HEART OF ENGLAND NHS FOUNDATION TRUST
CHIEF EXECUTIVE'S GROUP
TUESDAY 26th September 2017

Title:	**Winter Plan**
Responsible Director:	Jonathan Brotherton, Executive Director of Performance
Contact:	Ben Parfitt, Head of Operational Performance, ext. 43321
Purpose:	This paper is to update the Chief Executive's Advisory Group on the operational plan for meeting the anticipated challenges of winter for 2017/18. It describes both the general actions and specific schemes designed to mitigate the impact of winter, and seeks financial approval for their implementation. In developing this plan, operational divisions have made early provision to put the organisation in the best place possible to minimise the impact of winter on operational performance and delivery, maintain effective services and keep patients safe throughout.
Annual Plan Ref:	

Links to Trust Clinical Strategy	Yes
Links to Capacity/Demand and Annual Plan	Yes
Links to Quality/Safety	Yes
Other – Please Specify	

Key Issues Summary:	• This winter is expected to place considerable pressure on all operational areas, and at all hospital sites. • Overall length of stay has increased year-to-date, primarily at Good Hope, meaning there is likely to be a considerable deficit in bed capacity vs. demand between December and March. • Operational divisions have designed and costed a number of winter schemes, aimed at reducing this deficit and mitigating the impact of winter pressures. • Existing staff vacancy rates, lack of physical space (BHH) and the Trusts financial position significantly narrow the scope of what is achievable. • Therefore the schemes set out in this paper focus on admission avoidance and reducing length of stay. Schemes to increase capacity have been included where the modelled capacity gap necessitates it.

Recommendations:	CEG is asked to note the process adopted in developing the plan and to approve the schemes presented so that operational divisions can begin to execute them in preparation for winter.	
Signed: Jonathan Brotherton		**Date:** September 2017

HEART OF ENGLAND NHS FOUNDATION TRUST
WINTER PLAN 2017/18

1. Aim

The aim of the winter plan is to set out the Trust's approach to maintaining effective delivery of its services, mitigating the impact of additional pressures and keeping patients safe throughout the winter period.

Each year the winter period is characterised by significant increases in the volume and acuity of patients presenting to our emergency departments and in the wider demands placed on capacity and resources across the Trust. There is also the increased risk of significant adverse events, such as a flu pandemic as well as the extended bank holiday weekends over the festive period placing more pressure on services.

The winter plan is therefore the operational response of the Trust to identify how it will deliver sufficient capacity to meet expected demand and in doing so maintain patient safety, sustain delivery of operational standards and ensure there is sufficient operational resilience throughout the most challenging time of the year.

2. Scope

For planning purposes, the winter period is defined as the period covering 1st December 2017 to 31st March 2018, with peak pressures anticipated during January and February 2018.

Some of the schemes contained within the plan will have different implementation timeframes within this period and the plan will be supplemented by a detailed service plan, outlining service level staffing and rotas, published in early December that covers the Christmas and New Year period.

The winter plan has an internal focus and prioritises the initiatives, risks and other variables most within the Trust's ability to influence. There is an ongoing CCG lead winter planning process in line with NHSE / NHSi frameworks. The resultant system wide plan will be reviewed via the BSOL A&E Delivery Board.

3. Review of Winter 2016/17

The winter of 2016/17 was characterised by unprecedented levels of demand across all sites. Increases in the age profile and acuity of patients presenting to A&E contributed to increases in length of stay and a reduction in the number of patients being discharged from wards and assessment areas. This in turn led to an increase in the number of medical outliers, a lack of available beds for both emergency and elective patients and crowding in ED. All of these factors contributed to an overall

deterioration in performance against urgent care operational standards throughout the winter period.

Going into this winter, the Trust faces similar but more pronounced constraints as last year, including high vacancy levels, a challenging financial position, rising demand, high bed occupancy rates and continued challenges around delayed transfers of care.

	Winter 2017	Winter 2018
Total QN vacancies (WTE)	272.67	589.67
M5 YTD variance against plan (£)	-£10.028m	-£22.8m
LOS YTD (M1-5)	7.26	7.52
M5 DTOC %	3.58	4.72

Lessons learnt from last year

Operational divisions identified and delivered a number of winter schemes last year which were designed to sustain safe and effective care and generate the required level of capacity during the winter period. Whilst most schemes were delivered in line with the plan, in some areas challenges were experienced in realising the full intended benefit. Where schemes did deviate from the plan, operational divisions were swift in their response in ensuring patient safety was maintained.

Lessons from last year have informed the development of the 2017/18 winter plan. This year, the planning process has commenced earlier in order to ensure all operational areas are as prepared as possible.

Experience last year suggested that more elective activity should have been taken down at Good Hope rather than Heartlands. This fits with revised bed modelling which shows that the greatest capacity gap is at the Good Hope site and as a result, this year planned reductions in elective activity will focus on the Good Hope site.

Learning from the experiences of last year, there will be a revised approach to the implementation and monitoring of flu vaccination uptake this winter, with the programme commencing earlier and having clearer monitoring arrangements in place.

All schemes will be regularly and robustly monitored and have clear exit arrangements in place and any deviations will be discussed and agreed at executive level to ensure that the financial impact of the plan does not exceed the agreed value.

4. Process for 17/18 Planning

The winter plan aims to achieve a balance between sustaining the Trust's excellent recent record in delivery against elective care targets such as cancer and RTT, and meeting the demand placed on our urgent and emergency care services. In doing

this, it is essential that standards of quality and safety are maintained at all times and that the schemes identified within the plan acknowledge current financial pressures by remaining relatively affordable.

The schemes identified in the plan are grouped around three key themes;

- Alternatives to admission
- Reducing length of stay
- Increasing capacity

In developing the plan the Trust aims to support wider system priorities around enhancing capacity, reducing delayed transfers of care, implementing primary care streaming approaches in ED and ensuring that adequate flu planning processes are in place, as indicated in the NHS England and NHS Improvement 'preparation for winter' letter to system leaders in July. The operational schemes outlined in the Appendix 1 also support the NHS Improvement 'areas for focus' on improving patient flow.

The plan is intended to be dynamic by nature and will be subject to on-going monitoring throughout the winter period. Where necessary, it will be supplemented, amended and adapted in order to respond to any specific challenges that this winter brings.

5. Meeting the Demands of Winter

Emergency Care

In addition to the specific winter schemes outlined in Appendix 1, there will be a number of general measures undertaken to maintaining patient flow throughout each hospital site and ensuring there is sufficient capacity to meet urgent care demand.

There will be a more expansive, rigorous approach to the operational command and control arrangements designed to maintain operational effectiveness throughout winter. These will be led by the Director of Operations and will include a fortified approach to the daily conference calls, ensuring senior input and oversight and fostering a more thorough review of staffing and capacity across all sites.

There will be a step up in the intensity and scrutiny of the 'Red to Green' programme at Heartlands and Good Hope throughout winter in order to ensure an increased focus on reducing delays.

There will be regular winter plan delivery meetings for all Divisional Triumvirates and corporate areas to review progress, identify risks to delivery and take swift corrective action where necessary.

Ensuring the timely assessment, admission or discharge of patients from ED and maintaining adequate flow throughout each hospital site remains a significant challenge long after the previous winter period has passed.

A number of internal schemes have been developed for this winter to support admission avoidance. In an effort to provide alternatives to admission throughout winter, there will be additional senior medical support in ED and assessment areas during the busiest periods. This will enable faster assessment of patients, a potential reduction in admissions and an increase in discharges directly from ED.

In order to better manage ED demand and accommodate front door streaming there will be an expansion of primary care and minors streaming facilities at Heartlands and Good Hope. This will help improve performance by allowing a more timely assessment of patients in the minors areas of ED.

There will be additional nursing support provided in GAU at Heartlands including the scanning service, and additional paediatric out of hours medical cover to support the timely review of patients and reduce admissions in ED.

There will be changes made to some specific specialty pathways, including cardiology and respiratory, designed to shorten the inpatient episode and keep more patients out of hospital.

In time for winter there will (subject to Birmingham City Council approval) be social work staff supporting the front door and assessment units at both Heartlands and Good Hope (Birmingham only). This will increase the number of patients who can be discharged home within 72 hours of arrival and therefore reduce length of stay.

Analysis of length of stay has identified an increase in NEL LOS at GHH of 1 day during the last 12 months. Divisions 3 and 4 have operational plans to reduce this by at least 0.5 days ahead of December to offset part of the bed capacity gap that has been modelled.

Short stay ward capacity at both Heartlands and Good Hope will be expanded by converting existing wards to ensure a closer fit with demand and this will help to drive an increase in discharges and reductions in length of stay.

Utilisation of the recent expansion of ambulatory care capacity at Heartlands will be ramped up in order to maximise the productivity of the new unit. This will support increased flow from the front door and further reduce the number of patients that need to be admitted overnight. The expansion of Medical Day Hospital capacity at Heartlands and Good Hope will generate additional capacity to improve pull from ED and support the ambulatory care function at both of these sites.

Adherence to the recently agreed Standard Operating Procedures for the transfer of admitted patients will be rigorously monitored in order to deliver optimal transfer times from ED to assessment areas and base wards, with swift and effective escalation where this does not happen.

In terms of maximising capacity during winter, all specialties will undertake daily reviews of their elective theatre lists in order to avoid last minute cancellations and to ensure the early identification of any unused theatre lists. Demand for trauma and emergency cases will be closely monitored throughout winter and where necessary, elective theatre lists will be converted to emergency lists in order to keep inpatient waits down, alleviate demand on beds and maintain patient safety.

At any time, up to a third of the inpatient bed base at Heartlands is occupied by Solihull residents, many of whom could be transferred to Solihull site prior to discharge. There will therefore be a heightened effort to transfer appropriate patients to the less congested Solihull site and in doing so, free up bed capacity to support flow at Heartlands. This is currently in place for Cardiology, Stroke and Trauma and will be rolled out to other specialties in time for winter.

Elective Care

The Trust has an enviable track record on delivery against key operational performance standards, meeting the all of the 18wk RTT, 2ww and 62day cancer, and 6wk diagnostic targets for more than a year. Sustaining this level of performance will be a major challenge during winter, as any bed shortages will generate a heightened risk of elective and diagnostic lists being cancelled.

In order to help mitigate this risk, Division 1, Division 5 and the Estates team have agreed a plan to proactively schedule the necessary theatre maintenance days throughout January to March. This is aimed to coincide with the peak of urgent care pressures and thus reduce the impact that planned theatre closures will have on elective activity. The general principle will be for Good Hope theatre maintenance to take place in early January followed by Heartlands in February and Solihull at the end of March. The theatre maintenance plan will be run to coincide with the necessary fire-stopping measures required in theatres to further reduce any impact on activity.

In addition, all divisions will need to ensure a proactive approach throughout the winter period to reviewing elective procedures in order to avoid cancelling patients on the day of admission, which results in both poor patient experience and places further pressure on services to fulfil the 28day guarantee for last minute cancelations. Division 1 will lead this via daily cross-divisional review on a conference call.

As detailed in the relevant schemes in Appendix 1, Division 5 will actively reduce the level of elective inpatient activity undertaken at Good Hope during January to provide additional capacity for medical patients beyond current outlier levels during the peak period. To offset the risk of underperformance against operational standards and to prevent waiting list backlogs from growing, Division 5 will identify elective Orthopaedic cases and General Surgery day cases that can be transferred out to the independent sector via ‘Inter Provider Transfer’ arrangements.

To offset any negative impact on RTT performance, all specialties will, where appropriate, front load pathways by switching elective activity to either day case or additional outpatient activity during January and February.

In Patient Flex Capacity

Whilst bed occupancy across the Trust is currently running in excess of 96%, there remain some small bedded areas at the Good Hope and Solihull sites that if adequately staffed, could be utilised as temporary additional capacity at points during winter.

The constraints of staff vacancy rates and the Trust's financial position significantly narrow the scope of what is achievable, however in order to keep bed occupancy at a reasonable level and close the anticipated capacity gap, it may be necessary to open some of the available flex capacity. This will need to be tightly controlled and closely monitored in order to ensure that any flex capacity opened during winter is closed down as soon as the immediate pressure on beds subsides.

Potential flex capacity includes;

Site	Ward	Total available	Plan to use
Good Hope	Ward 3	27 beds	Up to 18 beds
Solihull	Ward 12	25 beds	Up to 12 beds
Solihull	Ward 17	5 beds	0
Solihull	Ward 20a	4 beds	0
Solihull	Ward 20b	5 beds	0
Total		66 beds	Up to 30 beds

Workforce

There are currently significant nursing and medical vacancies across the divisions. This position is being mitigated through the heavy use of agency and bank staff, however if the vacancy gap cannot be narrowed through other substantive recruitment, there are likely to remain risks around the consistency, quality and reliability of care throughout winter.

Nursing Workforce

Division	Qualified Vacancies as at July 2017	Predicted starters Oct 2106 to Jan 2017	Unfilled vacancies
ONE	60.75	18	78.75
THREE	247.85	109	356.85
FOUR	96.58	49	145.58
FIVE	129.04	33	162.04
TOTAL	**534.22**	**209**	**325.22**
	Average turnover per month (22.00) (Nov to Jan)		66.00
	Overall predicted unfilled qualified vacancies		**391.22**

Medical Workforce

Division	Senior Medical Vacancies	Predicted Senior Medic Starters Sept onwards	Locums in Post	Adjusted Senior Medical Vacancies		Other medic vacancy	Predicted 'other' medic starters Sept onwards	Adjusted Gap other Medic
ONE	13.63	8	1	4.63		4.5	1	3.5
TWO	9.55	2	9	-1.45		3.5	-	3.5
THREE	21.34	2	3.2	16.14		37.02	4	33.02
FOUR	4.31	3	5.15	-3.84		-0.87	-	-0.87
FIVE	15.32	8	10.1	-2.78		11.93	-	11.93
TOTAL	**64.15**	**23**	**28.45**	**12.7**		**56.08**	**5**	**51.08**

As per previous winters and in order support the mitigation of risk generated by the current level of vacancies, HR and recruitment will focus on minimising delays with recruitment checks in the 'offer' stage in order to fast track clinical staff into posts. Where necessary, operational divisions will consider additional measures, such as the use of enhanced bank rates in line with the agreed Trust policy, to ensure that key areas remain safely staffed throughout winter.

In addition, a block booking for agency nursing staff has been submitted by the corporate nursing team to ensure that as many 'tier compliant' agency staff as possible are available.

There has been an agreement to stand down all mandatory training for clinical staff during the month of January in order to ensure that clinical areas receive the maximum level of support from available staff.

Estates & Facilities

In addition to the general measures that are usually undertaken during winter, such as increasing the level of general supplies, catering and linen provided, the Estates and Facilities teams will be undertaking a series of specific measures to support operational divisions and minimise the impact of any necessary works over winter.

Essential fire-stopping measures that need to be implemented will focus initially on theatres, where the work can be coordinated alongside the planned theatre maintenance closures during January and February. There is currently a detailed assessment of all required fire-stopping work being undertaken across the Trust, and with the exception of any critical, safety-related work that is identified through that review, any work that needs to be carried out in ward or assessment areas will be deferred until after the winter period. If the assessment should identify any urgent work, which if deferred would put patients and staff at risk, a plan of works for affected areas will need to be agreed between Estates and operational divisions in order to minimise any disruption whilst the work is carried out.

As previously indicated, the Estates team has worked with Division 1 and Division 5 to develop a schedule for the planned closure of theatres in order to undertaken necessary maintenance work. This will run through the period of greatest pressure to reduce the impact on elective activity which will have seen a planned reduction to allow for the increases in trauma and emergency surgical volume. At this stage, it is intended that Good Hope theatres will be shut down in January for maintenance, with Heartlands in February and Solihull in late March.

Based on the experiences of last winter, the Facilities team has again developed a plan around the temporary expansion of portering and cleaning services in order to ensure that the flow of patients through the hospitals is maintained and that patients can be transferred to appropriate areas as quickly as possible.

Flu Vaccination Programme

Starting in 2017/18 there will be a two-year national CQUIN to improve the uptake of flu vaccinations for front line healthcare staff within the Trust. The national ambition is that a minimum of 75% of all front line staff are vaccinated against flu. In year one the target will be 70% uptake, rising to 75% uptake in 2018/19. There is no specific funding available to support flu vaccination roll-out and all divisions and corporate areas will need to work together to ensure effective delivery across the Trust.

Learning from the experiences of last year, there will be a revised approach to the implementation and monitoring of flu vaccination uptake this winter. A Trust-level trajectory and an associated monitoring dashboard have been developed, and these will be underpinned by division-level trajectories. The Occupational Health team will coordinate the Trust-wide flu plan utilising the small central team to administer vaccinations. Occupational Health will provide divisions with regular information and reports to enable them to identify local clinical link workers and coordinate effort to ensure the most appropriate and effective use of the resources available.

The Flu vaccination programme is due to commence on 25th September, subject to vaccines being delivered to the Trust by this time. Occupational Health will co-ordinate the campaign by aligning their staff that can vaccinate and deploying them to identified areas each day. The Occupational Health vaccination team will visit all wards and departments offering and administering the vaccinations. There will be a daily review of vaccination uptake and any areas where activity appears low will be re-prioritised for subsequent action.

Overall delivery of the flu vaccination programme will be tracked via a fortnightly Flu Monitoring Group, attended by the Chief Nurse, Infection Control Team and Divisional Head Nurses. Implementation progress, including uptake will be monitored and any areas that require additional focus, identified. Where necessary, corrective actions will be identified to ensure implementation remains on track.

Non Ward Based Nursing

As last year, there will be periods during winter where wards and assessment areas come under considerable pressure and significant levels of demand. This has the potential to impact on the ability of a specific area to maintain safe and effective nurse staffing levels.

In order to attempt to provide additional support to clinical operational areas during the most severe periods, nursing staff that are not usually ward-based may be called upon to provide nursing support to certain areas.

In order to ensure this is managed in the most effective and safe way, the Corporate Nursing Team will work closely with the Divisional Head Nurses throughout winter to identify any clinical areas that are struggling to provide safe staffing levels and to risk-assess the potential for non-ward based nursing staff, including clinical specialist and corporate nursing staff, to provide additional support to ward areas.

External Stakeholders

As part of the national ambition to free up between 2,000-3,000 beds lost to DTOCs, Local Authorities will be expected to deliver half of this reduction through the Better Care Fund, which in the Birmingham and Solihull area, has taken the recent form of a £30m social care grant from central government.

Whilst the detail underpinning how this funding will be used is still emerging for some LA's, early high-level indications include a commitment to expand the level of social work capacity within Trusts, additional commissioned activity for dementia nursing care, an integrated 7 day social work, brokerage and Emergency Duty Team and a commitment to develop a social care service within medical assessment units and short stay areas.

In Solihull there is also a plan for an additional 35 nursing dementia beds to become available from October, as well as new funding via the CCG community contract to provide an improved Care Home Support service, aimed at reducing length of stay and delayed transfers of care for patients being transferred back to care home environment

In addition, the CQC has selected Birmingham as one of 12 Local Authority areas to undertake a whole system review, with a particular focus on delayed transfers of care. This visit is due to take place in January and will include an assessment of the system leadership and commissioning arrangements in place across the interface of health and social care.

The Trust welcomes these developments and is working closely with Local Authority and commissioner colleagues to identify further opportunities for improving the current system.

6. Monitoring and Governance

Overall responsibility for the winter plan rests with the Director of Operations. Experience from last year suggests that there are two phases required in respect to the on-going monitoring of the plan:

Phase One (October to beginning of December) will consist of a winter plan implementation group being established. This will form part of the Heads of Operations meeting every other week, will be chaired by the Director of Operations and be attended by the Heads of Operations for each division, the Head Nurse from each division, the Head of Operational Finance and the Head of Operational Performance.

Phase Two (December to February) will see this group move into a standalone weekly 'Winter Operations Group' that consists of the same membership as Phase One. The group will agree and enact any required deviations to the plan based on the prevailing circumstances.

On-going delivery of the plan will be internally monitored through the weekly Heads of Operations meeting and the monthly Trust Operations Group.

The plan will also form part of a system-wide response to winter via the Local A&E Delivery Board who will develop overarching plans that set out the resilience arrangements for the peak of winter.

7. Communications and Engagement

The HEFT winter plan will be supported by patient, public and staff engagement through a series of planned core messaging for each area of the plan.

Messaging for staff will include communicating key schemes within the plan aimed at improving discharges, maintaining flow and reducing hospital pressures during the winter period. This may include ensuring maximum utilisation of discharge lounges, improved uptake of community services, changes to processes and services to maintain service delivery and raising awareness of staff recruitment activity to maintain staff cover in critical areas. Winter plan communications will also align with wider communications to encourage staff uptake of flu vaccinations and infection control messaging related to hand hygiene and sickness policy.

Messaging for the public will support the NHS national public campaign to help people, particularly those from vulnerable groups such as those with long-term respiratory conditions and the over 65s, stay well by making sure that they are aware of and motivated to take actions that are most likely to prevent a hospital admission.

The HEFT communications team will ensure NHS winter campaign information leaflets and posters are available and displayed in the hospital public areas and circulated more widely in local pharmacies and community venues. Articles in local magazines will be another channel utilised to signpost people to local services and encourage them to prepare for the winter. The Trust website and social media channels will also be used to push out winter preparedness messaging.

8. Financial Impact of Plan

The Trust is currently facing a challenging financial position and has been significantly adverse to plan in the early part of the 2017/18 financial year. This means that additional scrutiny of the winter plan will be required to avoid adding significant further risk to delivery of the financial control total by the year end. In particular the following key points will need to be considered;

- Overall costs of the winter plan must not exceed the value included in the 2017/18 financial plan for winter.
- Schemes must be appropriate in scale, deliverable and without risk of financial penalty or exit costs unless agreed via business cases.

- Schemes should not commit the Trust to long term financial liabilities beyond the main winter period.
- The remuneration of staff should avoid the agreement of unsustainable enhancements to recognised Agenda for Change terms and conditions. There is an agreed process for the use of enhanced bank and agency rates which should be adhered to throughout winter.
- The costs of temporary staff should be proportionate and where necessary Agency staffing should be within prescribed agency caps.
- The costs incurred for all approved schemes will be tracked and reported during the winter period. Budget holders will be accountable for controlling and managing the cost of approved schemes in line with the agreed plan.
- Where proposed schemes have a significant cost impact, a full business case may be requested in line with the Trust's recognised business case process prior to approval.

It should be noted that neither NHS England nor local CCG's have identified any specific winter funding for schemes within the Trust.

For 2017/18, system-wide delivery of the 4 hour A&E target accounts for 30% (£6.4m) of the total amount available under the Service Transformation Fund. Overall system delivery of the stand is possible; provided that HEFT delivers performance of at least 85% against the standard and assuming that the Trust financial control total is met. Delivery against this plan remains at risk and will be further tested by the pressures of winter.

The following is a summary of Q1 performance against the STF trajectory:

		Q1	Q2	Q3	Q4
2017/18 actual	Total Attendances	68,605	0	0	0
	Number >= 4 hours	10,694	0	0	0
	% within 4 hours	84.41%	-	-	-
STF Baseline	STF Trajectory	90.00%	90.00%	90.00%	95.00% *

*To be achieved by end of March

9. Conclusion and Recommendation

In developing this plan, operational divisions have made early provision to put the organisation in the best place possible to minimise the impact of winter on its operational performance and delivery, maintain effective services and keep patients safe throughout. CEG is asked to note the progress made in developing the plan and to approve the schemes presented so that operational divisions can begin to execute them in preparation for winter.

Appendix 1 – Detail of Winter Schemes

Summary

				Total		Phasing £				
Division	Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	WTE	Plan £'000s	Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
Division 1	-	-	-	26.72	264.9	-	8.6	85.5	85.5	85.5
Division 2	-	-	22	2.83	110.2	18.0	23.0	23.0	23.0	23.0
Division 3	-	-	-	45.44	787.6	18.6	175.6	175.6	209.0	209.0
Division 4	-	-	-	11.90	379.2	72.6	80.6	80.6	72.6	72.6
Division 5	-	-	-	-	-	-	-	-	-	-
Corporate										
Facilities & Estates	-	-	-	-	189.0	-	47.2	47.2	47.2	47.2
Total	**-**	**-**	**22**	**86.89**	**1,731**	**109**	**335**	**412**	**437**	**437**

Division 1

Scheme	Primary Division	Directorate affected	Site	Dept	Nature	Description	Period	NHS / Non NHS	Cost Analysis: Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	Total: WTE	Total: Plan £'000s	Phasing £: Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
1.1	**Div 1.**	Theatres	BHH		Ext. to 23 hour ward 2*per week for Day Case Ward	Expansion of day case facility twice a week for BHH and GHH to support minor trauma/ emergencies going through and supporting a 23 hour ward on the days in question.	Jan to March	NHS				4.80	45.6			15.2	15.2	15.2
1.2	**Div 1.**	Theatres	GHH		Ext. to 23 hour ward 2*per week for Day case Ward	Expansion of day case facility twice a week for BHH and GHH to support minor trauma/ emergencies going through and supporting a 23 hour ward on the days in question.	Jan to March	NHS				4.80	45.6			15.2	15.2	15.2
1.3	**Div 1.**	Pharmacy	BHH		AMU Pilot Early Discharge	Ability to provide additional pharmacy support to AMU's on GHH/BHH to expedite patient discharge.	Jan to March	Non				3.00	37.1			12.4	12.4	12.4
1.4	**Div 1.**	ABC		OPD	Emergency Admissions Clinic	1 x emergency clinic will be available on BHH/GHH site daily to support admission avoidance. Admin and nursing will be available to support.		NHS				0.00	-			-	-	-
1.5	**Div 1.**	ABC		OPD	Ward Support			NHS				0.00	-			-	-	-
1.6	**Div 1.**	ABC		OPD	Evening Support			NHS				0.00	-			-	-	-
1.7	**Div 1.**	Radiology	BHH	CT	2 Additional Sessions per week	2 x additional lists for inpatients per week at BHH site for CT to support inpatient/emergency flow.		Non				0.80	13.7			4.6	4.6	4.6
1.8	**Div 1.**	Radiology	BHH	u/Sound	2 Additional Sessions per week	2 x additional lists for inpatients per week on GHH site for ultrasound scan to support inpatient/emergency flow.		Non				0.80	13.7			4.6	4.6	4.6
1.9	**Div 1.**	Radiology	GHH	CT	2 Additional Sessions per week	2 x additional lists for inpatients per week at BHH site for CT to support inpatient/emergency flow.		Non				0.80	13.7			4.6	4.6	4.6
1.10	**Div 1.**	Radiology	GHH	u/Sound	2 Additional Sessions per week	2 x additional lists for inpatients per week on GHH site for ultrasound scan to support inpatient/emergency flow.		Non				0.80	13.7			4.6	4.6	4.6
1.11	**Div 1.**	Labs	BHH	Phlebotomy	Weekend Cover to expedite bloods	Weekend phlebotomists for AMU at weekends for BHH to support early investigations.	Jan to March	NHS				0.21	2.2			0.7	0.7	0.7
1.12	**Div 1.**	Labs	GHH	Phlebotomy	Weekend Cover to expedite bloods	Weekend phlebotomists for AMU at weekends for GHH to support early investigations.	Jan to March	NHS				0.21	2.2			0.7	0.7	0.7
	Div 2.	Pharmacy			Gynae Beds to Surg or Med	Additional pharmacy support may be required if beds are converted to medicine.						0.00	-			-	-	-
	Div 3.	Pharmacy	BHH	Ward 2	Additional SSU Beds	Subject to business case, this scheme will require additional pharmacy support. (Cost included in corresponding Div 3 scheme).	Jan to March	Non				1.60	-					
	Div 3.	Pharmacy	BHH	Ward 18	Additional SSU Beds	Additional pharmacy support will be required. (Cost included in corresponding Div 3 scheme).	Jan to March	Non				0.20	-					
	Div 3.	Pharmacy	GHH	Ward 7	Additional SSU Beds	Additional pharmacy support will be required. (Cost included in corresponding Div 3 scheme).	Jan to March	Non				3.60	-					
	Div 3.	Pharmacy	GHH	Ward 3	Pharmacist Support	Additional pharmacy support will be required.	Jan to March	Non				1.20	13.5			4.5	4.5	4.5
	Div 3.	Pharmacy	SOL	Ward 12&20a	Pharmacist Support	Additional pharmacy support will be required.	Jan to March	Non				2.40	29.6			9.9	9.9	9.9
	Div 3.	Pharmacy		FAU	Movement			Non				0.00	-			-	-	-
	Div.4	ALL			Medical Day Hospital expansion							0.00	-			-	-	-
	Div.5	Theatre	BHH		Maintenance Days - TBC Feb 18		Feb	Nil				0.00	-			-	-	-
	Div.5	Theatre	GHH		Maintenance Days - TBC Jan 18		Jan	Nil				0.00	-			-	-	-
	Div.5	Theatre	SOL, GHH		Recycling & resiting of Emergency and Elective lists	Recycling of theatres lists – divisions to identify early if theatre lists are not going to be used. They will then, subject to skill mix be made available to support emergency/trauma flow. Opportunity if SOL DSU lists are not utilised to support use from other directorates (subject to skill mix) and transfer case mix over from GHH to SOL to support bed capacity.	Dec to March	Nil				0.00	-			-	-	-
	Div.5	ABC	BHH		Admin Support to transferred Private work	Additional admin support to ensure swift transfer of patients.	Dec to March	NHS				1.50	34.2		8.6	8.6	8.6	8.6
	Div.5	Theatre	GHH		Use of Old DCU for Day Case Electives		Dec to March	Nil				0.00	-			-	-	-
	Div.5	Vascular	BHH		General Support	BHH we have nurses trained to undertake complex dressings for vascular to support admission avoidance	Dec to March					0.00	-			-	-	-
	All	Booking	All		General Support	Lyndon Place will support last minute cancellations or urgent clinic requests	Dec to March					0.00	-			-	-	-
	All	Waiting lists	All		General Support	WLC will support the management of patients cancelled on day & in advance due to bed capacity	Dec to March					0.00	-			-	-	-
	All	Radiology	All		General Support	Will review daily and flex up as appropriate additional capacity to support influx in A&E/inpatient demand	Dec to March					0.00	-			-	-	-
												26.7	**264.9**	**-**	**8.6**	**85.5**	**85.5**	**85.5**

Division 2

Scheme	Theme (Admission Avoidance, Reducing LOS, Increasing Capacity, Other)	Scheme Title	Description	Intended Impact	Impact on Beds	Timeframe	Good Hope				Heartlands				Solihull				Trustwide				Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	Total		Phasing £				
							Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar				WTE	Plan £'000s	Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
2.1	Increasing capacity/Admission Avoidance	Additional nursing cover in GAU BHH.	Nurse led service in GAU at BHH in place (including scanning service) - evening and weekend clinics in place. Review hours of service in peak times during winter	Scheme will streamline pathway from ED to GAU and reduce delays in ED.	No direct impact on additional bed capacity is anticipated, but better flow will result.	1st November																	-	8	10.0	0.63	8.0		2.0	2.0	2.0	2.0
2.2	Admission avoidance	Increased paediatric medical cover BHH in evenings to support ED.	Paediatric medical cover - SpR or consultant to support medical review/admissions in ED from 1700-0000 hours. Increase in consultant cover in PAU BHH and release Registrar to ED BHH	Additional senior medical capacity will support clinical decision making in ED and improve flow.	We anticipate an additional 1 to 2 children sent home from PAU avoiding admission, and more senior decision making in PAU will result in better flow through ED into PAU.	1st November to 31st January																	-	90	-	1.00	90.0	18.0	18.0	18.0	18.0	18.0
2.3	Increasing capacity BHH	Conversion of electives to daycase / ambulatory / outpatients at BHH (Ward 1)	Bed capacity on gynae wards exceeds demand for that speciality. Some beds will be released to surgery to act as female surgical bays.	By freeing up designated beds or bays, this could be utilised either as additional female surgery, or ring-fenced for female medicine.	This will free gynae beds overnight for increase outlying of surgical female patients to support flow through base beds.	1st January to 28th February																	-	6	6.1	0.60	6.1		1.5	1.5	1.5	1.5
2.4	Increasing capacity GHH	Conversion of electives to daycase / ambulatory /outpatients at GHH (Ward 2)	Bed capacity on gynae wards exceeds demand for that speciality. Some beds beds will be released to surgery to act as female surgical bays.	By freeing up designated beds or bays, this could be utilised either as additional urgent female surgery, or ring-fenced for female medicine.	This will free gynae beds overnight for increase outlying of surgical female patients to support flow through base beds.	1st January to 28th February																	-	6	6.1	0.60	6.1		1.5	1.5	1.5	1.5
						Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**110**	**22.2**	**2.83**	**110.2**	**18.0**	**23.0**	**23.0**	**23.0**	**23.0**

Division 3

							Impact on Beds														Cost Analysis								
							Good Hope				Heartlands				Solihull				Trustwide							Total		Phasing £				
Scheme	Theme (Admission Avoidance, Reducing LOS, Increasing Capacity, Other)	Scheme Title	Description	Intended Impact	Impact on beds	Timeframe	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	WTE	Plan £'000s	Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
3.1	Reducing Length of Stay	Ward Conversion from General Medicine to Short Stay Medical Ward	Identification of a ward on Heartlands site for decanting short stay area.	Heartlands - Ward 2 (gastro) is moving to ward 18 (gen med/diabetes) this has the potential to free up an additional 34 short stay beds and improve discharges to 11 per day from 2 currently.	25 beds on Ward 18 34 beds on Ward 2 Anticipated impact of 10 extra discharges per day once established. (Base this on existing Ward 18 discharges/LOS **not** existing Ward 2)	1st December to 31st March					3	4	7	11					3	4	7	11				18.45	297.0	-	74.3	74.3	74.3	74.3
3.2	Reducing Length of Stay	Conversion of step down ward into Short Stay Medical Ward	Identification of a ward on Good Hope site for decanting short stay area (Ward 7).	By converting Ward 7 into a properly staffed, fully functioning short-stay area, LOS could be notable reduced and additional discharges generated.	Anticipated impact of 5 additional discharges per day based on LOS reduction from 20 days down to 72 hrs.	1st December to 31st March	5	5	5	5									5	5	5	5				12.59	168.6	-	42.2	42.2	42.2	42.2
3.3	Admission avoidance/Reducing Length of Stay	Expansion/relocation of AEC	Relocation of AEC to Medical Day Hospital at Heartlands.	Increasing AEC capacity will improve flow from ED and improve patient experience. There will be less overcrowding ED and additional space will be released in ED for paediatrics. Patients will be diverted away from ED, should not even be registered in ED. Potential for up to 40 patients per day going directly to AEC. Reducing demand on inpatient beds. Reducing demand in ED as patients stream directly to AEC. All GP referrals are being accepted from September.	Once fully established (September) the scheme is anticipated to reduce bed occupancy by a further 5-10 patients per day over current levels, once established.	1st November					4	6	7	7					4	6	7	7	(£390k existing scheme)				-				
3.4	Admission Avoidance	Expansion of primary care/minors streaming facilities	In order to manage the ED demand and accommodate front door streaming there is a need to undertake Estate changes to Heartlands and GHH to improve ED streaming	Improved ED streaming increasing cubical capacity	Improve performance, more timely assessment of patients.	1st October																	(£150k existing scheme)			2.80	49.6	9.9	9.9	9.9	9.9	9.9
3.5	Increasing Capacity	Use of additional flex capacity on Ward 3 at Good Hope.	Currently Ward 3 at Good Hope is empty and could provide additional bed capacity to be used as additional flex area for medicine as part of managed bed cascade model.	Increased temporary medical bed capacity at Good Hope site during times of severe pressure. Plan for use during January and February.	2 bays (12 beds) Subject to safe staffing levels.	1st January to 31st March		18	18	12										18	18	12				3.00	66.8				33.4	33.4
3.6	Increasing Capacity	Use of additional flex capacity on Ward 12 at Solihull.	Currently empty. Looking to move AMU short stay.	Increased temporary medical bed capacity at Solihull site during times of severe pressure. Would support repatriation of Solihull patients from Heartlands prior to discharge and protect elective activity from medical outliers.	2 bays (12 beds) Subject to safe staffing levels.	1st January to 28th February					6	6	6	6	6	6	6	6	12	12	12	12				5.60	107.8	-	27.0	27.0	27.0	27.0
3.7	Admission avoidance	Changes to delivery of Heart Failure IV Furosemide delivery pathway.	Heart Failure patients have historically been admitted for the duration of the IV element of the Furosemide pathway and only discharged once complete and ready for the oral element. New criteria is being developed to support admission avoidance for patients who attend HF outpatients and have deteriorated/unstable to commence IV therapy as outpatient daycase.	Revised pathway will mean that patients who previously remained admitted for entire length of IV element of drug delivery will be discharged once stable and brought back as a day case for completion, generating a reduction in length of stay by 2-3 days per patient and a reduction in admissions from Heart Failure outpatients.	1-2 patients per day.	1st December to 31st March					3	3	3	3					3	3	3	3				1.00	14.6		3.6	3.6	3.6	3.6
3.8	Increasing Capacity	Repatriation of Solihull patients from Heartlands site prior to discharge.	A third of the inpatient bed base at Heartlands is currently occupied by Solihull residents, many of whom could be transferred to Solihull site prior to discharge. Transferring medically fit patients to the Solihull site, which is less congested and likely to be under less pressure would free up bed capacity to support flow from Heartlands ED. This is currently in place for Cardiology, Stroke and Trauma and will be rolled out to other specialties in time for winter.	Improved flow from Heartlands assessment areas due to increased bed availability. Reduction in bed occupancy at Heartlands site. Solihull patients closer to home during remainder of inpatient stay. Risk to delivery if Solihull site is congested and outliers medical patients to surgical beds, thereby closing off available beds to transfer Heartlands patients to.	Maximum of 1 additional patient per day (5 a week) Conservative estimate of 3 beds per week.	1st October to 31st March					12	12	12	12					12	12	12	12										
3.9	Reducing Length of Stay	CPAP	2 additional B7 therapists in the respiratory department (1 on both sites) to expand the number of patients that can have this therapy.	This issue was a constraint last year, resulting in patients being admitted to ITU inappropriately.		1st December to 31st January																				2.00	43.2	8.6	8.6	8.6	8.6	8.6
3.10	Reducing Length of Stay	Temporary increase to catheter lab capacity at Heartlands	Over the winter period, inpatient demand for PCI will be monitored and additional sessions will be made available at the Heartlands site as and when necessary.	This will support the timely discharge of patients awaiting PCI across the Trust and will prevent the loss of bed capacity due to growing inpatient waits during the winter period.		1st December to 31st January																				40.0		10.0	10.0	10.0	10.0
						Total	**5**	**23**	**23**	**17**	**28**	**31**	**35**	**39**	**6**	**6**	**6**	**6**	**39**	**60**	**64**	**62**	-	-	-	**45.4**	**787.6**	**18.6**	**175.6**	**175.6**	**209.0**	**209.0**

Division 4

Scheme	Theme (Admission Avoidance, Reducing LOS, Increasing Capacity, Other)	Scheme Title	Description	Intended Impact	Impact on Beds	Timeframe	Impact on Beds: Good Hope Dec	Good Hope Jan	Good Hope Feb	Good Hope Mar	Heartlands Dec	Heartlands Jan	Heartlands Feb	Heartlands Mar	Solihull Dec	Solihull Jan	Solihull Feb	Solihull Mar	Trustwide Dec	Trustwide Jan	Trustwide Feb	Trustwide Mar	Cost Analysis: Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	Total WTE	Total Plan £'000s	Phasing £ Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
4.1	Increasing Capacity	Expansion of Medical Day Hospital capacity at Heartlands	Three consultant offices are being converted into clinical space. Consultants have been relocated to Stratford House.	The conversion of office accommodation into clinical space will generate capacity to see a minimum of 8 additional patients per week day to support pull from ED and support ambulatory care function.	40 patients per week (Mon-Fri) Patients are already relatively short stay. Anticipated impact is equivalent of 8 beds.	1st October					4	4	4	4					4	4	4	4				2.00	40.0	8.0	8.0	8.0	8.0	8.0
4.2	Increasing Capacity	Relocation of FAU and Medical Day Hospital at Good Hope	Medical Day Hospital to be relocated from Sheldon to RSU (August) in order to increase capacity to pull from ED. There is a longer term plan to move FAU to co-locate into RSU although this is still under development.	Combine function of FAU and Medical Day Hospital at GHH to support improved turnaround and flow. Longer term FAU move would free up Ward 21 with various options to utilise this capacity.	No extra beds generated directly from FAU move. Max of 5 patients per day will access the Frailty Pathway. (5 bed equivalent per day). Ward 21 could act as SAU, CDU, SSMW, winter ward.	1st October	5	5	5	5									5	5	5	5				2.00	40.0	8.0	8.0	8.0	8.0	8.0
4.3	Reducing Length of Stay	Review of discharge lounge effectiveness and location at Heartlands and Good Hope	Improving throughput of discharge lounges particularly at Heartlands. One included option is relocation at Heartlands and potential for merging with the admissions lounge.	Improved performance of lounges/wards from current performance to support timely flow from ED i.e. improved utilisation and earlier discharges.	No LoS impact. Increased flow at an earlier point in the day which should support a reduction in breaches. Currently c18 patients at each site with the potential to increase to at least double this level. (36 patients per day).	1st September																		360.0		-					
4.4	Reducing Length of Stay	Expansion of Supported Integrated Discharge Service at Good Hope to 7 days a week	Temporary relocation of resources from Solihull SID team to Good Hope on a trial basis to assess effectiveness.	Scheme should result in an increase in discharges and reduction in delays at the Good Hope site. Should also generate additional discharges and fewer delays over the weekend.	Equivalent of 1-2 beds.	1st September to 31st March	2	2	2	2									2	2	2	2				2.00	48.0	9.6	9.6	9.6	9.6	9.6
4.5	Reducing Length of Stay	Maintain enhanced SID capacity at Heartlands.	Existing scheme entailed additional nurse resource within the team to widen the number and type of discharges that the team can support.	Scheme will enable the additional 60 discharges a month to be sustained throughout winter.	Additional impact over existing service (now fully established) = 12 bed equivalent based on 14 days LoS	Already in place					6	6	6	6					6	6	6	6					-					
4.6	Reducing Length of Stay	Review of function of Ward 29 at Heartlands	Complete review of operation of current medically fit for discharge ward and development of options for change including conversion to an Elderly Medical Ward.	Proposal to convert to a regular medical ward to enable increased flow for medical patients and improving the timeliness of review of medically fit patients. Should also improve rate of discharges. Business Case to be developed.	Anticipated reduction in LOS.	1st December to 31st March					7	7	7	7					7	7	7	7				5.50	235.2	47.0	47.0	47.0	47.0	47.0
4.7	Admission Avoidance	Increased senior decision making at front door.	Temporary increase in the number of consultants working in ED to support enhanced senior decision making at front door. This would be during peak winter pressures (Christmas to 2nd week of January).	Enhanced senior support in ED would enable faster assessment of patients, a reduction in DTAs and an increase in discharges directly from ED. This would impact positively on performance during peak periods.	No direct impact on bed capacity is anticipated.	1st -31st January																				0.40	16.0		8.0	8.0		
						Total	**7**	**7**	**7**	**7**	**17**	**17**	**17**	**17**	**-**	**-**	**-**	**-**	**24**	**24**	**24**	**24**	**-**	**-**	**360.0**	**11.90**	**379.2**	**72.6**	**80.6**	**80.6**	**72.6**	**72.6**

Division 5

							Impact on Beds														Cost Analysis									
							Good Hope				Heartlands				Solihull				Trustwide							Total		Phasing £				
Scheme	Theme (Admission Avoidance, Reducing LOS, Increasing Capacity, Other)	Scheme Title	Description	Intended Impact	Impact on Beds	Implementation Date	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	WTE	Plan £'000s	Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
5.1	Increasing capacity	Theatre Maintenance plan	In order to minimise the impact of forced theatre downtime due to maintenance, the elective theatres at Heartlands and Good Hope will be shut down in a planned and coordinated way over the winter period. Due to the reduction in planned elective activity throughout January and February, subject to any emergencies bed stock can be utilised for Medical Emergencies.	The scheme will allow for the necessary maintenance of theatres whilst having the least operational impact on activity. There should be minimal impact on surgical throughput as elective cases will already have been reduced. Whilst there is no formal documented plan so far the general principle will be that Good Hope maintenance will be in early January followed by Heartlands in February and Solihull potentially end of March early April.	Anticipated impact is a maximum of one bay released in January (Good Hope) and one bay in February (Heartlands).	1st January to 31st March		6				6				6				6	6	6					-					
5.2	Increasing capacity	Transfer of elective activity to the independent sector	Division 5 will identify elective activity to transfer under IPT arrangements to the independent sector during the periods of greatest pressure.	This scheme will free up bed capacity for emergency patients helping to alleviate pressure at assessment units. Maintain delivery of elective care performance (RTT and cancer) during periods of greatest pressure.	Orthopaedics and Gen Surg. Mostly hips and knees and gallbladders. Ortho - 4 patients per day. 7 day LOS. 5 days per week. Minimal beds will be released from gen surgery as mostly day cases.	1st December to 31st March																			-					
5.3	Increasing capacity	Reduction in elective surgical activity	With the exception of cancer cases and day case procedures, elective activity for Orthopaedics and General Surgery will be taken down throughout January. This will run in conjunction with the planned maintenance of theatres in January and February. Division will also need to identify additional activity pre and post peak winter period to offset performance and financial risks.	Reducing elective activity will enable increased access to theatres for urgent and emergency cases to improve flow from ED and SAU and will free up bed capacity for medical patients. Maintaining day case activity will help to support the sustained delivery of elective care targets.		1st January to 31st March		18	18	18										18	18	18					-					
5.4	Increasing capacity/admission avoidance	Development of ENT emergency assessment unit within Ward 5 at Heartlands	Previously the pathway for patients presenting as ENT emergencies was ill defined and contributed to delays in patient flow and increased pressure on ED. A new emergency assessment unit will be incorporated within Ward 5 at Heartlands to allow ENT emergencies to be fast streamed directly from ED. Patients presenting with compromised airways will continue to be stabilised in ED, but all other ENT emergencies will be fast tracked to Ward 5.	This scheme will support admission avoidance by allowing faster, more appropriate senior medical decision making for ENT emergencies and will help to alleviate pressure in ED.	The scheme will not in itself generate additional bed capacity.	1st December																			-					
5.5	Increasing capacity/admission avoidance	Review of SAU at Heartlands and Good Hope	Review of SAU function and effectiveness at both Heartlands and Good Hope sites, to include identification of current constraints and development of alternative model. Implement sufficient decision making capacity mapped to demand to ensure surgical patients are able to transfer to SAU within 60 mins of referral.	This scheme will support improved flow from ED and swifter assessment times, reduce congestion in ED.	The scheme will not in itself generate additional bed capacity.	1st December																			-					
5.6	Increasing capacity	Conversion of elective theatre lists into additional trauma and emergency lists.				1st December to 31st March																									
						Total	**-**	**24**	**18**	**18**	**-**	**-**	**6**	**-**	**-**	**-**	**-**	**6**	**-**	**24**	**24**	**24**	**-**	**-**	**-**		**-**	**-**	**-**	**-**	**-**	**-**

Facilities

Site	Service	Details	Cost £	Expected outcome	Capital Funding Reqd £000's	Non-Rec Revenue £000's	Existing Funding £000's	Total WTE	Total Plan £'000s	Phasing £ Nov 17 £000's	Dec 17 £000's	Jan 18 £000's	Feb 18 £000's	Mar 18 £000's
BHH	Portering	1 additional porter from 12.00 – 00.00 7 days to support additional activity which impact on patient flow	£ 26,906.24	To support timely patient flow as a result of increased activity.					26.9		6.7	6.7	6.7	6.7
BHH	Cleaning	2 additional cleaning staff 16.00 – 22.00 7 days to support increased terminal cleans.	£ 29,778.56	To ensure no delays as a result of additional terminal cleans.					29.8		7.4	7.4	7.4	7.4
GHH	Cleaning	2 additional cleaning staff 16.00-22.00 7 days to support increased terminal cleans.	£ 29,778.56	As above.					29.8		7.4	7.4	7.4	7.4
GHH	Portering	1 additional Porter 12.00 – 20.00 7 days to support patients movement ED/AMU.	£ 15,579.00	To support timely patient flow as a result of increased activity.					15.6		3.9	3.9	3.9	3.9
SOL	Portering/cleaning	1 additional Porter/ Housekeeper 12.00 – 20.00 7 days	£ 15,579.00	To provide flexible Portering/cleaning support as required to ensure timely patient flow and response to terminal cleans.					15.6		3.9	3.9	3.9	3.9
GHH - Ward 3	Additional 12 beds	Portering Cost	£ -	Included in the above					-		-	-	-	-
		Housekeeping Costs	£ 21,403.34	To include Daily cleans to					21.4		5.4	5.4	5.4	5.4
		Catering Costs	£ 14,280.00	£10.00 per day x 7 days x 17					14.3		3.6	3.6	3.6	3.6
Solihull Ward 20a	Additional 4 beds	Portering Cost	£ -	No cost impact					-		-	-	-	-
		Housekeeping Costs	£ -	No cost impact					-		-	-	-	-
		Catering Costs	£ -	No cost impact					-		-	-	-	-
Solihull Ward 20b	Additional 5 beds	Portering Cost	£ -	No cost impact					-		-	-	-	-
		Housekeeping Costs	£ -	No cost impact					-		-	-	-	-
		Catering Costs	£ -	No cost impact					-		-	-	-	-
Solihull Ward 12	Additional 12 beds	Portering Cost	£ -	Included in the above table					-		-	-	-	-
		Housekeeping Costs	£ 21,403.34	To include Daily cleans to					21.4		5.4	5.4	5.4	5.4
		Catering Costs	£ 14,280.00	£10.00 per day x 7 days x 17					14.3		3.6	3.6	3.6	3.6
				Total	**-**	**-**	**-**	**-**	**189.0**	**-**	**47.2**	**47.2**	**47.2**	**47.2**