Appendix 1

Leeds System Resilience

Terms of Reference 2019/21

Contents

Introduction

The governance relating to the unplanned health and care system has developed over the last 5years through a combination of national mandates and guidance, continued pressure and unachieved performance targets and the recognition of collaboration and integration to improve services for the people of Leeds. As a result there appears to be a number of meeting forums that have similar agenda with the same attendees.

Due to the publication of the NHS Long Term Plan and the Leeds Plan refresh there was an excellent opportunity for Leeds to review governance and priorities related to the unplanned health and care agenda. A survey gathered the views of representatives, full results of the survey Can be found in appendix 1.

Key findings of the review were:

- There was duplication across the various groups
- A stronger focus on the priorities would result by reducing the number of meetings
- Strong recognition that both a strategic and operational focus is required but that this could me more clearly defined within the Terms of Reference (TOR)
- Representation within the groups needs to be clearer with organisational commitment and accountability.
- The new structure, TOR and priorities need to reflect the whole system pathway

Recommendations were presented to the SRAB for consideration, these included:

- Review the TOR across all groups including purpose, aims, objectives and outputs
- Define clear structure of accountability
- Gain representation commitment from all organisations
- Create a smaller more focussed group for SRAB
- Ensure priorities reflect system inclusivity and focus on the whole pathway e.g community care/999
- Agree new processes for managing the work plan priorities for updating on work streams instead of highlight reports
- Propose new governance structure –June 2019
- Agree system priorities August 2019

System Resilience Governance

This document sets out the approach for implementing robust system resilience governance across the Leeds health and care agenda based on the recommendations.

National guidance dictated in June 2014 the urgent care groups would evolve into System Resilience Groups (SRG) with accountability for System Resilience across the Health and Social Care Economy, these later evolved into the A&E Delivery Boards in 2017. Leeds took the opportunity at this point to create the Leeds System Resilience Assurance Board (SRAB) incorporating the A&E delivery board national mandate. The rationale for this was to maintain a whole system approach from across the health and care economy and recognize the importance all organisations play in the delivery of an effective A&E and system flow.

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

Our approach to address the complexities of the landscape is to develop an overarching system resilience plan, detailing the method to our planning; and demonstrates how the system will continue to meet the needs of the population from operational and strategic perspectives.

We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an integrated approach to service delivery with clear jointly owned governance processes.

System Resilience governance will oversee the Unplanned Health and care system seeking assurance regarding the quality, delivery, improvement and development of all services associated with delivering effective system flow across the Leeds health and care system. Partners from the health and care system will come together to inform the development of the system wide system resilience plan and hold each other to account for the delivery of the elements within the plan that underpin the sustainable provision of services to the population.

System Resilience governance recognises overlaps with other strategies, partnerships, boards and delivery groups. An aim of attached governance structure will be to ensure that there is oversight of any interdependcies to provide system assurance and support where required. System Resilience arrangements do not supersede accountabilities between organisations their respective regulators and or commissioners.

Principles for Joint Working

The focus of the governance is system wide accountability, collaboration and partnership working to ensure we create a culture for change to improve the outcomes for our population.

Across the spectrum of boards and groups all parties have been asked to agree act in accordance with the principles below:

- Act in the best interests of our population
- At all times act in good faith towards each other
- Collaborate and co-operate to work towards delivering a high quality resilient health and care system, including
    - identify solutions,
    - eliminate duplication,
    - mitigate risk and
    - maximise efficiencies
- Hold each other to account of actions to maintain pace and progression
- Act in a timely manner and recognise that some actions and decisions are time-critical and require an immediate response
- Share information, data, experience, materials and skills to learn from each other and develop effective working practices
- Be proactive maintaining a positive outlook
- Recognise the role and contribution of individual organisations with regards system wide delivery
- Work towards delivering the Leeds Health and Well-being Strategy
- Ensure effectiveness, productivity and seek best value for the Leeds Pound

Terms of Reference and Reporting

System Resilience Assurance Board

A monthly report will be provided to SRAB along with the Dashboard to demonstrate progress and highlight risk and issues.

System Resilience Partnership Board

Projects will be reporting on a bi-monthly basis

Steering Groups and Task and Finish Groups

- **Terms of Reference**

  To ensure a consistent approach to governance all of the identified projects leads will be required to complete the terms of reference template (page 19) to highlight the following for the group:

  - Purpose
  - Activities
  - Outputs of the group
  - Scope
  - Membership

- **Reporting**

  In addition all project leads will be responsible for submitting a highlight/flash report (Page 20) re progress and escalating any issues and risks. Reporting will be on a bi monthly timetable to the System Resilience Partnership Group for focused discussion and ensure pace and provide a mechanisms to hold each other to account for system delivery and development

- **Metrics**

  All projects will be required to develop output measures included SPC charts where appropriate to demonstrate impact.

Meeting and reporting structure/timetable

A full timetable will be established for the following meetings:-

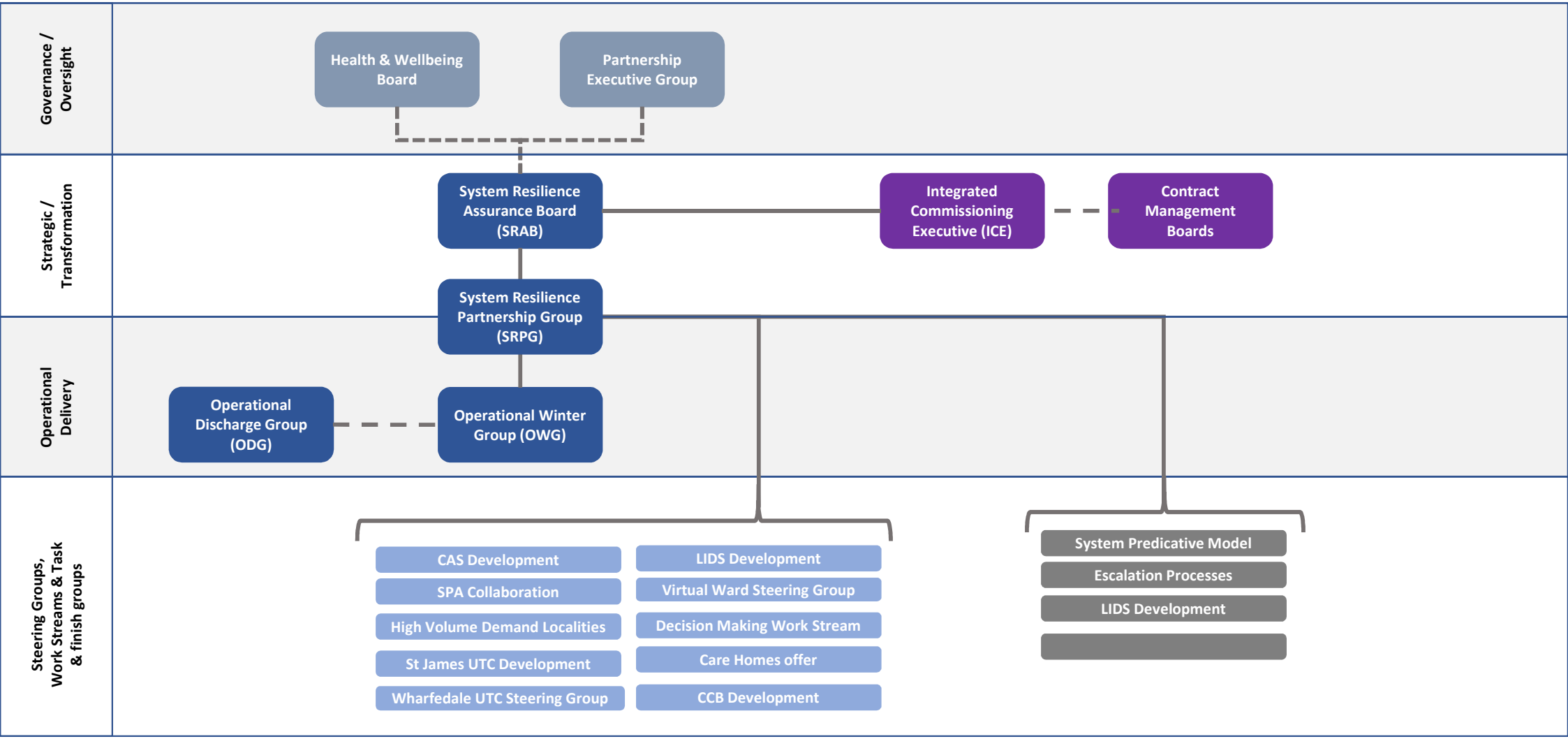
OWG

SRPG (ORG)

SRAB

In addition we will provide bi-monthly reporting timetable.

System Resilience Structure



System Resilience and Assurance Board (SRAB)

Purpose

- Gain system assurance that resilient unplanned health and care services are in place, including EPRR
- Hold each other to account for system delivery and effective patient flow, providing constructive challenge
- Provide a senior decision making / approval forum
- Oversight of NHS England / Improvement policy and guidance implementation
- Support the West Yorkshire and Harrogate ICS Urgent and Emergency Care Board
- Set Strategy direction for
    - system resilience
    - Urgent and Emergency Care
    - System Flow
- Hold current risks and mitigations for the delivery and transformation of resilient unplanned health and Care services
- Approve funding allocations – ICS/winter
- Inform future system commissioning prioritise

Membership

System Partner Senior Executives:

- CCG – Chair
- LTHT
- NHSE
- LYPFT
- Health Watch
- LCD
- LCC – Deputy Chair
- Public Health
- LCH
- YAS
- 3rd Sector
- GP Confederation

Activities

- Oversea system-wide assurance;
    - strategic planning & delivery,
    - operational system flow,
    - EPPR,
    - unplanned health & care services care delivery
    - Performance against agreed priorities and national targets/trajectories
- Set priorities and mandates to deliver/develop a resilient unplanned care system
- Ensure compliance with NHS England / Improvement submissions and guidance
- Address escalated system barriers
- Review current risks and mitigations
- Implement local and national learning and share best practice
- Act as the link into the ICS for urgent and emergency care
- Commit resources on behalf of their organisation

Accountability & Reporting

- Health & Wellbeing Board
- Partnership Executive Group
- NHS England / Improvement
- Partner Boards/ Governing Body

Quoracy & Administration

- All partners to be represented
- Supported by CCG Unplanned Care Team
- Agenda item call 2 weeks prior to meeting
- Agenda to be circulated 1 week before meetings

Outputs

- Co-ordinated Health & Care System
- Partnership Board with Unplanned Health and Care focus
- Positive system culture and collaboration
- Annual system resilience plan;
    - system management, escalation & EPRR
    - winter planning
    - strategic planning, delivery and transformation
- A managed risk register
- A system-wide performance and activity dashboard
- NHS statutory compliance

Interdependencies

- Health & Care system strategies - PHM
- Technology developments
- Leeds Plan Delivery Group
- Health Protection Board
- Local Health Resilience Partnership
- Individual Organisations;
    - Leeds City Council
    - Trust/Provider Boards,
    - Contract Management Boards, Quality Boards
    - West Yorkshire Urgent and Emergency Care Board

Meeting Frequency

Monthly

Approval & Review

dd/mm/yyyy & dd/mm/yyyy

System Resilience Partnership Group (SRPG)

Purpose

- To deliver system resilience ensuring patient safety, quality of care and experience
- Creating the culture to facilitate system working through strong leadership, collaborative and co-operative partnerships
- To ensure the system delivers key national policy and operational targets/performance
- Members to be the voice of their organisation and ensure dissemination of information
- Identifying service development and service improvement opportunities
- Implement SRAB mandates
- Manage system risks and mitigations
- Monitor projects and task and finish groups across the system to ensure successful delivery holding each other to account
- Place for system escalation to unlock operational/strategic issues
- Oversee interdependcies of effective resilience and system flow
- Produce & monitor the SRAB dashboard

Membership

System Partner Senior Executives:

- CCG – Chair
- LTHT
- NHSE
- LYPFT
- Health Watch
- LCD
- OPCare
- LCC – Deputy Chair
- Public Health
- LCH
- YAS
- 3rd Sector
- GP Confederation

Activities

- Maintain an overview of the operational and strategic system delivery through monthly reporting and deep dives
- Adopt a working/task and finish group approach ensure effective use of the meeting and deliver targeted solutions
- Working collaboratively across the Health and Care System, to support the system wide approach to the delivery of all local and national targets (e.g. ECS)
- Unblock any issues, monitor outcomes and suggest improvements on reported projects
- Make recommendations to SRAB on areas of future developments to support system resilience
- Implement, manage and monitor escalation processes, actions and outcomes to ensure effective system management at times of surge and or incidents.
- Sharing best practice and learning from both local and national experiences.
- Interrogate the data to inform decision making

Interdependencies

- System wide participation
- Monthly reporting of flash reports and deep dives
- SRPG Task & Finish Group activity
- Effective management of the Operational Winter group
- System wide strategies
- NHSE/I requirements

Quoracy & Administration

- All partners to be represented
- Supported and chaired by CCG Unplanned Care Team
- Agenda item call 2 weeks prior to meeting
- Agenda to be circulated 1 week before meetings

Outputs

- Strategic and operational system management as set out in the System Resilience Plan
- Managed projects with robust reporting and monitoring of improvement
- Environment with strong accountability for delivery of the system
- Identifying blockages, barriers, issues and risks to delivery of the System Resilience plan
- Promotion of system openness and transparency
- Bi-monthly reports to SRAB, providing recommendations, issues and risks.

Accountability & Reporting

- Report to the Leeds System Resilience Assurance Board
- Provide monthly highlight reports to SRAB on task and finish groups and system projects
- System Accountability to deliver the System Resilience Plan
- Ensure links to the Emergency Planning forums for Leeds.

Meeting Frequency

Monthly

Approval & Review

dd/mm/yyyy & dd/mm/yyyy

Operational Winter Group (OWG)

Purpose

- Facilitate system working through strong leadership, collaborative and co-operative partnerships
- Ensure the operational delivery of resilient services across Leeds, to maintain effective System flow and promote patient safety and quality of care
- Seek solutions to barriers effecting system flow
- Plan for future seasonal pressures across health and care economy
- Ensure an effective response to seasonal pressures though the OPEL, EPRR and mutual aid
- Ensure clear system level communication

Membership

Operational Managers form across System partners:

- Age UK
- CCG (Unplanned Care and Neighbourhood Commissioning)
- LCC (Commissioning and Adult Social Care)
- LCD
- LCH
- LTHT
- LYPFT
- GP Confed
- OPC (OMG)
- YAS

All representatives to act as a point of contact within their respective organisations for all actions and updates to the group.

Activities

- Hold an overview of operational system delivery
- Develop year round capacity/demand model
- Share and assess recent operational challenges (7-14 days)
- Collate demand forecasts (7-21 days) and longer predictive analysis to allow the implementation of collective solutions
- Identify blockages for system delivery, acting as a point of escalation for operational teams
- Seek practical solutions to operational challenges
- Agree and implement actions to mitigate predicted peaks in demand
- Provide a local Winter Room function aligned to NHS England Improvement - co-ordinating, monitoring and reporting performance and pressures
- Agree operational communications messages
- Provide a narrative for NHSE/I during national winter reporting period

Interdependencies

- System wide support and participate required
- Task & Finish Group activity from SRPG (ORG) undertaking short-medium term projects

Quoracy & Administration

CCG Commissioner &
Relevant Provider Representatives

Outputs

- Escalate recommendations to SRPG
- Provide a summary of recent operation performance
- Agree system activity to mitigate pressures
- Provide assurance of future system resilience for coming weeks
- Share situational awareness of ongoing organisational priorities
- Provide feedback to the system of identified pressures
- Provide consistent messages at times of escalation and pressure
- Co-ordinated response to the NHSE/I

Accountability & Reporting

Monthly reporting to SRPG (ORG)

- Highlight any predicted increases in demand and planned mitigations
- Escalate any matters/barriers that require a higher level of decision making

Meeting Frequency

Apr-Sept Bi-weekly
Oct-Mar - Weekly

Approval & Review

30/07/2019 (proposed content v2) & 01/06/2020

Leeds Clinical Assessment Service Steering Group

Purpose

- Develop a Local Clinical Assessment service for the Leeds Health and Care System CAS
- Monitor progress , impact and benefits
- Use the learning to inform future development
- Deliver integration across the system e.g. 111/999/LCD/PC
- Contribute to the National 50% clinical assessment target
- Contribute to the national 40% direct booking targets

Activities

- To discuss delivery and performance of the current service
- To test new approaches to build upon the pilot
- To evaluate all approaches
- To make links with relevant services
- Continue to test and develop the Leeds
- Engagement with local providers

Outputs

- Phase 2 evaluation report
- Monthly monitoring of the service
- Mini evaluations of new approaches built into the service
- Agreement of Phase 3 scope
- Evidence based future commissioning plans
- Proof of concept
- System benefits realisation

Membership

- Representation from:
- CCG: unplanned care commissioner, finance rep, contracting rep, business intelligence rep, quality rep, health evaluation rep
- LCD
- GP Confederation
- Directory of Services
- NHS 111
- Membership to be expanded as project develops

Project scope

Accountability & Reporting

- Monthly. TBD once scope of Phase 2 agreed
- System Resilience Partnership Group/SRAB

Interdependencies

Clinical advice target
Direct booking target
'Talk before you walk'
NHS 10 Year Plan
LCD infrastructure
Leeds Digital Strategy

Administration

Meeting frequency- Monthly
Approval date
Review date
Quoracy –

Escalation Task & Finish Group

Overall RAG Project implementation	

Objectives	To continue to develop escalation processes, improving the use of OPEL reporting , further reviewing mutual aid and maximising use of UEC-Raidr application	Start date	End Date
		21/05/19	03/10/19

Milestones	Planned completion date	Actual completion date	Current Progress, Status or Comments	RAG Green = On track Amber = Behind schedule Red = Not progressing
Identify appropriate group membership	06/06/19	tbc	21/05/19 All provider organisations asked to identify suitable representative – follow-up conversation required for LTHT, LYPFT and LCH re membership and objectives	
Agree group objectives & frequency	27/06/19	tbc	07/06/19 Objectives agreed - review OPEL reports, consider mutual aid and look to maximise use of UEC-Raidr. Proposed to extend future OWG to accommodate future meetings	
Evaluate current OPEL processes	25/07/19	tbc	07/06/19 YAS OMG, LCD and CCG asked to consider existing reports and how these could better inform the system of pressures	
Review and agree mutual aid	22/08/19	tbc		
Hold UEC-Raidr feedback/workshop	19/09/19	tbc		
Create system guidance / policy	03/10/19	tbc		
Create plan for development of UEC-Raidr application	03/10/19	tbc		

Risk to Objective / Issues	Recommended Action / Control	Progress	Impact 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Probability 1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 Almost certain	Status Impact x Probability Green = 1-5 Amber = 6-15 Red = 15+
Limitations of current UEC-Raidr application	Early and continuous engagement with NECS regarding potential requirements	10/06/19 NECS included in T&F group membership and separate weekly calls also taking place	2	1	
Inclusion and availability of all group members and data to fulfil commitments of group	Activity intentionally linked to current system operating procedures so as to minimise additional task Support of OWG/SRPG representatives expertise and knowledge	10/06/19 Group membership sought based on most appropriate personnel Contribution of PC and ASC still to be agreed as neither currently provide OPEL data	4	3	

Work Stream Title

Overall RAG Project Impact	

Up Coming Items of note

- NECS planning to facilitate a workshop for system partners specifically on UEC-Raidr application

Key accomplishments

- Weekly calls re-established with NECS
- First meeting held to discuss proposed objectives held at WIRA 07/06/19 – positive engagement from those present

Metrics – demonstrating Impact

Impact contribution

What system metric the projects contribute too achieving

Templates

The following 3 slides are templates

Terms Of Reference – Meeting / Steering Group

Purpose

Activities

Outputs

Accountability & Reporting

Membership

Project scope

Interdependencies

Administration

Meeting frequency-
Approval date
Review date
Quoracy –

Work Stream / Task & Finish Group Title

Overall RAG project implementation	

Project Aim/s	What are you trying to achieve	Start date	End Date

Milestones	Planned completion date	Actual completion date	Current Progress, Status or Comments	RAG Green = On track Amber = Behind schedule Red = Not progressing
1. Project milstones	dd/mm/yy	dd/mm/yy	Date last updated	

Risks (R) and Issues (I)		Recommended Action / Control	Progress	Impact 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Probability 1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 Almost certain	Status Impact x Probability Green = 1-5 Amber = 6-15 Red = 15+
R						

Work Stream Title

Overall RAG Project Impact	

Up Coming Items of note	Key accomplishments

Metrics- demonstrating Impact

Impact contribution

What system metric the projects contribute too achieving