Leeds Health and Wellbeing Board

Report author: Debra Taylor-Tate

Report of: System Resilience Assurance Board

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: Leeds System Resilience Plan

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The purpose of the report is to provide the Health and Wellbeing Board (HWB) with an overview of the approach used to develop the Leeds System Resilience Plan. The plan has been developed to demonstrate the system's commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds. This will be achieved through:

- embedding foundations to improve our system to support us in dealing with the challenges of winter 2018/19 (e.g. improving discharge decision making)
- implementing a robust system approach to manage surges in demand that disrupt the flow of people through the system, including agreed mutual aid actions
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- providing assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Provide feedback and comment on our approach to developing the Leeds System Resilience Plan

1 Purpose of this report

1.1 The purpose of the report is to provide HWB with the approach used to develop the Leeds System Resilience Plan (Appendix 1). The plan has been developed to demonstrate the system's commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds.

2 Background information

2.1 Delivering robust, high quality and safe services to our population this winter and beyond is key to improving the health and wellbeing of our population. Variation in the demands across a health and care economy occurs throughout the year though experience informs us that winter months pose significant challenges. The demand for unplanned health and care services continues to rise due to many factors including:

- Ageing, diverse and deprived populations
- People's expectations, immediacy of service
- Unclear what services they should access for what health and care issues
- Ability to access services
- Lack of information and education
- Siloed services

2.2 Furthermore, system flow and discharge have proved challenging over the last 3 years for the Leeds system. Congested flow compromises the delivery of services, system performance and leads to delays which can have an impact on the people's recovery and return to independence.

2.3 To ensure we continue to deliver quality, safe and responsive services Leeds needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances as well as develop a strategy to transform our system for the future. The Leeds System Resilience Plan has been developed with this aim demonstrating the systems commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds. This will be achieved through:

- embedding foundations to improve our system to support us in dealing with the challenges of winter 2018/19 (e.g. improving discharge decision making)
- implementing a robust system approach to manage surges in demand that disrupt the flow of people through the system, including agreed mutual aid actions
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- providing assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

2.4 Whilst we acknowledge that there are many variables outside of the control of our approach and the contents of the plan we want to provide assurance that we have

taken a holistic approach in developing the plan and the initiatives contained within (e.g. housing has an impact on people's lives and may be a factor in them accessing health and care services).

3 Main issues

3.1 The aim of all of our improvements and developments contained within the Leeds System Resilience Plan is to support a resilient system and ease the pressure experienced by our staff and ultimately our services users while improve our emergency departments.

3.2 It is acknowledged that the previous resilience/winter plan was lengthy with over 30 action points and proved difficult for the system to maintain oversight and manage progress. The Leeds System Resilience Plan 2018/19 will aim to address this considering the short term operational and the longer term strategic elements of system partnership working through three areas:

- Leeds System Recovery actions including recommendations for improvement from recent events and diagnostic exercises from Newton Europe
- Winter planning, incorporating our learning from last winter
- Leeds Health and Care Plan – Unplanned Care Rapid Response strategy: our commitment to deliver long term strategic and transformation plans.

3.3 Recent events and diagnostic exercises across the health and care system have identified key areas of focus to ensure we lay the foundation for recovery across our services during 2018/19.

3.4 We will engage our front line stage ensuring they are at the heart of the proposed operational and behaviour changes needed to ensure sustainability over winter and especially at times of extreme pressure. This will include facilitating a system wide culture change to support cross organisational working to provide seamless pathways and improved outcomes for our population.

3.5 By embedding the foundations for change throughout this winter we will be in a better position going forward for future winters and the success of the longer term transformational proposals.

3.6 Longer term we are transforming our unplanned heath and care landscape to make it easier for people to understand and access the right services at the right time. This will see the development of integrated services that will navigate people to the right advice and or services, including the re-procurement of the 111 service. In addition we will introduce Urgent Treatment Centres across the city that will standardise and enhance the offer for urgent care including access to diagnostics.

3.7 To track progress there will be a high level set of improvement metrics to provide an overarching view of the impact our actions are having on system flow, a shift in care provision and the achievement of key of performance targets. Indicators are as follows:

Urgent Care Demand	• Community based urgent care • A&E attendances
Acute Flow	• Emergency Care Standard (4 Hour A&E target) • Non-elective admissions • Super stranded patients (patients in an acute bed longer than 21 days) • Delayed Transfer of Care • Number of patients in non-designated areas
Home First Strategy	• Discharges from LTHT to: o Reablement o Community Care Beds o New long term placements (residential and nursing) o Packages of care • Community measure to track admission avoidance (TBC)

3.8 We acknowledge that to achieve this, strong leadership, commitment to support changes in culture and behaviour and adopt an integrated approach to service delivery with clear jointly owned governance processes is essential.

3.9 A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual strategic, winter and service development plans, along with business continuity and major incident plans monitored through their own boards and contracts. There are a number of partnership boards, groups and forums working on the Leeds System Resilience Plan to support the leadership and co-ordination across our system and ensure accountability and governance. Each hold key roles in the development and progress of the plan.

3.10 Reporting through to the Partnership Executive Group (PEG) accountability for the plan lies with the System Resilience Assurance Board (SRAB) with operational responsibility held by the Operational Resilience Group (ORG).

3.11 We have set clear timescales and governance expectations regarding the submission, ratification and support for the plan. Table 1 set out the key activities to ensure compliance with these timelines by SRAB and the wider system.

Currently, all activities to date have been completed.

Table 1- Leeds System Resilience plan timeline

Date	Activities
04/07/2018	Organisational winter plan updates
18/07/2018	Submission of the draft Leeds System Winter Plan to NHSE
19/07/2018	HWB: Board to Board update on Leeds system plans
24/07/2018	Newton Europe feedback summit 1- including action planning
25/07/2018	CCG Unplanned Care Strategy & Leeds System Winter Plan to CCG Governing Body
25/07/2018	3rd Regional Action on A&E event – Leeds project Multi-Agency Discharge Team
02/08/2018	ORG workshop – joint system capacity planning
16/08/2018	SRAB Meeting- Leeds System Winter plan stocktake
17/08/2018	Feedback from NHSE on the Leeds System Winter Plan
04/09/2018	ORG Meeting – Winter plan scenario testing
05/09/2018	Health and Wellbeing Board
07/09/2018	Partnership Executive Group meeting
11/09/2018	Newton Europe 2nd Summit
13/09/2018	4th Action on A&E event Leeds project Multi-Agency Discharge Team
19/09/2018	SRAB Meeting - sign off Leeds System Winter Plan

3.12 In addition, Table 2 below identifies the members the Leeds Winter Operational Team. All hold senior positions with seniority to commit resources and as members of SRAB are instrumental in the co-ordination of our system. In addition, all lead on work streams within plan.

Table 2 - Winter Operational Team

Requirement	Organisation	Personnel	Title
A senior representative from the acute trust	Leeds Teaching Hospital Trust (LTHT)	Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive
A senior manager responsible for UEC in the CCG	NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Local Authority Social Care Director – nominated by the Local Authorities	Leeds City Council	Shona McFarlane	Deputy Director, Social Work and Social Care Services.
Community Provider Senior Operational Lead	Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 We have an engagement plan that will cover all aspects of our strategic proposals, which we are working through with all stakeholders including councillors, HWB and patient forums. Furthermore, there are robust communication and engagement plans in place around:

- Winter campaign (e.g. Keep Warm, flu, etc.)
- Consistent system messages aligned to the escalation and system pressures
- Engagement and consultation regarding the transformation of services

4.1.2 To date we have engaged with local councillors and Scrutiny Board (Adults, Health and Active Lifestyles) to discuss the proposals for Urgent Treatment Centres across the city and the benefits this will bring to our population and health and care system.

4.1.3 Furthermore, engaging with our citizens has included our hard to reach and most deprived populations to support their choices in accessing health care especially over winter where we know their needs can be greater.

4.2 Equality and diversity / cohesion and integration

4.2.1 To ensure we have taken all of our populations groups into consideration throughout our longer term planning, the following assessments will be conducted:

- equality impact assessment
- quality impact assessment
- privacy Impact Assessment
- full risk assessment
- sustainability assessment

4.3 Resources and value for money

4.3.1 The financial plans associated with all aspects of the plan are currently being finalised (for winter aspects these should be finalised for September).

4.4 Legal Implications, access to information and call In

4.4.1 There is no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 Leeds continues to take collaborative and proactive approach to planning for those predictable, unpredictable and longer term challenges that face our health and care system.

5.2 Our plan provides assurance that there are agreed system wide initiatives in place that address both the short and long term priorities across the Leeds health and care system. There are clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care and maximise resources. We will ensure that we have measurable benefits in place to demonstrate the impact for the people that access our services and their families and carers as well as to our system.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Provide feedback on the approach of the Leeds System Resilience Plan

7 Background documents

None.

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How does this help reduce health inequalities in Leeds?
The Leeds System Resilience Plan will ensure that there is equal access of people who require urgent health and care services. Longer term, Urgent Treatment Centres will ensure a standardised offer to make it easier for people to know where to go and what to expect.

How does this help create a high quality health and care system?
Partnership working to maximise resources and enhance capabilities across the system will support quality improvement across all areas of the health and care system

How does this help to have a financially sustainable health and care system?
Creating integrated services and increasing the opportunities to maximise peoples' independence will support the shift of care into the community.

Future challenges or opportunities
There are huge opportunities for the transformation of the unplanned health and care landscape. We need to embed the foundations for change and ensure we maintain the momentum by engaging our frontline staff.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Appendix 1 - Draft Leeds System Resilience Plan Summary 2018/19

Leeds System Resilience Plan 2018- 19 Summary

Leeds System Winter Plan 2018/19

Version Control

Date	Version	Status
28 Aug 2018	2	Final

Document Maintenance

Document Name:	**Leeds Health and Care System Resilience – Winter Plan2018/19**
Author:	**Debra Taylor-Tate** **Jenny Baines**
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Plan Owner:	**Leeds System Resilience Assurance Board**
Agreed / Ratified :	
Issue Date:	
Review Date:	
Storage – Paper	
Storage – Electronic Copy:	

Control

This a controlled document maintained by the Unplanned Care Team within Leeds Clinical Commissioning Group (CCG) on behalf of the Leeds System Resilience Assurance Board.

Version Control Sheet

This plan is an evolving document and is anticipated to change through the year as different pressures and learning becomes apparent. Any changes should be documented here to ensure robust version control.

Version	Date	Author	Changes
1			
2			
3			
4			

5			
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Distribution
An electronic version of this plan is distributed to all members of the Leeds System Resilience Assurance Board and partners across associated organisations.

Organisations involved in developing the plan
The contribution by members of the Leeds health and Care system:

Leeds Clinical Commissioning Group [CCG]
Leeds Teaching Hospital Trust [LTHT]
Leeds City Council - Adult Social Care [ASC]
Leeds Community Healthcare Trust [LCH]
Leeds and York Partnership Foundation Trust [LYPFT]
Yorkshire Ambulance Service [YAS] – 111 and 999
Local Care Direct [LCD]
One Medical Group [OMG]
Primary Care – GPs [as providers of Primary Care services]
Leeds City Council – Emergency Planning
Leeds City Council – Public Health
NHS England – Area Team
Third Sector Providers

1. Introduction -

Variation in the demands across a health and care economy is normal and occurs throughout the year though experience informs us that winter months pose significant challenges. Leeds Health and Social Care economy needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances to ensure we continue to deliver quality, safe and responsive services for their population.

It is acknowledged that last year's resilience/winter plan was over lengthy with over 30 action points, this proved difficult for the system to maintain oversight and manage progress.

The 2018/19 Leeds System Resilience Plan (LSRP) will compile of three elements:

- Leeds System Recovery actions including Newton Europe recommendations for improvement
- Winter planning, incorporating our learning from last winter
- Leeds Plan- Unplanned Health and Care our commitment to deliver long term strategic and transformation plans.

Our aim is to ensure that through our plan we can demonstrate that we prepared by:

- embedding foundations to improve our system to support us to deal with the challenges of winter 2018/19
- implementing a robust system approach to manage surges in demand and mutual aid
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- provide assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

We acknowledge that this can only be achieved by working as a system with strong leadership, an integrated approach to service delivery and clear jointly owned governance processes. Operational pressures affecting one or more partner, irrespective of cause, need to be anticipated and managed by building on robust system wide coordination and partnership.

Partners will be consulted throughout its development and the ongoing management to ensure the plan reflects the complexity of a joint health and care system.

The overarching principle of the plan has been carried through from last year:

> '*that the outcomes will only be achieved through a collaborative approach to the inputs' therefore responsibility and accountability for the delivery of plan lies with all participating organisations*

2. National and regional context

Urgent and emergency health and care services continue to be at the forefront of the NHS priorities due to the fall in national performance of the 4 hour Emergency Care Standard (ECS) and the demands of an aging population.

In 2017/18 'winter' had a marked impact on service delivery and the experience of care for our population. Disruptive flow across all points of delivery in our system saw people waiting longer in our A&E departments, put pressure on patient beds and caused delayed discharges home. All of which accumulated in a drop in our performance against national standards.

In response to the anticipated pressures of winter local health and care economies areas are required to develop a winter plan that detail their approach to planning to demonstrate they system can meet the needs of their population. This year's winter plans are focused around twelve Key Lines of Enquiry (KLOE) to provide assurance of system leadership and partnership working with a shared aims.

NHS England and NHS Improvement twelve KLOE's are:

1. Governance and leadership across the system
2. Local operational model
3. Clinical and quality escalation plans
4. Workforce
5. Capacity and demand
6. Elective demand/routine services
7. Festive period and bank holidays
8. Risks and issues
9. Contingency planning
10. Link to EPRR
11. Finance
12. Communications

3. Winter 2017/18 overview

Winter 2017/18 proved significantly difficult to the NHS across the UK. This was seen across all parts of the Leeds system from primary care, acute through to community beds and social care provision. Though we did not experience any adverse weather or significant outbreaks, last winter once again proved challenging and stress both on services and individuals was apparent with relationships across organisations highly tested.

The Leeds resilience plan 2017/18 delivered support and had impact in many areas notably with the establishment of the frailty unit, continued development of admission avoidance pathways and the positive changes resulting from the review of adult social care/reablement services. But with a year ending achievement of 82.6%.for the Emergency Care Standard (ECS) it was clear that immediate action was needed to recovery our position.

3.1 Winter review highlights

The following section provides a system summary overview of winter 2017/18 highlighting areas that worked well and those where we further development is required.

The strategic system assumptions/aims of the 17/18 plan last year were:

- No patients in non-designated beds within Leeds teaching Hospital Trust- not delivered
- Achievement of 95% ECS 4 hour A&E target- not delivered
- Reduction in the number of non-elective admissions- delivered
- No elective surgery cancelled within 48 hours- not delivered
- Reduction in the number of lost bed days associated with Delayed Transfer of Care (DToC) system wide – small reduction in system wide DTOCS- but increased numbers of stranded and super stranded patients
- Reduction in the number of people experiencing delays for community nursing support- delivered
- Increase the number of patients receiving reablement services- delivered
- Management of clinical risk across the system – progress made
- System status no higher than OPEL level 2 - not delivered

3.1.2 What worked well in winter 2017/18:

- Extended access across General practice- increased access to routine and urgent appointments in primary care
- GP out of hours additional capacity across times of General practice anticipated pressure

- GP stream in ED delivered at both LTHT sites for 12 hours a day and additional capacity over extremely challenging time in ED including a senior triage nurse to signpost people where appropriate to alternate services in the community
- Frailty unit pilot in LTHT provided essential support and delivered excellent results
- Redirection from ED : on several occasions One Medical group
- Admission avoidance through adult assessment and ambulatory care pathway developments - contributing to a reduction 4% in non-elective admissions for 2017/18
- Implementation of the frailty unit in St James ED - saw 800 patients over 5 months with a admission rate to the acute medical wards of 20%
- Management of surge bed capacity within LTHT to address peaks in demand
- Leeds & York Partnership Foundation Trust (LYPFT) implementation of their Rapid improvement event recommendations - resulting in a reduction in Out of Area Treatments
- Leeds Integrated Discharge Service (LIDS) across LTHT discharge wards supporting improved discharge and outflow, reduction in DTOC
- Mental Health Investment –Liaison psychiatry 24/7 in the ED and community services providing alternative places of safety e.g. crisis café
- Collaboration between LCH and LTHT teams eg CIVAS and 7 day community respiratory service delivered through winter.- supporting admission avoidance and discharge flow
- Engagement with primary care much improved with practices reporting into system escalation and engaged in all relevant meetings
- CCG community beds procurement delivered 227 out of hospital NHS beds plus 10 additional over winter – supported reduction in DTOC;s
- Increased ASC reablement capacity had very positive impact with no delays seen -
- Leeds Community Healthcare Trust (LCH)- no delays for maintained community nursing capacity throughout winter
- Bed bureau did an excellent job in supporting flow in the system and managing the demand and flow through the new community beds
- Ambulance Response Programme – Continued revised coding of ambulance dispatch to support a more appropriate response, Urgent Care Practitioner development in Leeds to ‘see and treat’ reducing conveyance to A&E
- Winter room established at LTHT- mixed understanding and support of its function and benefit
- 111 Direct booking pilot extension in primary care

3.1.3 Areas for further development in 2018/19

- Improve discharge process to reduce the numbers of patients in surge capacity beds / and on MOFD list
- Confirm MOFD list/ data- lack of shared understanding/definition
- 'Mutual aid' actions didn't materialise during periods of extremis
- The process of escalation was clearer during the winter period, but all parties still feel there is further work to do.
- Dementia (complex) bed capacity and complex EMI DTOCS in both LYPFT and LTHT
- Trusted assessor role particularly for care homes not implemented
- Transfer / discharge to assess pathway underutilised due to demand for community care bed capacity
- Long term condition management and care planning still not embedded within urgent admissions avoidance processes.
- Delays still seen for delivery of home care following brokerage
- Care homes- capacity and closures
- No System transfer of care protocol

In addition to the system wide review, all partners are in the process of conducting internal organisational winter reviews to identify areas of learning and evidence key actions to for 2018/19. Each organisation including the CCG has clear internal governance processes for the sign off of their individual winter plans.

4. Leeds System Recovery Actions

It was evident from our review that to have any further impact in 2018/19 Leeds required a call to action through a set of recovery actions to ensure we approach the challenges of winter 2018/19 in an improved position.

The Leeds recovery actions demonstrate a commitment to continuous improvement by tackling our challenges and actively seek innovative operational and strategic solutions to recovery our position, improve people's outcomes and achieve national performance standards

The central tenant of the recovery actions is 'home first' as a consideration for every patient to keep people in their own homes, promote self-care and independence. To achieve our ambition we recognise that a significant cultural change is required to deliver more integrated services, inform joint decision making and test commissioning intentions i.e. investing in reablement and neighbourhood teams rather than escalation wards.

Through the Perfect Week and the Multi Agency Discharge Event (MADE) and Newton Europe relationship were strengthened, knowledge and experience shared and current processes and constraints challenged. These events have been the catalyst in bringing system partners closer to a clear single version of the truth regarding the issues in our system and informed the priority areas to build a comprehensive resilience plan.

The Leeds System Resilience Plan has grouped into clear work streams with an SRO leads and clear governance through the SRAB and Operational Resilience Group (ORG) to monitor progress and escalate issues. The plan focuses on the following areas:

4.1Leeds System recovery priority actions 2018/19 – Building the foundations

Following the findings from a series of improvement events including the Newton Europe diagnostic centrally funded by NHS England, Leeds has reviewed its key work streams to support recovery as we move towards winter.

Priority areas for action and improvement in processes are:

- Embed Home first strategy and culture across all services
- Support our staff to get people home through multi-disciplinary decision making, timely assessments, consistent processes and communication
- Ensure staff are confident in their discharge role and the transfer of care
- Reshaping our community Health and Care provision to support peoples independence, i.e. packages of care
- Maximising community care bed provision - define criteria and pathways including discharge to access
- No social work assessments delays through agreed professional standards
- Delivery of the SAFER Bundle
- Maximise admission avoidance pathways
- Integrate acute and community stroke services to promote the appropriate rehabilitation and recovery
- Ensure funding decisions do not cause pathway/discharge delays
- Ensure that people requiring long term placements are discharged in a timely manner by improving processes and stimulating the market
- Develop a system culture with the right behaviours and focused leaders to ensure a positive impact

4.2 System metrics

To track progress SRAB have agreed a high level set of improvement metrics and performance indicators to provide an overarching view of the impact our actions

are having on system flow, a shift in care provision and the achievement of key of performance targets.

These will be tracked against baseline data with trajectories for improvement agreed. Indicators are as follows:

Urgent Care Demand

- Community based urgent care
- A&E attendances

Acute Flow

- Emergency Care Standard (4 Hour A&E target)
- Non-elective admissions
- Super stranded patients (patients in an acute bed longer than 21 days)
- Delayed Transfer of Care
- Number of patients in non-designated areas

Home First Strategy

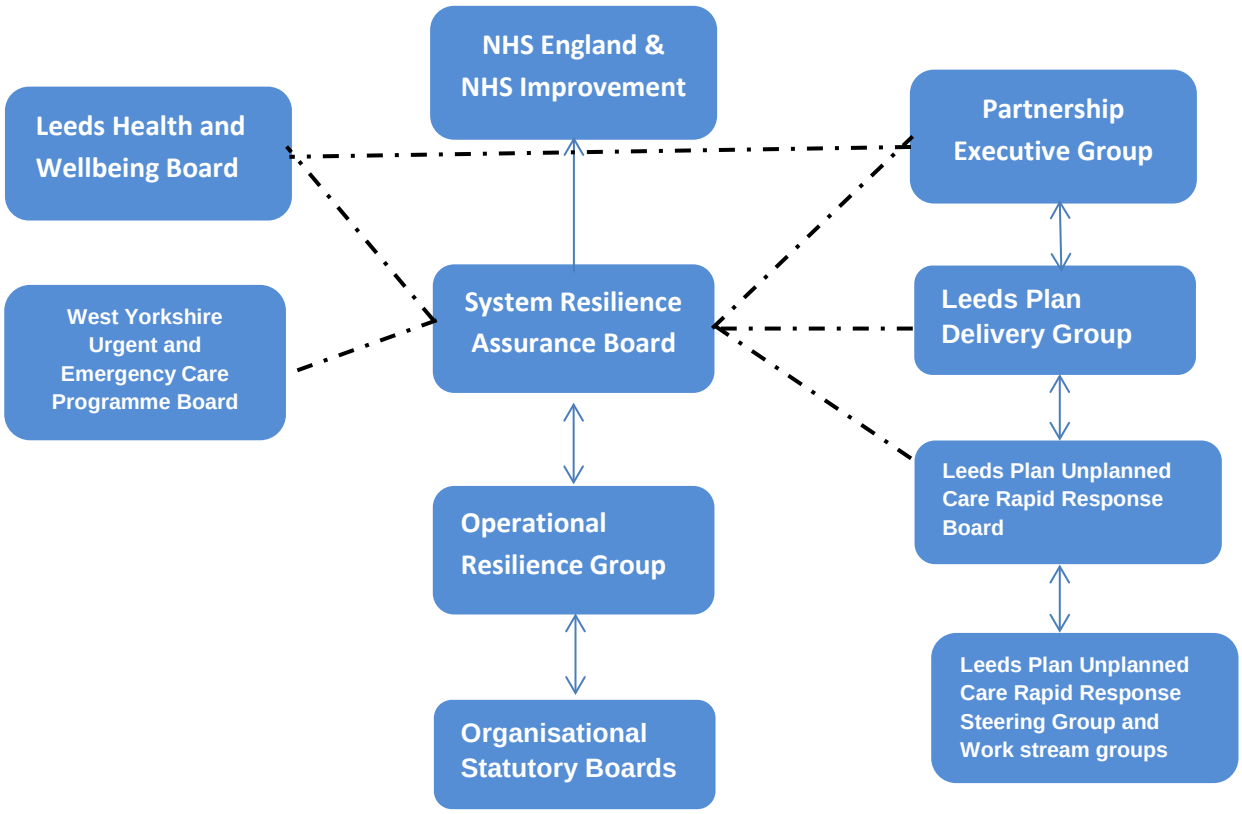
- Discharges from LTHT to:
  - Reablement
  - Community Care Beds
  - New long term placements (residential and nursing)
  - Packages of care
- Community measure to track admission avoidance TBC

5. Governance and leadership

A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual winter, business continuity and major incident plans monitored through their own Boards and through contracts.

The governance of the essential cross organisational communication and collaboration is harder to define. There are a number of groups forming the governance structure supporting the LSWP each of which hold key roles in the development, progress and final plan sign off as below

Diagram 1 Leeds System Winter Plan - Governance structure



5.1 Health and Wellbeing Board and the Partnership Executive Group

As a system plan the LSDP will be shared across all partnership forums to provide information and assurance. The plan will also be shared with the public. Both the Health and Wellbeing Board (HWB) and the Partnership Executive Group (PEG) have been involved in the development of the plan.

5.2 System Resilience Assurance Board

An executive level multi-agency system group, the System Assurance Resilience Board (SRAB) has responsibility for assuring the coordination and delivery of a sustainable system to maintain all health and care services including delivery of the Emergency Care Standard. (4 hour A&E target) The SRAB will also maintain oversight of the plan and drive improvement in performance and delivery.

5.3 Operational Resilience Group

An operational multi-agency system group, the Operational Resilience Group (ORG) has responsibility to deliver mandated actions from SRAB. The ORG is responsible for the implementation, monitoring, escalation and evaluation of the LSWP as well as the daily management of the system.

5.4 Regional West Yorkshire Urgent and Emergency Care Programme Board

The West Yorkshire Sustainability and Transformation Plan (STP) have established an Urgent and Emergency Care Programme Board to co-ordinate and monitor the progress of the individual health and care system across West Yorkshire. It provides a forum for understanding, discussing and highlighting both local and regional services and issues that have an impact on associated economies, e.g. ambulance and trauma services. We are actively involved in this network and continue seek opportunities at WY level to improve services in Leeds.

5.5 Leeds Plan Delivery Group

The Leeds Plan Delivery Group has overall responsibility to deliver the 4 elements of the Leeds Plan. The main duties of the group include

- Review progress of the 4 programme areas and the enablers
- Provide an effective PMO for the co-ordinations of the plan
- Ensure the areas or linked and interdependencies maximised to reduce duplication opportunities maximises
- Escalate and discuss issues/areas/barriers to delivery provide solutions
- Manage the integrated Better Care Fund (IBCF) programme and finance

5.6 Leeds Plan- Unplanned Care Rapid Response Board

The Board is chaired by the Director Adult and Health (Leeds City Council) and Sue Robins, Direct of Operations and Delivery (Leeds CCG). The main duties of the Board are:

- Receives assurance from the work stream leads regarding progress
- Supports delivery of Unplanned Care Rapid Response strategy such as influencing key system partners where necessary
- Offers a system wide perspective on risks and issues
- Ensures Leeds Plan enablers are effectively contributing to the delivery of the strategy
- Recognises system interdependencies at the highest level across the system

In addition the Steering group's purpose is to direct the work streams and mandate projects to the relevant task and finish groups.

5.7 Leeds Cross-System Winter Operations Team

Table 1 below identifies the members the Leeds winter operations team. All hold senior positions with seniority to commit resources and as members of SRAB are

instrumental in the co-ordination of our system. In addition all lead on major work streams within our recovery plan.

Table 1 Winter Operational Team

Requirement	Organisation	Personnel	Title
A senior representative from the acute trust	Leeds Teaching Hospital Trust	Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive
A senior manager responsible for UEC in the CCG	NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Local Authority Social Care Director – nominated by the Local Authorities	Leeds City Council	Shona McFarlane	Deputy Director, Social Work and Social Care Services.
Community Provider Senior Operational Lead	Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations

5.8 Leeds System Resilience Plan time line

NHS England has set clear timescales regarding the submission, ratification and sign off for 2018/19 winter plan. Table 2 set out the key activities to ensure compliance with these timelines to ensure final sign off of the plan by SRAB.

Table 2 Winter Operational Team

Date	Activities
04/07/2018	Organisational winter plan updates
18/07/2018	Submission of Leeds System Winter Plan to NHSE
19/07/2018	Board to Board update on Leeds system plans
24/07/2018	Newton Europe feedback summit 1- including action planning
25/07/2018	CCG Unplanned Care Strategy & Leeds System Winter Plan to CCG Governing Body
25/07/2018	3rd Regional Action on A&E event – Leeds project Multi-Agency Discharge Team
02/08/2018	ORG workshop – joint system capacity planning
16/08/2018	SRAB Meeting- Leeds System Winter plan stocktake
17/08/2018	Feedback from NHSE on the Leeds System Winter Plan
04/09/2018	ORG Meeting – Winter plan scenario testing
05/09/2018	Health and Wellbeing Board
07/09/2018	Partnership Executive Group meeting

11/09/2018	Newton Europe 2nd Summit
13/09/2018	4th Action on A&E event Leeds project Multi-Agency Discharge Team
19/09/2018	SRAB Meeting-sign off Leeds System Winter Plan

6. Clinical safety and quality

Clinical quality and safety are the top priority in the delivery all health and care services. During the periods of intense pressure in Leeds we have had zero twelve hour trolley breaches but as a result of immense bed pressures and compromised flow have seen people in non-designated bed areas, not how we want to care for people in Leeds.

Key to delivering our plans is to agree a set of principles that underpin our plan and ensure we have a shared vision to work towards.

6.1 The principles

- The Leeds health and care system provides consistently high quality and safe care, across all seven days of the week
- Zero tolerance of 12 hour trolley breaches
- Non patient cared for in a non-designated hospital areas
- No cancellation of elective surgery within 48 hours
- Services have a set of standard response times and categories for prioritisation
- All patients receive a daily consultant led review
- Clinical standards are clear and articulated through assessment, intervention and discharge pathways
- Patients will not wait longer than 15 minutes in ambulances before handover at ED
- Minimise out of area mental health placements
- Clear infection control protocols are in place including the transfer of people on to or returning to alternative services
- Capacity is managed within organisations and as a coordinated system across the health and social care economy.
- No action that would undermine the ability of any other part of the system to manage their core business will be taken by one constituent part of the system without prior discussion.
- Should an organisation take action which results in unintended consequences for another/others they will, as soon as if practical and practicable, rectify that action

- As far as possible, the clinical priority of patients, across all care groups and categories of service (i.e. between emergencies and electives) will be the key determinant of when and where patients are treated and cared for. E.g. this may mean that some patients who have self-referred as an urgent are given lower clinical priority than urgent elective patients.
- No action will undermine or question the clinical judgement of practitioners but will however aim to decrease escalation by sign posting patients to less congested services where acceptable clinical alternatives are available.
- Managing patients at a time of increased escalation will require accepting and managing additional risk across organisations, as individual decisions on patient's care are taken, and competing pressures/targets are prioritised.
- Services should be maintained for as long as is practicable in times of increased escalation and organisations will work to recovering suspended services as soon as possible.
- Decision-making and actions in response to escalation alert will be within appropriate timescales.
- De-escalation will be agreed by all partners**.**

6.2 Provider clinical escalation plans

All providers are in the process of refining their internal clinical escalation plans which outline their organisational response to managing clinical safety and quality during times of escalation. These are tailored to reflect organisations key priorities, scale of business and are based on continuous learning to provide insight to target interventions when they face further quality, safety and performance challenges

The plans include; but are not exclusive how organisations will manage:

- daily operational process including
    - management of OPEL triggers and action plans
    - weekly quality meetings
    - weekly executive meeting chaired by the Chief Executive
    - escalation process in place for workforce shortfalls
    - cessation of non-essential training and development
    - re-deployment of staff to manage pressure areas
    - transfer of clinical staff in non-clinical roles to support patient areas.
    - daily duty response to care homes
- operational silver command response
- approach to Joint Decision Making (JDM)

- implementation of Full Capacity Protocols
- trolley wait escalation
- organisational balancing of clinical risk
- the use of use of flexible labour
- agreed process of workforce mutual aid across our internal teams
- elective care activity and the cancellation of routine elective requiring inpatient stay -
- staff flu vaccination programme
- comprised capacity and flow due to infection and the management of outbreaks
- prioritisation of services to manage risk and redeploy resources through Decision Management Tools
- response to increasing demand
    - additional winter / flex beds
    - conversion of 5 day wards in to 7 day capacity
    - additional evening / weekend cover secured via on-call Psychiatry
    - medically supervised bays for ambulance conveyances
    - additional workforce at times of key pressure to support operational flow
- implementation of robust audit processes to assure plan effectiveness and identify further opportunities

7. Capacity and demand

Key to our system response it to understand the key period of pressure and the knock on effect of rising demand in one part of our system on others. It is critical that we have robust plans for managing peaks in demand especially weekends, bank holidays and the festive period historic period of significant pressure.

We will achieve through a joint approach to capacity planning which will enable us to predict the impact of increased demand and target interventions to mitigate and share risk, share resource and ensure clinical quality and safety.

The first stage will be to undertake or individual capacity modelling and analysis to quantify their profiles for winter 2018/19. Next by sharing the plans we will develop challenging scenarios to quantify the potential impact to inform actions and mutual aid interventions taking into consideration the positive and negative impact these will have on individual organisations as the recipient and the provider.

LTHT have analysed the times of peak pressure during the 17/18 detecting predicted times of pressure to identify key mitigating actions. Additional capacity has been identified as e.g. surge plan; day case wards operating 7days, corporate nursing staff moved to support clinical areas.

During winter LTHT will continue to operate on clinically urgent and Cancer cases as well as pure day case activity. They have confirmed that in January they intend to step down all routine inpatient elective operating for people requiring an overnight stay. Prior to this action taking place they will be utilising all available opportunities to reduce our waiting lists.

Additional demand within LYPFT can often result in people being placed out areas for their care. This can be difficult to predict, their capacity modelling and inventions are focused around their ability to provide consistent services across 7 days. These include cover for delayed transfers of care (DTOCs) discharges from LTHT & The Mount, follow up intervention in care homes to reduce placement breakdown, senior and experienced staff working to make sound clinical, medical and social care decisions and that support is available in a timely way.

Experience informs us those periods of escalation in primary care services are Monday and the weekend preceding and following the bank holidays. Our walk-in-centre and out of hours provider have clear plans for managing demand reviewed weekly with robust risk assessments which allows rapid escalation and remedial actions where staffing resource falls below desired levels.

GP extended access and the development of Urgent Treatment centres is providing further evidence relating to how, when and why people are accessing urgent primary care services. This information is supporting the integration and development of further services for this winter. Plan for winter include 100% population access to extended hours, additional out of hours clinics, improved skill mix at the UTC and MIU, integrating the GP streaming and emergency department minor injuries to maximise resources, managing staffing levels increase productivity and support the emergency care standard.

Our recovery actions include on a range of interventions that address system flow issues and delays with a focus on supporting patients waiting for onwards health and or care services. We are aware from the Newton Europe findings that there is an opportunity for us to support more people to go home and retain their independence. Further work is under way to understand how we achieve this shift of care and identify any potential capacity gaps in our community health and care services, i.e. reablement, Community care beds. Once these have established discussions will confirm our actions and commissioning strategies.

8. Contingency planning

All organisations in 17/18 developed a Decision Management Tool which provided a risk assessed model to identify contingency actions that could be put into place at points of extremis. This approach promoted discussions regarding the actions

we would need to take if our system reached OPEL 4 predominately what services could be suspended and resources re-deployed.

9. System management, Escalation and Mutual Aid

Operational Pressures Escalation Levels (OPEL) is the NHS England Mandated framework for all NHS health organisations which aims to provide consistency in the reporting and managing escalating situation across system both locally and nationally.

The 2017/18 winter review highlighted that at times of extreme pressure we veered form the agreed processes and that improvements were required. Also we need to strengthen our approach to mutual aid with a more realistic understanding how and when individual partners can respond.

The Leeds Operational Pressures Escalation Levels (LOPEL) policy was developed in 2017/18 to provide systematic processes that underpin the management of system at times of escalation. With clear roles and responsibilities across 7 days a week the policy was aligned to organisational on call procedures and national reporting requirements.

The policy is currently under review with a series of workshops agreed to develop and test our plans these will cover the following areas:

- Mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet our local needs
- Review and align organisational triggers to OPEL to ensure consistency in the interpretation
- Internal actions to be taken to ensure/support de-escalation
- Joint capacity planning to support the prediction of flow issues and delays
- Complete an analysis of mutual aid across the system to identify develop and agree tangible and realistic actions based on the LSWP principles (section 6.1)
- Agree daily the reporting format, analysis and sharing information including primary care
- Refine our approach to the timely management of the system; command and control to address operational challenges and promoting a recovering system (SiTRep calls, winter room)
- Understand the benefits of establishing a system winter room December to January and prepare an options appraisal for the SRAB
- Review of organisational Decision management tool to inform system management and actions at OPEL 4/critical, major incident

- Review all On call arrangements and ensure alignment and communication is clear and understood, including exception reporting process during winter
- Desk top exercise to test process and mutual aid in an escalating scenario, to include adverse weather and flu
- Align predictive and responsive communications to OPEL levels to develop consistent and targeted messages to staff and the public
- Implement a structured approach which drives and supports assurance of organisational compliance with the 2017/18 Emergency, Preparedness, Resilience and Response
- Develop of action cards for all organisations and at a system level

All of our developments will need to flexible to allow an effective response to a whole spectrum of incidents and events that may create a surge in demand or disrupt the normal delivery/flow of services for health and care services, irrespective of situation, duration, scale and type.

10. Public Health -Leeds City Council

Leeds City Council has a pivotal preparatory role in ensuring the delivery of important messages such as the Heatwave Plan, the Cold Weather Plan, and Flood warnings to the local population and especially to those identified as vulnerable, whether in their own homes or in a care home.

With a focus on self-management, reducing falls and managing outbreaks there are range of public health initiatives that contribute to the effectiveness of the LSWP. These include:

- Leeds City Council (LCC) to commission to deliver Infection Control audits within the care home economy and manage outbreaks of infection effectively.
- Support NHS England to deliver the influenza immunisation programme targeting at risk groups
- LCC facilitate the delivery of infection control training into schools through a workshop and distribution of appropriate promotional material such as hand washing leaflets.
- LCC support NHS Leeds CCG and partners with promotional campaigns through coordinated communication plans.
- LCC to deliver Winter Friends programme, administer Winter Wellbeing Small Grants programme and commission Warmth For Wellbeing service
- Promote Public Health England Cold Weather Plan and the high impact reducing winter deaths and fuel poverty.
- Respiratory

11. System wide communications

Throughout the period of pressure experienced in 2017/18 regular communications activity was undertaken however as evidence shows (BMJ, 2016 and RCN, 2016) the A&E 'superbrand' continues to attract patients who could potentially be treated elsewhere. Furthermore evidence shows that when faced with a range of options**,** patients are confused and default to A&E (NHS England, 2017.

Firstly we will adopt learning from last year's plan. Outlined below are our proposals for improving our approach for 2018/19 ensuring we develop both reactive and proactive into our communication plan.

Proposals for inclusion in the plan include:

- To support communications activity such as outdoor advertising, radio adverts, continuation of campaign to educate new migrants
- To identify a lead person to have overarching responsibility for co-ordinating system-wide communications. However we then need to break this down as follows:
  - CCG communications to co-ordinate generic communication campaigns designed to educate people to use appropriate services.
  - CCG communications to also provide overarching social media messages, similar to winter 2017-2018.
  - Leeds City Council to lead on public health messaging with a particular focus on flu, calling on support from partners as required
  - Provider communication teams to proactively work with local media to highlight winter pressures and action being taken to address ensuring alignment with the OPEL escalation framework.
  - Any advice needs to be cleared by the unplanned care team as well as following NHS England winter communications guidance for media requests.
- Ensure each partner has a nominated communications person identified to support activity and action any plans locally, for example scheduling social media posts, preparing web pages.

12. Risks

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot predict but where we can put mitigating plans in place, 9 high level risks have been identified.

- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk, 8 high level risks have been identified

The high level risks have been RAG rated pre and post the agreed mitigating actions, the full risk register are included in Appendix 1

13. Leeds Plan – Unplanned Care Rapid Response Programme

By reviewing the ways that people currently access urgent health and social care services, including the current range of single points of access, we will aim to make the system simpler which will support a more timely and consistent response and, when necessary, appropriate referral into other services.

We will look at where and how people's needs are assessed and how urgent care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. This will allow us to build a sustainable and flexible system supported by a multi skilled workforce to remove duplication thereby preventing delays for people. Where people require urgent/rapid response care, we aim to provide a targeted response, a smooth journey through services with a return to self-managing as soon as possible.

14. Conclusion

Leeds continues to take a collaborative and proactive approach towards planning for those predictable and unpredictable challenges that face our health and care system. Evaluation of previous times of pressure and experience has informed the development of LSRP and informed our approach but we recognise that there are many varying factors outside of our control that affect the success of the plan.

We can provide assurance that for 2018/19 there is agreed system wide initiatives in place clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care benefit from the impact of improving our system to achieve better outcomes for the people of Leeds and achieve performance targets.

Glossary

A&E	Accident and Emergency
BMJ	British Medical Journal
CCG	Clinical commissioning Group
CIVAS	Community Intravenous antibiotic service
DTOC	Delayed transfer of care
ED	Emergency department
ECS	Emergency Care Standard
EDAT	Emergency duty assessment team
EMI	Elderly mentally infirm
EPRR	Emergency preparedness resilience & response
HWBB	Health and wellbeing board
KLOE	Key lines of enquiry
LCC	Leeds city council
LHRP	Local Health Resilience Partnership Board
LCH	Leeds community healthcare
LSRP	Leeds system Recovery Plan
LSWP	Leeds System Winter Plan
LTHT	Leeds teaching hospitals trust
LYPFT	Leeds & York partnership foundation trust
LIDS	Leeds integrated discharge service
MIU	Minor injuries unit
MOFD	Medically Optimised fit for discharge
ORG	Operational resilience group
OPEL	Operational resilience escalation level
PEG	Partnership executive group
PMO	Programme management office
RAG	Red / Amber / Green rating
RCN	Royal College of Nursing
STP	Sustainability and transformation plan
SiTREP	Situation report
SRAB	System resilience assurance board
UTC	Urgent treatment centre

Appendices

Appendix 1 Risk assessment

Appendix 1

Leeds System Winter Plan 201819 - Risks Register

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot fully predict but where we can put mitigating plans in place.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk.

The high level risks RAG rating pre and post mitigation 1st **November 2017** are as follows:

	Variable risks	**RAG rating pre mitigation**	**Mitigating Actions 2017/18**	**Rag rating post mitigation**
1	Surges in demand from patients accessing services that may not always be appropriate to their needs	16	• Communications campaign. • Additional primary care services in A&E, Out of Hours • 100% Extended access in Primary Care core services • Establishing urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	12
2	Surges in demand due to the aging population and increased presenting levels of acuity resulting in significant pressure on services to deliver high quality safe services and maintain system flow	20	• Additional front of house services GP in A&E, Frailty, Ambulatory care pathways, focused admission avoidance and discharge processes • Care home action plan • Workforce development group • System approach to escalation and development of robust mutual aid actions • Joint capacity planning, testing scenarios to inform mitigating actions interventions • Primary care focus on frailty and long term condition management and Joint working with community services • Extended GP services evening and weekend • Establishing urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	16

Appendix 1

3	Disruption in service delivery and system management due to adverse weather conditions resulting in limited system capacity to manage demand	10	• Adverse weather plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements • Community network volunteers e.g. 4x4 capabilities	6
4	Insufficient system capacity to manage the additional demand and compromised service delivery as a result of health effects from Flu or infection outbreaks resulting in compromised workforce and services	12	• Outbreak plans • Flu immunisation campaign • Staff immunisation plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements	6
5	Lack of system commitment to develop new ways of working/thinking/culture resulting in limited impact in proposed initiatives	8	• Strong System Leadership- SRAB, PEG, HWB • Leeds Health and Care Plan • System escalation and mutual aid approach • Provider partnership collaborative and Local Care Partnership development • Integration Care System approach • Leeds system recovery plan – integrated service developments • Engagement with Newton Europe and adoption of the recommendations • IT developments, Leeds Care Record, Telehealth approach	4
6	Availability of a skilled workforce across the system due limited national workforce and changing political landscape resulting in challenges to deliver robust high quality and safe services for our population	16	• System workforce group- Leeds approach to recruitment • Organisations' internal staff management and recruitment plans • Robust recruitment and retention practices within all organisations • Established banks to share experienced staff	12

Appendix 1

7	Inability of our workforce to flex skills and capabilities internally and across organisations resulting in limited opportunities to deploy a flexible and shared workforce	12	• System workforce group- Leeds approach to recruitment • Established banks to share experienced staff • Integrated service delivery- LIDS, EDAT, Frailty, A&E streaming, Urgent treatment centres	8
8	There is a risk of Industrial Action (IA) due to any arising political situation that will result in disruption to normal service delivery across the Health and Social Care Economy. E.G Clinical staff disputes, Fuel shortages	8	• All organisations test and activate internal and business continuity plans to militate against the impact and improve contingency plans • Manage communications across the system and work with colleagues to ensure consistent messages	8
9	Inability to respond to a major incident through a command and control approach due to insufficient agreed process and procedures resulting in an un-coordinated response	10	• Leeds system EPRR compliance • Robust Business Continuity and major incident plans • Participation in local and regional system resilience forum • Ongoing resilience exercises • Robust escalation and On Call systems across the system • Communication plans • Robust command and control structure NHS England lead • Consistent processes through both escalation and incident management	5
	System Impact Risks	**RAG rating pre mitigation**	**Mitigating Actions 2017/18**	**Rag rating post mitigation**
10	Compromised patient flow and service delivery due to excess demand, staff availability or an incident resulting increased pressure to deliver high quality safe services for our population and increased Mental Health out of area placements	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • Business Continuity and incident management	**12**

Appendix 1

11	There is a risk to system flow due to the balance of service delivery between admission avoidance and discharge due to the increased demand from all points of referral into community nursing services.	16	• Leeds Community Healthcare surge and capacity plans • Leeds Community Healthcare quality and safety plans • System Escalation and mutual aid plans • Joint working between primary and community care e.g utilisation of extended GP access Hubs to maximise resources • Defined SPUR processes	**12**
12	Ability to meet system wide national performance targets due to system challenges in delivering system flow and insufficient system management and prioritisation of services	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
13	Ability to maintain an agreed level of planned activity across service providers due to system challenges in delivering system flow resulting lack of capacity to deliver planned activity	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
14	There is a risk that demand for community bed capacity exceeds current commissioned provision during times of rising surge demand	16	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • Spot purchasing across health and care commissioners • Robust mobilisation plans re the implementation of the new community bed model Sept-Nov 2017	**12**

Appendix 1

15	Our ability to balance and share clinical risk across the system to manage the most vulnerable and needy people	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
16	There is a risk increased patient flows into Leeds acute trust, increasing demand and impacting on the quality and safety of services across the system. This is due to the of the proposed regional acute trust changes which will result in reconfiguration/closure of various services including A&E which will in turn result in increased demand flowing towards Leeds service.	12	• Partnership working and collaboration through the following regional forums o West Yorkshire STP o West Yorkshire Acute Trust Group o West Yorkshire Urgent and Emergency Care Network o Health Futures	**8**
17	Loss of financial allocation/incentives associated with the achievement of system and national targets	8	• Robust monitoring and escalation to track progress of the LSDP • As above in Risk 9	**6**
18	Risk to the Leeds system's reputation due to our inability to provide assurance and evidence of our actions	8	Documented evidence of our actions and decisions associated with the execution of our: • Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • System Agreement for the management of risk • Robust commissioning and contracting practices •	**4**

Appendix 1	Consequence (initial)				
Likelihood (initial)	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Expected to occur at least daily. More likely to occur than not.	5 Low Priority	10 Medium Priority	15 Medium Priority	20 Very High Priority	25 Very High Priority
Expected to occur at least weekly. Likely to occur.	4 Low Priority	8 Medium Priority	12 Medium Priority	16 Very High Priority	20 Very High Priority
Expected to occur at least monthly. Reasonable chance of occurring.	3 Low Priority	6 Medium Priority	9 Medium Priority	12 Medium Priority	15 Very High Priority
Expected to occur at least annually. Unlikely to occur.	2 Low Priority	4 Low Priority	6 Medium Priority	8 Medium Priority	10 Medium Priority
Not expected to occur for years. Will occur in exceptional circumstances.	1 Low Priority	2 Low Priority	3 Low Priority	4 Low Priority	5 Low Priority
	Rating (initial):		**Risk level (initial):**		