Heatherwood and Wexham Parks system Operational Resilience and Capacity Plan

16th September 2014

V3

Approved by:

Review Date:

List of abbreviations

A&E:	Accident and Emergency
ACG:	Adjusted Clinical Groups
ADASS	Association of Directors of Adult Social Services
BCF:	Better Care Fund
BHFT:	Berkshire Healthcare NHS Foundation Trust
CCG:	Clinical Commissioning Group
COPD:	Chronic Obstructive Pulmonary Disease
CQUINS:	Commissioning for Quality and Innovations
HWBB:	Health and Wellbeing Board
NHS TDA	NHS Trust Development Authority
ORCP	Operational Resilience Capacity Plan
RBWM:	Royal Borough of Windsor and Maidenhead
SCAS:	South Central Ambulance Service
SRG	System Resilience Group
WAM:	Windsor, Ascot and Maidenhead

1.0 Background

Following the pressure experienced during the winter of 2012/13, NHS England published the A&E recovery Plan in May 2013. The plan brought together the national and regional 'A&E tripartite' panels, comprised of representatives from NHS England, the NHS Trust Development Authority (NHS TDA), Monitor, and the Association of Directors of Adult Social Services (ADASS). The plan also called for the creation of Urgent Care Working Groups (UCWGs).

After the success that UCWGs have achieved in the past year, there is now a need for these groups to build upon their existing roles, and expand their remit to include elective as well as urgent care. They will now become the forum where capacity planning and operational delivery across the health and social care system is coordinated. This document outlines the response to this challenge from the Heatherwood and Wexham Park System, within East Berkshire.

There are three Clinical Commissioning Groups (CCGs) in the East Berkshire area:

- **Bracknell and Ascot** has a registered population of 136,863. 81% of the CCG's population reside in Bracknell Forest Council and the remainder in Ascot within the Royal Borough of Windsor and Maidenhead.
- **Slough** has a registered population of 143,343. This CCG shares the same boundaries as Slough Borough Council.
- **Windsor, Ascot and Maidenhead (WAM)** have a registered population of 150,364. This CCG covers the majority of the Royal Borough of Windsor and Maidenhead, together with one ward in North Surrey and a GP practice in Buckinghamshire.

The three CCGs work together as the East Berkshire Federation and also work closely with their unitary authorities: **Bracknell Forest Council, Slough Borough Council** and the **Royal Borough of Windsor and Maidenhead (RBWM).**

Chiltern CCG has a registered population of 320,000 with a significant percentage of this population accessing services at Wexham Park. This provides additional challenges to the planning process as well as daily operational challenges.

The main acute providers in the area are Heatherwood & Wexham Park Hospitals NHS Foundation Trust (HWPH), Frimley Park Hospital NHS Foundation Trust (FPH), and Royal Berkshire Hospital NHS Foundation Trust (RBH).

- Heatherwood & Wexham Park has sites at Heatherwood Hospital in Ascot and Wexham Park Hospital in Slough.
- Frimley Park is in Surrey, just south of the Bracknell Forest area.
- Royal Berkshire Hospital's main site is in Reading, with the RBH Bracknell Health space in Bracknell.

Community and mental health services are provided by Berkshire Healthcare NHS Foundation Trust. Community hospitals in Slough (Upton), Maidenhead (St Marks) and Windsor (King Edward VII) are owned by Propco and have a range of services provided by HWPH, RBH and BHFT.

Ambulance services in the area are provided by South Central Ambulance Service.

1.1 Current Issues for the geographical patch that the plan needs to address

The East Berkshire urgent and emergency care system has been under considerable strain since September 2013 with rising ambulance and A&E attendances and hospital admissions and a shortfall in acute and community capacity.

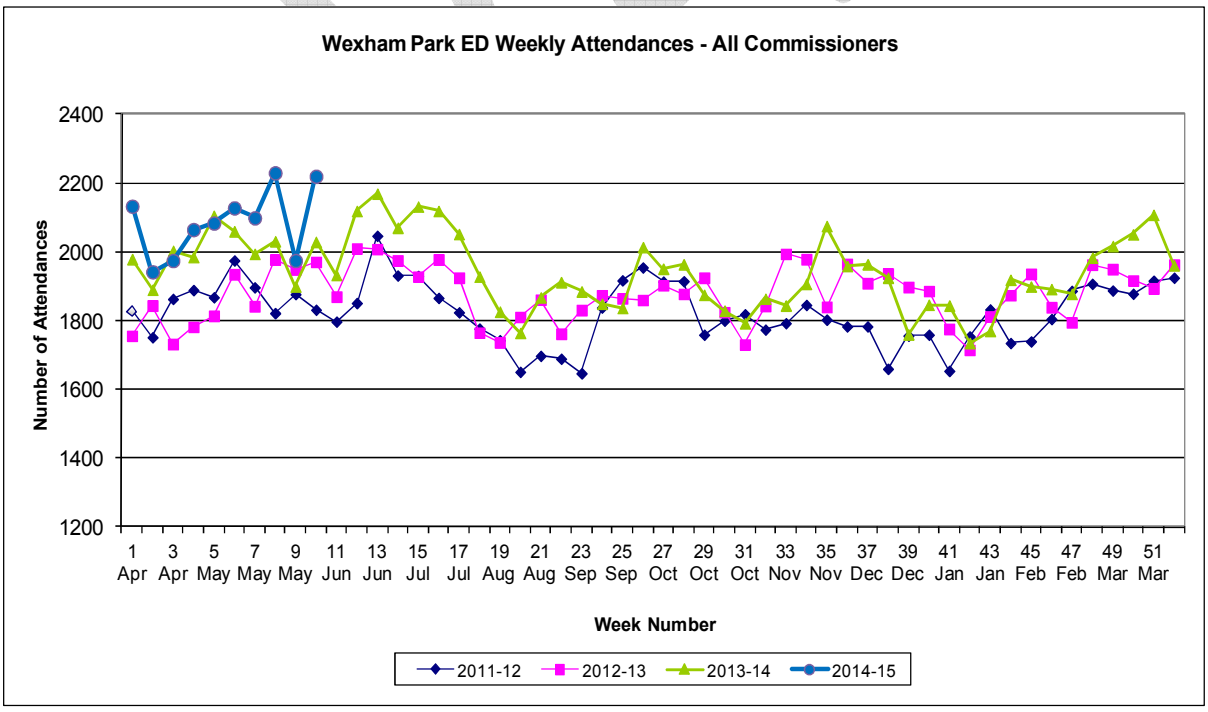
A review of all the Urgent care services across East Berkshire demonstrated that a small cohort of the population consumed a disproportionally high proportion of local resources. This suggested targeted solutions to have a place.

As a consequence a number of initiatives were taken forward these include:

- Integrated Care teams across East Berkshire to support complex patients in the community.
- Post-Acute Care Enablement (PACE) – a team to support admission avoidance and facilitate discharge through multi agency working. Funded for 14/15 by Slough CCG & WAM CCG.
- An Extension of the Rapid Access Community Clinic (RACC) as a key alternative to acute hospital.

The Heatherwood and Wexham system continues to absorb a high level of pressure in the acute sector. This is demonstrated through an increase in A&E attendances, emergency admissions and an increase in ambulance arrivals at the Wexham Park site.

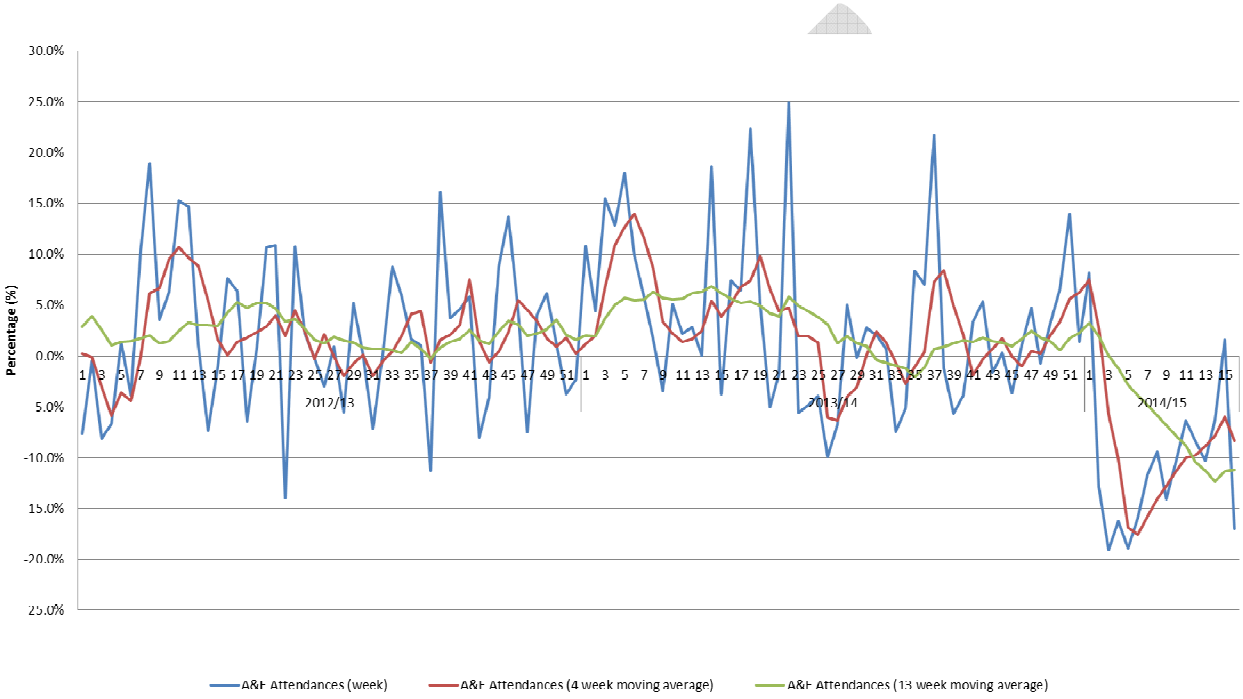
A&E Attendances



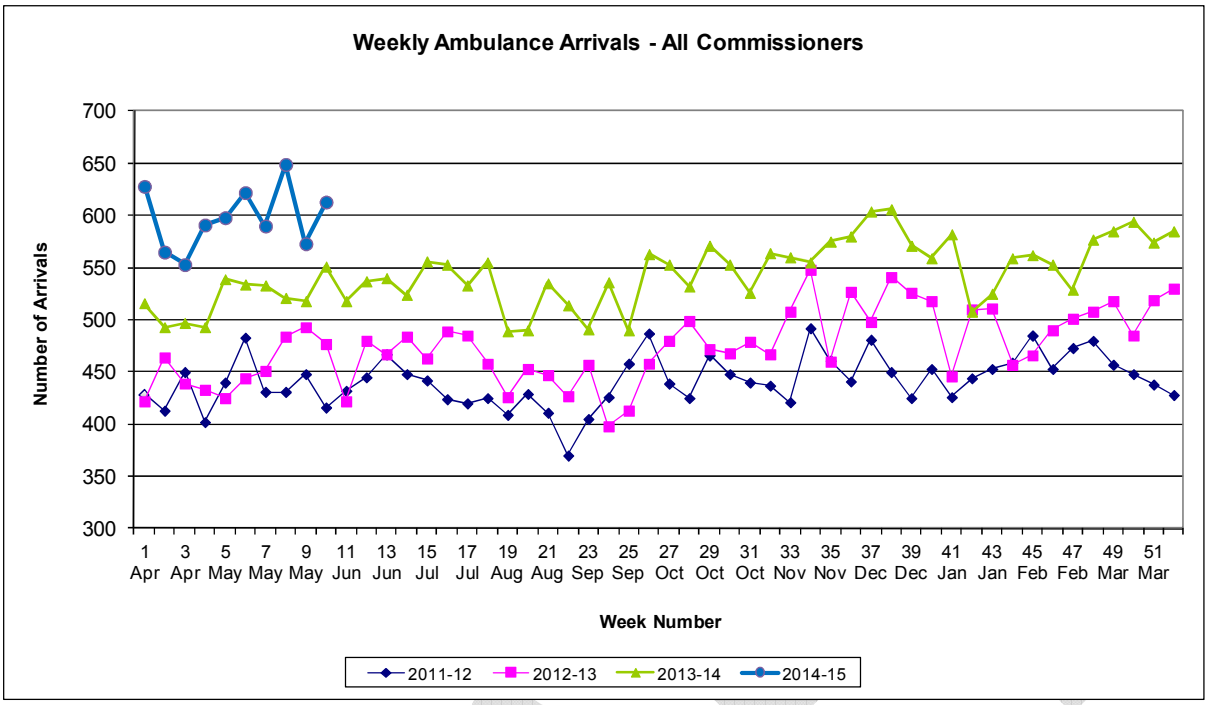
Comparing this year's reporting period with the same period in 2012/13 and 2013/14, we see that between 2012/13 and 2013/14 there was an increase in attendances of 7.9%, and a smaller increase of 3.8%

between 2013/14 and 2014/15. This graph represents all commissioners and will include the figures from Chiltern CCG.

There are currently a large number of schemes to reduce activity into the ED but the full effect of these schemes has not yet been realised and this is reflected in these figures with demand continuing to increase. The decrease in attendances demonstrated in the graph below is the result of the closure of the Heatherwood minor injury unit and the opening of the Healthspace at Brants Bridge in Bracknell which is not classified as a type 2 A&E but is seeing patients who would have attended the minor injury unit in addition to the new services operating on this site.



Ambulance Attendances

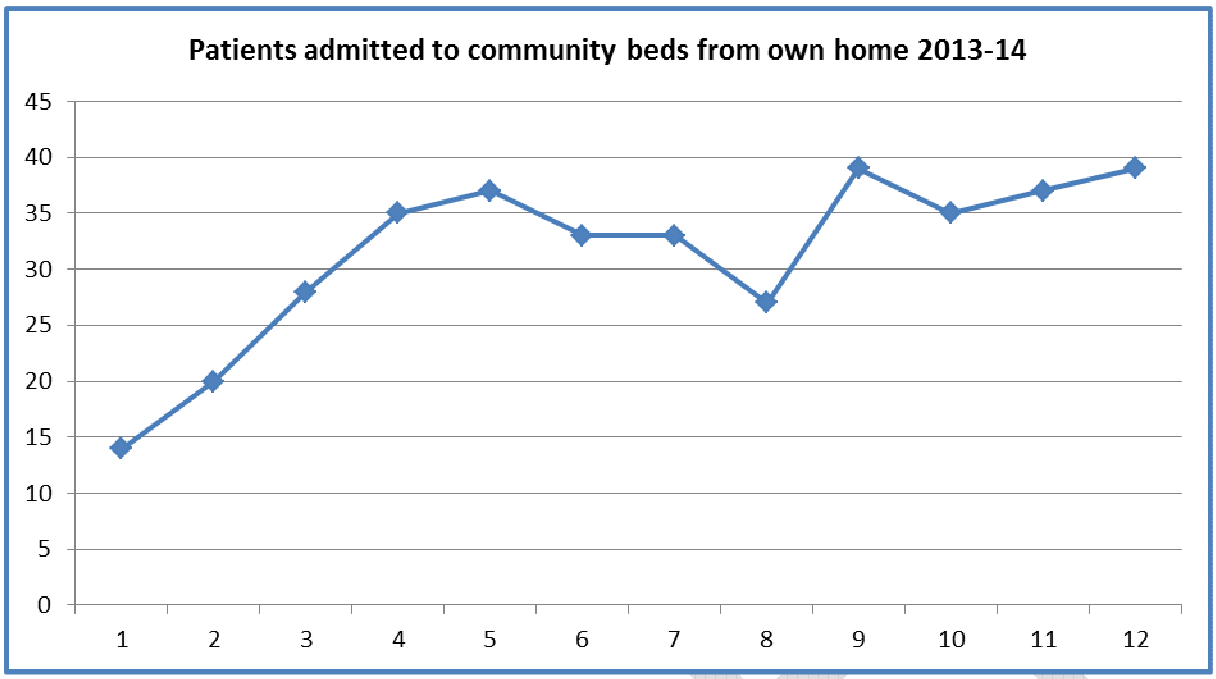


Comparing the same year-to-date period year on year (Apr-May), ambulance arrivals in total grew 14.5% between 2012-13 and 2013-14, and another 15.6% between 2013-14 and 2014-15.

Throughout winter 2013/14, there was an increase in ambulance arrivals compared to the previous year but a decrease in the number of walk-ins/non-ambulance arrivals. A number of schemes, specifically a robust communications strategy and focussed marketing, were in place which was seen as a major contributing factor towards this.

The Rapid Access Community Clinic (RACC) was been in place as an alternative to A&E within the East Berkshire system for some time. However, the enhancement of service provision and a clear pathway design enabled referrals to the RACC to increase approximately three-fold across winter, preventing a large number of patients reaching A&E. Enhancements to the RACC were partly funded as an ongoing scheme and there is an intention to ensure enhancements for winter 2014/15.

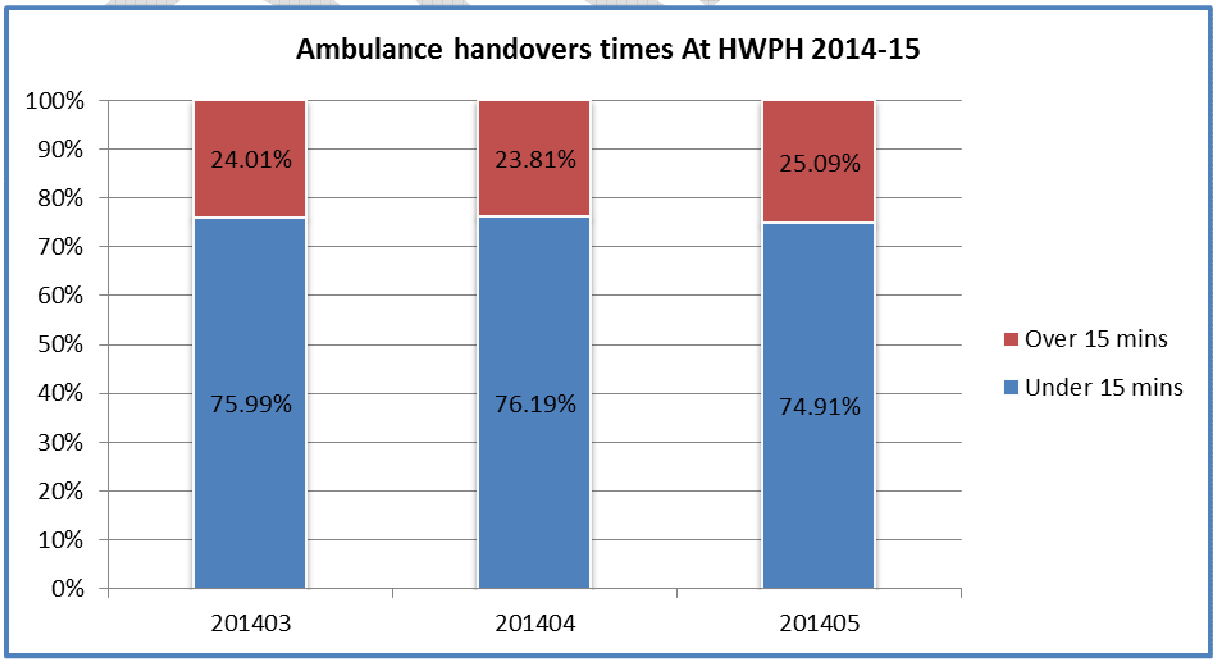
Community Bed Step Up Capability



Community bed capacity represents a key element to the flow of urgent care services within East Berkshire. An important development has been the increase in usage of community beds as an admission from the patients' home. Thus services are being used as a step up service and an alternative to sending patients to A&E and a potential subsequent admission.

Bed occupancy in community beds is increasing from other admission sources and can therefore represent a risk in capacity within the community.

Ambulance Handovers



Ambulance Handovers is one of the key overall outcome measures within East Berkshire and has shown great improvement over the past 12 months with over 75% of handovers within 15 minutes. This has been a challenging area within this locality for some time. However, through work between SCAS and HWPH, a double verification system has been put in place following learning from work at Royal Berkshire Hospital and the flow through hospital at the front end has improved.

Hospital Ambulance Liaison Officers (HALO) were put in place as a dedicated resource to Wexham Park Hospital. These officers represented a key contact point for ambulance and hospital staff in order to improve flow at the front door of the hospital. They were in place to ensure that any escalating issue received the appropriate senior involvement from both sides. HALOs are always available for use in the system and their utilisation as a dedicated resource over the winter periods is being considered for the future.

Flow Through Hospital

Bed Stock

As of 15th August 2014, the established bed stock for the Wexham Park site is 650 beds. There are 31 escalation beds available to the hospital with an additional 5 beds which can be used within the discharge lounge in times of extreme pressure. It should be noted that this position will vary over the course of the following months due to planned ward closures and building work which will lead to additional capacity. The use of this additional capacity is under continuous review by the trust and escalation is managed through the internal escalation process for the trust.

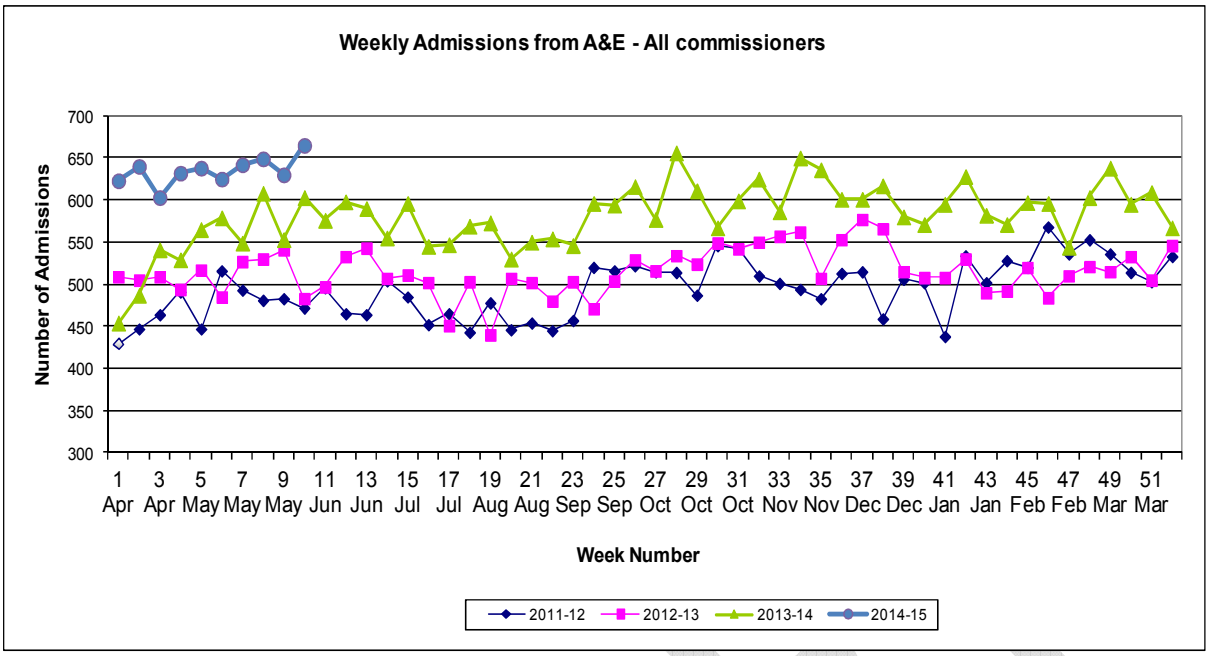
A&E Performance

Mth	2013-14	Target	2014-15	Target
April	82.67%	95%	87.76%	95%
May	91.77%	95%	87.62%	95%
June	93.11%	95%	92.17	95%
July	95.14%	95%	96.34%	95%
August	90.43%	95%	96.74	95%
September	93.35%	95%		
October	97.38%	95%		
November	96.51%	95%		
December	95.39%	95%		
January	90.14%	95%		
February	86.23%	95%		

March	87.75%	95%		

The A&E performance at Wexham Park has been variable since January 2014. The recent improvement in A&E performance has coincided with the Spring to Green project in July and performance has been maintained to date throughout August. It should be noted that the additional resources in place throughout the Spring To Green process are no longer in place and the increases in demand will mean that maintaining performance will become pressured once more. As part of the ORCP plan, a prioritisation of Spring to Green initiatives will need to take place to ensure the best of the project can be maintained.

Emergency Admissions

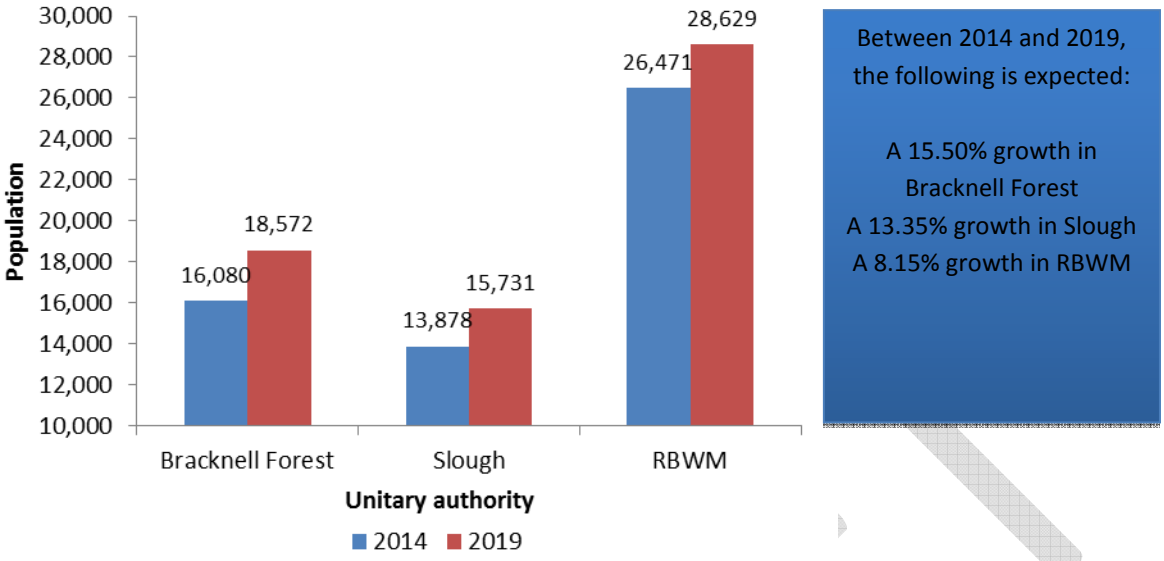


For this reporting period, emergency admissions from A&E year on year have grown 5.4% between 2012/13 and 2013/14 and 16.8% between 2013/14 and 2014/15.

The drivers for this demand are complicated but it is clear that the growth in older people in the population is a considerable contributor. Like much of the rest of the South East of England, the population in our three CCG areas is growing at a significant rate and this will have an impact over the next five years, as demonstrated by the chart below. In particular, it is expected that between the years 2014 and 2019, a 5.63% to 6.45% population increase is predicted across the three areas.

Source: ONS Interim 2011-based Subnational Population Projections

There will be significant growth in the population group aged 65 and over, as depicted in the following chart.

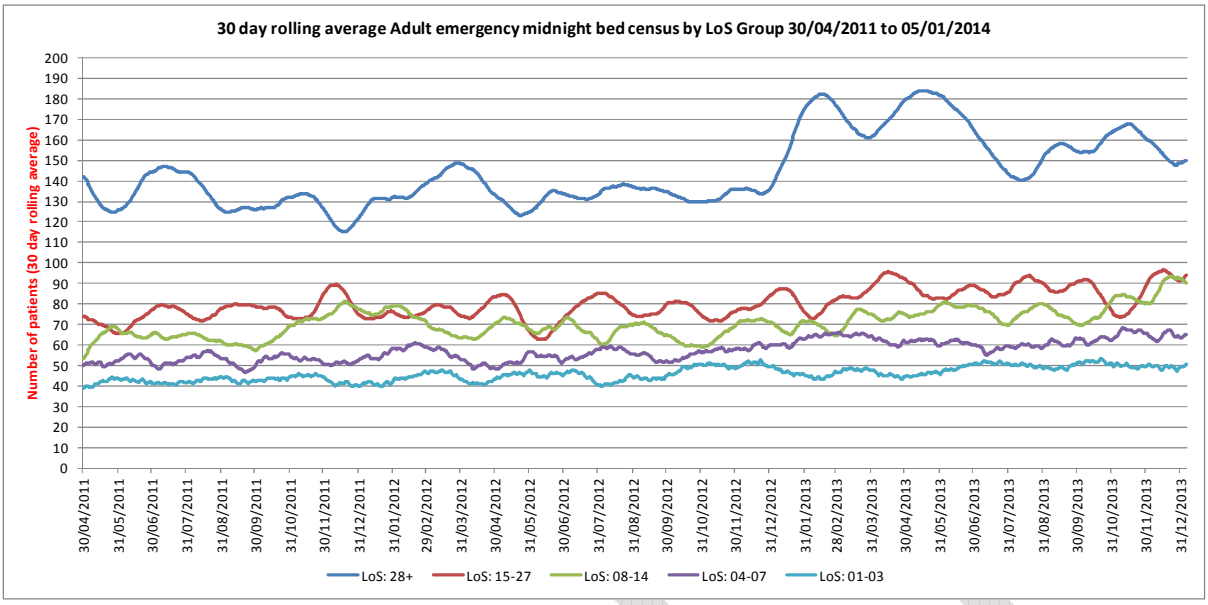


Work in primary care and the community is continuing to support reductions in emergency admissions but the full effect of these schemes has not been evidenced. However, it should be noted that CCGs are fully committed to a number of schemes designed to keep people out of hospital including:

- Integrated care team provision focussing on vulnerable people
- Greater access to primary care providing seven day working
- Brants Bridge Healthspace Urgent Care Centre providing key alternative to hospital.

All CCGs are focussed particularly on those high intensity resource users in the population and the ORCP schemes actively take this into consideration.

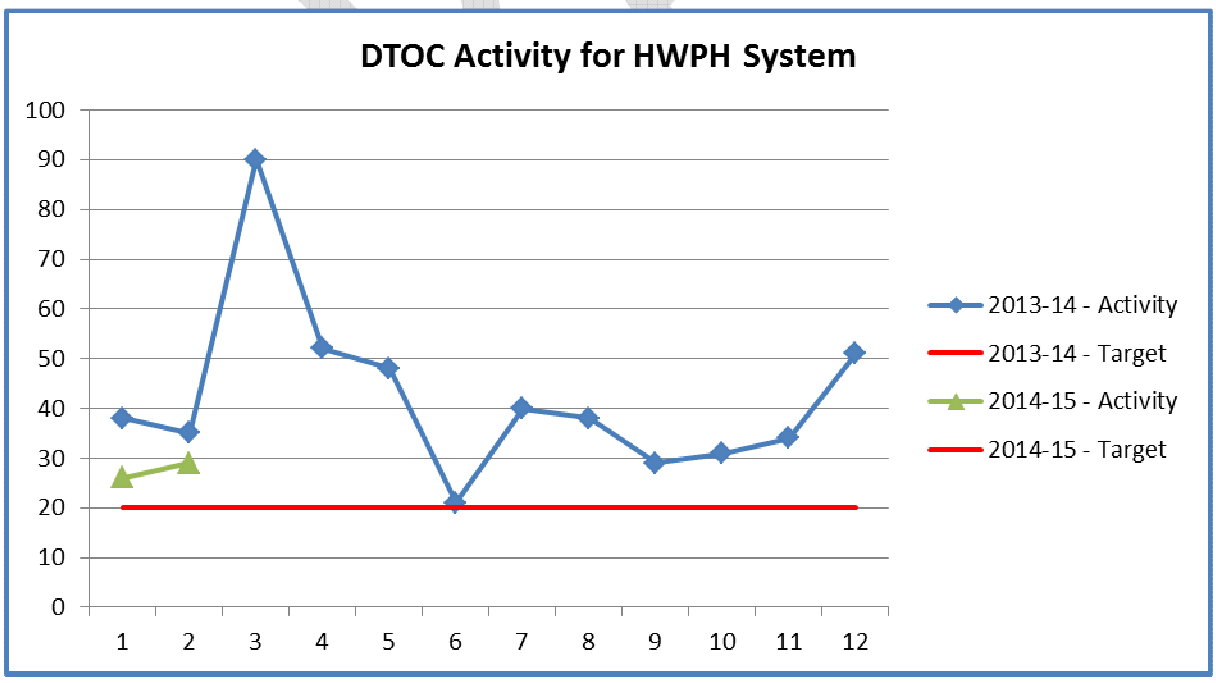
Length of Stay



This graph shows an ongoing trend within the HWWP system. That is a rise in the numbers of people who are staying over 28 days in hospital. This represents a considerable strain on bed occupancy and flow through the hospital system.

Additional enhancements to services across winter will need to be able to focus on higher acuity more complex patients to have a material effect on this trend.

Discharge from Hospital

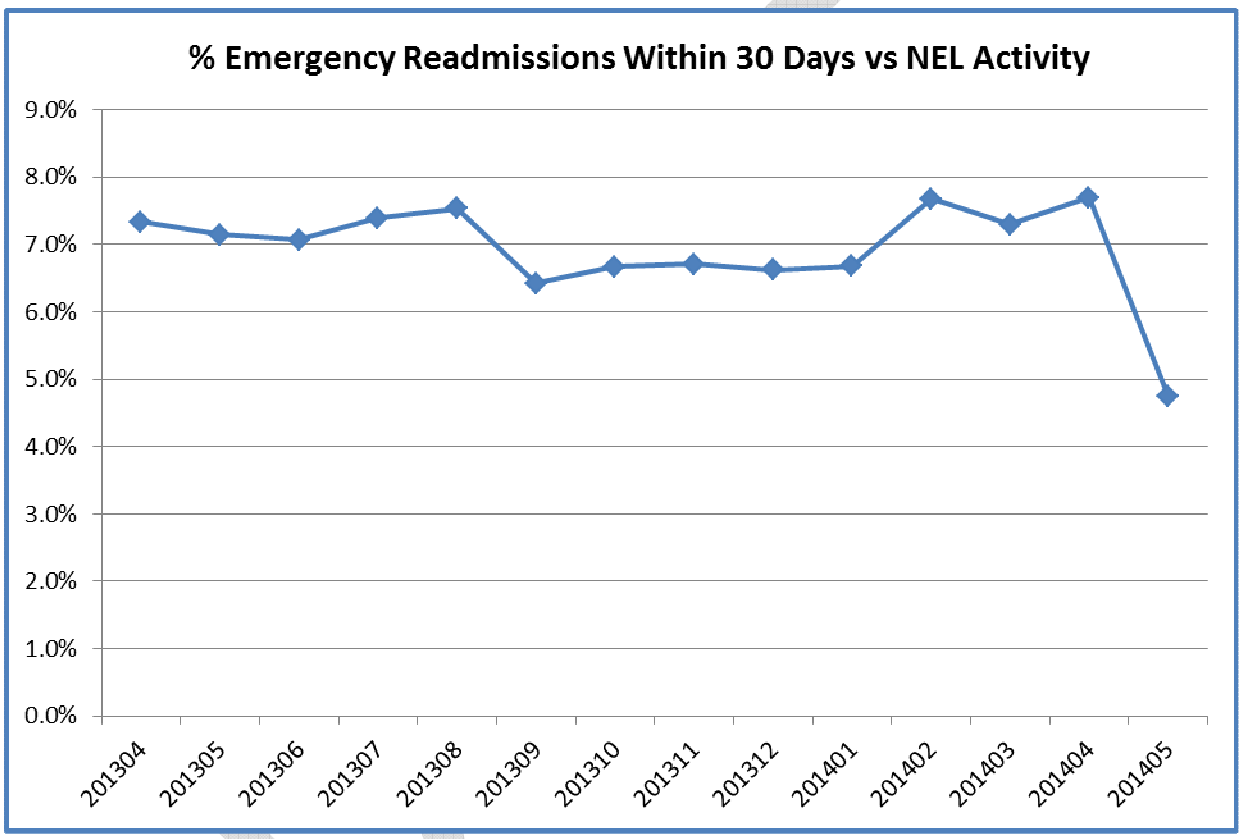


Delayed transfers of care have remained relatively stable since last winter following provision of additional capacity within the system. It should be noted that the above graph includes figures for Chiltern based

patients. The trust has been experiencing persistent delays from south Buckinghamshire based patients for some time.

It is also acknowledged that improved communication flows across the system also facilitated the improvement and its subsequent maintenance. While the improvement has been maintained, ORCP schemes should provide additional resources to the system to respond quicker and be able to expedite more discharges as demand increases.

For Winter 2014/15, SBC and RBWM have clearly prioritised their schemes to enhance existing services and will manage their work flexibly following the successful methods of last year.

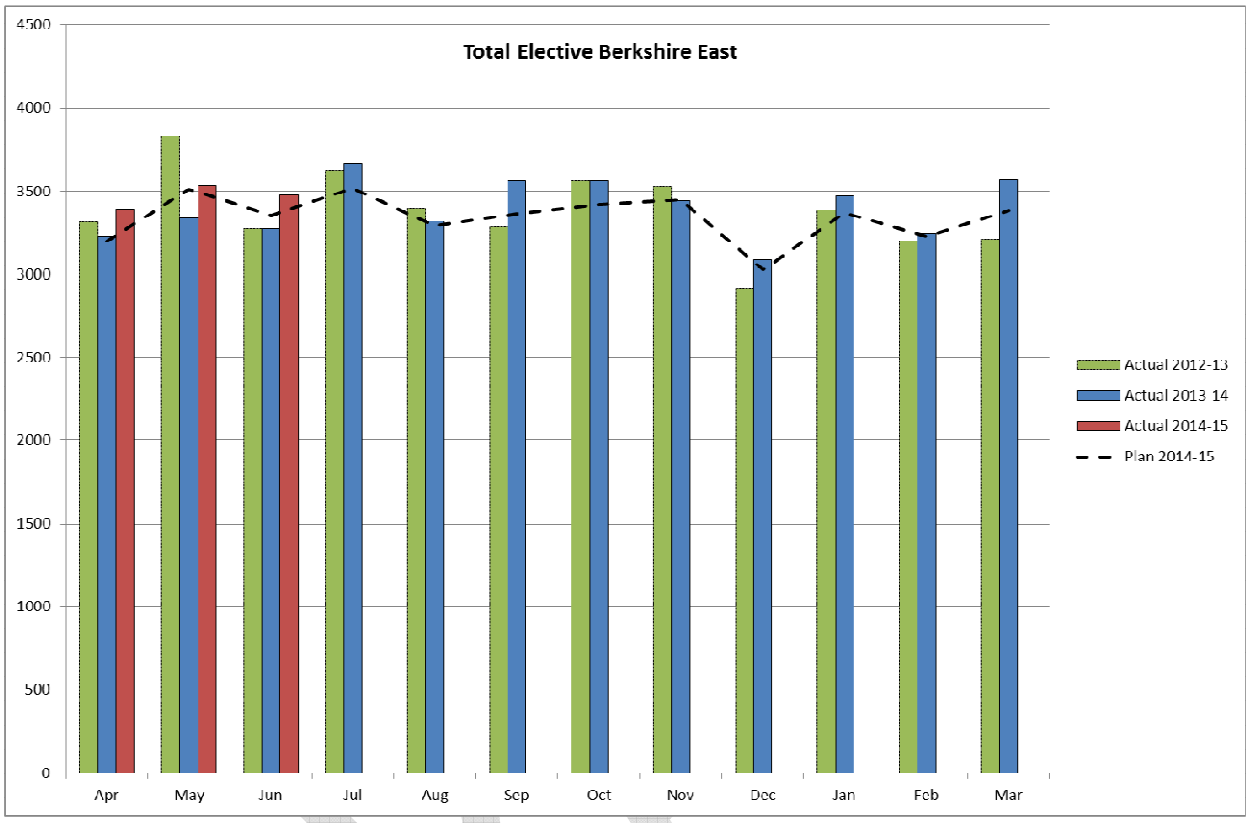


Emergency readmission rates have remained stable throughout the last year with a slight downward trend. This represents a key metric for the system particularly as demand increases and higher risk discharges may be required to ensure flow through the system.

The support from local authority and community providers as well primary care physicians is key to this process.

Elective Care

Similarly to the urgent care and emergency elements of the system, elective care has also been under pressure. The following graph outlines the elective referrals compared to the previous two years with the planned rate for 2014/15.



Key reasons for this relate to activity growth higher than expected across all surgical specialties and the resulting mismatch between demand and capacity.

This pressure and subsequent drop in elective performance has led to Heatherwood and Wexham Park submitting an improvement and recovery plan to the CCGs.

There are three elements of this recovery plan:

1. Admitted backlog reduction
2. Reducing waiting times for first OPA
3. Capacity planning for patients who require follow ups

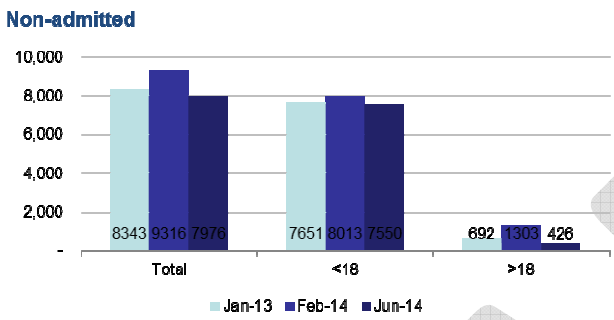
Through ongoing discussions with the trust the recovery plan has been revised regarding the additional funding from NHS England to reduce waiting lists further in preparation for winter as outlined below: The funding is intended to ensure that:

- We meet all three RTT operational standards at a national level;
- This is achieved in the September 2014 RTT data (published in November 2014).

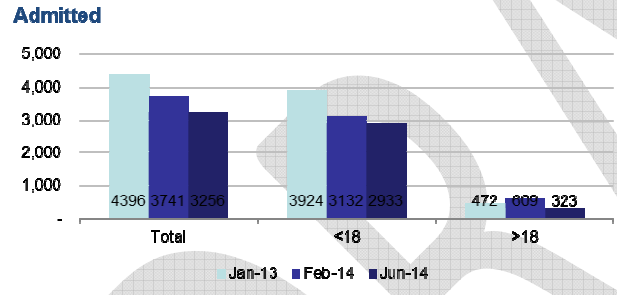
The ongoing efforts through the recovery plan are consequently focussed on the following:

- Reducing backlog by focusing additional activity on patients that are waiting more than 16 weeks for treatment.
- Reducing the waiting time for a first outpatient appointment to a maximum of 6 weeks in surgical specialities and 8 weeks in medicine and increase diagnostic capacity.
- Reducing the total number of patients waiting over 16 weeks by 115,000 nationally, bringing us back to the level of over 18 week waiters seen in January 2013.

The following RTT performance profile shows the current issues and improvements being made:



- Jan 13 to Feb 14 deterlorated by 12% in total
  - 5% increase in <18WW
  - 88% increase in >18WW
- Improvements since Feb 14
  - 14% overall
  - 6% reduction in <18WW
  - 67% for >18WW(due to intense specialist validation – not actual increase in capacity)



- Jan 13 to Feb 14 improvement is 15% in total:
  - 20% for <18WW
  - 29% deterioration for >18WW
- Improvements since Feb 14
  - 13% overall
  - 6% for <18WW
  - 47% for >18WW

Although additional capacity was created by outsourcing capacity at other hospitals this of this could not be utilised due to those hospitals being under pressure. This has resulted in Wexham Park having a larger number of people waiting at 31/3/14 than in the previous year.

There are significant risks to delivery of elective care which cross local ORCP boundaries. Specifically, there is a marked lack of rehabilitation beds and services within the South Buckinghamshire locality which has effects upon the ability to discharge patients in a safe and efficient manner. The SRG would seek assurance from Chiltern CCG and NHS England that reciprocal support will be provided on this matter to ensure resilience across both systems.

Winter Period 2013/14

The East Berkshire health and social care system had the opportunity to use circa £6.6m non-recurrent funding to support the integrated care system over the 2013/14 winter period in order to enhance capacity and support the urgent and emergency care needs of patients.

The following principles were agreed to govern the use of non-recurrent support:-

- Achieve NHS constitution standards;
- Support actions agreed through the A&E Recovery Plan;
- Target short term capacity for swift delivery from October 2013 – March 2014;
- Tackle known 'gaps' in capacity and delivery;
- Support a simple, consistent delivery of an urgent care system across East Berkshire;
- Support an integrated care philosophy across organisations;
- Test out new innovative ways of delivering services for patients;
- Distributive leadership across the whole system for delivery.

An A&E recovery plan had already been created for the system before the non-recurrent funding was made available. The A&E Recovery Plan built on best practice highlighted in the King's Fund report*:*

'Urgent and Emergency Care, A Review for the South of England' and focused on three distinct areas of patient care:-

- Urgent Care Access;
- Wexham Park – Patient Flow;
- Discharge and Out of Hospital Care.

These work streams reported on a monthly basis to the Urgent Care Programme Group, which monitored overall delivery and use of the resources allocated.

A&E performance Winter 2013/14

The key indicator for this programme has been the achievement of the 95% A&E standard within Wexham Park Hospital. This indicator was achieved through Q3 comfortably at 97%. However, performance across Q3 was not sustained with Q4 performance falling to 88%.

Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
292	235	239	240	**414**	**512**	**440**
93.36%	97.38%	96.51%	95.38%	**90.15%**	**86.23%**	**89.72%**

East Berkshire Urgent Care Programme Group assessed the reasons for this decline. Early possible reasons for this fall include:

- Overrun of additional building work undertaken to increase capacity in the A&E department.
- Creation of additional ward capacity and repairs needed to the hospital site resulted in reduced bed capacity and disruption to the flow of patients.
- The introduction of a new computer system within the hospital which has slowed the flow of patients through the system.
- A change in clinical working model within the hospital, also reducing flow.

- Additional building was being undertaken to increase bed capacity which would have enabled patients to flow through the system. This is now in place.
- There has been a trend for patients staying longer in hospital indicating a more complex range of needs.

Winter 2014/15 planning

During the winter of 2013/14 the health and social care systems across England experienced significant pressures which at times resulted in a poor patient experience. While the Berkshire East system performed well in terms of coping with escalating issues and significant pressure on system capacity, there were occasions when the quality of care was not what we would wish. The aim of this plan is to ensure that patients receive a good quality of care, measured against consistent standards throughout the winter.

It is important to note that the system is better equipped for this winter than the last in a number of key areas. Specifically, the building work at Wexham Park has been completed allowing for more bed capacity even without escalation beds, schemes that were funded non-recurrently last winter are now embedded in the system and a permanent fixture of urgent care services and the integrated care teams in primary care continue to develop. The Bracknell Healthspace at Brants Bridge and Urgent Care Centre are also now in place and functioning and is now a key alternative to A&E which admission to Wexham Park as well as neighbouring systems such as Frimley Park and Royal Berkshire Hospital. Additionally, the 18 week plan recovery plan is on track and the system continues to push for improvement in spite of ongoing pressures. However, there is still increasing demand despite efforts to reduce this.

This winter plan reflects the work that has been carried out through the Urgent Care Programme Group, bringing together commissioners of health and social care for Berkshire East patients and the additional resource that is in the system from winter pressures funding provided centrally to support through winter. The structure of the report is designed to demonstrate what services are currently in place and supporting the system. The additional schemes that are being put forward as ORCP non-recurrent schemes are either enhancements of those things which are currently working well or additions to the system where critical gaps are evident.

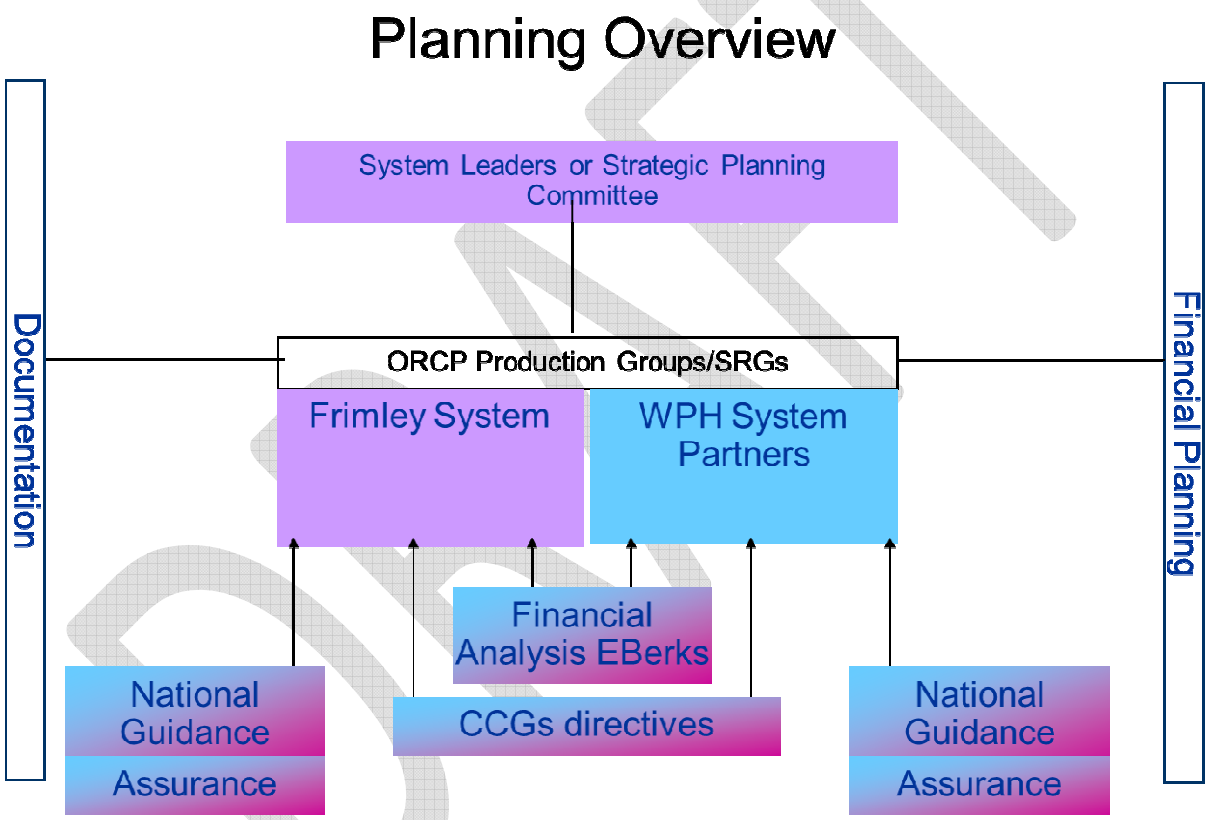
It should be noted that the Berkshire East health and social care system, while acknowledging the need for a winter plan, is focussed on delivering consistent care throughout the year.

1.2 Arrangements to fulfil ORCP guidance requirements

The arrangements to fulfill the ORCP guidance requirements are built on the progress and momentum created through the East Berkshire Urgent Care Programmed Board. The Urgent Care Programme Board was set up to develop, oversee and assure that the necessary actions are taken to enable the recovery and sustainable delivery of A&E performance by applying a whole system approach within the local health economy. This includes the overseeing of the system across winter in the light of the receipt of additional funding to support the health and social care system. This group consists of all key stakeholders from the health and social care system including clinical leadership from CCG chairs who sit on this group.

The ORCP guidance was presented to the Urgent Care Programme Board on 10th July 2014. It was agreed at this meeting that the transition to SRGs would be achieved through the adaptation of the programme board and that new terms of reference should be drafted and agreed accordingly.

The complexity of the system that surrounds Heatherwood and Wexham Park requires the East Berkshire to maintain close links with neighbouring systems. This is particularly true of the system surrounding Frimley Park Hospital where the majority of activity from Bracknell and Ascot CCG are currently seen. As a consequence of this, elements of the plan being submitted through the Frimley Park ORCP will by definition support the Heatherwood and Wexham park system. The linkages between the two system plans are provided through a lead director in East Berkshire ensuring appropriate balance between the two systems. The following diagram outlines the structure that will be maintained to ensure these key systems are linked together.



Similarly, there is a steady patient flow into the Heatherwood and Wexham Park system from South Buckinghamshire. There has been a sustained pressure within East Berkshire over the course of the previous two winters from patients from South Buckinghamshire both in terms of additional arrivals at the Wexham site and in terms of discharge back in to South Buckinghamshire. Links to the Chiltern CCG plan are maintained through a Chiltern CCG presence at the East Berkshire Urgent Care board to ensure the appropriate balance of allocation of resources through the winter period. Summaries of Buckinghamshire and Frimley ORCP schemes are included as an appendix.

It was also agreed that a task and finish "Tiger Group" would convene to co-ordinated and agree financial allocations through the winter pressures funding for the subsequent approval of the SRG group. This process was further supported by a clinical reference group consisting of clinical representation from the system who gave clinical input and further clarity and evaluation to the schemes. Following the analysis contained in earlier sections, it was agreed that the key principles for allocation of funding would be the following key areas:

- Reduction in attendances;
- Reduction in admissions;
- Reduction in bed days (reduced DTOCs);
- Seven day working.

Schemes will need to address at least one of these principles. These are the key factors in supporting front door target achievement within the system. The details of this allocation are discussed later in this paper.

This ORCP and the schemes contained within it are built upon the assumption that the planned acquisition of Heatherwood and Wexham Park by Frimley Park hospital is completed. This represents a key strategic transformation within the system but is also planned to have key positive operational impact. The SRG and system partners will also welcome the ability to refresh and enhance this plan once the impending ECIST review of Wexham Park is completed during August.

ECIST report

ECIST was invited in by the Heatherwood and Wexham Park health economy to review its urgent and emergency care pathways.

The visit was conducted over two days on the 30th and 31st of July 2014. Three members of the Emergency Care Intensive Support Team (ECIST) carried out a series of semi-structured interviews with selected individuals representing the whole system urgent and emergency care pathway.

The visit to the Acute Trust was conducted on site while the rest of the visits were centrally located.

Prior to the visit a range of information had been requested to provide additional background on the system. In addition each organisation had been asked to complete a diagnostic questionnaire to look at what good practice was already in place across the system and to highlight any potential gaps.

Over the course of our visit the following general observations about the system were made:

- During some of the interviews we observed negativity addressed towards the Acute Trust. While there are clearly opportunities for improvement at the Trust, negativity rather than constructive challenge and feedback is damaging for the system. The system does need to use constructive and appropriate challenge to ensure the best possible care is provided for patients, however it also needs to recognise the efforts that the Acute Trust is making and has been making to improve care.
- Relationships between some General Practitioners and the Acute Trust also appeared to be strained.
- The CQC report appears to have been a positive catalyst for change at the Acute Trust.
- The work with Frimley Park prior to the merger of the acute trusts is regarded positively and there appears to be considerable optimism about the future with Frimley Park.

- The system is complicated. There are three unitary local authorities, three CCG (with merged senior management arrangements) and a relatively large flow of patients from Buckinghamshire across a county boundary. It is one of the more complicated systems that ECIST has worked with.

It was felt that there were a number of areas which the system could be proud of.

- The successful week which the Acute Trust led has delivered improvement in capacity, improved morale and acted as a catalyst for further change.
- There appears to have been considerable improvements in ED both in environment as a result of the re-build but also in better processes (early senior assessment) and improved team working.
- The integrated teams are an example of good practice and appear to be well-developed.
- The nursing and residential home programme to improve quality and care is an example of good practice.
- The area has successfully bid for money from the Prime Minister's Challenge Fund and will be delivering enhanced access.
- There are some good examples of voluntary sector engagement.
- New contract for social care to include enhanced role for carers in identifying and responding to changes in health linked to care plans.
- The "listening in action" approach in place at the Acute Trust is one which we consider to be good practice.
- There is good evidence of improvement in access and processes in Radiology at the Acute Trust.
- Leadership shown by General Practitioners across the system.

As there are a large number of recommendations:

- Developing a vision of what "good looks like" for frail and older people in the H&W health economy. Identifying the gaps between what good looks like and existing practice and then developing a strategy/programme to address these gaps.
    - An important part of this work-stream is implementing an early multi-disciplinary assessment model in the acute trust for frail and older people.
    - It would be useful to have a whole system group identified to lead and deliver this work.
- Delivery of high impact work streams at the acute trust.
    - Ambulatory Emergency Care.
    - Reconfiguration of the assessment and short stay footprint including medical model.
    - Embedding excellent ward discharge processes:
        - Clinical and functional criteria for discharge;
        - High quality daily board rounds;
        - Simple rules/standards to prevent internal delays.
    - Front door frailty model.
- Reducing delays for those patients requiring discharge into the South Bucks area:
    - Consider an integrated discharge team for all patients regardless of area;
    - Recommend an integrated PACE team;
    - Establish baseline of actual delays and the scale of any capacity gap:
        - Consider trusted assessor model to reduce any delays where assessment is required before services can be accessed.
- Enhance and develop the existing discharge to assess model:

- Think “Home First” approach has been successful in some organisations.
- Critical to get right balance between home based assessment and bed based assessment in this model.
    - Early success in reducing placements for patients with dementia from discharge to assess model at Watford and using more home based care.
    - Learning can be shared from areas such as South Warwickshire and Sheffield.

Key improvement opportunities are summarised below:

Acute Trust	Community Trust	Primary Care
•Although processes in ED have improved, the current pit-stop/senior assessment model would be strengthened by having a senior clinician available matched to the activity profile •emergency care pathways for surgery require review •appropriate streaming from early assessment to the right place of care for the patient's needs •Implement an early support discharge model for patients post fracture •Implement an early support discharge model for patients post fracture	•review of the opportunities to create a joint model of working across community and acute therapy services. •PACE team work with the acute trust to find appropriate accommodation co-located to the ED •Bucks PACE model is created that this is integrated into the existing PACE team so that any team member can assess any patient and access the appropriate care regardless of location •PACE team might consider frontloading their therapy assessment further by taking handover from the ambulance crews	•Improved medical cover for nursing and residential homes •Improve relationships between primary care clinicians and acute trust clinicians. •Enhance/increase use of advanced care plans in primary care and across nursing/residential homes •Review the use of the existing risk stratification tool and ensure it is capturing the right patient group

1.3 Approach to involving key local organisations

Effective change and resilience of this nature can only be achieved through a sustained and shared commitment from leaders, clinicians and staff of all organisations involved, as well as patients and the public. The CCGs have set up a System Leaders Group with leaders of the CCGs, unitary authorities, health provider organisations and the Area Team. This will remain in place and the SRG will ultimately be reporting through these mechanisms.

The CCGs will continue to engage extensively with patient groups and with the public, listening and adapting to concerns and points. Engagement will include a focus on changing patient and carer behaviours, thereby taking more responsibility for their own health and wellbeing and for the way they access care.

All organisations will engage with staff through the transformation programme. Staff will be motivated by the opportunities to transform care and encouraged to take advantage of the opportunities for personal development and career progression. All staff will be supported through this process.

1.4 Links to BCF and H&WBB

The prioritisation of schemes within this ORCP are entirely congruent with the strategic direction of local Better Care Fund programmes and the desires of local health and wellbeing boards. Specifically, the ORCP is committed to ensure that **patients'** independence is maintained for as long as possible and that no patient should be treated in hospital unless is clinically necessary. Supporting the system to ensure that there are alternatives to A&E and that treatment in the community is made easier are all part of the focus of this ORCP and are reflected in the Better Care Fund priorities of the local system.

As part of the Better Care fund process, section 75 funding has already been committed and as such is not available for allocation for separate winter pressures schemes.

Details of the local Better Care Fund can be found in the following locations:

http://www.windsorascotmaidenheadccg.nhs.uk/better-care-fund/

http://www.sloughccg.nhs.uk/images/Slough_GB_Slide_Deck_Better_Care_Fund_050114_v4.pdf

http://democratic.bracknell-forest.gov.uk/documents/s71025/HWBB%20-%20Better%20Care%20Fund%20130214.pdf

Final submissions of BCF plans are due on 19th September 2014.

1.5 Confirmation of signoff and stakeholder agreement

As described above, this ORCP has been taken through a programme of engagement and prioritisation. This version of the plan has been signed off by the following organizations and we are continuing to agree final sign off with Heatherwood & Wexham Park Hospital Trust for the final version of this plan:-

- Windsor Ascot and Maidenhead CCG
- Slough CCG
- Bracknell and Ascot CCG
- Berkshire Healthcare NHS Foundation Trust
- Slough Borough Council
- Royal Borough Windsor and Maidenhead Council
- Bracknell Forest Council
- South Central Ambulance NHS Foundation Trust

2. Non Elective Care Pathways

2.1 Pathways

Ambulance Service

Ambulance Handovers is one of the key overall outcome measures within East Berkshire and has shown great improvement over the past 12 months with over 75% of handovers within 15 minutes. This has been a challenging area within this locality for some time. However, through work between SCAS and HWPH, a double verification system has been put in place following learning from work at Royal Berkshire Hospital and the flow through hospital at the front end has improved.

At Wexham Park, dedicated on the day demand ambulance discharge crews are running until midnight and the non-urgent Patient Transport service is also available for use for discharges.

SCAS operate predictive modelling in order to understand demand on the system and to understand the appropriate response to call outs. Vehicles will be profiled in line with recent Hospital turnaround profile and last winter profile of hospital turnaround times, overlayed against hospital and system escalation.

SCAS is also the provider of NHS 111 services. SCAS have experience in managing NHS 111 services through winter including a Boxing Day service. Modelling of expected demand and required staffing levels has taken place based on their experience. There is a robust resilience plan in place to manage this process through winter.

South Central Ambulance Service have a strategic commitment to move to using NHS pathways to support the system.

NHS Pathways sets out to deliver a single clinical assessment tool that provides effective triage over the telephone in any setting taking calls from the public. This will ensure every patient accessing urgent and emergency care services is effectively triaged, reducing the need for them to repeat information and helping to make sure that they are directed to the right care, first time. This will mean that patients calling 999 will go through the same process as those calling 111 allowing a more integrated approach to managing acute sector demand.

South Central Ambulance is currently running high intensity user reports by CCG using both 111 and 999 data. It is planned that SCAS will collaborate with the patients' GPs to develop care plans detailing more appropriate pathways for those patients resulting in fewer calls/reduction in conveyance to ED as appropriate.

Any SCAS patient that has no immediate need for A+E is discussed with the GP through GP Triage, thus avoiding unnecessary admittance to A+E. We are currently attempting, via audit, to furnish commissioners with a report by surgery of GP acceptance and therefore hospital evidence. Currently there are two GPs mobile within East Berkshire every morning. They support GP surgeries in delivering home visits early in the day. This allows for any patients who require further investigations, be it at A+E or at an Urgent Care Centre to be booked early. These patients are then better placed to receive ambulatory care.

During winter 13-14 "Hospital Ambulance Liaison Officer" (HALO) deployment has supported a system approach to Ambulance Hospital interface. The HALO have proved to be effective in improving handover

and clear up time. Expediting treatment of those arriving and providing by intervention turn-around of resource to the next member of public calling 999.

In providing HALO, SCAS will directly improve the handover process and the ambulance turnaround and also improve the liaison between A&E and direct discharge (in conjunction with the System Capacity Vehicles). Having direct access and links to a SCAS supervisor on scene will also expedite and coordinate direct entry to appropriate wards.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
HALO	Presence of HALO at WPH site at specific times	Improved Handover performance at front door. Support to flow through system and surge control	Mobilisation Q3	£75,000 (through central fundinig)	SCAS

Acute Trust

The spring to green project within Wexham Park Perfect Week is an improvement programme based on the "the perfect week" initiative used throughout the country. It involved running the hospital in an "ideal world" and removing constraints, financial or otherwise, from the flow of patients through the system.

The project has been planned since April and was built on the following principles:

- Strongly interventional improvement initiative;
- Achieve and sustain best in class patient flow;
- Support our staff to provide compassionate care;
- Right bed, right area of the hospital – first time;
- Support services to enhance patient flow by exceeding steady state service standards;
- Non-clinical staff to have the opportunity to directly support clinical colleagues;
- Review and enhancement of capacity escalation policy;
- Gain organisational learning from the event;
- Test/rehearse potential future operational service standards – links to Operational Resilience Capacity Plan (ORCP = Winter Plan).

The objectives of the project were developed over time using information from:

- ECIST Urgent care best practice framework;
- RUH Bath's S2G project;
- Individual input from HWPH Execs;

- CQC Feedback;
- HWPH urgent care recovery plan;
- Discussions at S2G project meetings;
- Refinements by senior stakeholders.

The project has seen results in a number of key areas. Specifically, the cultural effect on the organisation during the week has been an outstanding success. The entire organisation worked together around a clear set of objectives and worked well with and for each other and the patients and relatives. Following a challenging time for the organisations teams needed a 'win'. The success of S2G and sustained improvements (esp when compared to peers) delivered this. It has also offered an important opportunity to reset the organisation's perception and vision of service delivery and support the ORCP process.

The enhancements to Radiology was a particular success with additional sessions being put in place and availability of services across the whole week. This service enhancement has been continued but is provided at a cost and consequently represents a risk to the hospital system.

Other key successes have been the ongoing good performance in A&E since Spring to Green. While it is accepted by the system that high performance will be more challenging as the additional resources that were in place during the project are now gone, the changes to clinical practice and process improvements that have been identified will facilitate better services throughout the winter period this year.

The spring to green project proves that the specifically enhanced resource concept can work in HWPH to deliver the 4 hour standard and manage escalation status whilst protecting and even enhancing our elective capacity. It is worthy of note that since the project was completed, the trust has not escalated

A further Spring to Green initiative is planned in December to build on this success. Plans to include primary and community care into the process of a perfect week are currently being discussed. The final report from the project is included as an appendix.

Within Wexham Park Hospital, ambulatory care pathway provision became a live service in March supporting the requirement to have rapid assessment and treatment systems within emergency departments and acute medical units during hours of peak demand. These pathways aim to provide a quick turnaround time from the emergency department and the implementation of a trigger list in ED for escalation, both medical and operational improve response during pressured times will provide an efficient flow.

There is a live project within the East Berkshire system to provide an integrated Respiratory Service. This service is being put in place to provide East Berkshire patients with a comprehensive, secure and efficient integrated service to deliver their care, in the right environment for them in a timely and cost effective manner. From available data, it is clear that the impact of respiratory patients in the system is high and requires robust attention. Through using additional winter funding the system will be able to pump prime and enhance this service. Specifically, funding will be made available for a Band 6 Ward Respiratory Nurse into the Integrated Respiratory Service and allowing one of the Respiratory Nurse Specialist/Practitioner (within the IRS) to work Monday to Friday 8 am to 4 pm at the Trust within A&E and the Wards, dealing will all respiratory attendance and admissions and implementing a discharge bundle for all patients. The main focus of this proposal is to ensure that patients that are attending A&E are not admitted unnecessary and

patients that have been admitted can be managed back into their normal place of residence as soon as possible with the support of the specialist nurses.

Community Trust

End of Life care is also a key priority area which is being addressed. In January 2014 a 'Planning My Future Care" booklet was launched and forms the basis of discussion and initiation of an Advanced Care Plan (ACP) which has been identified by the End of Life Locality group as a key factor in helping reduce the number of acute admissions at End of Life. Each practice has been sent some paper copies and the digital copy is available on the doctor's desktop.

Mental health services are represented on the SRG through the involvement of the main mental health provider, Berkshire Healthcare Foundation Trust. Crisis teams are in place across East Berkshire who are able to support patients in the community to avoid crisis and also support in the event of an admission.

The Adult Mental health team assesses and work with people who have severe and complex mental health difficulties. They also work with and offer support to carers and family members through education therapy. Where appropriate, they can refer you to other services and support groups.

The service consists of professionals from a range of disciplines including: psychiatrists, nurses, occupational therapists, psychologists, psychotherapists, social workers, personal budget workers and administrative staff. A care coordinator will also work with patient to draw up a care plan.

Additionally, Liaison services are in place within Wexham Park and are being focussed into the Post Acute Care Enablement (PACE) team having had their roles adjusted to enable greater flexibility. Mental health issues within the hospital can be managed through this function.

The frail elderly population represent a high intensity user of health services within East Berkshire. There is strong evidence that a large number of ambulance call outs and subsequent hospital visits are attributed to falls. There is currently a falls pathway in existence which enables vulnerable patients to be assessed appropriately. At a falls clinic people aged 65 and over are offered an in-depth assessment by a physician, nurse, physiotherapist and occupational therapist. People may be offered a special falls prevention exercise programme and receive advice on healthy eating, home hazards, how to get up after a fall etc.

Those older people whose falls are due to environmental and/ or mobility problems *only,* can be seen by a physiotherapist and/or occupational therapist in their own home if this is more appropriate.

Additional Support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Integrated Respiratory Service	Community Outreach COPD patients: Recruitment of 1 x band 7 and 2 x band 6 nurses	This service is in place to significantly reduce the numbers of A&E attendances and	This project has already commenced and consequently mobiisation is expected for Q3.	£38,913	BHFT/ HWPH

		subsequent admissions by focusing on a key high intensity user group			

2.2 Primary Care

Our three CCGs have developed visions for primary care and integrated services, working with unitary authorities, the Area Team and local stakeholders. Key themes are:

- Primary care will come together in clusters and federated groups, to pool the limited resources and expertise to create efficiencies to sustain primary care
- Primary care clinicians will develop further areas of specialist expertise and refer patients to each other
- The CCGs will develop a model of primary care for 7-day working from 8am to 8pm ,which complements the existing high quality services
- New arrangements will be introduced to manage demand, including initial telephone consultations to assess whether an appointment is necessary and non-face-to-face appointments

Integrated care teams are in place to monitor vulnerable people in the community. These have been identified by the ACG tool as being individuals who are most at risk of admission to hospital. Caseloads of the most vulnerable patients are referred into the multi-disciplinary team meetings for a review where appropriate packages of care can be put in place and ensure patients have the support they need. The service is coordinated by case coordinators employed by Berkshire Healthcare NHS Foundation Trust (BHFT). Overall the aim of these integrated structures is to aim to deliver considerable reduction in permanent admissions of older and vulnerable people.

Primary care transformation is a major project which has got off to an energetic start with newly appointed GP clinical leads heading up work streams on 7-day working, and collaboration between practices to gain efficiencies. There are also plans under development to tackle workforce issues and promote self-care and prevention as well as better support for people with long term conditions.

Within Slough, from where the majority of Wexham activity resides, the Prime Ministers Challenge Fund is being focussed heavily on the provision of primary care across 7 days. All patients will have access to a GP practice up to 8pm on weekdays. This will be provided by groups of practices clustering and providing access to 8pm from one central site. There will be four clusters of practices across Slough offering a mixture of on the day and pre booked appointments. A new appointments system will be trialled to build in extra capacity for GPs and nurses, spreading demand over a longer period; with the ultimate aim of the Out-of-Hours (OOH) service starting later. With shared IT, clinicians from other practices within a cluster will be able to appropriately have read and write access to patient records at any time they are consulting.

The four locality clusters will also operate during the weekend from 9am – 5pm, with a focus on access for those who cannot attend primary care during the week and better management of key long term

conditions. Patients affected by conditions such as diabetes and asthma will be offered longer appointments with their GP. The incidence of these diseases locally is above the national average. The provision of weekend appointments is scheduled to be in place by the end of August 2014 and will consequently be in place for the coming winter. This represents significant progress towards the overall vision for primary care and will provide additional ongoing additional capacity.

Out of Hours GP services are supplied by East Berkshire Out of Hours service. This service has robust plans in place to support through the winter period and is engaged at urgent care board and operational levels. There is also a key commitment to ensure that out of hours services has access to and are able to actively support alternative referrals to A&E. This is being managed through a process of IT interoperability and is expected to be operational in time for winter.

Through the additional funding for winter, the system also plans for additional support into primary care with a focus on admission avoidance. Specifically, this is planned to be the following schemes:

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Nurse led Support to community hospital	7 days a week between 3pm-9pm. This role will have a focus on the avoidance of paediatric admissions to hospital	This role is in place to reduce the number of unnecessary paediatric attendances and subsequent admissions to hospital	Mobilisation for Q3	£20,000	CCG
GP support to Care homes (Slough)	Admissions from care homes is a key priority area as it relates to high intensity users of the health system. Additional medical cover is proposed to support admission avoidance by ensuring care is correctly co-ordinated including	Role to support admission avoidance and support to discharge in care home beds	Mobilisation for Q3	£33,000	CCG

	medicines optimization and social care input				
GP support to Care homes (WAM)	Admissions from care homes is a key priority area as it relates to high intensity users of the health system. Additional medical cover is proposed to support admission avoidance by ensuring care is correctly co-ordinated including medicines optimization and social care input	Role to support admission avoidance and support to discharge in care home beds	Mobilisation for Q3	£33,000	CCG

2.3 Seven Day Working

In spite of the strategic intention to move to a 7 day working system, it is important to recognize that 7 day services are currently available in critical areas of system resilience and will be maintained through the winter period.

South Central Ambulance Service

- 999- This is a 24/7 service with dedicated 111 senior management on call if required.
- 111- This is a 24/7 service with dedicated 111 senior management on call if required.
- PTS- Transport arranged for both day / outpatient and discharged patients across 7 days

Heatherwood and Wexham Park Hospital

The Trust is a 24/7 facility within for emergency and critical services. Additional funding allocation will seek to support the provision of additional out of hours services such as the following. This list represents a clear set of aspirations, some of which were identified through the spring to green project, which will require prioritisation within the financial headroom of the trust and the available funding.

- Within the acute hospital additional recruitment to senior consultant posts and additional diagnostic equipment is planned to allow for work to continue over the weekends.

- 2 consultant physicians on duty on General Medical consultants at weekends. One of these is consultants is present all day across both days while the other is is in for half a day on both days.
- A&E consultant is rostered 10am-7pm Saturday and Sunday.
- Orthopaedic surgery lists are scheduled on Saturday and Saturday and is a consultant led service.
- Plastics trauma list is in place on Saturday and is consultant led.
- On call consultant cover in all surgical specialities which includes patient rounds and assessments.
- 8-am -10am on labour ward on Saturday and Sunday.
- 7 day MRI availability.
- 7 day ultrasound availability.
- 7 day CT availability.

Through the provision of additional winter funding, it is planned to Implement 7 day working in both medical and surgical specialties. However, it is noted that there is considerable pressure nationally on recruitment in various specialties.

The provision of winter funding will therefore support an increase in capacity at Wexham Park. This will include:

- Alignment ED Consultants rotas to activity profile and increased Consultant presence at weekends or senior nurse consultants (Achieve Early Senior Assessment/Eliminate Ambulance queues/Maximize Senior Medic presence).

- Better matching additional ED Staffing to demand patterns and variation, combined with increased data analysis to support this.

- Increase working hours for support services on weekends and OOH.

The Trust have noted that unless the £4.8M recurrent funding shortfall from FY 13/14 is filled then the available funding for 14/15 will have to be prioritized against other resilience and capacity schemes still running from last year.

Berkshire Healthcare Foundation Trust

- There are plans in place to extend the 7 days working across community services that provide unscheduled care. This includes the provision of an enhancement to the Post Acute Enablement (PACE) team. The PACE team's role is to undertake comprehensive, multidisciplinary assessment in WPH in order to identify patients' needs, if possible prevent unplanned admission to an acute hospital bed and to establish suitability, if appropriate, for a rehabilitation programme in a community setting. This service Saved 340 bed days (based on WPH Estimated Date of Discharge) and 168 admissions were avoided from A&E (AMU, EDDU and GP unit) during the previous winter and was subsequently funded for an additional year. For this winter additional funding will be provided to enhance this service across weekends and provide an ability to focus on specific wards to improve flow through the hospital system.
- Rapid Access Community clinic is having hours increased during winter period. This is supported through winter pressures funding as well as through the commissioning contract cycle where additional funds have been committed.

- An additional Rapid Access Community Clinic is also being planned to service the Slough locality through the winter period. With the addition of primary care capacity being put in place across Slough, it is important to complement this with an admission avoidance structure for use.

Intermediate care services are 24/7 with a single point of access. Planning, review and co-ordination of intermediate care services is looked at as part of a whole system approach to managing demand and capacity across health and social care through a number of schemes.

Intermediate care services are available through a single point of contact for each of the unitary authorities within the patch. The full range of service/s should be available through this point of contact and processes are in place and the system is aware of how to contact this service. There is no single point of contact for the whole East Berkshire patch.

With additional resources being provided to the Local Authority partners, we are confident that they will be able to support discharging patients over the weekend. This is accompanied by an escalation process from each of the local authorities to flag delays as soon as possible and allow solutions to be put in place rapidly. It is currently not possible to secure new packages of care across a weekend. This is largely due to the need for system infrastructure such as brokerage panels. However, the CCGs and the system are assured that options are available across seven days for discharge of patients while packages of care are finalised.

Additional support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Additional consultant cover, rota alignment	Align ED Consultants rotas to activity profile and increase Consultant presence at weekends or senior nurse consultants (Achieve Early Senior Assessment/Eliminate Ambulance queues/Maximize Senior Medic presence) 2. Match ED Staffing to demands patterns and variation 3. Implement 7 day working in both medical and surgical specialties (pressure	95% A&E performance and improved discharge including reduction in DTOC	Mobilisation expected Q2	£986,000	HWPH

	nationally on recruitment in various specialties) 4. Increase working hours for support services on weekends and OOH				
Rapid Access Community Clinic	Extension of RACC in Maidenhead to cover Saturday and ensure continued admission avoidance. This includes contingency funding for additional transports and consultant sessions where required. Additional provision for Slough based RACC service	Admission avoidance in order to cover extension of primary care 7 day	Mobilisation during Q3. Slough elements are currently being negotiated	£330,000	BHFT
Enhanced support to Post Acute Enablement Service	This role will also be able to signpost and facilitate appropriate referrals into social service beds and Henley Suite. Benefits: Timely discharge out of WPH, Reduced lengths of stay in WPH, Improve system capacity and flow within WPH, Appropriate and safe discharges into relevant community services, Improved patient experience and outcomes	Improved A&E performance Admission avoidance	Moblisation for Q3	£32,820	BHFT

Note that the schemes within the primary care and pathway section are focussed on an increase to seven day working during the winter period.

2.4 Measurement

An urgent care dashboard has been developed as a system wide to enable the system to monitor the performance of urgent care across the East Berkshire System. This has been achieved through learning from previous iterations of the dashboard and through specific recommendations of the Urgent Care Board. The dashboard will monitors on the following indicators for the four CCGs and the main provider :

Entry into the system

- A&E attendances by age and time
- Ambulance conveyances
- Ambulance handovers
- A & E referral type
- A&E daily performance wait

Ambulance data

- See and treat
- Hear & treat
- Ambulance conveyances

Flow through the hospital

- NEL activity
- Link to 18 week dashboard for all three standards and detail at specialty level

Exit out of hospital

- Delayed transfer of care (DTOC)
- Community bed occupancy
- NEL readmission within 3 days
- Emergency readmission within 30 days vs NEL activity

The dashboard will be presented at each SRG meeting as a standing agenda item and circulate to all key partners to ensure consistent messages are received on relevant pressure points. Additional monitoring ability is provided by SCAS who use predictive modelling to to assess predicted demand and have robust plans in place and Wexham Park who use real time systems to understand the flow through the system.

Daily Capacity planning

Thames Valley Emergency Access is a support team for NHS unscheduled services throughout the Thames Valley region, working across organisational and geographical boundaries, with particular expertise in whole system resilience, escalation and emergency planning across the health economy. TVEA acts as an "honest broker" between NHS organisations, and aims to maintain an impartial position, attempting to deal fairly with all NHS agencies in pursuit of the best possible patient care. TVEA provides a point for liaison

and integrated working between all key organisations (commissioners, providers and social care) in the Berkshire East area and in neighbouring health economies.

Across the Thames Valley region, commissioners have authorised TVEA to manage the roll out of the Pathways DoS capacity management modules to provide close to real time system-wide data about capacity and pressures across acute trusts, community services and primary care. The widespread availability of this intelligence to commissioners and senior managers of trusts will provide a range of benefits:-

- It will provide a reliable basis for sound decision making and the effective use of services and resources;
- The overview of capacity across the whole health economy will inform area-wide capacity planning;
- It will provide a safe basis for managing patient flow and the distribution of pressures between emergency departments;
- It will provide the ambulance service with further real time information about capacity pressures in emergency departments;
- It will provide an accurate basis for planning capacity for the following day/weekend/week;
- It will mitigate unintended negative impact of pressures in neighbouring areas;
- Over time it will enable more accurate capacity modelling;
- National intelligence will support the management of Major Incidents.

A meeting is planned imminently between Wexham Park and TVEA to arrange log ins for staff, training on system usage and to discuss concerns. This process will then be followed by other local providers. It is planned that the system should be fully operational by the end of October 2014.

It is important to note that daily information is also available to understand the demands on the system through the escalation and daily resilience processes. The daily capacity plan will be linked to the dashboard.

The most recent version of the urgent care dashboard is included as Appendix 1.

It has been noted by the SRG that additional information regarding the appropriateness of admissions may be helpful in understanding further opportunities for improvement. A contract query notice (CQM) that has been issued to the Trust states that if it is deemed necessary an independent audit of admissions will be undertaken to assess appropriateness of admissions. This will be actively considered in due course. The time taken to implement this process will need to be a consideration for this audit to go ahead.

2.5 Summary of schemes and financial allocations

The prioritization and subsequent allocation of funding of centrally provided winter pressures money is based upon a number of key assumptions:

- The successful acquisition process between Frimley Park Hospital and Heatherwood and Wexham Park Hospital.
- South Central Ambulance service using centrally allocated funding for ambulance services to support additional capacity and surges in demand.

- Additional support for the Heatherwood and Wexham Park system being provided through the Frimley and South Buckinghamshire systems.

The process of prioritization has been challenging due to the increasing pressure on the system and the reduction in funding from the winter 2013/14. A large number of additional schemes were also put forward. The following represent the schemes that were deemed those that would have the most impact with the available funding.

	Level of additional funding
Non-elective additional support	£1,434,820

3. Elective Care Pathways

3.1 Planning

Heatherwood and Wexham have reviewed and revised the Trusts' patient access policy, and supporting operating procedures. The policy includes reference to cancer and other urgent patients, and will be made accessible to patients and the public. (http://www.heatherwoodandwexham.nhs.uk/sites/default/files/Trust%20Access%20Policy.pdf) There is no plan to update the policy again in September 2014. Further development of supporting operating procedures is planned following devolvement of booking centre.

Assurance is in place that an RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15. There will remain in place a 18 week subject matter expert and Training is planned following devolvement and development of SOP.

The SRG has noted the requirement for annual analysis of capacity and demand for elective services at sub specialty level, maintaining a regular review and update when necessary. As part of the elective care recovery plan, there has been a commitment to High level (exec led) elective capacity and demand work stream established in HWPH. All specialties are developing capacity plans in relation to follow up activity. The Trust is currently validating a list of overdue follow up appointments, the results of which will also inform the specialty level capacity planning.

3.2 Building on existing work

The SRG understand and recognises the requirement to build upon any capacity mapping that is currently already underway, and use the outputs from mapping exercises as an annex to resilience and capacity plans. The ability to manage this process is a key part of the elective care recovery plan. The trust is developing normalised capacity plans to strip out urgent capacity to reduce backlog and has outsourcing contracts in place to support additional capacity, if necessary

3.3 Pathway Design

Heatherwood and Wexham park have processes in place to ensure that all specialties understand the elective pathways for common referral reason/treatment plans, and have an expected RTT 'timeline' for each. Plans are now in place to set up reasonable booking horizons to achieve 16 week RTT starting Q3 2014

To support the Right sizing of outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timescales additional funding will be made available through winter funding. This funding will specifically support additional diagnostic testing pressures. This should also service to support the implementation of the existing work of the elective care recovery plan that is in place and capacity shortages.

Across the East Berkshire system, CCGs are committed to a number of initiatives through the mechanism of QIPP programmes to improve and transform key pathways to improve outcomes and support the system to manage demand. Specifically these pathways include:

- Cardiology
- Cancer
- Dermatology
- ENT
- T&O
- Respiratory Services

A system wide policy is also in place to manage Procedures of Limited Clinical Value (PLCV) which is in place to reduce levels of demand on specialist services.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Additional diagnostic support	As part of the endeavor to 'Right size' outpatient, diagnostic and admitted waiting lists, additional funding is being committed to support additional diagnostic testing	This additional resource will support 18 week performance throughout the winter period	Mobilisation in Q3	£100,000	HWPH

3.4 Referral Management

Management of the levels of GP referrals into hospital has long been a priority area for the CCGs within East Berkshire. Demand for unscheduled care has risen steadily, meaning CCGS have been focused on the causes of that rise and act to avoid unnecessary episodes. The provision of practice level benchmarked data has been used to support driving the approach to reduce GP referrals. This has led to the identification

and provision of community alternatives of provision where appropriate including MSK, ENT and dermatology services.

Across the CCGs, there is ongoing work which undertakes peer review with practices. Referrals are reviewed by Clinical Leads group on a monthly basis – practices that are referring above their QIPP target for three consecutive months are visited by two clinical leads with discussion taking place about referrals, pathways and best practice. It has been demonstrated from past experience that this peer review is effective in appropriately managing referrals. It also provides an opportunity for clinical leads to understand from different practice perspectives issues with existing pathways and providers.

Triage processes are in place for the four specialties where referrals are high: gynaecology, dermatology, ENT and orthopaedics. The triage process is currently being reviewed to assess its impact.

Plans are being developed for advice and guidance to be more widely available – this is a model that has been demonstrated to work will with paediatrics.

The CCGs runs regular education sessions, bringing in expertise from secondary care to disseminate best practice and introduce new/ re-enforce existing pathways. The topics are determined by high volume areas and when new pathways are developed. These receive very positive feedback from member practices.

3.5 Measurement

Heatherwood and Wexham Park have committed to undertake an external review of managing RTT rules and develop an action plan based on recommendations from this review. Additionally they are also committed to subsequent and implementation and training ahead of the winter period (October 2014).

As part of the elective care recovery plan within the trust, there is a continued focus upon data quality and there are continuing efforts to improve this element of the process. Elective Access Group (EAG) established in January and meets weekly with senior operational and service managers plus cancer, diagnostic and data leads.

Performance management arrangements are already in place on use of an accurate RTT PTL, and use this in discussion across the local system. The elective care recovery plan is governed and monitored by the Trust's Executive Officers via the monthly performance meeting for the Divisions (known as bilateral meetings) and at other forums as directed by the Trust's Executives. It will also be used by CCG colleagues to underpin 18 week recovery trajectory planning. As part of this process, KPIs and monitoring mechanisms are in place reviewed weekly and at divisional board meetings.

The SRG is assured that issues around elective care including performance and implementation of recovery plans are monitored through a number of governance structures including internal trust boards and system quality groups. This occurs, as a minimum, on a monthly basis.

3.6 Summary of schemes and financial allocations

The allocation of funding of elective funding has been subject to the same level of scrutiny and prioritization as non-elective funding. The significant reduction in winter funding compared to previous years has led to a dramatically reduced ability to allocate non-recurrent funding. However, the CCGs in East Berkshire are committed to supporting the trust through all possible contractual routes to ensure that services are maintained at a robust and safe level of provision.

	Level of additional Funding
Elective Care Additional Support	£100,000

4. Wider Planning Considerations for System Resilient Groups

4.1 Planning

A joint arrangement which is in place to manage delayed discharges is multi-disciplinary teleconferences, led by the acute trust. These teleconferences are in place to discuss delayed transfers of care and agree next steps. They are attended by all key partners and represent the forum to agree responsibilities for patients. These are a business as usual element to the health and social care system.

Additionally, a regular list is circulated to the system outlining current discharge delays and the required actions required. It is also a standard feature of the daily resilience process which is in place which is outlined in a later section.

As referenced in the non-elective pathway section of this ORCP, significant effort and funding allocation is being streamed into improving discharge processes to maintain effective system performance through pressurised winter periods.

Additional Support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Care-Co-ordination in the community	Work to co-ordinate with the hospital and GP's to arrange for timely assessment of need and initially look to provide required service in-house to facilitate	As a minimum: • Maintain low level of delayed transfers of care due to social care reasons • Effectiveness of Reablement – increased	Mobilisation for Q3	£155,000	RBWM

	discharge or prevent admission while other arrangements are put in place. This additional resource would add to our existing establishment to reduce pressures on the service outside of core hours. They will facilitate packages of care and small items of equipment. Costs include additional beds, social worker and administrative support.	activity • Decreased average length of stay • Responsiveness of Local Authorities to meet increased demand for social care services to support discharges • 100% of 2 hour response time from social care.			
The Recovery, Rehabilitation and Reablement (RRR) and End of Life service	To manage an increase of referrals to social care and support discharges from hospital to support people at home.	As above	Mobilisation for Q3	£50,000	Slough Borough Council
Additional Community Bed capacity	Additional bed capacity in the system to support patients to move out of hospital. This will include higher acuity patients as well as less complex discharges	As above	Mobilisation through Q3	£70,000	Slough Borough Council
Additional Social	To manage the	As above	Mobilisation	£35 ,000	Slough

Worker support	assessments and supports required to enable people to access the RRR service		through Q3		Borough Council
Additional system capacity vehicles	funding is reallocated to funding additional system capacity vehicles. The vehicles primary and secondary purpose will be to respond to the increase in pressure by facilitating extra contractual discharges, managing patients from a unit of high pressure to create capacity elsewhere this transfer of patients can be to a local, community or other provider setting including the home setting and to manage Health Care Professional admissions in a timely way. Also, this scheme will link closely with HALO to support flow throughout the hospital.	As above	Mobilisation through Q3	£68,000	SCAS

Daily Capacity planning

Thames Valley Emergency Access is a support team for NHS unscheduled services throughout the Thames Valley region, working across organisational and geographical boundaries, with particular expertise in whole system resilience, escalation and emergency planning across the health economy. TVEA acts as an "honest broker" between NHS organisations, and aims to maintain an impartial position, attempting to deal fairly with all NHS agencies in pursuit of the best possible patient care. TVEA provides a point for liaison and integrated working between all key organisations (commissioners, providers and social care) in the Berkshire East area and in neighbouring health economies.

Across the Thames Valley region, commissioners have authorised TVEA to manage the roll out of the Pathways DoS capacity management modules to provide close to real time system-wide data about capacity and pressures across acute trusts, community services and primary care. The widespread availability of this intelligence to commissioners and senior managers of trusts will provide a range of benefits:-

- It will provide a reliable basis for sound decision making and the effective use of services and resources;
- The overview of capacity across the whole health economy will inform area-wide capacity planning;
- It will provide a safe basis for managing patient flow and the distribution of pressures between emergency departments;
- It will provide the ambulance service with further real time information about capacity pressures in emergency departments;
- It will provide an accurate basis for planning capacity for the following day/weekend/week;
- It will mitigate unintended negative impact of pressures in neighbouring areas;
- Over time it will enable more accurate capacity modelling;
- National intelligence will support the management of Major Incidents.

Planning for Flu and infection control

The SRG recognise the vital importance of planning for Flu and the implementation of infection control procedures across all partners. As with previous years the importance of cross organisational working will be essential.

The assumption made within this draft of ORCP is that NHS England local Public health team will be leading the development of the flu campaign. Local plans will be in line with the Thames Valley Screening and Immunisation Team Seasonal Flu Immunisation Action Plan 2014-15 (Appendix 4). Sarah Bellars, Director of Nursing for the CCGs is taking the lead for the 3 CCGS on flu, and setting up a flu taskforce for our patch and working with Trusts, public health and practices on ensuring we have a good campaign for both at risk groups and staff.

All organisation will have in place a plan to encourage the uptake of flu vaccination amongst staff taking on board the best practice that has been demonstrated in other Trust in the Thames Valley areas to increase uptake numbers.

Infection control procedures and results have shown this to be a strong area for Heatherwood and Wexham Park. Infection control procedures in place in Heatherwood and Wexham Park Hospital. . The infection control team is made up of a dedicated consultant microbiologist clinical lead, a specialist lead nurse, three specialist nurses, two infection control data analysts and the infection control pharmacist all working closely with the microbiology department and hygiene and cleanliness service. It also incorporates the Outpatient Home Parenteral Anti-Infective Therapy Service (OHPAT).

All organisations have infection control protocols in place and are up to date and work as a whole system to ensure messaging is prompt and clear in the event of an outbreak. These include clinical and operating procedures which are embedded within trust strategies and cold weather plans. All relevant healthcare providers report that they are using the infection control toolkit.

Messaging will be circulated to staff and patients within organisations as part of their winter planning procedures. Additionally, the daily resilience teleconference allows the system to be notified at the earliest possible time of a suspected outbreak and allows organisations to put in place plans to manage the potential decrease in capacity across the system.

4.2 Patient Experience

The governing principles of the SRG and this ORCP are that patients are treated in the most appropriate place in the most appropriate method. The schemes that are being funded through additional non-recurrent funding are all based on this principle. Additionally, CCGs in the areas are united in their endeavor to commission alternatives to A&E in the community. As previously stated, respective better care fund programmes are based upon ensuring that the health needs of the population are appropriately addressed.

Children and their parents or guardians should be able to access appropriate emergency care as close to home as possible. Through this plan additional capacity is being allocated to support the avoidance of paediatric admissions and ensuring that that children are seen and treated quickly to provide reassurance to them and their families. The SRG is committed to ensuring that links are in place that enable them communicate with local children's networks and specialist clinical networks to understand local needs, develop opportunities for care at home, and ensure children and families are consulted wherever possible on aspects of service redesign.

4.3 Chronic conditions and home care

The management of chronic conditions is challenge within East Berkshire and is consequently a key priority for the CCGs. The current model for managing this priority is through the implementation of integrated care teams (section 2.2)

Planning for care home residents is a key area of potential pressure within the East Berkshire system. It is recognized that many care home residents have chronic health problems. In the knowledge that regular health surveillance decreases the risk of hospital admission, additional support is being put in place through the winter period to support care homes across key areas in the locality. This additional support is outlined in the primary care section.

There is a project in place to support admission avoidance from care homes focussed within Windsor Ascot and Maidenhead. This work will support care homes in identifying key risks and supporting them in the care home environment including training for staff. A similar scheme in place through the Slough locality and has a focus on reducing admissions. These projects are being measured on admission avoidance. Full delivery is expected during the course of this year although benefits are expected as the project progresses.

4.4 Engagement with the independent and voluntary sector

This SRG, CCGs and wider system are united in their view that collaboration with the voluntary and independent sector is an important element of service provision across health and social care. As a consequence the SRG is committed to engagement with third sector and voluntary organisations and local interest groups. We plan to regularly seek the views of our stakeholders not just in commissioning decisions but in how effectively we, as an organisation, are developing and performing.

The CCGs collectively recognise the Support from the voluntary sector will be needed extended to support people having timely discharges from hospital, in order to maximise their quality of life and independence at home.

The integrated teams will work closely with voluntary groups and with carers to help people manage their health more effectively. This will remain in place for these teams.

The CCG is working with partners including local police, social care, education, care homes and other local statutory and voluntary organisations and with GP practices and other health care organisations to strengthen arrangements for safeguarding adults and children.

Organisation name	Elective /Non Elective	Type of service	Current capacity commissioned	Additional potential capacity to support surge in demand	Notes (Key contact information)
BUPA	Non-Elective	Community Rehabilitation bed facility	20 bed facility for rehabilitation. Usage also extended for CHC patients waiting for assessment and can be flexed to manage surges in demand	0	This facility has been a hindrance to patient flow until recent contract negotiations resolved these issues. Home Manager – Wendy Marsh
Age Concern	Non-	Advocacy	Work across our	0	-

	elective	services –	local hospital sites and health service assisting individual patients in a dignified and non-judgmental manner. They ensure that clients' voices are heard and their needs are catered for, offering practical assistance with welfare benefits, housing issues and debts		
Depression Alliance	Non-elective	Friends in Need Group	Group adults living with depression in the Windsor Ascot and Maidenhead area. We meet up most days for social activities. Currently running an art group, a social and wellbeing group, a walking group and have started a community gardening project.	-	Phone: 07964 376951 Email: Louise@depressionalliance.org

4.5 Communications

Communications plays a key role in supporting winter pressure plans. It is recognised that a communications plan is a key requirement for the resilience of the system. A comprehensive Communications Plan for East Berks CCGs has been developed, and will be implemented in November 2014. It will also references joint working, such as the unitary authorities in ensuring clear and consistent messaging. Local Healthwatch representation on the SRG are committed to supporting the plan through their own communications networks.

Communications will work with or support any key messages required by the CCGs, Area Team / NHSE and the acute Trusts as required over the winter months. They have a number of methods to communicate with their staff and wider public whether by direct emails, social media, websites or local media.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost
Communications	To support winter pressures and to supplement existing communications strategy, additional funding will be in place to support targeted communications to support admission avoidance and signposting to appropriate services	Admission Avoidance	Throughout winter period but will commence during Q2	£60,000

4.6 Summary of schemes and financial allocations

	Level of additional Funding
Additional considerations Additional Support	£360,000

4.7 Risks to plan delivery

	Risk to Delivery	Mitigation
1.0	This is a whole system plan and relies on the relationships between partner organisations for delivery. There is a risk that organisational priorities will compete with priorities in delivering this plan. This is also expressed in the cross boundary relationships between systems and the need to ensure that system resilience plans in Buckinghamshire and Frimley systems allow equitable access to their patients who may be admitted non electively into the HWWP system.	SRG/UCB meetings are planned throughout the winter period to account for delivery of the plan and supporting mutual accountability between organisations. This process is also supported through CCG operational meetings and performance meetings with the trusts. Discussions between Social Care organisations to discuss mutual aid and application of funding to all patients in particular the arrangements across Buckinghamshire health and social care system.
2.0	Key to success of the plan is clinical leadership and senior clinical staff will need to be actively involved in both delivery and monitoring. There is a risk that they will not be fully engaged.	The CCG has named clinical leads for urgent care who have been central to the process so far. A decision has also been made to include senior acute clinicians on the SRG.
3.0	HW&WP have a shortfall in their annual budget which currently unfunded which has resulted from the assumption that they would receive the same level of winter pressures funding as they did in 2014/15.	Discussions with NHS England, Monitor and CCGs to agree how Gap should be filled
4.0	There is a risk that the actions in the plan will not have the desired impact.	Robust performance arrangements linked to KPIs are being put in place. Urgent care dashboard will monitor the process .
5.0	Seasonal impact of influenza and/or norovirus could affect delivery of the plan.	The SRG will fully comply with flu programme being put in place.
6.0	Many schemes are predicated on the ability to recruit suitable staff on short term contracts which has historically been a big challenge	The majority of schemes that are being put in place are enhancements of current services and consequently there are different options available for recruitment including secondments and Fixed term work. Within the Acute trust, recruitment programmes are in

		place to source staff from multiple areas including Europe and beyond.

5. System Resilience Group Governance

5.1 Purpose

The purpose of the SRG in East Berkshire is to, by building on the progress and momentum of the urgent care board, to bring together both urgent and planned care and to enable systems to determine appropriate arrangements for delivering high quality services.

It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and maintaining working relationships between all health and social care organisations in a geographical area and health community.

5.2 Scope (Responsible for/ Not responsible for)

System Resilience Group will be responsible for...	System Resilience Group will not be responsible for…
Strategic guidance regarding standards, resilience plans and other ongoing work streams Co-ordination of and monitoring of resilience arrangements across the system. Oversight and horizon scanning of future challenges and provision of guidance to the wider system	Operational management of the health and social care system Day to day resilience processes Emergency Planning

Draft Terms of reference are included as Appendix 2.

5.3 Membership and Quorum

Membership of this group will be representation from the following organisations:

- CCG representation
- Heatherwood and Wexham Park Hospital
- Berkshire Healthcare Foundation Trust
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead Council
- Chiltern CCG
- Bracknell Forest Council
- South Central Ambulance
- Link CCG director to Frimley System ORCP

- Thames Valley Area Team
- Healthwatch representation

To be quorate attendance of 50% of member agencies, including the CCG and Acute is required.

5.4 Frequency of Meetings

As with the Urgent Care Board, monthly meetings are planned for this group

5.5 Reporting Arrangements

This SRG will receive monthly reports on the usage and impact of non-recurrent funding. It will also receive updated dashboards as highlighted earlier this plan.

The ORCP projects and the bids which have been agreed will have the KPIs signed and baselines agreed at the SRG. The progress of these projects will be reported on monthly basis against their milestones, risk, KPIs and expenditure against the agreed budgets.

These reports will be provided via the Programme Office (PMO). The three CCGs have a PMO which is a central support and the use of the PMO services by project managers is mandated across the organisation

The role of the PMO:

- To provide advice to the governance group on business cases, risks and project performance.
- It also has a policing or regulatory role in ensuring projects and programmes conform to agreed standards and best practices.
- Project leads submit monthly report to the PMO and these are then challenged if there are gaps or delays in implementation phase or mobilisation phase.
- Programme reports will be provided on monthly basis to the SRG Board with rag rating on milestones, risks, Key performance indicators, finance.

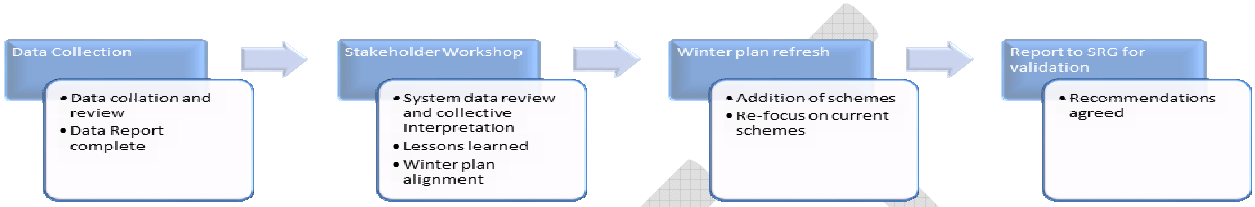
Outputs and agreements from the SRG will feed into the systems leader group and to CCG governing bodies. It is also expected that these outputs and agreements will be disseminated to partner organisations through the appropriate mechanisms for that system.

The SRG has noted the requirement to undertake a rigorous independent analytical review of the drivers of pressure in 2013/14 to inform their planning for 2014/15. Lessons learned from last winter have been used to inform the planning for this year and indeed services non-recurrently funded last year have been evaluated and given recurrent funding and as such are in place this year. However, an independent review has not been undertaken as yet.

Our process for completing this process is outlined below and will seek to understand:

- The level and drivers of increased demand;
- Whether acuity and complexity has actually increased;
- Whether there is any redistribution of demand;

- Changes to the volatility of demand;
- Reduced capacity in trusts to meet demand;
- Increased resource use in response to demand.



The SRG will commit to completing this review by the end of September 2014

5.6 Approval responsibilities

The group maintains the responsibility of approving schemes for non-recurrent funding to support the resilience of the system and approving strategic levers to secure system resilience.

5.7 Review

The SRG will review its Terms of Reference on a bi-annual basis.

6. System Escalation Management

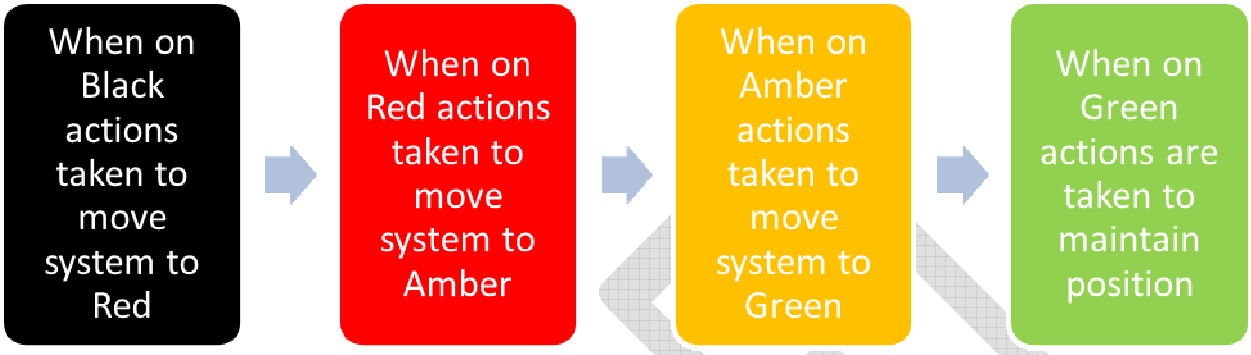
6.1 Daily operational resilience

The Thames Valley Emergency Access team provides a 24/7 service across the Thames Valley, facilitating cross-border working and the cost benefits of shared IT developments and support services. TVEA represents the interests of East Berkshire and the Thames Valley in national Pathways forums, including technical development.

On a daily basis, TVEA chairs a whole system resilience conference call, reporting the current system pressures, resources and capacity across Berkshire East and the whole Thames Valley region in the morning. A summary of system pressures across the Thames Valley region is collated late afternoon, to highlight progress made since the morning call, and to inform commissioners of the resilience status before going into the “out of hours” period.

The schedule of these calls allows the system to work systematically through the escalation framework and undertake any actions that are required. The process of using the escalation framework is to take the

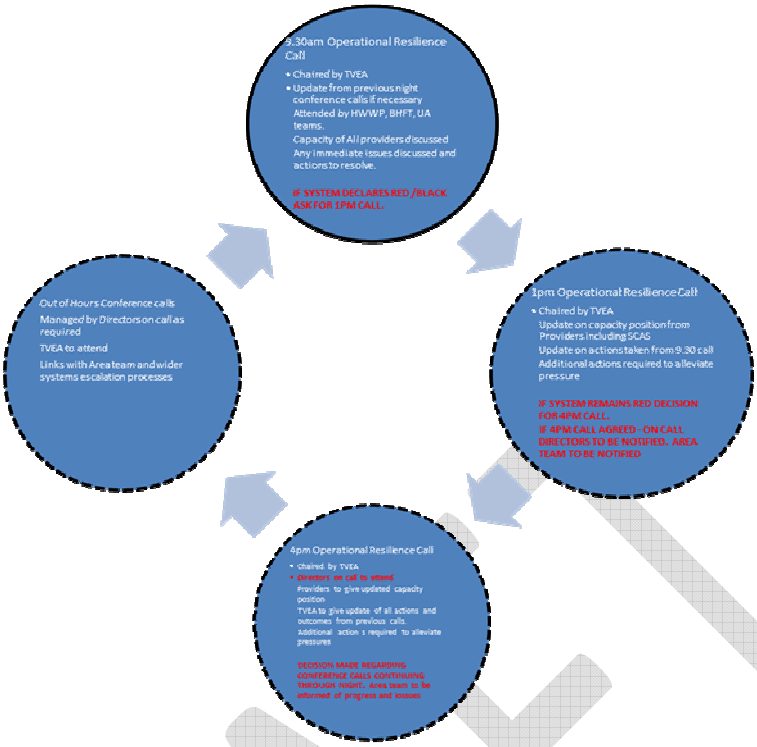
required actions to de-escalate from the current position. All the required actions are contained within the framework.



The escalation framework that is in place within Wexham Park Hospital is congruent with the wider system framework and all partners undertake the required actions through the process of the daily resilience call.

A director on call rota is in place covering both East Berkshire CCGs. An on call pack is provided to the CCG directors which outlines the key responsibilities and key contacts from across the system.

The diagram below shows how the cycle of daily calls supports the process of escalation and de-escalation of issues throughout any day.



Rigorous and consistent management and analysis of pressures and capacity on a daily basis throughout the year provides an understanding of the drivers of system pressures which underpins the development of solutions and the robust management of predictable increases in pressure, and a strong collaborative approach to manage pressures such as adverse weather, epidemics, Major Incident. Shared intelligence and an integrated approach support robust, sustainable year-round capacity planning.

Additional to this resilience monitoring, South Central Ambulance Service deploys the nationally agree REAP (Resource Escalation Action Plan). This allows the Trust to work with its internal and external stakeholder to make sure that resource levels are optimised to maintain performance. The REAP is monitored weekly by the Senior Operations Team with an Executive lead to agree REAP escalation. Within the REAP plan there are various trigger points which will raise the REAP level and subsequent actions will provide operational resource and support.

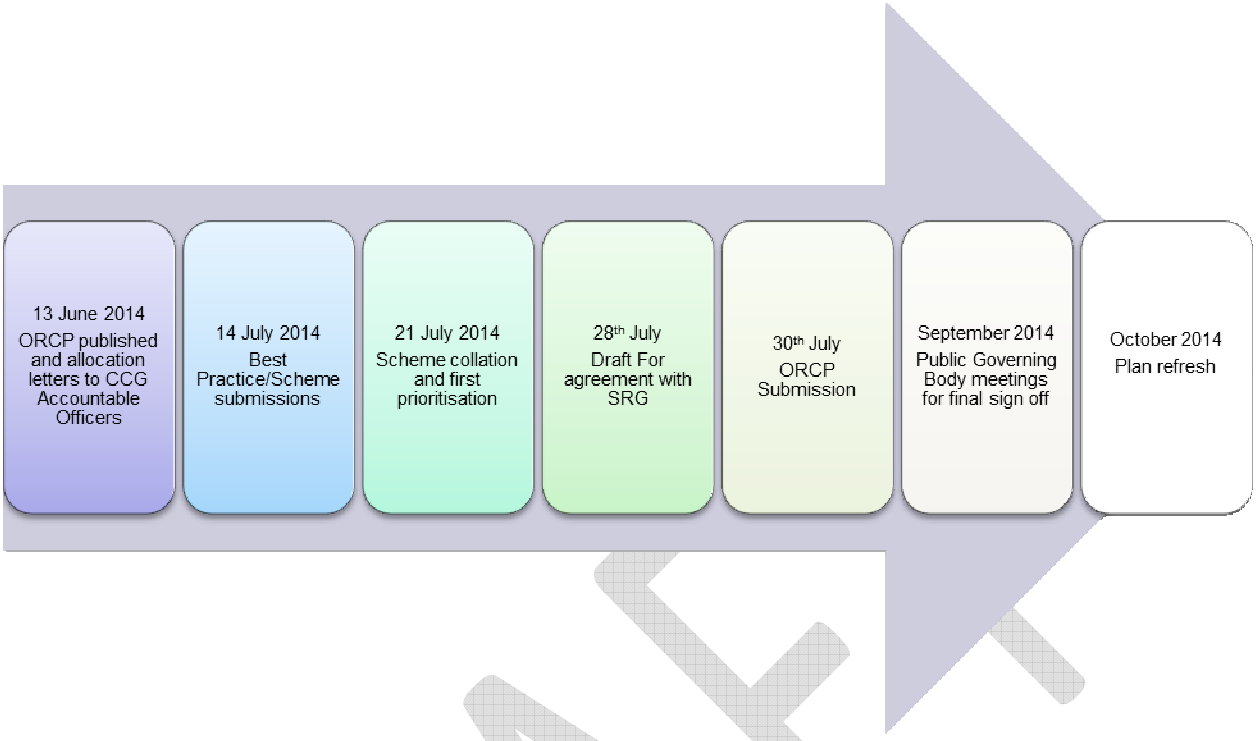
NHS 111 also has a robust resilience planned linked to the overall SCAS cold weather plan based on predictive modelling.

6.2 Business continuity planning

All partners have in place internal Business Continuity plans which address key risks and will ensure core services continue to deliver good quality care during times the system is under pressure. Buckinghamshire and Berkshire CCGs have a joint major Incident plan which has been shared with partner agencies.

The system is also committed to the EPRR process being set out by NHS England .

8. Delivery Roadmap



Publishing of ORCP Plan

The ORCP plan is required to be published so it can be accessed by the public. Supported by the communications team, the plan will be published on CCG websites only when it has been signed off by CCG governing bodies.

The next governing body meetings in public are to be held:

Slough
4th November public
WAM
5th November public

As an interim measure we seek to gain permission from governing bodies to publish the plan on the websites as a draft that is subject to their final ratification. We would seek to complete this by the end of September 2014.

Summary of all ORCP Schemes

ORCP Schemes – HWWPH System

Impact	Area of Focus	Description of Scheme	Funding	Key Performance Indicator
Non-Elective	Primary care	Nurse led Support to community hospital. 7 days a week between 3pm-9pm. This role will have a focus on the avoidance of paediatric admissions to hospital	£20,000	**Reduction in NEL by 3.5 % from baseline**
		GP support to Care homes (Slough). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000	
		GP support to Care homes (WAM). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000	
	Community Services	Integrated Respiratory Service in place to significantly reduce the numbers of A&E attendances and subsequent admissions by focusing on a key high intensity user	£38,913	**Reduction in A & E attendances from baseline**
	Seven Day Working	Additional consultant cover, Rota alignment in HWPH to ensure 7 day working continuity. – Plans subject to review of system feedback & 'Spring to Green' review	£986,000	**Delivery of A & E four hour performance**
		Extension of RACC in Maidenhead to cover Saturday	£330,000	

		and ensure continued admission avoidance.		

Impact	Area of Focus	Description of Scheme	Funding	Key Performance Indicator
Non-Elective	**Discharge Planning**	Care-Co-ordination in the community to co-ordinate with the hospital and GP's to arrange for timely assessment of need and initially look to provide required service in-house to facilitate discharge or prevent admission. Services provided by RBWM	£150,000	**Reduction In DTOC from baseline**
		The Recovery, Rehabilitation and Reablement (RRR) and End of Life service to manage an increase of referrals to social care and support discharges. Services provided by Slough Borough Council	£50,000	
		Additional bed capacity in the system to support patients to move out of hospital. (Slough Borough Council	£70,000	
		Additional Social worker support To manage the assessments and supports required to enable people to access the RRR	£30,000	
	Communications	To support winter pressures and to supplement existing	£60,000	**Reduction in A & E attendances**

		communications strategy, additional funding will be in place to support targeted communications to support admission avoidance and signposting to appropriate services		
Elective	**Right-sizing diagnostics**	additional funding is being committed to support additional diagnostic testing	£100,000	**Achieve the 18 week and the diagnostic NHS Constitution target**

Lessons Learned from Winter 2014/15

Lessons learned from Winter 2013/14	How it is addressed in 14/15 ORCP
What worked well	
The provision of additional GP appointments. A 5% increase of appointment slots was provided across key GP practices within Slough which enabled more patients to access primary care support	Additional GP referrals are now available in Slough as part of the Prime Ministers Challenge Fund work. The success of the last winter formed part of this process.
Hospital Ambulance Liaison Officers (HALO) were put in place as a dedicated resource to Wexham Park Hospital	HALO will be in place again this winter although at a reduced level. The need for a full time HALO last year related to the building work being undertaken at the time and it was agreed that less time would be needed during this eyar.
Communication to the public was comprehensive during the winter with every household in the locality receiving a personalised letter from their GP outlining the services that were available and information around how and when to access them.	While funding has been reduced this year considerably, communications will be working with all partners to ensure the appropriate messages are received by the local population. It is likely to be reduced to media campaign and the use of other wider campaigns.
Rapid Access Community Clinic enhancement of service provision and clear pathway design enabled referrals to the RACC to increase approximately three-fold across winter preventing a large number of patients reaching A&E.	This service is receiving money for enhancement over the winter
The introduction of the Post Acute Care Enablement (PACE) team. The PACE team's role is to undertake comprehensive, multidisciplinary assessment in WPH in order to identify patients' needs, if possible prevent unplanned admission to an acute hospital bed and to establish suitability, if appropriate, for a rehabilitation programme in a community setting.	This service is receiving money for enhancement this winter
Improved Communication across all partners in facilitating discharges with DTOCs remaining low throughout the period	Communication flows have remained in place to support discharge throughout the year and will be further supported by the SRG with a "transfer of care" project which will look to ensure all roles and responsibilities are clear for discharges.

Allocation of resource to local authorities to use flexibly in order to best react to escalating issues within the system	The same process has been applied ot this year but with a reduced level of funding.
What did not work?	
Services being set up quickly and only for a short period of time made recruitment to posts a real challenge and consequently delayed the implementation of schemes.	Most of the schemes being funded over this winter are enhancements of exisiting schemes and as such require less set up time than previously.
Management of KPIs related to projects was challenging due to a separate process being used from the standard East Berkshire PMO process	Management of ORCP schemes will be through Berkshire East CCGs PMO process and KPIS linked to the overall urgent care dashboard.
Schemes putting GPs into cars and roaming across care homes to provide support were not well supported and received little referrals.	This scheme has not been repeated. Instead, additional medical cover is being provided to nursing and care homes and focussed into high impact areas.
Funding designed to support emergency spot purchasing of beds required complicated protocols to manage which provided delays and was ultimately to helpful.	This process is not being repeated this year. Funding has been allocated to partners to ensure capacity is correct. Additional emergency capacity will be managed by directors on call decision.