



2018/19 ESNEFT Bed Occupancy Plans

Proposal to achieve 92% Bed Occupancy



Ipswich Hospital site



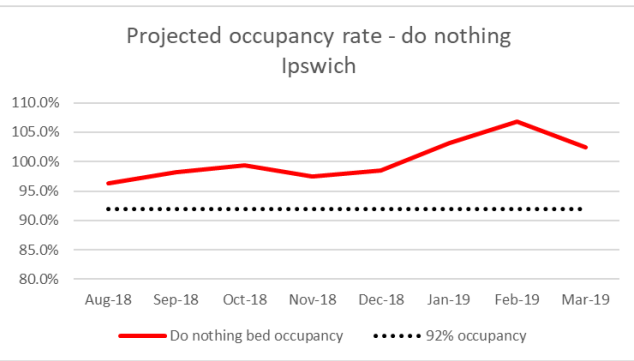
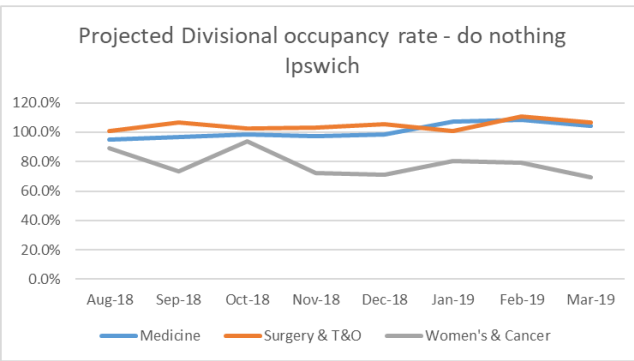
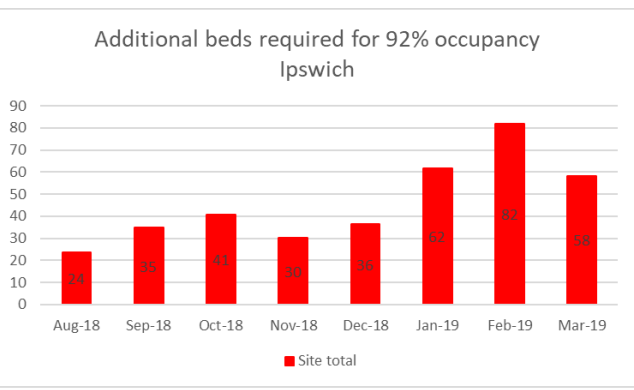
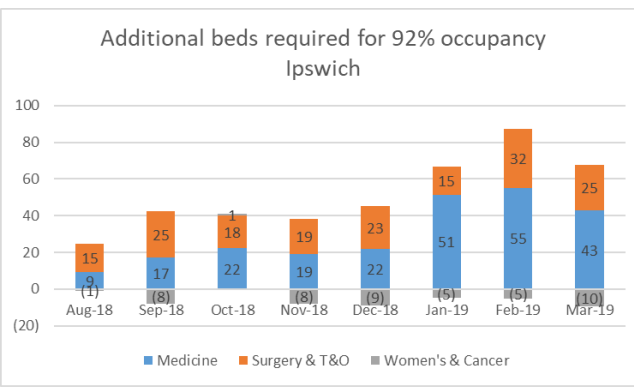
The below information shows the 2018/19 forecast bed occupancy for Ipswich hospital by month excluding improvement plans and other planned reductions in Non-Elective Length of Stay.

The data shows that without taking into account improvement plans that the hospital is consistently above the 92% occupancy threshold for 2018/19 with surgical specialties consistently show a +100% occupancy each month; analysis has revealed that this is due to Non-Elective demand.

There are significant pressures forecast for the hospital from January to March 2019 where the occupancy is expected to exceed 100% over all 3 months for the whole hospital.

February shows a deficit of 82 beds required to meet the 92% bed occupancy.

It is worth noting that growth has already been built into the activity plans that are used to derive the bed model. Please refer to appendices for assumption detail.



Division	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medicine	94.7%	97.0%	98.5%	97.6%	98.4%	107.1%	108.2%	104.6%
Surgery & T&O	101.0%	106.9%	102.5%	103.2%	105.6%	100.9%	110.8%	106.5%
Women's & Cancer	89.4%	73.5%	93.7%	72.6%	70.9%	80.5%	79.2%	69.3%
Do nothing bed occupancy	96.3%	98.3%	99.4%	97.4%	98.6%	103.1%	106.8%	102.5%

Division	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medicine	9	17	22	19	22	51	55	43
Surgery & T&O	15	25	18	19	23	15	32	25
Women's & Cancer	(1)	(8)	1	(8)	(9)	(5)	(5)	(10)
Gap to 92% occupancy	24	35	41	30	36	62	82	58

*All data excludes Paediatric & Neonatal Beds See Appendices for data assumptions.

Listed below are the improvement plans risk-weighted to show the expected reduction in the 2018/19 bed requirement at Ipswich hospital:

Scheme	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Care Homes	2	4	4	4	4	4	4	4
Self Funders	2	2	2	2	2	2	2	2
Focus on Re-admissions	2	2	2	2	2	2	2	2
IV Self Administration	2	2	2	2	2	2	2	2
Peer to Peer and Stranded Patients	2	2	2	2	2	2	2	2
REACT	1	1	1	1	1	1	1	1
Transport contract preventing losing discharges	3	3	3	3	3	3	3	3
Psychiatric liaison	4	7	7	7	7	7	7	7
ED conversion rates improvement	2	2	2	2	2	2	2	2
Patients in right place at right time	2	2	2	2	2	2	2	2
UCC (Urgent Care Centre)	3	3	3	3	3	3	3	3
Increased 7 day working	4	4	4	4	4	4	4	4
Further embedding of D2A	8	8	8	8	8	8	8	8
DTOX reduction	0	1	1	1	1	1	1	1
Beds/Day Savings - Appendectomy	1	1	1	1	1	1	1	1
Super stranded patients	7	7	12	12	15	15	15	15
Scheme plans total	44	50	55	55	58	58	59	58
Slippage/risk assessment adjustment (33%) - excluding Super stranded	(12)	(14)	(14)	(14)	(14)	(14)	(15)	(14)

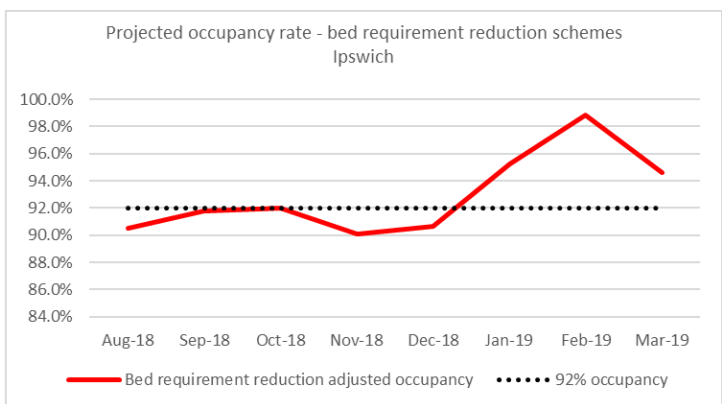
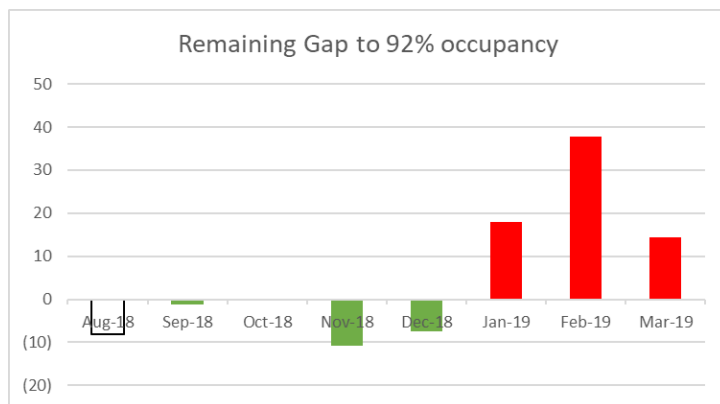
The above bed reductions show an estimated monthly reduction in the need for 44 beds by September 2018. When applying the slippage on schemes at a weight of 33% against all schemes apart from the Super Stranded patients scheme, this number is reduced to a reduction of 32 beds.

The below information shows the 2018/19 forecast bed occupancy for Ipswich hospital by month including improvement plans and other planned reductions in Non-Elective Length of Stay.

The data shows that after taking into account improvement plans that the hospital is consistently above the 92% occupancy threshold for in 2019

There would remain significant pressures forecast for the hospital from January to March 2019 where the occupancy is expected to exceed 95% over all 3 months for the whole hospital, and February shows an expected occupancy rate of 98.8%.

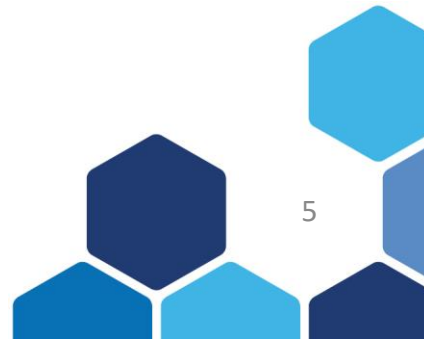
February shows a deficit of 38 beds required to meet the 92% bed occupancy. As such, additional capacity is required over the winter period to achieve a 92% occupancy rate, thus supporting flow.



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Base gap to 92%	24	35	41	30	36	62	82	58
Schemes	(44)	(50)	(55)	(55)	(58)	(58)	(59)	(58)
Risk assessment	12	14	14	14	14	14	15	14
Remaining Gap to 92% occupancy	(8)	(1)	(0)	(11)	(7)	18	38	14

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Base beds required	533	544	551	540	546	571	592	568
Schemes impact	(44)	(50)	(55)	(55)	(58)	(58)	(59)	(58)
Risk assessment	12	14	14	14	14	14	15	14
Scheme adjusted beds required	502	509	510	499	502	528	548	524
Base beds available	554	554	554	554	554	554	554	554
Bed requirement reduction adjusted occupancy	90.5%	91.8%	92.0%	90.1%	90.7%	95.3%	98.8%	94.6%

*All data excludes Paediatric & Neonatal Beds See Appendices for data assumptions.



A number of options have been explored to mitigate the surplus bed requirement in order to meet the 92% occupancy target in 2018/19, these are:

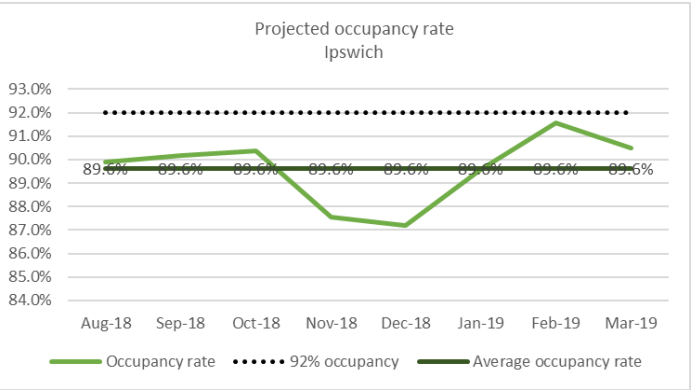
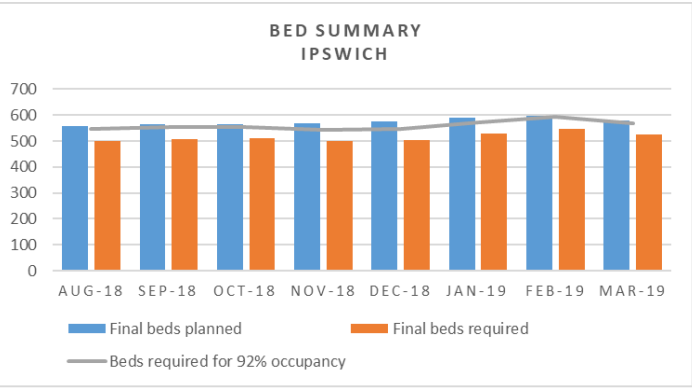
- The movement of MFFD (not Functionally Fit) patients into the community setting to create capacity for more acute patients. The intention is to commission beds and an in-reach staffing group to provide care for these patients across 2 main settings: residential/nursing and within the patient’s own home on an innovative pilot ‘Virtual Ward’ scheme which links with the D2A process.
- Full use of the 28 beds on Waveney ward.
- Usage of 4 ring-fenced beds on Stour Ward for surgical patients.
- Full use of the 12 beds on Bramford Ward.

Successfully implemented, these options will create additional capacity of up to 44 beds of which the intended phasing & impact can be shown below:

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Additional 6 beds on Bramford	0	6	6	0	6	6	6	6
Additional 6 beds on Waveney	0	0	0	0	0	0	6	0
Spot purchase of beds	0	0	0	12	12	25	28	15
4 Beds on Stour	4	4	4	4	4	4	4	4
Total additional beds schemes	4	10	10	16	22	35	44	25
Base beds	554	554	554	554	554	554	554	554
Final beds planned	558	564	564	570	576	589	598	579

Whilst the modelling shows an expected occupancy rate of lower than 92%, national returns have been submitted with greater contingency against schemes to maintain the 92% expectation

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Avg.
Final beds available	558	564	564	570	576	589	598	579	4,598
Final beds required	502	509	510	499	502	528	548	524	4,120
Beds required for 92% occupancy	545	553	554	542	546	574	595	570	4,479
Gap to 92% occupancy beds	(13)	(11)	(10)	(28)	(30)	(15)	(3)	(9)	(119)
Occupancy rate	89.9%	90.2%	90.4%	87.5%	87.2%	89.6%	91.6%	90.5%	89.6%



In order to deliver all of the risk mitigations listed on the risk mitigations & impact slide, Ipswich Hospital has forecasted the below indicative financial requirements*:

Mitigation Period Aug-Mar 2018/19	Indicative Cost (£k)
Commissioning Residential/Nursing/Virtual Beds 2018/19 (Including in-reach staffing to support the patients)	(347)
Escalation of Bramford & Waveney Ward	(313)
Total	(660)

*Assumptions and detailed workings can be found in the appendices.

Medicine:

- Forecast is based on patients spending at least one night in the hospital - those that are admitted and discharged on same day are excluded. - This gives a
- Expected growth for Non-elective patients is 3.12% from 2017/18 and 3.8% for elective patients.
- Outliers not accounted for in bed base, but are included in the occupancy.
- Data = Mede analytics , last episode and number of bed days each month since April 2013.
- Method - Non-Elective = Time Series forecast, Elective = 2017/18 bed days x 3.8% growth
- LOS = (Calculate) = (discharge - admission date) average does not include day cases.
- The funded bed base includes the following every month:
 - 285 beds in base wards (Brantham, Capel, CMU, Claydon, Debenham, Kirton, ARCU, Haughley, Grundisburgh, HASU, Shotley, Washbrook, Kesgrave, Woodbridge)
 - 28 beds in Sproughton
 - 6 Beds in Bramford (12-bedded ward, 6 not funded)
 - 22 Beds in Waveney (28-bedded ward, 6 not funded)

Surgery:

- This does not take account of any backlog clearance, for which the Division would require additional capacity.
- This data does not account for any outliers
- Forecast data is based on the 2018/19 admissions activity plan for Division 2 against the 2017/18 calendar year's average length of stay by Specialty and HRG.
- This does not include ANY daycase activity as is a predictor of midnight occupancy
- The historical data source is Mede last episode in spell episodes report.
- Non-elective is any activity excluding the Admission method Elective.
- Elective activity is any activity with an Admission method of Elective.
- Total LOS (bed days) has been divided by the total number of calendar days in month to provide bed numbers for Non-elective admissions
- Total LOS (bed days) has been divided by the total number of working days in month to provide bed numbers for Elective & Elective Daycase patients
- Gastro Adjustment to NEL activity. The 18/19 plan for Gastro includes ALL activity where the spell will be coded to Gastro. Analysis of 17/18 activity has demonstrated that on average only 61% of this activity is true Gastro and will impact on our bed base. The NEL Gastro bed requirement has been adjusted to reflect this calculation.

Women's, Children's & Cancer:

- This does not take account of any backlog clearance, for which the Division would require additional capacity.
- This data does not account for any outliers
- Forecast data is based on the 2017/2018 mede data with growth included (2.9% for Non Elective and 3.8% for Elective)
- The historical data source is Mede last episode in spell episodes report.
- Non-elective is any activity excluding the Admission method Elective.
- Elective activity is any activity with an Admission method of Elective.
- Actual LOS has been calculated by comparing the admission and discharge date times for all stays (excluding day cases).
- Total LOS (bed days) has been divided by the total number of calendar days in month to provide bed numbers for all admissions

The below tables and narrative show the workings and assumptions behind the indicative financial requirements for Ipswich hospital to deliver the 2018/19 92% Occupancy plan.

Beds	£	Frequency
Residential Home Bed Cost	-£800	per week
	-£114	per day
Nursing Home Bed Cost	-£1,000	per week
	-£143	per day
x28 Resi/Nursing/Home Based Bed Staffing Costs	-£651,010	per annum
	-£54,251	28 beds per month
	-£1,938	Monthly cost per bed
Waveney & Bramford Bed Escalation Cost	-£750,000	per annum
	-£62,500	6 beds per month
	-£10,417	Monthly cost per bed

Month	Planned Total Resi/Nursing/Virtual Beds Required	Planned Bramford & Waveney Beds Required	Days in Month	Planned Total Resi/Nursing/Virtual Bed Days Required	Planned Bramford & Waveney Bed Days Required	Residential Home Bed Cost	Nursing Home Bed Cost	In-Reach Staffing Cost	Bramford & Waveney Cost	Total 92% Occupancy Plan Cost
Aug-18	0	0	31	0	0	£ -	£ -	£ -	£ -	£ -
Sep-18	0	6	30	0	180	£ -	£ -	£ -	-£ 62,500	-£ 62,500
Oct-18	0	6	31	0	186	£ -	£ -	£ -	-£ 62,500	-£ 62,500
Nov-18	12	0	30	360	0	-£ 14,694	-£ 7,347	-£ 23,250	£ -	-£ 45,291
Dec-18	12	6	31	372	186	-£ 15,184	-£ 7,592	-£ 23,250	-£ 62,500	-£ 108,526
Jan-19	25	6	31	775	186	-£ 31,633	-£ 15,816	-£ 48,438	-£ 62,500	-£ 158,387
Feb-19	28	12	28	784	336	-£ 32,000	-£ 16,000	-£ 54,251	-£ 125,000	-£ 227,251
Mar-19	15	6	31	465	186	-£ 18,980	-£ 9,490	-£ 29,063	-£ 62,500	-£ 120,032
Total						-£ 112,490	-£ 56,245	-£ 178,253	-£ 312,500	-£ 659,487

Assumptions:

- The Residential care home bed cost is based on the average cost for similar beds used during Easter bank holiday escalations.
- The Nursing home bed cost has an assumed uplift of £200pw applied to the average Residential Home bed cost.
- Bramford & Waveney escalation cost is calculated as reflected in the Ipswich hospital 2018/19 budget.
- Costs are calculated based on the required bed days as reflected in the 92% occupancy plan.
- Virtual Bed = Patient based at home with staff support.
- Resi/Virtual/Nursing beds apportioned on a ratio of 10 Resi beds, 14 Virtual Beds and 4 Nursing Home Beds.

Aldeburgh	Intermediate Care	<ul style="list-style-type: none"> • Reduce overall LoS by improving management • Implement STARR principles for a proportion of patients • Improved Management of DToC's
Bluebird Lodge	STARR Centre	<ul style="list-style-type: none"> • Continue to embed and evaluate D2A Pathway 2
Felixstowe	Intermediate Care	<ul style="list-style-type: none"> • Reduce overall LoS by improving management • Implement STARR principles for a proportion of patients • Improved Management of DToC's

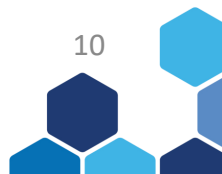
Admissions	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Average	Aug 18
Aldeburgh	19	22	33	27	17	27	26	27	27	23	24	29
Bluebird Lodge	39	46	59	57	56	66	53	54	76	61	57	73
Felixstowe	16	16	19	14	16	10	15	18	13	19	16	21
Average LOS												
Aldeburgh	20.33	13.86	16.88	17.90	19.17	18.75	34.11	16.74	15.35	18.06	19.15	17
Bluebird Lodge	17.84	16.89	11.88	13.18	9.67	10.41	12.62	13.44	11.15	11.87	12.54	10
Felixstowe	34.40	23.50	18.92	31.89	16.91	23.14	33.58	25.27	21.33	30.31	26.42	23

The divisions have identified benefits of rolling out the STARR centre processes to Aldeburgh Hospital and Felixstowe hospital towards the end of summer

Further efficiencies are anticipated through:

- Creation of internal waiting list for ICB Beds
- Pull based discharge process
- Education sessions with Ipswich Hospital Wards
- Improved management of DToC's

(This is anticipated to deliver further bed reduction in Ipswich Hospital, not yet quantified)



Additional schemes which will release additional beds, (ie not currently included in the existing plan:

Site	Remit	Increasing Throughput
Barham Care Home	Additional 2 delirium beds for D2A pathway 3	<ul style="list-style-type: none"> 2 further beds agreed and funded <i>(Additional to 92% bed occupancy calculations; ie haven't currently been included in the 92% bed plan)</i>
Integrated Teams	Community Capacity	<p>To create increased capacity for the INTs, to avoid ED attendance and admission</p> <ul style="list-style-type: none"> Caseload Reviews Escalation Triggers Review of Housebound <i>(Additional to existing 92% bed scheme, to be calculated)</i>
ESD Orthopaedics	Expedite Discharge for Elective Hips and Knees	<ul style="list-style-type: none"> Reduce the LOS for elective hip and knee patients (1.5) days by undertaking rehabilitation in the community <i>(Additional, to existing 92% bed scheme, project to be developed with T&O)</i>
Sue Ryder	Level 2 neuro-rehab fast track	<ul style="list-style-type: none"> Expected to release a further 2 beds, Commences October <i>(not currently included in the 92% plan)</i>

Schemes which Integrated care are leading / supporting to deliver existing 92% plan:

Service	Remit	Productivity
REACT	Admission Prevention	<ul style="list-style-type: none"> Reduce Handoffs from INT's to protect capacity Increase staffing to provide capacity over winter, <i>(Already included in the 92% plan; ie step change push for a further 1 bed each day)</i>
Lead 'Half Way to Home' transformation bid	Medically Stable Patients	<ul style="list-style-type: none"> Reduce no's of patients on Ipswich hospital site to create capacity for acute patients Establish Virtual Ward Commission care home beds <i>(Already included in figures calculated in slide 6 of this plan)</i>
Pathway One	Reablement in community	<ul style="list-style-type: none"> Amalgamate Home First (SCC) and Cat + (Ipswich hospital) to streamline process and improve resilience <i>(Already calculated in the D2A step change expectations)</i>
Care Home Support	Avoid admission. Minimise LoS and effective discharge planning	<ul style="list-style-type: none"> Review all care home admissions Roll out Purple Book Frailty Assessment of Pts in ED <i>(Already included in the 92% bed plan, although significantly over performing)</i>
Divisional Flow	Internal Management of Flow in OPS - LoS a Quality indicator 'Time Matters'	<p>Ward Buddy system to:-</p> <ul style="list-style-type: none"> Embed Processes Support management of DToC's Early review of care home patients Review stranded patients <i>(These are included in the 92% bed plan, but shows the extent of integrated care team support to the overarching ESNEFT plan)</i>
Lead 'COPD Hot Clinic' approved transformation bid	Reduce ED attendances and Emergency Admissions	<p>Project Group Established to commence service January 2019</p> <ul style="list-style-type: none"> Support patient management in community Review High Intensity Users to improve management <i>(Additional to 92% bed occupancy calculations; ie haven't currently been included in the 92% bed plan)</i>
Hartismere Beds	NWB patients	<ul style="list-style-type: none"> Expedite discharge for NWB patients (Primarily #non elective T&O) reducing LoS Pathway redesigned in line with D2A to generate further efficiencies <i>(These are included in the 92% bed plan, but shows the extent of integrated care team support to the overarching ESNEFT plan. Pathways refinement currently underway will generate further efficiencies)</i>



Colchester Hospital site



The below information shows the 2018/19 forecast bed occupancy for Colchester Hospital by month excluding improvement plans and other planned reductions in Non-Elective Length of Stay.

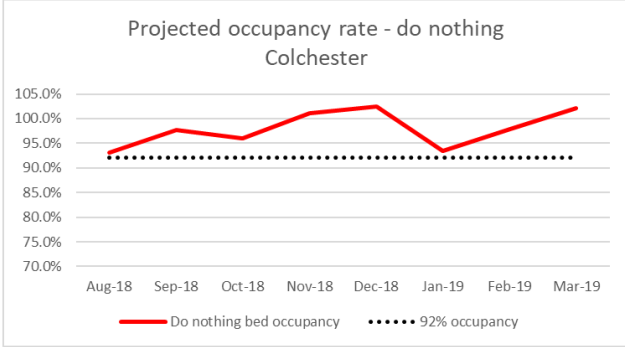
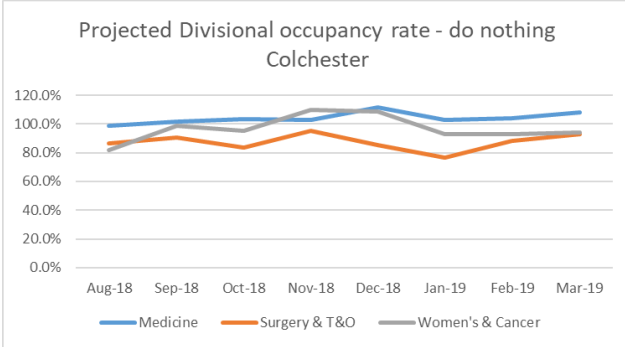
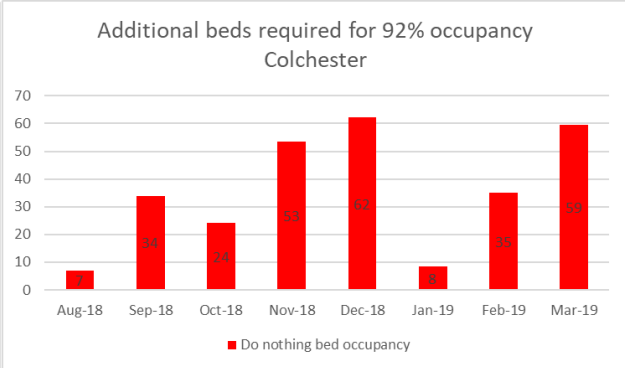
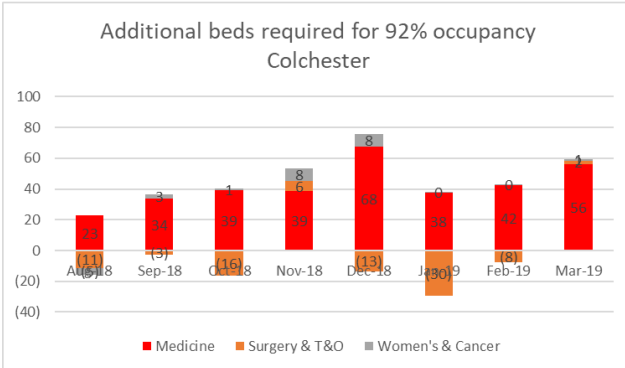
Current modelling is based upon planned levels of patient activity, including growth assumptions.

Currently, Colchester is treating approximately 7% more patients requiring overnight beds than this. Whilst this is not modelled into the following modelling, it is understood that this impacts on bed requirements by approximately 44 beds, and if this continues additional mitigations will need to be put in place to ensure delivery of the 92% bed utilisation standard and the expected flow of patients.

The data shows that without taking into account improvement plans that the hospital is consistently above the 92% occupancy threshold for 2018/19 with Medical specialties consistently show a +100% occupancy each month; analysis has revealed that this is due to Non-Elective demand.

There are significant pressures forecast for the hospital from November 2018 to March 2019 where the occupancy is expected to exceed 100% for 3 months for the whole hospital.

December shows a deficit of 62 beds required to meet the 92% bed occupancy.



Division	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medicine	98.5%	101.6%	103.1%	103.0%	111.3%	102.8%	104.1%	108.0%
Surgery & T&O	86.3%	90.6%	83.6%	95.3%	85.1%	76.8%	88.0%	93.1%
Women's & Cancer	81.9%	98.7%	95.2%	110.0%	108.9%	92.6%	92.6%	94.0%
Do nothing bed occupancy	93.2%	97.7%	96.1%	101.0%	102.5%	93.4%	97.9%	102.0%

Division	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medicine	23	34	39	39	68	38	42	56
Surgery & T&O	(11)	(3)	(16)	6	(13)	(30)	(8)	2
Women's & Cancer	(5)	3	1	8	8	0	0	1
Gap to 92% occupancy	7	34	24	53	62	8	35	59

Listed below are the improvement plans risk-weighted to show the expected reduction in the 2018/19 bed requirement at Colchester hospital:

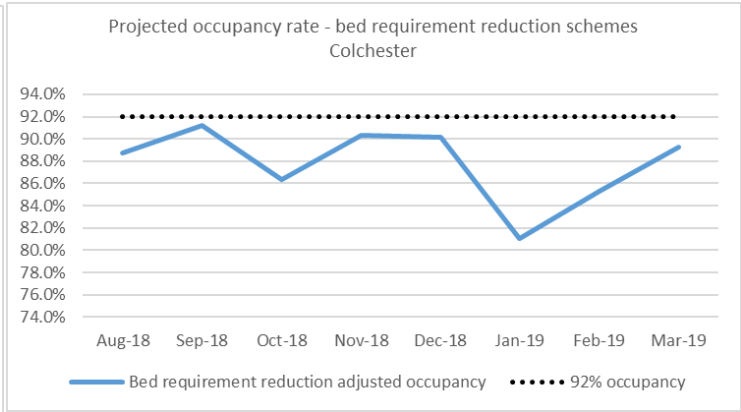
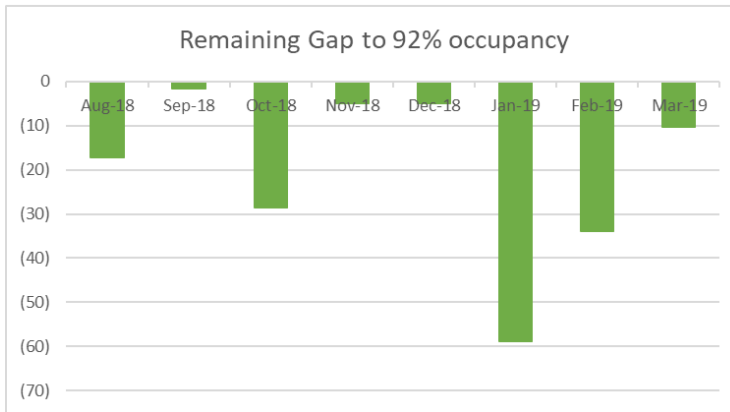
Scheme	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Enhanced Front door & Early Assessment	0	0	3	3	3	3	3	3
Coastal Flow	4	4	4	4	4	4	4	4
D2A pathway 0	0	0	0	1	1	1	1	1
D2A Pathway 1	0	0	0	0	6	6	6	6
D2A Pathway 2	0	0	0	0	2	2	2	2
Early supported discharge orthopaedics	0	3	3	3	3	3	3	3
Discharge lounge	0	0	4	4	4	4	4	4
Embed Patient Choice	2	2	2	2	2	2	2	2
Embed Criteria Lead Discharge	3	3	3	3	3	3	3	3
Self funders	0	0	0	3	3	3	3	3
High Intensity Users	2	2	2	2	2	2	2	2
Cold and Filthy & Verminous Homes	0	0	0	1	1	1	1	1
Existing Respiratory Pathway Coaching Support to practices MH assessment in out outpatients	1	1	1	2	2	2	2	2
Detox pathway	0	0	0	0	1	1	1	1
Care Home Focus Beds optimisation Hydration & Nutrition support Care home Liason services EoL dementia care	0	0	0	1	1	1	1	1
IV Antibiotic Self Administration	0	0	0	0	3	3	5	6
Failed daycases	0	2	2	2	2	2	2	2
Rapid Intervention Vehicle Advanced Paramedics	0	1	1	1	1	2	2	2
Care home step down and community step up Contingency	0	10	10	10	10	10	10	10
Enhanced EOL pathway	0	0	5	5	5	5	5	5
Hilton lead provider	0	0	12	12	12	12	12	12
Super stranded patients	16	17	18	19	20	20	20	20
Scheme plans total	28	45	70	78	90	91	93	94
Slippage/risk assessment adjustment (33%) - excluding Super stranded	(4)	(9)	(17)	(19)	(23)	(23)	(24)	(24)

The above bed reductions show an estimated monthly reduction in the need for 28 beds by September 2018. When applying the slippage on schemes at a weight of 33% against all schemes apart from the Super Stranded patients scheme, this number is reduced to a reduction of 24 beds. Schemes are expected to continue to come on board throughout the period, significantly increasing the impact on the number of beds expected to be required at Colchester Hospital

The below information shows the 2018/19 forecast bed occupancy for Ipswich hospital by month including improvement plans and other planned reductions in Non-Elective Length of Stay.

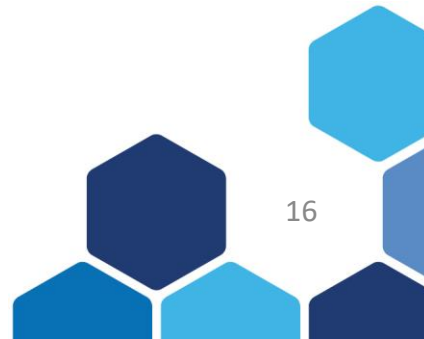
The data shows that after taking into account improvement plans, but assuming planned levels of patients attending over the period, that the hospital is consistently below the 92% occupancy threshold for 2018/19

However, were growth rates to continue, there would remain significant pressures forecast for the hospital over the winter period and as such it remains possible that additional beds in the local health economy will be required over this period.



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Base gap to 92%	7	34	24	53	62	8	35	59
Schemes	(28)	(45)	(70)	(78)	(90)	(91)	(93)	(94)
Risk assessment	4	9	17	19	23	23	24	24
Remaining Gap to 92% occupancy	(17)	(2)	(29)	(5)	(5)	(59)	(34)	(10)

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Base beds required	508	533	524	551	559	509	534	556
Schemes impact	(28)	(45)	(70)	(78)	(90)	(91)	(93)	(94)
Risk assessment	4	9	17	19	23	23	24	24
Scheme adjusted beds required	484	497	471	492	492	442	465	486
Base beds available	545	545	545	545	545	545	545	545
Bed requirement reduction adjusted	88.7%	91.2%	86.4%	90.3%	90.2%	81.1%	85.3%	89.3%



A number of options have been explored to mitigate the potential surplus bed requirement in order to meet the 92% occupancy target in 2018/19. At present the only option considered viable for additional bed capacity on the Colchester site is to:

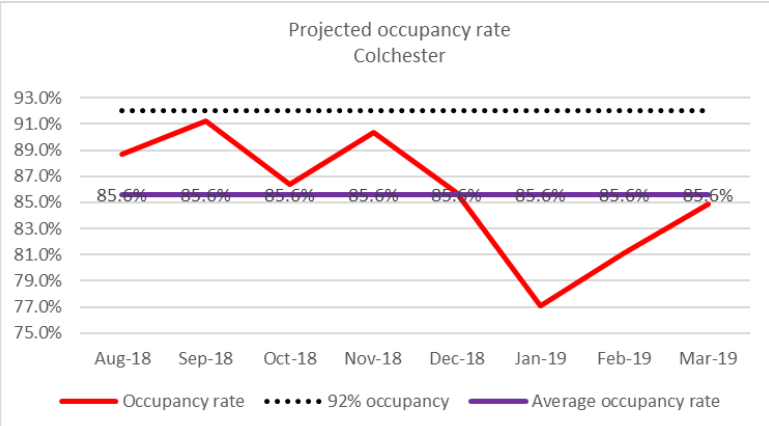
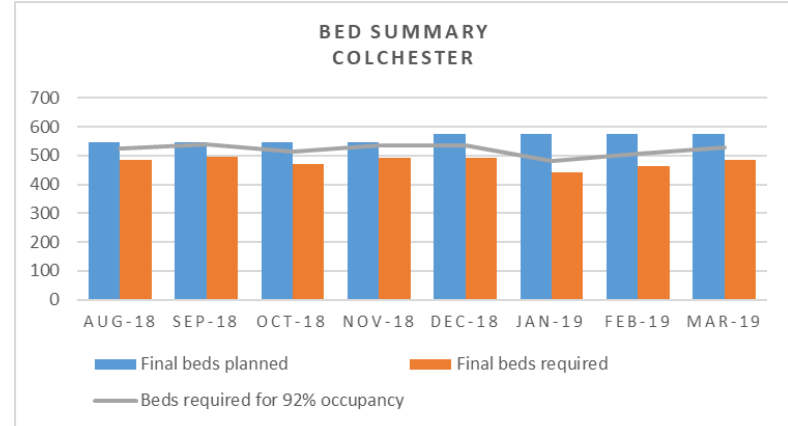
- Use Nayland Winter contingency 28 beds

Successfully implemented, these options will create additional capacity of 28 beds of which the intended phasing & impact can be shown below:

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Nayland contingency beds	0	0	0	0	28	28	28	28
	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Total additional beds schemes	0	0	0	0	28	28	28	28
Base beds	545	545	545	545	545	545	545	545
Final beds planned	545	545	545	545	573	573	573	573

Whilst the modelling shows an expected occupancy rate of lower than 92%, national returns have been submitted with greater contingency against schemes to maintain the 92% expectation

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Avg.
Final beds available	545	545	545	545	573	573	573	573	559
Final beds required	484	497	471	492	492	442	465	486	479
Beds required for 92% occupancy	526	540	512	535	534	480	505	529	520
Gap to 92% occupancy beds	(19)	(5)	(33)	(10)	(39)	(93)	(68)	(44)	(39)
Occupancy rate	88.7%	91.2%	86.4%	90.3%	85.8%	77.1%	81.1%	84.9%	85.6%



- Escalation policies reviewed and updated to reflect alignment across both sites workshops arranged for first week of November to cascade to bleep holders and managers. Policies will be shared with Site Operations team.
- Conference calls commenced 15th October, these will be twice daily October to ensure DMT have ‘helicopter’ view of services and can support to facilitate and maintain patient flow effectively
- Workforce shortfalls have been mitigated to ensure safe staffing levels are in place in key areas. Children’s registrar gap is still a concern, agency staff have been sourced.
- Children’s ward, Colchester site are enhancing medical cover for CAU to support increased activity and in-reach to ED. This has been put forward for transformation funding. We have secured a consultant to commence this work from the beginning of October.
- CAU have reviewed physical space to ‘flex’ additional trolleys to support peak activity, this is currently been piloted.
- Colchester children’s ward are over establishing nursing template to allow ‘flexing’ of current bed base an opening contingency as and when required

