

Section in main document	Scheme Name	Scheme Owner (Organisation)	SRG Lead	Financial Resource	Time Resource	Expected outcome of scheme	Key KPIs of scheme (measurable)	Target Start Date	Key milestones/actions for implementation	Risks	Mitigation	Implementation Progress Update	RAG status for implementation	Actual start date	Progress Update	Risks	Mitigation	RAG status for implementation	Comments	
1	12 Time to Think Beds	Middlesbrough LA & Redcar and Cleveland LA	Erik Scollay and Karen Bowers	150,000			<ul style="list-style-type: none"> Reduce delayed discharges Reduce Length of stay Reduce boarders/outliers 	01/11/2014				<p>Agreed M'bro & R&C Council lead on commissioning. TTT beds to be off site to JCUH with PVI provider. Model being developed between MBC and R&C for agreement of STNHSTFT lead to work with Local Authority leads to agree operational protocols. STNHSTFT lead has provided the evaluation of TTT beds from last winter, along with the service specification.</p> <p>6/11/14 - Contract from 4th November 2014 to 31st March 2015 agreed with PVI provider for 10 beds (the Gateway). 10 beds agreed due to environmental configuration of providers premises. M'bro council are Lead commissioner on behalf of MBC&RCBC and will report further detail in line with requirements.</p>			Susan Watson comment: Time to care beds have been open for 2 weeks now and are gradually filling via the trust's single point of referral service.					
2	Short Stay Provision in care homes or packages of care at home for people who are - identified as medically fit for discharge but who need further assessment requiring CHC process/ DST to be done. - At risk of being admitted to hospital for non acute clinical reasons e.g. carer breakdown. - other interim placements e.g. NNB waiting further rehab and support for delirium recovery. Case management to coordinate, monitor and ensure move through available services as quickly as possible. - increase use of 111, talk before you walk' campaign. Local campaign. Sites identified within general practice and allocated via 111. The campaign must include opening times of GPs. To consider to do a North East campaign with all CCYCs.	Middlesbrough LA & Redcar and Cleveland LA	Erik Scollay and Karen Bowers	300,000			<ul style="list-style-type: none"> Reduce delayed discharges Reduce Length of stay Reduce boarders/outliers 	01/11/2014		Unable to appoint	Advertised as a pilot rather than whole scale T&C's change and posts advertised as permanent rather than fixed term	<p>Agreed M'bro & R&C Council lead on commissioning. TTT beds to be off site to JCUH with PVI provider. Model being developed between MBC and R&C for agreement of STNHSTFT. STNHSTFT lead to work with Local Authority leads to agree operational protocols.</p> <p>10/11/14 - RCBC recruiting 2 x full time permanent Social Workers at risk, to pilot 7 day working pattern to specifically support Time to Think beds, Residential Reablement Unit (funded via BCF) and Short Stay Care Home placements to actively support timely, appropriate hospital discharge and return home. Unable to attract interest from internal candidates, advertised externally, interviews taking place 6th Nov 2014. Sufficient capacity within other residential Care Homes available for short stay placements within RCBC</p>			Susan Watson comment: the local authorities were not represented at the last system resilience group meeting. The CCG is seeking assurance that this scheme is progressing.					
3a			Gill Cantor/ NECS Conns	7,500			<ul style="list-style-type: none"> Increased 111 calls Reduce attendances to A&E/ ambulatory care Reduction in the number of 4hr breaches and achievement of the 95% A&E target Reduce daily attendances at WIC's / MIU's Reduction in the number of 4hr breaches and achievement of the 95% WIC/MIU target 	01/11/2014				NEAS communicated that they will not be able to support the communication campaign as staffing is an issue.								
3	Children Illnesses Booklet		Helen Metcalfe and NECS Conn	11,938			Reduce hospital admissions Reduce A&E attendances	01/11/2014				The booklet has been finalised and will be sent to the designer								
4	Immunisation (Flu) - this will include a campaign including leaflet drops, bus shelter posters and posters in GP practices and pharmacies		Helen Metcalfe and NECS Conn	7,500			Reduce hospital admissions Reduce A&E attendances	01/11/2014				50% of costings need to be paid upfront and will be designated to NECS Finance team								
5a	GP in A&E at JCUH to increase capacity during winter month. This will also increase capacity during bank holiday/Christmas period and HCA Support	Northern doctors/STHFT	Julie Suckling to act as JCUH point of contact	145,305 however there is 48,600 in Primary Care still to spend			Increased number of walk-in patient seen and treated by a GP	01/11/2014				<p>The CCG will employ GP support for the A&E and RPCH. The CCG will develop a policy/procedure for the GP to work to and provide this to STHFT for agreement. STHFT will make arrangements for GP providers to work on the JCUH site. The CCG will clarify the employment/governance arrangements for the GPs working at RPCH. Meeting held with FT regarding contract for GPs.</p> <p>Another meeting will take place regarding logistics around the service.</p> <p>Telecom held 28th October 2014 to discuss honorary contracts; NDOC to liaise with Julie Suckling directly.</p>	03/11/2014		Susan Watson comment: there has been a GP based in A&E from 6pm - midnight and at weekends for the past 2 weeks. Although there were some early teething problems these have been overcome and the department reports that this scheme is progressing well with some impact on A&E cubicle capacity.					
5b	HCA Support	STHFT	Julie Suckling				Increased number of walk-in patient seen and treated by a GP	01/11/2014						03/11/2014		Susan Watson comment: this links with the scheme above and is progressing well.				
6a	ENP expansion x2 to cover 24/7 at JCUH. RGN expansion 11 WTE. Band 2 x 11 (all in A&E business case) Medical cover currently provided by IPA needs to continue until we can recruit, and support to cover recurring consultant gap in A&E	STHFT	Julie Suckling	350,000			<ul style="list-style-type: none"> Reduction in the number of 4hr breaches and achievement of the 95% A&E target Reduction in the number of ambulance handover delays 	<p>1 Oct 2014 1 wte coms</p> <p>2 ENP 1 Oct 2014</p> <p>1 Dec 2014 5 wte</p> <p>1 Jan 2015 5wte</p> <p>Mid Oct 2014 3 HCA</p> <p>1 Nov 2014 3 patient flow</p>			The A&E team is working with the trust's HR team to recruit the agreed number of staff. 10 wte assessment centre 22/9 14-10-14 - 1.0 WTE recruited who begins training in November, other post still to fill and to go to advert, possible secondment opportunity	On track		Susan Watson comment: this scheme will be rigorously tracked in terms of expenditure and detailed staffing profiles will be required each month. Recruitment is well underway for additional ENPs and additional consultant hours are being used as planned.						
6b	A&E medical equipment	STHFT	Julie Suckling	80,000			<ul style="list-style-type: none"> Reduction in the number of 4hr breaches and achievement of the 95% A&E target Reduction in the number of ambulance handover delays 	01/11/2014				Completed - The A&E team has placed orders for the agreed equipment. Equipment list will be forwarded to NECS.	Completed							
6c	Radiology RPCH - To support the rapid assessment centre at Redcar PCH with an additional 19 hours of Radiology cover and Radiographer plan film reporting for 7 day cover. This will allow rapid assessment over a longer period with reports available within the 4 hour waiting time target.	STHFT	Christine Woodgate	68,105			<ul style="list-style-type: none"> Improve turnaround time for GPs Improve turnaround time for A&E/A&U 	01/01/2015				<p>Radiology RPCH extend working day 8am-6pm Monday to Sunday; 9.5 hours. Recruitment has commenced but is expected to be difficult.</p> <p>14-10-14 - No one yet in post and no one submitted CV on NHS jobs. ? can go for locum of agency but night increase costings</p>			Susan Watson comment: although currently marked as red the CCG agreed on 19/11/14 that the imaging team should be authorised to use locum cover to support this initiative. This will be funded from slippage on other schemes.					
6d	Radiology JCUH - Additional capacity for CT scanning, US scanning, increase A/E image reporting by advanced practice radiographers, plus increased theatre & clinic capacity for TAO.	STHFT	Christine Woodgate	Shared as above			<ul style="list-style-type: none"> Improve turnaround time for GPs Improve turnaround time for A&E/A&U 	12/12/2014				<p>Radiology JCUH - CT weekend working expansion to support emergency CT scanning and additional weekend US capacity on JCUH site. Recruitment has commenced and is expected to be successful. Reported on 14-10-14 - on track and recruitment underway</p>	On track							
6d	To provide phlebotomy support for junior medical staff during periods of winter surge	STHFT	Christine Woodgate	30,000			Pathology is working to increase their capacity in the phlebotomy team.	01/01/2015					On track							
6e	The surgical team believes that there are substantial gains to be made in reducing admissions by having a senior decision maker at front of house	STHFT	Sandra Donoghue/ Louise Fleming	135,000			Reduce NEL admissions (% of numbers presenting) Increase number of patients seen in ambulatory care	01-Oct-14				The surgical team is agreeing policies and processes with the clinical team. 14/10/14 - On call rota has been amended and the team is ready to go on the 3rd of November 2014	On track							
6f	The gynaecology team believes that admissions could be avoided with investment in a front of house gynaecology clinic	STHFT	Fran Toller/ Gill Tarry	42,000			Reduce NEL admissions (% of numbers presenting) Increase number of patients seen in ambulatory care	01/11/2014				The gynaecology team is agreeing policies and processes in discussion with the clinical team. Waiting for an update from SW			Susan Watson comment: The women and children team has progressed this scheme at no cost. The funding has been released as slippage and will be used to support the additional radiology costs on line 6f					
6g	Winter surge in primary care has an impact on the STHFT pathology services. Additional capacity is recommended to support turnaround times.	STHFT	Christine Woodgate	17,000			Maintain turnaround times	01/12/2014				The clinical team is putting arrangements in place to support this capacity. 14-10-14 - Increased staff hours and will be ready 31/11/14	On track							
6h	JCUH AAU - 7 day staffing and out of hours to match demand including senior decision maker and additional junior doctor support in clinics to avoid admission	STHFT	Debbie Edwards/ Paula Taggart	112,000			<ul style="list-style-type: none"> Increase number of patients seen in ambulatory care throughput Reduce admissions 	01/11/2014				Additional junior doctor identified to cover till 8pm	On track		Susan Watson comment: the CCG is seeking further clarification on the details of this scheme including assurance regarding the late evening cover being provided.					
7a	Pilot - 1hour each on a Saturday and Sunday for Team/Service manager cover plus issuing Blackberries to each manager for on-call duties so cover/authorisation of support plans can be maintained over the weekend. Payment for over contracted hours to cover any needs in demand if required	LA's	Erik Scollay and Karen Bowers	14,000 costings cover both LA's			<ul style="list-style-type: none"> Reduced delayed discharges Reduce length of stay Reduce boarders/outliers 	01/11/2014				RCBC - HR discussions with affected Team Managers commenced	On track		Completed - arrangements in place to authorise activity over weekends by RCBC Managers for RCBC residents					
7b	Pilot - 1 x wte agency Social Worker in Adults Access Team for December, January and February with working pattern of Fri-Tues to offer additional cover and facilitate discharge activity over the weekend	LA's	Erik Scollay and Karen Bowers	33,800 costing covers both LA's			<ul style="list-style-type: none"> Reduced delayed discharges Reduce length of stay Reduce boarders/outliers 	01/11/2014				RCBC - expressions of interest from internal applicants has commenced and funding to cover back-fill			See point 2 for RCBC actions. Suggest this allocated element of the funding is realigned to enable RCBC to fund the additional activity of the Hospital Social Work Team working over 7 day period and extended hours during the winter season					

7C	Support to care at home agencies to develop full operational effectiveness to enable 7 day actioning of requests for services. Support to care homes to develop full operational effectiveness to enable 7 day actioning of request for placements.	LA's	Erik Scollay and Karen Bowers	40,000costing covers both LA's			Reduced delayed discharges Reduce length of stay Reduce boarders/ outliers	01/11/2014				RCBC – negotiations on-going with 3 x Care at Home agencies currently undertaking Rapid Response Pilot to expand to full 7 day operational effectiveness. Developing method of reimbursement for Care Homes within current procurements rules to enable additional payments to reward speedier assessments over and above current contractual requirements 10/11/14 RCBC - confirming costs with Care at Home agencies re expanding to full 7 day operational effectiveness. No further progress to report yet with incentivising Care Home providers to speed up assessment arrangements above contractual arrangements							Susan Watson comment: the local authorities were not represented at the SRG meeting in November. The CCG is seeking an update on this scheme.	
9	STHFT has recently reviewed its medicines optimisation plan. Optimisation of Medicines will begin with the medicines reconciliation to ensure accurate prescribing of patient's medicines at admission. During the patients stay their medication charts will be reviewed and monitored daily by a pharmacist and discussed where necessary with prescriber to effect changes to ensure each medication is optimised in relation to therapeutic outcome and side effects. Medicines will be reconciled at discharge by pharmacy to ensure that communication includes an accurate list of medicines at discharge and any changes that have been made while patients were hospitalised.	STHFT	Christine Woodgate	88,000			Reconciliation of medicines at discharge on wards where a pharmacist is available	01/01/2015				Recruitment has commenced 14/10/14 - No one has submitted interest yet on NHS job. Advised that it would take up to 12 week for staff to start meaning that the scheme might not start until January 2015. SW has agreed to investigate why the late start date and will revise costing Band 6 pharmacists recruitment completed start dates are in line with the plan 01/01/15, recruitment of the other support posts completed again in line with plan. Any shortfall against timeline will be covered through overtime etc. *								Susan Watson comment: discussions ongoing with CCG to agree common understanding of start dates. STHFT originally indicated an October start date. This has now slipped.
10	Single Point of Referral. Currently this service operates Monday - Friday and provides: 1. The point of access for patients transferring from the acute sector into the community hospitals and intermediate care facilities. 2. Supports and coordinates the repatriation of patients to the appropriate provider. 3. Completes the nursing assessments for all patients at the JCUH require a funding decision at a DST meeting. This is a proposed pilot for 6 months to assess opportunity for self-funding business case (bed reduction)	STHFT	Jenny Slater/ Linda Smith	50,000			Reduced length of stay Reduce delayed discharges	1/11/14 start w/c 3rd November 2014				Reviewing work patterns for band 4 coordinator, and band 2 admin. 14/10/14 – Interviewing beginning of October 2014 for Band 4 and 2, have had good responses to advert and can start on the 3rd November 2014		On Track						
11	Dect phones for AAU and patient flow team to help support communication in patient flow.	STHFT	Susan Watson	4,200			Reduce length of stay Reduce A&E attendance	TBC				The A&E team has confirmed that because of the number of wireless black spots in the A&E department this project will not be progressed. SW investigating whether this will work for AAU. May need to allocate money.								Susan Watson comment: at meeting on 19/11/14 CCG advised that funding would not be used. The A&E cannot use phones because of black spots. The AAU already has phones in place and has conducted a successful trial using these to triage GP referrals that will be continued.
12	A&E screening team, to be delivered via existing HLT (formerly PAD3) service to prevent admissions, repeat attendances at A&E and divert some patients before they become an attendance. Supplementary funding will be provided by Public Health.	Public Health		50,000			1. No. % of A&E footfall (attendees) screened; 2. No. % of A&E footfall diverted from actual A&E attendance; 3. No. % of A&E footfall referred to community services/harm reduction clinic; 4. No. % of alcohol-related A&E attendances; 5. No. % of alcohol-related A&F cases	TBC				Meeting scheduled 29th Sept with CCG to agree pathway and model. Expected that CCG will recruit following this. Update requested.								Susan Watson comment: at meeting on 19/11/14 team advised this is being progressed.
13	An Alcohol Recovery Centre (a.k.a. 'brink tank') to operate in Muro on Fri/Sat nights and at other key times (e.g. Christmas and New Year, Sundays prior to Bank Hols, etc.) where intoxicated people - whom would ordinarily attend A&E but who don't have the medical need to justify this - would be diverted via Police, Boro Angela, Paramedics, etc. Supplementary funding will be provided by Public Health Mbur.	Middlesbrough Public Health	Jonathan Bowden	50,000			1. No. of ARC attendances; 2. No. of clients diverted from A&E attendances; 3. No. of ARC clients engaged by community services/harm reduction clinic; 4. No. of clients brought to ARC via ambulance; 5. No. of ARC clients assessed as requiring A&E attendance.	01/11/2014				Suitable premises id'd. 48 Albert Rd; Planning permission/building regs approved; Outline operating model agreed (e.g. opening hours, staff team, interventions, criteria, etc.); * Appropriate representation on steering group which meets regularly; Action plan in place and on target.		On track						
14	Increase capacity to complete nursing assessments with a band 6 nurse	STHFT	Linda Smith	30,000			Increase nursing assessments Reduce delayed discharges	01/11/2014				To go out to advert w/c 15 September 14/10/14 – Band 6 appointed and will be able to start on the 3rd November 2014								
16	NEAS. Expands PTS to 7 days working Provide additional PTS vehicles to expand service to 7 days allowing additional discharge capacity at weekends. And support acute trusts to move to 7 days services	NEAS	NEAS	59,954				01/11/2014												

Total Allocated:	
-£1,870,000	
Total Received by Area Team	
-£2,098,000	
Plus £48,698 to still allocate	
Total to spend:	£176,698



12 Time to Think Beds	150,000
Short Stay Pprovision in care ho	300,000
Communication plan - increase	7,500
Children Illnesses Booklet	11,938
Immunisation (Flu) - this will inc	7,500
GP in A&E at JCUH to increase	145,305
ENP expansion x2 to cover 24/7	350,000
A&E medical equipment	80,000
Radiology RPCH -To support th	68,105
Radiology JCUH - Additional ca	0
To provide phlebotomy support	30,000
The surgical team believes that	135,000
The gynaecology team believes	42,000
Winter surge in primary care has	17,000
JCUH AAU - 7 day staffing and	112,000
Pilot - 1hour each on a Saturday	14,000
Pilot – 1 x wte agency Social Wo	33,800
Support to care at home agencie	60,000
STHFT has recently reviewed its	88,000
Single Point of Referral:	50,000
Deck phones for AAU and patie	4,200
A&E screening team, to be deliv	50,000
An Alcohol Recovery Centre (a.l	50,000
Increase capacity to complete n	30,000
NEAS: Expands PTS to 7 days	59,954

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12 Time to	150,000	
Short Stay p	300,000	
- Identified	7,500	
Children Illn	11,938	
Immunisati	7,500	
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ENP expans	350,000	
A&E medica	80,000	
Radiology R	68,105	
To provide	30,000	
The surgical	135,000	
The gynaec	42,000	
Winter surg	17,000	
JCUH AAU -	112,000	
Pilot - 1hou	14,000	
Pilot – 1 x w	33,800	
Support to c	60,000	
STHFT has r	88,000	
Single Point	50,000	
Deck phone	4,200	
A&E screen	50,000	
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	30,000	
	59,954	
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Additional d		

Supplementary funding will be provided b

An Alcohol	50,000
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£25,00 may be taken from tr

Increase cap	30,000
NEAS	59,954

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re original £75,000 AND reallocated to section 5 to supply a healthcare assistant to the G.P in A&E

