

Board of Directors

Thursday, 01 November 2018

Report Title:	2018/2019 ESNEFT BED OCCUPANCY PLANS
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Report author(s):	Alison Power/Carolyn Tester
Previously considered by:	A&E Delivery Board

Approval
 Discussion
 Information
 Assurance

Executive summary

This plan outlines the detail of bed modelling across all specialities within ESNEFT mapped against a 92% occupancy rate. It includes detail of the bed deficit if activity stays the same and the operational and transformation plans put in place to mitigate the gap.

Delivery and actions against this plan are considered, agreed and tracked through both the Emergency Care Board and the relevant A&E delivery boards. The plan has been shared across all of our system partners and within the Clinical Divisions. Additional schemes are currently being worked up to cope if activity continues to rise above the growth detailed within the plan.

There has been one workshop to share the plans across teams in October with another longer workshop planned at the end of November to test our readiness for winter.

Action Required of the Board of Directors

To note the bed occupancy plan in readiness for winter.

Link to Strategic Objectives (SO)		Please tick
SO1	Improve quality and patient outcomes	<input checked="" type="checkbox"/>
SO2	Provide better value for money	<input checked="" type="checkbox"/>
SO3	Sustain and improve access to services that meet the needs of the population	<input checked="" type="checkbox"/>
SO4	Deliver a sustainable, skilled workforce	<input checked="" type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	If activity growth exceeds capacity assumptions based on the 2018/19 contract and legacy issues are not addressed, then we may not have sufficient capacity to assess and treat people in a timely manner affecting system resilience and internal efficiencies, patient safety and delivery of contractual performance (4 hour standard, RTT 18 weeks, cancer and diagnostics within 6 weeks
Trust Risk Appetite	Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong

Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	This affects the Trust's ability to meet national targets and is subject to regulatory oversight
Financial Implications	As detailed in the report
Equality and Diversity	None highlighted in the report