

**Programme Highlight Report**

This programme report gives a summary of the progress of projects within the Winter Pressures programme. Updates are provided by workstream leads and project leads.

**Fig 1 - Programme report outline**

Programme Summary		Progress Against Plan						Plan Development						
Project Code	Project Name	Milestones	KPIs and Investment		Risks/Issues	Project RAG	Project Direction	Leadership	Project mandate/PID	Project plan	Milestones	KPIs	Financials	Risks/Issues
			KPIs	Inv.										
proj1	Project Example 1	Green	Green	Yellow	Yellow	Yellow	Up	Green	Green	Green	Green	Green	Green	Green
proj2	Project Example 2	Green	Red	Red	Yellow	Red	Up	Green	Green	Green	Green	Green	Green	Green
proj3	Project Example 3	Green	Yellow	Yellow	Yellow	Yellow	Up	Green	Green	Green	Green	Green	Green	Green
proj4	Project Example 4	Green	Red	Red	Yellow	Red	Up	Green	Green	Green	Green	Green	Green	Green

This part of the report shows the on-going progress. Is the project hitting milestones within the plan, is it hitting its agreed KPIs etc.

This part of the report outlines the project governance elements and covers if key documents and processes have been completed such as production of plans, risk registers and financial implications

**Key for Plan Development**

- Governance element is in place and signed off
- Governance element is in progress or requires adjustment
- Governance element not in place

**Key for Progress against plan**

- Delivery on track
- Some slippage of timescales
- Delivery off track



Project Code and Lead	Actions Completed in October 2013		Actions planned for November 2013	Actions planned for December onwards
1&2	All communications agreed. Programme of media radio interviews and newspaper article agreed with leads. Costing of leaflets and mail outs to be finalised. Agree KPIs and target final numbers.		Begin programme of media and advertising milestones.	Sustain media campaign on Radio and newspapers.
3	Clinical Lead and 111 Lead have agreed outcomes for this piece of work. Unlikely this budget will be required for this project.		Re profiling of MIU and UCC's reviewed and completed.	DOS is accurate. Monitoring of effect on 111 patient dispositions
4	(4a) Direct booking of appointments by A&E logistically challenged at present due to so many changes happening in A&E dept. Also 111 do not have capacity to start yet.  (4b) Sharing GP records project scoped and costed with CSCSU as lead. All CCG localities visited and have agreed in principle to taking the sharing records project forward with IG in place. Meeting of stakeholders to agree practical IT required for direct booking and access planned 31 OCT.		(4a) Direct booking of appointment by A&E and 111 underway by using alternative method to integrated IT. Formal sign off of plans to go live. Bookings are made to GP clinics and practices via 111 and A&E. Communications to patients about sharing of records project.  (4b) Information Governance processes agreed, shared and signed off. Trial of shared records completed.	(4a) Infrastructure and IT in place and agreements signed for A&E and 111 to directly book appointments with evening clinics and Slough GP practices by 31 December. A&E staff have agreed an internal process to manage patients presenting that are more suited to PCare.  (4b) All staff in A&E, OOHs and GP practices trained for use of shared records to go live in January 2014.
5	(5a) Met with reps from all GP practices in Slough agreed process for managing 5% appointments. Final approval awaited from Area Team. (potential for delay) Data of attendances sent to practices to plan appointment schedule. Meeting planned with A&E to discuss processes 31 OCT. (5b) Clinical space agreed at KEV11 for Windsor eve paediatric/adult clinic. (5c) Await confirmation of venue for Bracknell paed clinic. (5d) Extra GP clinic at St Mark requested by Maid GP's. (5f) EBPC working with Dr Shaik on arrangements for Slough eve paediatric clinic. Clinical leads working with project lead, finalising referral processes and scope of clinical conditions for all clinics. (5g) Several options being scoped for remaining funds in Bracknell.		(5a) All Slough Practices to have appointment schedules in place. IT Systems in place to book first patients via 111 and A&E.  (5b) Staff identified and referral criteria to be agreed for Windsor paed clinic and communicated to GPs. First patients seen.  (5c) Agree Bracknell site and communicate to GP practices. Identify staff. First patients seen.  (5d) Separate GP appts available at St Marks after 6.30pm (all ages). Communicate to 111 and A&E and Chiltern.  (5f) Commence services at Slough paediatric clinic. Inform practices of criteria for referral.  (5g) Bracknell agreed project	(5a) Close monitoring of use of appointments.  (5b) Scope use of appointments, ? Open to adults  (5c) Monitor use of clinic  (5d) Monitor use of clinic and particularly where patients are from.  (5e) Monitor use and source of referral
6	Hours of Slough Acute Home visiting service agreed. Referral criteria drafted. Team of GPs identified. Induction planned for Oct.		Communication to all GP practices on referral criteria and processes. Establish links to paramedics for referral. Service operational 4 November. Extend to Windsor if not used to capacity. First evaluation mid Nov.	Closely monitor use and effectiveness.
7	Data received for Maidenhead patients attending Minors at WPH A&E. Analysed for potential numbers to divert to St Marks UCC. Scope options within available budget. Meeting with Dr Judith Kinder to agree next steps.		Extended opening of St Marks UCC agreed and operational.	Monitor use of extra hours and by source.
8	(8a) Ready to implement vaccines in care home staff. (8b) Delay in WPH identifying numbers in clinics for vaccination. (8c) Bracknell and Slough practices paying for DN capacity to help vaccinate house bound. No capacity in WAM.		(8a) Vouchers for staff vaccines ordered, will start using this month. DNs begin to visit housebound in Bracknell and Slough. (8b) HWPH agree to provide flu vacs in clinics and begin vaccinating. (8c) WAM are able to begin delivery of vaccinations for elderly housebound patients.	(8a) Monitor uptake (8b) All WPH clinic active. Monitor uptake. (8c) All CCGs are progressing well towards 75% on flu vaccinations.
9	SCAS capacity and response. Hospital ambulance liaison post has been advertised as a secondment. Interviewing the suitably qualified staff and aim to have names and people into position 2nd week of November. Private providers identified and agreements in place to provide capacity over winter.		Extra ambulances available and responding to requests for same day transport by GPs and HCP within agreed timescales. Communications to GP surgeries and other community services.	Monitor that extra ambulances are used to capacity.
10	Community Matron Capacity. Recruitment underway		Recruitment to be completed.	Monitor caseload for reducing unscheduled admissions.
11	RACC enhancement. Recruitment underway.		Recruitment completed. Saturday service commenced 2nd November. Monitor use of transport effective in transferring patients	Monitor use of extended hours to avoid admissions.
12	Extended use of Bridgwell beds		Beds in use from 4th November. Closely monitor occupancy rates.	Continue to monitor occupancy rate and review access if indicated.
13a	Chiltern Care Home Nurse. Project agreed.		Recruitment commences.	Service delivering
13b	Chiltern Patient access telephone programme. Project agreed. Practices identified.		Programme roll out.	Launch of new programme in each practice.
13c	Chiltern Advanced Care Plan Nurse. Project agreed.		Recruitment commences.	Service delivering
13d	Chiltern OOH PCC in south locality. Project agreed.		Establish service	Monitor number of patients redirected from 111 and A&E.

Flow through Hospital Workstream

Programme Summary		Progress Against Plan					Plan Development						
Project Code	Project Name	Milestones	KPIs and Investment	Risks/Issues	Project RAG	Project Direction	Leadership	Project mandate/PI/D	Project plan	Milestones	KPIs	Financials	Risks/Issues
FTH1	Improved Flow												
FTH3	Improved Space												
FTH4	Improved Staffing												

Project Code and Lead	Actions Completed in October 2013	Actions planned for November 2013	Actions planned for December onwards
FTH1	<p>Approach for Ambulatory Care agreed in principle – details being worked through.</p> <p>RAT Treatment model commenced in part in A&amp;E in early September. Launch event of Ambulatory Emergency Care network and agreement of approach to implementation</p> <p>Site managers taking GP calls Monday to Friday</p> <p>Electronic requesting of x-rays in A&amp;E (Mon to Fri)</p> <p>Live analysis being undertaken of what is not working during periods of pressure.</p> <ul style="list-style-type: none"> <li>• 7 Oct – MRI scans and interpretation for clinically urgent patients Saturday and Sunday mornings.</li> <li>• 26 Oct – regular inpatient access to U/S, MRI and CT on w/e</li> </ul>	<p>Operational policy for A&amp;E to be finalised and circulated</p> <p>Continued focus on discharge planning with discharge team</p> <p>Ambulatory Care</p> <ul style="list-style-type: none"> <li>- Attendance at measurement workshop</li> <li>- Undertake sustainability assessment</li> <li>- Development of implementation plan</li> </ul>	Ongoing monitoring of impact
FTH2	<p>Current works are an interim solution to deliver improvements over the next 2 – 3 years. Majority of additional capacity for A&amp;E will be in place by 18 October All works in A&amp;E to be completed by the end of October.</p> <p>Completion of phase 1 – new waiting area and reception now in use. An initial steering meeting to develop OBC for long term changes (20 September) has also taken place</p> <p>The Handover of Ward 17 to the division took place on 1 October.</p> <ul style="list-style-type: none"> <li>• Phase 2 (Assessment area) completed 18 October</li> <li>• Phase 3 (Staff facilities) in progress completed 18 October</li> <li>• Phase 4 (Clinical hub) 18 October</li> </ul>	<p>Location for Ambulatory Care unit to be finalised.</p> <p>Continue to monitor the Impact of build on day to day operations and A&amp;E performance phased implementation, clear communication to staff and patients, piloting of new processes</p> <p>Current working practices not aligned with infrastructure changes. Agreement &amp; implementation of new operational processes in line with build needed</p>	Ongoing monitoring of impact. Ward 10 refurbishment ongoing and planned to be operational in February 2014
FTH3	<p>Staffing remains the key risk due to difficulties with recruiting to key clinical areas and timescales involved</p> <p>Staff retention is becoming a real issue. However, division working with HR to explore various options for providing safe staffing levels.</p> <p>Recruitment for consultants underway to support 7 day working. This will vary by speciality</p> <ul style="list-style-type: none"> <li>• Recruitment commenced for capacity team</li> <li>• Review and shift patterns in A&amp;E</li> <li>• Recruitment for 12 locum consultants underway</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment of lead clinical site managers</li> <li>• Trial of new shift patterns in A&amp;E</li> <li>• Paper completed for A&amp;E staffing model – pending sign-off</li> <li>• On-going Recruitment drive for A&amp;E</li> <li>• Glasgow October, Portugal November</li> </ul>	Ongoing recruitment drive where necessary to fill gaps in key areas.

Discharge Planning Workstream

Programme Summary		Progress Against Plan					Plan Development							
Project Code	Project Name	Milestones	KPIs and Investment		Risks/ Issues	Project RAG	Project Director	Leadership	Project mandate /PID	Project plan	Milestones	KPIs	Financials	Risks/ Issues
DP1	Enhanced Discharge Team													
DP2	Spot Purchase of additional capacity													
DP3	Flexible Capacity Resource (RBWM)													
DP4	Flexible Capacity Resource (BFC)													
DP5	Flexible Capacity Resource (Slough)													
DP5	Flexible Capacity Resource (Bucks)													

Project Code and Lead	Actions Completed in October 2013	Actions planned for November 2013	Actions planned for December onwards
DP1	<p>A workshop to establish the principles of the enhanced discharge team was held on 11 October and was attended by all key partners. A draft model was presented to the discharge workstream group who agreed that it can move forward with a view to commence operating in early November. Recognising that the Project is using a model of experiential action learning an operational meeting convened to ensure that there was clarity of the operational arrangements for a November launch. Recruitment has commenced on key positions.</p>	<p>Service will be launched in its first phase in November. This will not be the full planned model but the processes and procedures will be in place and additional staffing will come on line as recruitment processes are completed. Regular operational meetings will be in place to ensure the process is running correctly.</p>	<p>Ongoing monitoring and recruitment drive where necessary</p>
DP2	<p>The discharge work stream group met and discussed a proposed process for the use of spot purchase funding in times of increased pressure. Local authority attendees stated that the proposed process of spot purchasing nursing home beds was not going to be accepted and that an alternative must be agreed. The group agreed that local authorities should be in a position to make a more informed decision about the mode of care that would be needed for a patient leaving hospital and that it may not be a nursing home bed.</p> <p>Key to this will be the provision of escalation processes from each local authority outlining who to call in the event that there is a blockage in the system and what the expected turnaround time or KPI relating to this turnaround</p>	<p>Finalise and agree process for spot purchasing additional resource with escalation process for each partner in place. KPI to be finalised to monitor delays and reporting process for the KPI to be agreed.</p>	<p>Ongoing monitoring of KPI and any issues to be channelled through discharge workstream group</p>
DP3	<p>It has been agreed that each local authority should have the flexibility to arrange additional capacity in the range of services that they currently commission to meet peoples social care needs for discharge.</p> <p>These will include:</p> <ul style="list-style-type: none"> <li>- Restarts of existing care packages – no change</li> <li>- Restarts of existing care package– plus additional support hours</li> <li>- Reablement/Rehabilitation at home</li> <li>- Reablement/Rehabilitation in bed based care/intermediate care bed</li> <li>- Short term care home placements</li> <li>- Permanent care home placements</li> </ul> <p>Allocation of the additional Winter Plan funding to Local Authorities</p> <p>It is recommended that the additional funding will be proportionally allocated to Local Authorities on the basis of the average number of social care discharges from Wexham Park Hospital that each authority manages. Each authority is identifying the average number of discharges that their teams manage and this has been requested by 1st November 2013.</p> <p>It was made clear in the meeting that resource would not be provided if clear plans, timelines and KPIs were not provided.</p>	<p>Receive costed proposals from each Local authority partner and agreement of KPI and reporting processes</p>	<p>Ongoing monitoring and troubleshooting of any issues through discharge workstream group.</p>
DP4	As above	As above	As above
DP5	As above	As above	As above
DP6	As above	As above	As above