



System Resilience Group Assurance Check

Wexham SRG

Assurance level

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
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
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
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?	Assured
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

2. Governance and Leadership

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
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
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
Overall Assurance Assessment: Winter Readiness		Assured
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?	Assured
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

	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
	2.4	Does the SRG have a Risk Register and can it be shared with NHS England? Is it reviewed and updated regularly?	Assured
	Overall Assurance Assessment: Governance & Leadership		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
	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
	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

	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
	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
	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
	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
	Overall Assurance Assessment: Non Acute Demand		Assured