System Resilience Group Assurance Check
Individual organisations self-certification

Bucks SRG			Assurance level	If your assessment is partially assured or not assured, please provide comments on your risk of delivery	If your assessment is partially assured or not assured, please provide what mitigating actions you are putting in place, including a date when you will become assured	Please provide evidence as appropriate to support your assurance assessment
1. Winter Readiness	1.1	Has the SRG reviewed last winter? Is there a shared diagnosis as to what went well, what didn't and what can be done to improve their 2015/16 winter plan? Has any support from the Intensive Support Team been sought?	Assured			SRG paper - Lessons learned from black escallation SRG paper: ORCP 2014-15 evaluation and preparation for 2015-16 ECIST continue ot work with BHT NHSIQ have undertaken work at SMH and reported 7DS recommendations
	1.2	Can the SRG confirm that the funding for the schemes has been identified and fully allocated from the baseline funding for 2015/16?	Partially Assured	Low risk, as plan in place to be assured	SRG deciding final funding allocation at meeting on 15 Sept	SRG paper on allocation of resilience funding. A summary of the propsals supported by Chiltern CCG for the south of the county (East Berks SRG) allocation will be taken to the Sept Bucks SRG for info. Currently, the proposals which CCCG are supporting include GP in EDDU & DOS Management which will be proposed across Bucks not just southern facing.
	1.3	If there are individual organisational escalation plans, are they aligned to the whole system plan, for example do all escalation plans have the same triggers and levels of escalation?	Assured			Bucks escalation framework refreshed in Spring 2015 and also Alamac are currently working with us to refine escalation actions further
	1.4	Are SRGs assured that robust arrangements are in place to effectively manage surges in activity at both the start and the end of the patients time in care e.g. extended primary care and pharmacy opening hours, increased use of diagnostics, weekend discharges etc? Have policies and procedures been updated?	Partially Assured	Medium risk as system has very limited ability to flex capacity in response to unexpected surges in demand (4 beds at BHT) since additional ward opened last February. So implementing mitigating actions to expand bed and staff capacity elsewhere across the system.	Increase in ED consultants from 4 last March to 10 at end of Dec 2015. Acute Physicians will increase from 2.5 wte to 3 wte in Oct and a further 7.5 wte are being advertise. Plans to create effective additional bed capacity at BHT by building 7 extra Acute Observation Unit spaces; improving ward based working (Jan - March 2016) to reduce LOS; implementing home from hospital and night sitting service (both Oct) to take people home overnight and reduce demand for beds; implementing 12 "non weight bearing beds" in a care home (End Dec). Reviewing escalation system wide actions with support of Alamac. Across the system additional bed capacity from GP step up beds (now in place) and Bucks CC step down beds (Sept)	Resilience funding bids Resilience initiaitves and funding source showing BHT using internal (ETO) funding of 7 day pharmacy, radiology, pathology and other schemes. Bucks CC; 7 Day working, Home from hospital and Same Day PoC initiatives SRG system wide 7DS priorities SRG paper BHT Board capacity and demand paper. This is assured for the East Berkshire SRG.
	1.5	Is the SRG confident that all their component organisations (including Public Health England) have a coordinated process for identifying vaccinating patients and staff of all ages for flu?	Assured	Assured on Norovirus, and flu vaccination	Pandemic flu plan is currently in draft but new Emergency Planning Officer is starting 1st Sept and will prioritise this.	Public Health flu plan ImmForm - database showing Provider staff uptake (2014-15 BHT 55.8%, Oxford health 60.9, MK 68.8%, OUH 62.7%, SCAS 37.7%, WPH 51.3%) Bucks flu stakeholder planning meeting notes Awareness raising sessions being provided for care homes At Bucks CC Care Homes provider forum Providers say their staff are immunised but we haven't got the percentage
	1.6	Are there internal and external communication plans to ensure staff and the public are fully informed on the preparations for winter and of the services available to them? For example additional opening in primary care	Assured			Comms plan

	1.7	Does the SRG receive routine reports showing key quality and performance indicators reflecting all critical parts of the system i.e. Delayed Transfers of Care; 12 hour breaches; cancelled urgent operations? Are delayed transfers of care numbers monitored?	Assured			Monthly SRG Urgent Care Metrics paper; Weekly Warren Williams waits report; and daily Alamac dashboard; Transfers of Care list. **East Berks SRG** - Alamac reports provided to SRG monthly, these include 'real time' data on non elective activity which includes activity at acute trust, community, urgent care centres, walk in centre, OOH and 111. Quality standards are also included ie 12 hour breaches, cancelled urgent operations etc and these are also reported to the quality committee who investigate in full the reasons for the breach so that this information can also be available to SRG. Pressure points are raised and discussed positively to assure solutions. Each day a 'fit list' is shared with social care and community providers to co-ordinate the transfer of care of these patients. This list contains information to show at what stage the patient is at and who is responsible of that action. Daily ALAMAC operational telephone calls are held with supporting daily information which includes the 'real time' monitoring of capacity and demand. On the daily call the number of patients fit for transfer are discussed each day and this number is monitored each day and a weekly operational target set to be achieved in order to maintain flow within the system.
	1.8	Are SRGs assured that its component organisations have an infection control plan that would enable it to have mitigating actions should they experience an outbreak of infection such as norovirus? Has the SRGs flu plan been refreshed?	Assured			Infection control action plan for Norovirus (2015-16 being developed and will be very similar to 2014-15 provided here) Pandemic flu plan
		Overall Assurance Assessment: **Winter Readiness**	Partially Assured			
2. Governance and Leadership	2.1	Does the SRG membership include all stakeholders, including representation of key groups such as mental health, children and young people, local authority (adult social services) and voluntary sector partners, and is each stakeholder's role clear and does everyone attend regularly or send a deputy if the named attendee is unavailable?	Partially Assured	low risk as Children link in via Childrens Joint Executive Team. Voluntary sector involvement via Adult JET and Bucks CC		ToRs for SRG. Assured for the East Berks SRG
	2.2	Are there plans in place to review the SRG Terms of Reference regularly in order to reflect the requirements of the Urgent and Elective Care Review?	Assured			ToRs showing planned review date
	2.3	Is there an up-to-date local health economy urgent and emergency care strategy and does it fit with the requirements of the Urgent and Emergency Care Review?	Assured			Strategy from Aug SRG meeting
	2.4	Does the SRG have a Risk Register and can it be shared with NHS England? Is it reviewed and updated regularly?	Assured			Risk register
		Overall Assurance Assessment: **Governance & Leadership**	Partially Assured			

3. Capacity, Demand & Data Analysis	**3.1**	Has expected service capacity and demand been reviewed and profiled using predictive tools and systems in line with expected A&E peaks? Is intelligent conveyancing techniques used across ambulance services?	Partially Assured	Current experience over summer shows there is a risk of insufficient BHT capacity when emergency admissions rise above 45 per day leading to A&E breaches.	BHT, SCAS, BUC (OOH) all use predictive demand modelling to plan capacity. BHT have also undertaken modelling. Reducing ambulance conveyances has been incentivised across both BHT and SCAS by CQUIN and a SCAS Business Case. Alamac are also implementing demand and capacity measures accross the system including primary care. To reduce batching of GP referred patients at hospital towards the end of the working day, Bucks are considdering implementing an Early Bird GP scheme to ensure patients requiring home visits get theise earlier in the day.	BHT Demand Board paper BUC demand modelling example Early Bird GP proposal
	3.2	Are you able to identify all beds that are available throughout your health economy including community beds (NHS and Local Authority), acute mental health beds and CAMHS Tier 4 beds?	Assured			Alamac daily system resilience call summary - including identifcation of MH beds OHFT have delegated budget to fund out of area MH beds to reduce delays in A&E
	3.3	Is there an operational dashboard (using real-time information) that provides a recognised report showing performance and outcome metrics across the SRG health economy which is available to all stakeholders?	Assured			Alamac dashboard
	3.4	Have you got an information sharing agreement that enables relevant patient information to be accessed across the system? Is the Summary Care Record and/or local shared care records available across the system, i.e. NHS 111, Ambulance, Acute Trust/s, Urgent Care Centre/Walk in Centre/MIU providers and crisis services. Has an SCR 'interoperability road map' been developed?	Assured			Information sharing agreement MIG rollout plan in Sept
		Overall Assurance Assessment: **Capacity, Demand & Analysis**	Partially Assured			

4. Non Acute Demand	**4.1**	Is effective multidisciplinary support and individual resident care plans in place to ensure effective liaison with and support for Care Homes to avoid hospital admissions and provide treatment outside of hospital where appropriate (e.g. respiratory patients)?	Assured			As far as can be determined, hospital admisson from care homes in Bucks is low compared to other parts of the country. Every resident in a Care home in Buckinghamshire is encouraged to have an active electronic BCCR as well as paper hand held records "this is me". This explains their current health needs and documents if an emergency arises how to manage appropriately. Each UC organisation in Bucks has visibility of this record and so it allows admission avoidance where possible. Services supporting care homes to raise quality of care iclude quality in care team (QiCT), care home pharmacists, falls team, community geriatrician, end of life teams all to work towards admission avoidance. AVCCG are also piloting a Care Home matron in one locality. Hospital admisions from Care Homes are monitored by CCGs and used to prioritise input from QiCT and other services to those with high admissions. CCGs and Bucks CC are also putting in place an A&E Advocate Service at SMH to provide escorts to patients brought in from care homes, to improve their experience in A&E and facilitate their return to the care home.
	4.2	Has adequate training and support been provided to Care Home staff around both preventing and looking after patients with flu, and infectious diseases (e.g. norovirus)?	Assured			The jointly Bucks CC & CCG funded Qualty in Care Team (QiCT) has booked training for the staff to cover this. The content and support for these sessions is supplied by Sue Barber (CCG Lead Nurse Infection Prevention & Control).
	4.3	What specific additional support is being made available to people of all ages with a learning disability who are admitted to hospital and may require additional support from health services?	Assured			The CCGs & LA have a Joint Senior Commissioner for LD who ensures that each LD in-patient has a clear discharge plan and that any delays to discharge are resolved as effectively as is safe to do. Whilst there is a block contract for 4 speciaist LD beds in the county, there is provision to spot purchase additional capacity should demand require this. The CCGs & LA have a Joint Senior Commissioner for LD who ensures that each LD in-patient has a clear discharge plan and that any delays to discharge are resolved as effectively as is safe to do.
		Overall Assurance Assessment: **Non Acute Demand**	Assured			