the Joint Health Scrutiny Working Group – Avon and Wiltshire Mental Health Partnership NHS Trust**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Annex A – Final Report of the Joint Health Scrutiny Working Group – Avon and Wiltshire Mental Health Partnership NHS Trust		

1 THE ISSUE

1.1 In Spring 2015 the health scrutiny committees of four local authorities, including Bath and North East Somerset Council agreed to undertake a review of the response of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) to a CQC inspection report published in 2014.

1.2 The joint scrutiny was led by Wiltshire Council and the report of this joint scrutiny is attached at Annex A.

1.3 This covering report provides an initial response from mental health commissioners and from AWP's Bath and North East Somerset Locality Team, to key recommendations in the report of the joint scrutiny.

2 RECOMMENDATION

2.1 Recommendations from the joint scrutiny panel report attached as Annex A are that the working group:

1. Recognises and appreciates AWP's positive and open engagement in the process.

2. Recognise that improvement measures were underway prior to the CQC inspection report being published and these appear to being followed through.

3. Notes the changes in leadership at both executive and board level, shortly before and after publication of the CQC report.

4. That Cabinet Members and Health and Wellbeing Boards respond to

a) The concerns reported that Delayed Transfers of Care (DToCs) equate to a significant percentage of out-of-Trust placement bed days for older people and of out-of-Trust bed days for adults requiring acute inpatient care,
b) Provides information of what is being done to address this.

5. Recommends that CCGs collectively assess with AWP the requirement for a common Section 136 Protocol in line with the Mental Health Act Code of Practice. At the same time, that consideration is given to realigning those places of safety with the appropriate constabularies as custody suite sites are reviewed.

6. That Cabinet Members and Health and Wellbeing Boards investigate the concerns reported by AWP regarding housing or step-down accommodation for patients with no fixed abode and the impact on Delayed Transfers of Care (DToCs) so that appropriate action can be taken if necessary.

7. That CCGs and Health and Wellbeing Boards respond to concerns highlighted by the CQC report and echoed by AWP regarding:
   - Limited availability of beds being a Trust-wide issue, with intensive, acute and older people's beds always being in demand;
   - Bed pressures meaning that care has sometimes been provided away from patients' home area, making it difficult to maintain the support of loved ones.

8. Invites participating health scrutiny committees to hold discussions regarding the merits of a longer term cross-authority scrutiny group to monitor the AWP improvement programme and the Trust's performance in the future.

2.2 In addition to the recommendations of the joint scrutiny panel, that Bath and North East Somerset Health and Wellbeing Select Committee use the B&NES specific information provided in this covering report to inform the response to the joint scrutiny panel's recommendations.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 None directly related to this report.

4 THE REPORT

4.1 Bath and North East Somerset (B&NES) has been reshaping its mental health services incrementally and engaging with both the community and professionals to identify where change needs to take place. An explicit review and description of this work is contained in the B&NES Mental Health Crisis Care Concordat. B&NES was one of the first areas in the country to submit a comprehensive Crisis Care Concordat Action Plan.

4.2 Recent Improvements described include:

- Mental Health liaison services available and operating effectively at primary care, acute hospital, community hospital and care home interfaces.
- Primary Care Talking Therapies services closely aligned to Primary Care Liaison and other community services with excellent access and recovery rates.
- STEPPS group treatment programme introduced to support people with personality disorders in Primary Care.

- Creation of a peer development program, enabling peers to recognise their progression and be supported in the process.
- A new social prescribing service. Starting in January 2015 the service works with frequent attendees at GP Practices (first phase) and improves access to community based support and learning to improve quality of life.
- B&NES Wellbeing College – offering 95 different learning opportunities.
- Increased individual control of personal budgets. Allowing people to have more control and choice over their recovery and encouraging creativity and signposting in services.
- Continuing to strengthen successful partnership working e.g. World Mental Health Day, Fresh Arts activities, opening of the Wellbeing House (providing an early intervention service in the form of brief respite to prevent crises).
- Providing mental health support and training to emergency services such as the police and ambulance service.
- Registered Mental Health Nurses (RMNs) trained in physical health to be able to better look after patients' whole needs.
- The Court Assessment and Referral Service (CARS) which works across adult and young people's services supporting offenders with mental health issues.
- A dual diagnosis supervision group where clinical discussions are held to ensure the needs of complex mental health and substance misuse clients are met.

4.3 Throughout the reshaping process, partners in the Mental Health and Wellbeing Forum have recognised gaps or challenges in services that need to be taken into consideration and addressed. The main challenges identified are:

- Continuing to build on early intervention and self-care initiatives in order to reduce long term serious mental health problems.
- Ensuring children and young people's services are more closely commissioned with adult services in order to increase more jointly provided pathways of care especially for families.
- Improving the perinatal mental health pathways for accessing treatment and support.
- Producing a clearer model of mental health services that allows a more joined up way of working with other non-specialist community and hospital services (including with GPs and maternity services). This would incorporate a clear navigational path for service users, standardization between services and shared notes. This is especially important for perinatal services and people with long term conditions such as dementia or diabetes.
- Working closely with police and ambulance colleagues to evidence the benefits of mental health liaison and triage systems in improving the service user experience of emergency services.
- Improving access and working protocols/practice between statutory services for urgent mental health care to include s136 detentions and identified places of safety.
- Making group work accessible throughout the whole of B&NES, including those living in rural areas, and engaging service users in group work
- Improving the understanding and availability of supported living and accommodation based services.
- Introducing innovative ways to combat potential reduced funding such as having rewards for collaborative working and shared budgets. Support has

also been requested to ensure smaller partners are not lost in the competitive tendering process.

4.4 2016/17 Commissioning Intentions for Bath and North East Somerset inform health and care providers and partners about the priorities for 2016/17. These priorities have been informed by feedback gathered during consultation for the Your Care, Your Way community services redesign programme. The intentions indicate where resources will be focused to deliver national and local priorities, reduce inequalities and improve the health and wellbeing of the people of Bath and North East Somerset.

4.5 Both the Mental Health Crisis Concordat and Commissioning Intentions include specific improvements, actions and intentions that are particularly relevant to the recommendations of the joint scrutiny panel. These are set out in paragraphs 4.6 – 4.14.

Delayed Transfers of Care (DToCs)

4.6 Mental health liaison services for people with dementia and adults of working age funded by BaNES CCG, provided by AWP based in the Royal United Hospital have enabled the earlier identification and treatment of people with mental health problems and supported diagnosis and care of older clients with dementia as well as supporting discharge from hospital. This active management of the care pathway ensures that there are very low numbers of patients considered to be DToCs in the RUH attributable to mental health needs. In addition there are very low numbers of DToCs on the Dementia Assessment & Treatment Ward 4 (St Martins) as a result of close engagement between the ward and community provision. Managing risk and hospital capacity/flow for those clients needing a Mental Health Act assessment, especially out of hours remains a challenge, which partner agencies continue to work on.

4.7 Community Hospital and Care Home liaison service provided by AWP and funded by BaNES CCG and also, from Dementia Challenge funding has increased the capacity in the care home sector to manage complex clients thereby preventing admission into hospital or delay in hospital discharge.

4.8 Review and agree Special Patient Notes usage across the local health system to ensure people with mental health problems are able to receive joined up care at the point of crisis or emergency.

Section 136 Protocol, assessment suite and places of safety

4.9 There was insufficient capacity for assessments under Section 136. Avon commissioners and all associated provider organisations agreed a shared protocol and the four CCGs provided increased funding to operate a 4 bedded assessment suite based in Southmead.

4.10 The assessment suite is receiving many clients who are assessed as having no mental health problems where there is no further follow-up and a proportion of these clients are intoxicated. An action in the Mental Health Crisis Concordat is to investigate new provision/an alternative pathway for intoxicated clients making best effective use of both specialist and community services.

4.11 The potential for provision of an assessment suite in Bath and North East Somerset in the longer term is being considered as part of the redesign inpatient services and the provision of a new mental health in-patient unit to replace Hillview Lodge.

Specialist accommodation and in-patient beds provision

4.12 The new mental health in-patient unit on the RUH site to improve facilities for the delivery of mental health in-patient and dementia services is planned for completion in Spring 2018.

4.13 All community mental health and social care services are being aligned with the new community services model developed as part of the *Your Care, Your Way* programme to ensure fully integrated and accessible community services for the local population.

4.14 It is the intention to review the specialist accommodation pathway during 2016/17. This review will encompass supported living, residential and nursing care services for under 65s so that people are living in the best environment to support recovery with improved quality and value for money accommodation related social support services.

Longer term cross-authority scrutiny of AWP

4.15 Wiltshire Health Select Committee considered the report of joint health scrutiny of AWP at its 17 November 2015 meeting. Councillor John Noeken who chaired the joint working group presented the report. Support was expressed for continuing a cross-authority scrutiny group to monitor AWP's improvement programme and performance. It was explained that Councillor Noeken would be unable to continue taking on the workload from the working group due to commitments elsewhere. Wiltshire Health Select Committee is currently seeking to fill this vacancy.

5 RATIONALE

5.1 Providing information specific to Bath and North East Somerset, in addition to the report presented by the joint scrutiny panel led by Wiltshire Council is intended to assist the Health and Wellbeing Select Committee in considering its response to the recommendations.

6 OTHER OPTIONS CONSIDERED

6.1 None

7 CONSULTATION

7.1 None

8 RISK MANAGEMENT

8.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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Background papers	
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Annex A: Final Report of the Joint Health Scrutiny Working Group – Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Purpose

1. To present the conclusions and recommendations of the Joint Health Scrutiny Working Group – Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).
2. To present, at Appendix 5, information specific to Bath and North East Somerset, provided by B&NES Mental Health Commissioners and AWP Locality Team.

Background

3. In September 2014 the Care Quality Commission published a quality report on AWP as part of their mental health inspection programme. This followed an inspection in June when a team inspected 39 wards and 27 community services, as well as other specialist services. The CQC found that AWP must take significant steps to improve the quality of their services and were then in breach of regulations. CQC issued four warning notices requiring the trust to take urgent action to improve. Further detail of the concerns identified are included where appropriate within this report.

4. The working group notes that AWP had asked to be part of the mental health pilot inspections being undertaken by the CQC and that many of the issues identified were known to the Trust with actions for improvement already in place.

5. A joint working group to look at AWP's response to the CQC inspection report was first mooted at a meeting of the South West Overview and Scrutiny Network. In Spring 2015 the health scrutiny committees of the following local authorities formally agreed to undertake this exercise:

   Bath & North East Somerset Council
   Bristol City Council
   North Somerset District Council
   Wiltshire Council

6. The following members took part:

Cllr Lesley Alexander	Bristol
Cllr Jenny Smith	Bristol
Cllr Eleanor Jackson	B&NES
Cllr Vic Pritchard	B&NES
Cllr Catherine Gibbons	North Somerset
Cllr Tom Leimdorfer	North Somerset
Cllr Chris Caswill	Wiltshire
Cllr John Noeken (Chairman)	Wiltshire

7. The working group adopted the following terms of reference:

   a) To consider the CQC report of AWP mental health facilities (September 2014) and the strengths and weaknesses identified.

   b) To consider AWP's past, current and planned responses to the concerns identified in the CQC report, focusing on agreed areas of most significant concern.

c) To identify (as appropriate) where AWP's response has been robust, and where it could be strengthened further.

d) To agree (as appropriate) recommendations regarding areas for improvement or for further scrutiny monitoring of the improvement programme. (These would be taken for endorsement by individual Health Scrutiny Committees).

8. The working group met with representatives from AWP on two occasions (20 March and 7 April), receiving a presentation on AWP's response to the inspection report and having a round table discussion of key concerns and priorities. The working group chose to delay agreement and circulation of its report until after the May local elections taking place in some of the participating authorities. The Chairman subsequently met with AWP representatives in July and spoke with the CQC in October to discuss the working group's initial findings.

9. The working group wishes to express their gratitude to AWP for engaging positively in the process.

Evidence

AWP reported the following to the Working Group:

Response to the CQC inspection report

10. On receipt of the report, AWP disseminated the report's findings across the Trust and paused to reflected on the outcomes. External advice and an external review were sought, including a review of AWP's structure, processes and governance arrangements. The revised arrangements put in place reflected a philosophy of assurance and controls and outcomes over process.

11. Some of the issues identified in the report were Trust-wide while some were locality based. Each locality developed a local action plan to address issues identified, but these were also disseminated across all areas to maximise any opportunities for learning across the Trust.

12. The CQC inspection report had found that "while performance improvement tools and governance structures had been put in place, these had not always facilitated effective learning or brought about improvement to practices." Following its publication, AWP implemented improvement measures that were monitored by a RAG-rating system of indicators as a quick and easy way of monitoring progress (see Appendix 1). A system of 'check and challenge' was also introduced, including:

- Sitting down with managers and discussing issues, with a focus on ensuring there was evidence of compliance. It was ensured that the notes and outcomes of these meetings were properly recorded.
- A system of peer review across different areas was introduced including shared challenge, but more importantly learning from each other.
- Since the inspection, the internal 'IQ' electronic information system has been redesigned so that localities and services are risk-rated against each of the five CQC domains and outliers are immediately evident.

13. Assurance processes include executive 'walk-arounds' and mini-inspections following the CQC methodology. Reports were then produced with accompanying improvement action plans.

14. Following the CQC report a non-executive director was appointed. There have also been significant changes in AWP's executive leadership and some changes to its Board.

Buildings and environmental safety

15. AWP work out of approximately 90 sites across B&NES, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. All six areas have of their own particular needs and population make-up.

16. The CQC inspection report found that, "the design of some wards made it difficult for staff to observe vulnerable patients and some wards had ligature points that could endanger people at risk of suicide. There were also wards where male and female accommodation was not fully segregated. These concerns were raised at the time of the inspection and immediate remedial action was taken."

17. A full external estates review was undertaken on behalf of AWP and a report completed with recommendations. The report's overall recommendation was to maximise the use of AWP's existing PFI buildings through retrofitting (as appropriate), and to decommission old buildings that could not be brought up to standard economically. AWP currently operates out of 8 PFI buildings and in some of these retrofitting is difficult, but has been done where appropriate.

18. AWP currently has several major estates work-streams, including:

    a) The Daisy Project: New inpatient and supported living provision for people with learning disabilities and severely challenging behaviour (in Wiltshire).
    b) Hillview Lodge re-provision on the Royal United Hospital (RUH) campus: This building was not compliant with CQC standards and AWP will apply for capital investment loan through Department of Health (DoH) for the full cost of replacement.
    c) Continuing work to improve safety through the removal of ligature points.
    d) Improving the quality and safety of Section 136 suite provision (in Wiltshire and other areas).

19. AWP also recognised the urgent need to address the quality of the built environment in Juniper ward (North Somerset) and Amblescroft (Wiltshire), where improvements are required to offer an appropriate therapeutic setting and appropriate gender division.

20. Work to remove ligature risks and other urgent improvements were prioritised, meaning that other areas of the capital programme had to be delayed. The additional investment required was on top of a 2.5–3% per year efficiency programme already in place and the additional pressures on the service.

21. The report from the full external estates review also included recommendations about where certain units should be cited. At present it is difficult to staff units in certain locations, particularly those requiring more specialised skills, and in some cases relocation may be required.

22. It was noted that when buildings are fit-for-purpose fewer staff are generally required to provide good patient care.

23. AWP are currently looking at the option of co-locating with other public sector organisations where feasible and appropriate.

Staffing

24. The CQC inspection report found that “Some staff had not received their mandatory training and many staff had not received regular supervision and appraisal.” AWP reported that following the inspection 88% of its staff have received an appraisal and 100 staff will undertake the Institute of Leadership and Management (ILM) programme in 2015, with 26 of AWP’s most senior leaders in learning and development programmes with NHS England.

25. The working group felt it was a significant positive that CQC reported how “staff were kind, caring and responsive to people and were skilled in the delivery of care” and that the CQC observed “some very positive examples of staff providing emotional support to people, despite the challenges of staffing levels and some poor ward environments.”

26. The inspection report reported concerns that “staffing levels were not always sufficient to meet the needs of patients and meant that activities, leave and other tasks were not always delivered.” In discussion with the working group, AWP acknowledged that attracting staff in certain fields and localities is an issue and as is the case nationally, staff sometimes leave to work more flexibly and for higher rates of pay through agencies. Improving recruitment and retention of mental health staff is being led by NHS England and conversations between AWP and academic partners are ongoing.

27. AWP is currently exploring various ways of addressing this. For example, it has introduced a £3,000 premia for new staff and is exploring other incentives, such as nursery care for staff’s children, retention rewards and incentives to existing staff when friends are recruited (‘Recruit a friend’). The Trust is represented at recruitment fares and university open days and has also sought nurses overseas. As of 15 July 2015, a further 40 staff had been recruited and are pending deployment.

Provision for homeless patients

28. AWP reported concerns that sometimes a lack of housing or step-down accommodation for patients with no fixed abode can have significant impact on Delayed Transfers of Care (DToCs). AWP has a duty of care and discharging patents to no particular destination or local authority is not considered a safe option. The working group did not have access to quantified evidence of a lack of housing or step-down accommodation for patients with no fixed abode in the four local authority areas. However, members are aware that it has been an issue in some areas and therefore needs further investigation.

Mental Health Act assessments following a Section 136

29. The CQC inspection report found that, “Mental Health Act assessments following a Section 136 were often delayed out of hours, on bank holidays and at weekends. We

also saw some significant delays in people moving on to the appropriate service once their assessment had been completed. We noted that two different section 136 protocols were being used in the different places of safety, one of which contained a set target time for people to be assessed as required by the Mental Health Act (MHA) Code of Practice and one which did not."

30. AWP acknowledged these delays, but added that often the delay is after assessment when an admission bed is required with wards operating over the recommended 85% capacity, with DToCs contributing to this directly. Challenges can also occur when under 16's are admitted to custody suites, when delays in discharging to other provision means the young person being held in a less than optimal environment.

Inpatient capacity

31. The inspection report stated that "A lack of availability of beds was a trust-wide issue, with intensive, acute and older people's beds always in demand. This meant that people did not always receive the right care at the right time and sometimes people may have been moved, discharged early or managed within an inappropriate service." The report also stated that "People spoke about the impact that bed pressures had on their care meaning that beds were often provided away from people's home area, meaning people found it difficult to maintain the support of loved ones." AWP echoed these concerns that sending patients as far away as Harrogate cannot represent good care and presents greater risks to patient welfare.

32. In discussions with the working group, AWP reported that the South West is in the lowest quartile nationally in terms of the number of acute adult beds by 100,000 of population. The region also has a lower than average number of psychiatrists and psychiatry trainees compared with the rest of the country.

33. AWP also reported that by far the highest users of older person inpatient capacity is by patients with dementia (see Appendix 2) and reducing these admissions could therefore release significant inpatient capacity. It was suggested that this could be addressed through:

    - Greater care home liaison service that could intervene and deliver care to people with dementia living in care homes. AWP suggests that care home liaison can provide in-reach, education, support, assessment and advice to care home staff and residents to reduce admission to hospital. Care home liaison is not well developed everywhere, but is an effective intervention.
    - A direct pathway to enable direct transfer from care home to a more complex care home placement
    - Consideration of a specialist community personality disorder provision to cope with the cases that currently use a high proportion of PICU and Adult Acute inpatient capacity.

34. AWP reported that its commissioned bed base, per 100,000 of the mental health population by age range, is in the lowest quartile nationally (see Appendix 3). AWP suggested this could addressed through additional alternative acute capacity through, for example, crisis houses, and intensive day programmes, to meet the existing demand within the system.

Delayed Transfers of Care (DToCs)

35. AWP reported that across the Trust days lost to Delayed Transfers of Care (DToC's) equates to over 100% of out-of-Trust placement bed days for older people and 25% of out-of-Trust bed days for adults requiring acute inpatient care (see Appendix 4). The volume of DToCs varies widely across the four authorities on the working group but it was agreed that whole system collaboration and support is needed to address this issue.

Summary of AWP's response to the CQC Inspection report

36. In summary, AWP reported that it:

- Recognised and accepted the findings of the CQC inspection report and associated enforcement notices;
- Is focused on achieving full compliance with CQC standards
- Is focused on closing the 'gap on assurance'
- Is focused on the Organisational Development programme
- Is focused on improving recruitment and retention
- Is focused on contributing to system-wide action where it is needed.

37. The CQC has confirmed that the working group's findings are an accurate reflection of the current position in terms of AWP's improvement programme. The working group notes that these indications of progress will need to be borne out at AWP's next CQC inspection.

Recommendations

That the Working Group,

9. **Recognises and appreciates AWP's positive and open engagement in the process.**

10. **Recognise that improvement measures were underway prior to the CQC inspection report being published and these appear to being followed through.**

11. **Notes the changes in leadership at both executive and board level, shortly before and after publication of the CQC report.**

12. **That Cabinet Members and Health and Wellbeing Boards respond to**
    c) **The concerns reported that Delayed Transfers of Care (DTOC's) equate to a significant percentage of out-of-Trust placement bed days for older people and of out-of-Trust bed days for adults requiring acute inpatient care,**
    d) **Provides information of what is being done to address this.**

13. **Recommends that CCGs collectively assess with AWP the requirement for a common Section 136 Protocol in line with the Mental Health Act Code of Practice. At the same time, that consideration is given to realigning those places of safety with the appropriate constabularies as custody suite sites are reviewed.**

14. **That Cabinet Members and Health and Wellbeing Boards investigate the concerns reported by AWP regarding housing or step-down accommodation for patients with no fixed abode and the impact on Delayed Transfers of Care (DToCs) so that appropriate action can be taken if necessary.**

15. **That CCGs and Health and Wellbeing Boards respond to concerns highlighted by the CQC report and echoed by AWP regarding:**

    - **Limited availability of beds being a Trust-wide issue, with intensive, acute and older people's beds always being in demand;**
    - **Bed pressures meaning that care has sometimes been provided away from patients' home area, making it difficult to maintain the support of loved ones.**

16. **Invites participating health scrutiny committees to hold discussions regarding the merits of a longer term cross-authority scrutiny group to monitor the AWP improvement programme and the Trust's performance in the future.**

Appendix 1

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Trustwide Monitor Compliance Dashboard - February 2015

	2014-15									
1. National Access and Outcome Indicators	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Follow Up within 7 days of Discharge	96 %	96.5 %	96.4 %	96.4 %	96 %	96.2 %	97.1 %	97.6 %	97 %	96.4 %
% of Admissions (16-64 years) gate-kept by Intensive teams	94.8 %	95.5 %	96.5 %	97.6 %	97 %	95.6 %	95.5 %	95.6 %	95.7 %	95 %
Access to Healthcare for People with Learning Disabilities	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Delayed Transfers of Care kept to a minimum	7 %	7.8 %	9.1 %	10.1 %	9.9 %	9.4 %	9.8 %	10 %	10 %	9.7 %
Service Users Receiving a Review (those on CPA for 12 months or more only)	97.1 %	97.6 %	97.6 %	96.8 %	96 %	95.5 %	94.9 %	95.4 %	94.9 %	94.4 %
Data Quality (Monitor): completeness of identifier fields	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %
Data Quality (Monitor): completeness of outcome fields	82.8 %	83.1 %	82.2 %	81.4 %	81.1 %	81.8 %	81.4 %	80.9 %	79.7 %	79.3 %
No. of new cases of psychosis in Early Intervention Services (cumulative)	35	60	73	88	117	135	151	174	208	231
Number of Concerns Raised	0	0	0	0	0	0	0	0	0	1

A concern is raised for each indicator below target for 9 or more months in a row

2. CQC Judgements - Warning Notices (enforcement action)	0	0	0	1	1	1	1	0	0	0

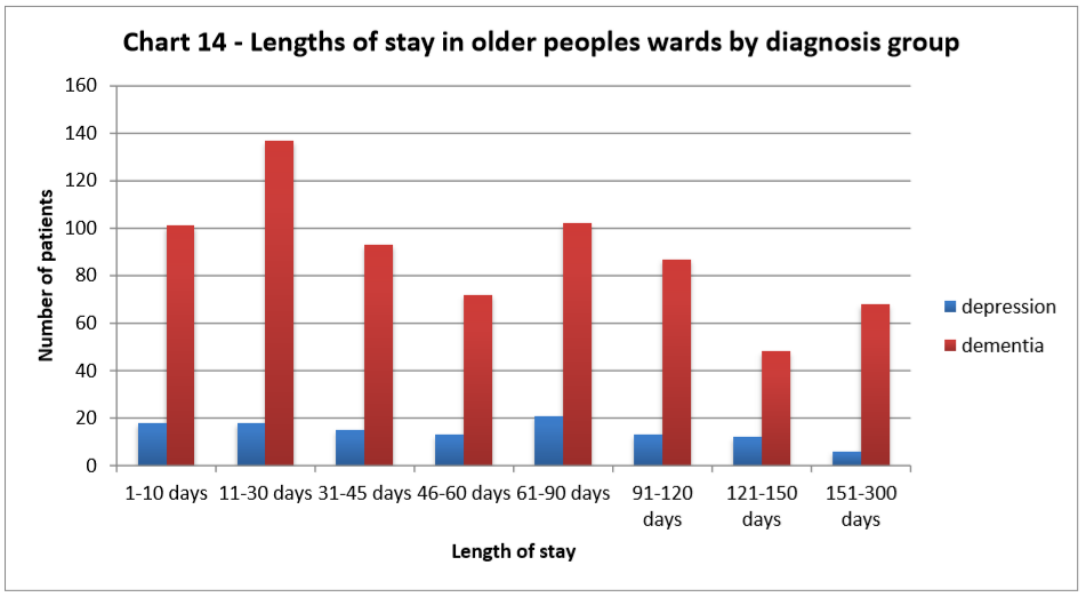
3. Continuity of Services Risk Rating	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Liquidity Ratio (days)	7	0	6	8	2	9	9	11	12	
Liquidity Ratio score	4	4	4	4	4	4	4	4	4	
Capital servicing capacity (time)	1.6	1.7	1.6	1.7	1.6	1.6	1.6	1.7	1.6	
Capital servicing capacity score	2	2	2	2	2	2	2	2	2	
Overall risk rating	3	3	3	3	3	3	3	3	3	

Appendix 2

NB. These figures relate to the **whole AWP Trust area**.

5. Avoiding admission of older people with Dementia

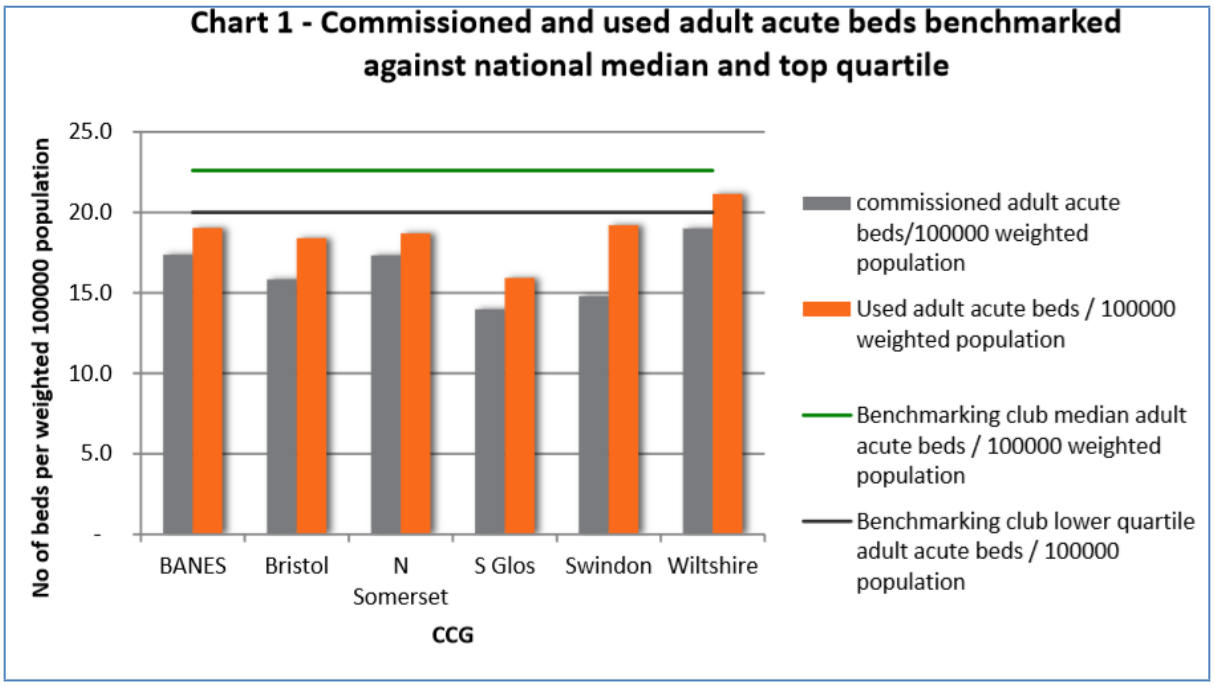
By far the highest users of older peoples inpatient capacity are people with dementia. The next highest diagnosis group in older people is depression.



Tackling the number of admissions of people with Dementia to older people's wards, given their very long lengths of stay, has the potential to release significant inpatient capacity.

Appendix 3

NB. These figures relate to the **whole AWP Trust area**.



Appendix 4

2.1. Table 1. Adult Acute Inpatient usage 12 months (Dec '13 to Nov '14)

ADULT ACUTE CCG Locality	IN HOUSE USAGE (12 Months actual data)	Total DTOC days (pro rated 12 mnth)	Out of Trust usage (Pro rated 12 mnth)	TOTAL USAGE – bed days (In House + DTOC + OOT)	Total beds used	Commissioned Bed Base	Annual capacity (Bed base X 365) 100% util'n	Short fall Bed days (Commissioned annual capacity - total usage)	Short fall Beds	Short fall beds (85% util'n)
B&NES	6,617	135	1,247	7,998	22	20	7300	-698	-1.9	-4.9
Bristol	20,170	312	1,561	22,043	60	52	18980	-3,063	-8.4	-16.2
N Somerset	7,695	43	140	7,878	22	20	7300	-578	-1.6	-4.6
S Glos	4,972	0	433	5,405	15	13	4745	-660	-1.8	-3.8
Swindon	7,531	440	556	8,527	23	18	6570	-1,957	-5.4	-8.1
Wiltshire	13,966	1333	1,353	16,653	46	41	14965	-1,688	-4.6	-10.8
	60,951	**2,263**	**5,291**	**68,504**	**188**	**164**	**59,860**	**-8,644**	**-24**	**-48**

Table 1 shows the use of adult acute bed days by each locality within AWP and Out of Trust, as well as showing the capacity used by DTOC's. Every commissioner needed more bed days than they had commissioned when DTOC's and Out of trust usage were included.