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:-

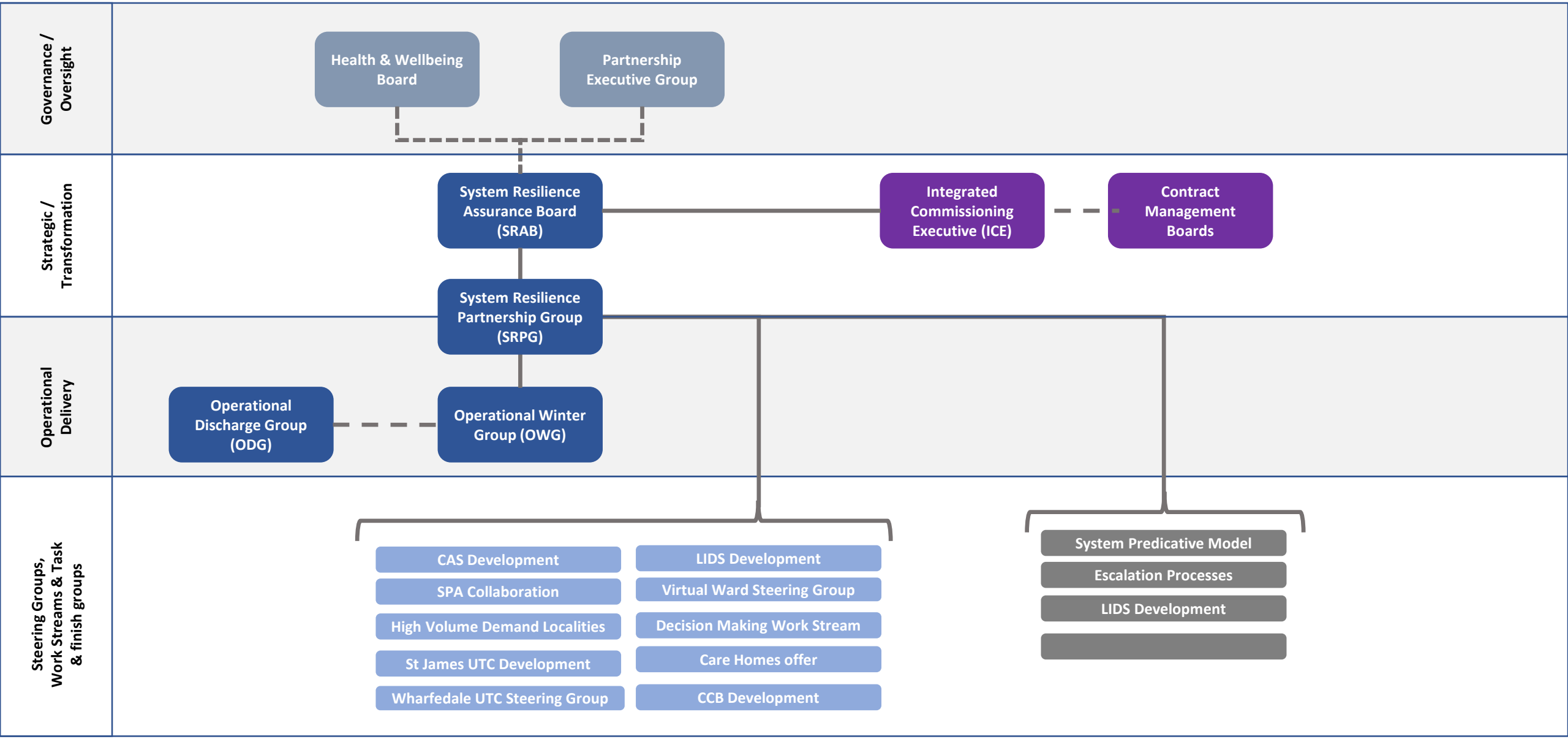
OWG

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

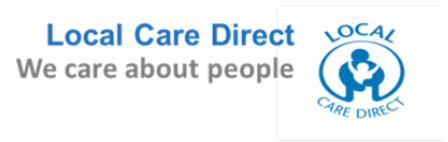
What system metric the projects contribute too achieving

Appendix 2

Leeds System Resilience Winter 2018-19 Evaluation

OnePrimaryCare
Improving Lives

NHS
Leeds and York Partnership
NHS Foundation Trust



Document Maintenance

Title	Winter 2018/2019 Review
Author	NHS Leeds CCG – Unplanned Care
Version / Date	1.0 14/05/2019 – Initial draft 2.0 28/05/2019 – draft 3.0 18/06/2019 – inclusion of ECS performance 4.0 27/08/2019 – final

Acknowledgements

This report has been informed by feedback from across the Leeds Heath and Care system, and the regional NHSE Winter Review.

All system partners in Leeds should be thanked for their support shown to one another throughout winter, during which positive and productive time was spent in the Operational Winter Group and other forums to contribute to the management of winter pressures.

1. Introduction

Seasonal variations on demand occur year round in many sectors and winter is widely regarding as the time of the most sustained and significant pressure on health and care systems; nationally A&E attendance numbers increase, seasonal infections such as flu are more common, and colder weather can make specific population groups more vulnerable to serious illness.

Consequently each year, every health and care provider, and system formulates plans to better manage this demand, with the aim to make improvements year on year.

This report provides a outcomes of the evaluation of winter planning, performance within in the Leeds Health and Care System 2018/2019.

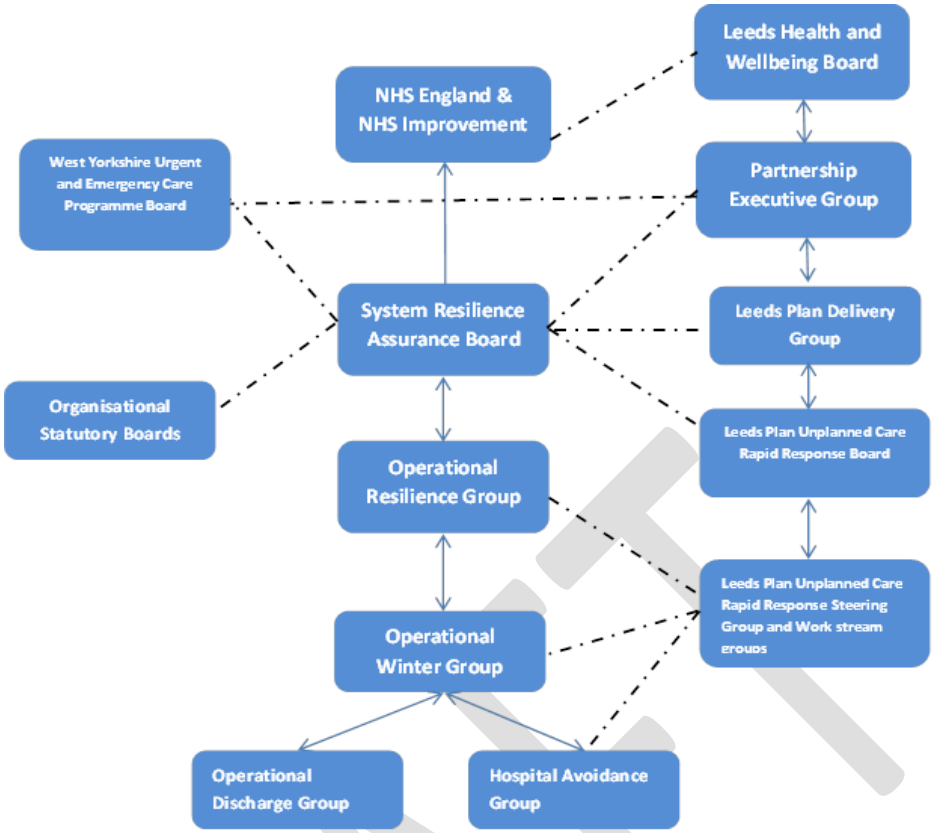
The report reflects on the experiences of last winter, the governance, what worked well and areas for further development.

The Leeds system includes a range of providers and commissioners across health and social care. For the context of this report experiences from those provider-organisations directly involved in the system resilience governance and operational delivery groups have been included, however it is acknowledged that many more specific individuals, providers and organisations in the city continue to work towards Leeds's shared health and care values. Specific contributors to this review include:

- One Primary Care (One Medical Group)
- Leeds and York Partnership NHS Foundation Trust
- Leeds GP Confederation
- Leeds City Council
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- Age UK (Leeds)
- Local Care Direct
- Yorkshire Ambulance Service NHS Trust
- Leeds Clinical Commissioning Group
- NHSE England – Yorkshire and the Humber

2. Governance Structure 2018/19

The following diagram shows the governance structure supporting the system resilience agenda in Leeds. This has subsequently been reviewed as it was felt that there was considerable duplication which it was felt lead to confusion and a lack of focus. The new governance structure in can be found in Appendix **X.** of the System Resilience Plan 2019/20.



2.1 Operational Winter Group

It is important to refer to the Operational Winter Group (OWG) and its importance in managing relationships over the winter.

Starting in October 2018, the OWG was a new element within the governance structure. Meeting weekly the remit of this group was to review recent past activity, consider future demand, surges & challenges and agree and enact action across the system in response.

Representatives of the OWG under the system resilience governance structure were drawn from across the system to:

- Promote successful collaboration, communication, and partnership working across the health and care system in Leeds by:
    - Recognising each other's challenges and constraints
    - Recognising system interdependencies and opportunities
    - Promote system openness and transparency
    - Creating a culture of supportiveness and *a no blame* culture
    - Communicating weekly with the system, successes, impact, difficulties etc. through 3 key messages.
- Provide focused management for the delivery of resilient services, across the Leeds health and care system with an agreed time period through:
    - Driving the identified system culture and behaviour change

    - Using data to drive decision making
    - Identifying themes, developments and improvements
    - Identifying predicted pressures and system blockers
    - Developing and implementing system wide management tools
    - Considering and recognising the consequences, including any unintended consequences
    - Seeking solutions to address and deliver the opportunities and unblock barriers
    - Developing the capability for the system recovery
- Take an overview of the management of system risk aligned to the system decision management tool to make recommendations to SRAB when required.
- Report to Operational Resilience Group:
    - Areas for improvement and opportunity
    - System impact
    - Escalate barriers, issues and risks
    - Identify future developments to support the system form both an operational and strategic perspectives.

3. System Winter 2018/19 Planning

The principles of the Leeds Resilience Plan are clear with high-quality and patient safety paramount. Through robust planning and collaboration the planned winter 2018/19 interventions below supported improved system delivery and improved outcomes for people.

- Weekly operational system meeting with senior managers sharing timely data - the impact of this weekly senior meeting is felt to have been significant.
- Operational Discharge Group at LTHT meeting 3 times a week to manage individual patients
- Sign off and implementation of the Transfer of Care policy.
- Planned opening of additional capacity/ beds within LTHT
- Flu, *point of care testing* in A&E to support management of diagnosed patients
- Discharge Transport booking times extended
- Community Care Bed flexibility in terms of criteria, times and quality of admissions
- Care home manager invited into the hospital to maximise use of beds in care homes, previously difficult to fill.
- Recruiting Trusted Assessor for the Care Home market
- Additional social workers to support additional winter beds (community and acute) to support maintained flow
- Urgent Treatment Centre (UTC) designation at St George's Middleton expanding capacity and providing direct bookable appointments from NHS111

- 100% population coverage for GP extended access
- Age UK collect and deliver medicines to further support patient discharge
- Additional staff deployed to meet increased demand at the Walk-in-Centre
- Enhanced streaming within the LGI GP streaming service in A&E to increase flow through the service
- Community services continue to support increases in referrals in additional pathways including respiratory, CIVAS and stroke
- Leeds hospices undertaking in reach to LTHT
- System wide mutual aid actions agreed and signed off
- Improved system relationships and understanding of services
- Weekly update to the system with a focus on front line staff to ensure good communication and provide feedback

3.1 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system had robust processes in place to ensure that we complied with the requirements of exception reporting 7 days a week during the reporting periods. Reporting 2018/19 consisted of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,
- Any 12 hour trolley breaches,

- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4. Performance

4.1 Key issues from Yorkshire & Humber Region

Understanding the wider system/regional position helps us bench mark our position and provides the opportunity for us to learn from good practice of other systems. NHS England conducted a *mini* winter review using feedback from individual systems and observations through the winter reporting period.

The following regional themes were identified:

- Milder weather than 2017/2018 reducing the impact of travel disruption and school closures on Leeds staff, as well as potentially reduced minor injuries and cold-weather related illness presentations
- Seasonal Flu and D&V not above expected levels – and also much reduced from last year.
- Ambulance conveyance to/from care homes has not been reported as a pressure of this winter
- Some systems have experienced handover delays, although not significantly so in Leeds
- High patient acuity, especially respiratory disease been a feature throughout winter and this has been evident in A&E presentations at times of pressure
- A&E attendances are reported up year on year, although Leeds noted no increase in admission conversion rates

4.2 Leeds Health and Care System

Our improved position over winter has been attributed to:

- improved operational response
- predictive bed modelling
- planned reduction in elective operations resulting in less cancellations but overall a greater number of operations than in previous years)
- a milder weather (reducing the risk to vulnerable populations groups)
- lower number of people suffering from flu

Nationally, the Emergency Care Standard is used as a key metric of establishing the performance of a health and care system. Since November 2018, a month on month trend of improvement has been reported in the ECS when compared to equivalent months last year – notably March this year was 18.52% up on 2018.

In 2018/2019, 8,554 additional attendances were reported when compared to 2017/2018, representing an increase of 3.58% (and above the 2% anticipated growth in Leeds).

Following winter, and specifically in April 2019, the ECS was 4.7% improved on April 2018, whilst a 6.4% increase in attendances was reported in the same period (an additional 1237 patient).

Exception reporting in Leeds and weekly regional conference calls described consistent themes and challenges throughout the winter months:

- Patient acuity frequently combined with respiratory issues
- Surges in attendances in the evenings and at weekends
- High paediatric presentation numbers were a national trend

By November A&E attendances started to increase with notably high weekend demand. This was also seen in the Walk in Centre where weekend attendances often approached 200. Nationally paediatric attendances were high and this was also the case in Leeds. As a major trauma centre the demand for critical care capacity remained pressured over winter.

In January, the flow through community care beds was at its highest resulting in a lower than expected bed occupancy level allowing widening of the acceptance criteria. However, this increased flow into the beds did highlighted challenges in the current discharge processes between the homes and the hospital.

National changes to NHS pathways and 111 algorithms posed a significant challenge to the Out of hours GP service, with a marked increase in people requiring contact within 1 hour. The Leeds Clinical Assessment Service pilot supported this increase for Leeds maximising GP extended access appointments. As in previous years bank holidays saw the greatest reported pressure in these services.

St Georges became a designated Urgent Treatment Centre (UTC) in December 2018. Activity naturally increased at the Centre due to the additional minor illness service offer, as well as the traditional minor injury and GP Out of Hours service. The GP Out of Hours service saw a marked increase in activity which still remains a challenge to service delivery due to the national introduction of an additional disposition code for the NHS 111 service which specifies patients need to ‘speak to’ a GP within 1 hour.

Neighbourhood teams operated consistently over the winter and managed spikes in demand through their own internal business continuity plans. There were many

discussions regarding attendance/admission avoidance opportunities within our community services and it was agreed that this will be a priority for 2019/20.

Mental health services proved a challenging area for Leeds with high bed occupancy rates leading to high levels of out of area placements. These were at their highest at the beginning and then at the end of the winter period.

4.3 Escalations

In previous winters, sitrep calls were held daily. During this winter, on only 3 occasions was it deemed necessary to call a system-wide Sitrep call – on occasion subsequent pre-arranged calls were held to update on outstanding agreed actions. These calls were as a result of significant pressure within LTHT. All partners' participated and discussions lead to a number of solutions including:

- An offer to increase the capacity of the co-located streaming GP in A&E) if required
- All care home providers asked to accept admissions beyond 5pm
- Patients close to existing referral criteria to be identified for case by case review with a view to enable discharge
- Comms message to general practice, promoting the use of PCAL and sharing awareness of acute pressure in the hospitals
- CCB providers were asked to accept patients later in the day, as well as working with a wider inclusion criteria
- In reach by Neighbourhood Teams to also focus on patients identified suitable for discharge into their service.
- LCD staff, including care navigators, were to monitor demand from elderly patients and any others recent discharged to support avoiding re-admission
- SPUR staff were asked to escalate any referrals to the Ops Centre

All additional new actions were monitored and where beneficial will be included into a revised mutual aid suite.

Feedback from all partners stated that the OWG was a more effective way of managing escalations, and had improved relationships across the system.

4.4 Communications

Our proactive approach to internal and external communications resulted in the following:

- Sustained positive media coverage including a week long double-page feature in the Yorkshire Evening Post running from Saturday to Friday during the first week of December as well as regular press coverage of a range of our activities and campaigns designed to respond to system pressures

- Regular updates shared internally reflecting work of the OWG and sharing details of services that could help staff such as reablement (SkILS) and Home Plus (Leeds)
- Two effectively evaluated campaigns that avoided the *'don't come to A&E'* message that has typified recent approaches. *The Big Thank You* saw over 1600 messages posted and support from a range of citywide partners. The *Looking out for Our Neighbours* campaign has seen 3 in 4 people engaged with the campaign doing something new to help one of their neighbours. Both campaigns received regular media coverage
- Regular briefings were shared with Cllr Charlwood and other elected members as appropriate
- Proactive social media advertising ahead of extreme weather events and bank holiday periods
- A resource page was set up for primary care colleagues and shared with third sector partners as well, including social media plans, posters, leaflets and other resources to help people prepare for winter and beyond
- A joined up approach that ensured consistent messages around prevention including the *flu jab*, *Winter Friends* programme and *Keeping warm, Keeping well* as well as series of films produced by Leeds TV

5. System Evaluation process

The NHS England regional team (Yorkshire and the Humber) created a written review based upon findings from a questionnaire to local systems along with the outcomes of regional focused exception reporting. This approach provided a mechanism to share examples of '*what worked well*' across systems.

The Leeds system conducted a workshop; this provided all organisations the opportunity to share their challenges to inform system wide future planning. All organisations presented '*what worked well*' for them and the system from their perspective, along with '*lessons learned*' and suggested '*priorities for winter 19/20*'. Hearing about each other organisation's challenges proved invaluable to all partners and positively supported the strengthening of relationships across the system.

Subsequent exercises were focussed on themes from these presentations and informed a local evaluation and action plan that a number of task and finish groups are to progress in preparation and readiness of next winter.

5.1 What Worked Well

From the presentations it was clear that the foundations for improvement are well established;

- Relationships between operational leads are in place so as to facilitate cross-organisational discussions

- Those individuals routinely demonstrate positive behaviours including an understanding and acceptance of each other's challenges and limitations
- There was good accountability for actions taken during times of escalation
- Transparency in terms of data sharing and any specific limitations was evident
- The Operational Winter Group was thought to be a positive and improved model for regular management of system activity over winter
- A deeper mutual understanding of services helped to dispel myths regarding service provision and operating procedures

A key point of this winter was the improved use of data. LTHT created a demand and capacity model to inform their own operational plans but this proved to be a useful tool to timeline opportunities for system interventions.

System mutual aid, in terms of reactive system sitrep calls was significantly reduced this year, with opportunities for proactive solutions at the forefront of discussions.

Significant performance milestones were achieved this winter;

- No patients have been cared for in non-designated areas (NDA) throughout winter (and in actuality since May 2018)
- A&E performance, in terms of the Emergency Care Standard was improved
- Despite reducing the number of planned elective operations over winter, more operations were undertaken overall. There was also a reduction in the number of days when all operations had to be cancelled
- Patient flow into and out of the Community Care Beds was markedly improved, allowing for a broader use across more patient cohorts

5.2 Areas for Further Development in 2018/19

A number of areas offering potential opportunities for improvement have been highlighted:

- Continue to develop improved discharge process to reduce the numbers of patients in surge beds
- Dementia (complex) bed capacity in the independent sector resulting in delays in discharge for people with dementia and complex needs in both in both LYPFT and LTHT
- Maximise Transfer / discharge to assess pathway
- Increase referral rates to community services – Neighbourhood Teams and Reablement
- Improved access and capability of the Leeds Care Record (allowing more health professionals '*write*' privileges)
- Development of local DoS to better inform operational staff of available services and operating hours

- A focus on pathway development crossing organisations and specifically on the interfaces between organisations to improve patient flow
- A greater adoption of a shared education and culture by further embedding '*Home First*' and the consideration of sharing staff training programs (across organisations)
- Review of Leeds Integrated Discharge service (LIDs)
- Maximise the Community Care Beds to reduce reliance of the surge wards in LTHT
- Greater participation of Primary Care (including Pharmacy) and wider 3rd Sector inclusion across system meetings. Initial progress has been made this year with the direct inclusion of LCC Housing in discharge discussions
- Continued improved data use, such as a system-wide data planning tool and the UEC-Raidr tool

5.3 Winter Evaluation Actions

The outcomes of the evaluation session below have been progressed in preparation for winter 19/20.

Review current escalation processes – test plans
Develop proactive year round modelling / planning (capacity demand and staffing)
Dementia capacity in the community
Evaluate LIDs service
Review discharge pathways/processes into Community Care Beds
Identify hot spots for urgent care activity across the city

The outputs form these actions will be used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20.

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 for 2019/20. Each organisation including the CCG has clear internal governance processes for the sign off of their individual winter plans.

Milder weather reduced the impact of disruption to staff, and potentially cold weather related presentations within urgent care settings. That said, at times of pressure,.

6. Conclusion

Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations. ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances and the planned cancellation of all electives resulted in more elective activity overall.

At times of pressure high patient acuity especially respiratory illness was a considerable factor. Community investment and pathway improvements to support both avoidable attendances and reduce non-elective admissions would improve outcomes and experience.

Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.

Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.

Winter resilience 2018-2019 communications plan DRAFT V.2

1. Introduction

The NHS is under considerable pressure across all areas. However this pressure is keenly felt within urgent and emergency care services throughout the year with a significant rise in activity expected over the winter months. Data shows that the 'winter pressures' experienced by urgent and emergency care units is a year round issue with spikes experienced throughout any given year however the media tends to highlight activity during the winter period. This results in further pressure on system partners from a range of stakeholders. Winter 2017-2018 saw exceptional pressures experienced by the whole health and care system and this year is expected to be just as tough, if not tougher. This communications plan, which is to be regularly updated, has been designed to show how system partners can provide mutual support and clear messages throughout the winter to provide reassurance to the public while also recognising the hard work of all those working to support local citizens.

To combat this the Leeds health and care system has robust operational plans in place to deal with increased demand. Evidence suggests that some of the pressure on the system could be reduced by patients making appropriate use of all services available to them should they fall ill or get injured. "While A&E is the right place for many of these patients, estimates quantifying the size of non-urgent A&E demand (patients who could be better treated elsewhere) vary from 20% to 40% of all attendances", (source: Department of Health). In addition it is recognised that the pressures on the system from delayed discharges, due to a number of reasons including patient choice, has a significant impact on performance (King's Fund, 2018).

In Leeds we are now working together to see how all system partners can support communication activity that encourages people to self-care where appropriate, use alternatives to A&E and look out for vulnerable neighbours. We are following the principles of the national 'Help us help you' campaign with communication messages and activities based around preparedness, prevention and performance and the idea of developing a reciprocal relationship with people.

We also need to recognise and ensure we acknowledge the hard work that all health and care professionals, community and voluntary groups and carers/unpaid carers do. This is reflected in our planned activity for this winter and beyond. As a system we recognise the issues we are faced with are not unique to Leeds therefore we will support and share regional and national communication resources.

2. Aims of the plan

The overarching aim of the plan is to demonstrate how the system is gearing up for winter, what we'll deliver, what our actions will be, recognising the efforts of all those supporting local citizens and maintaining confidence in services.

More specifically the plan will aim:

- To demonstrate how Leeds has prepared for winter, continue to provide assurance that we are doing all we can despite the pressures faced
- To raise awareness of how local citizens can access the most appropriate services to keep themselves or their loved ones well
- To encourage people to do all they can to stay well such as having their flu jab, self care at home, completing courses of antibiotics, looking out for vulnerable neighbours etc.
- To maintain staff morale and encourage greater recognition of their efforts

3. Key messages

With such a broad range of audiences the key messages need to be tailored accordingly depending on who we are communicating to, how we are communicating with them and what we expect them to think or do differently. The overarching key messages are below however these have been further broken down by audience profile.

- At the first signs of illness speak to your local pharmacist
- GPs are now open longer so if it is an illness that won't go away, arrange an appointment with your GP including evenings or weekends
- 'Talk before you walk' – ring NHS 111 if you feel unwell but don't think it's an emergency
- Keep an eye out for vulnerable neighbours / be a winter friend
- Take preventative action such as getting the flu jab, wearing appropriate clothing, taking medication / ordering enough medication to cover holiday, preparing for spells of cold and/or icy weather and having a well stocked medicines cabinet

The key messages should look to address one of the following areas of advice:

- Prevention – to reduce the risks of falling ill in the first instance or to support others to stay well (eg be a winter hero or a winter friend if you're a frontline worker/actively engaged community volunteer)
- Self care – to be able to look after yourself using over the counter medicines or items that can be found in first aid kits
- Appropriate use of services – considering the right service to support you

4. Additional messages by audience

Staff and carers/unpaid carers

- Thank you for everything that you do to help citizens in Leeds
- We recognise the pressures you all face and are doing all we can to support you
- The system is ready for winter and we recognise your ongoing support
- Don't forget to have you free flu jab

Parents and carers of children aged 0 - 5

- If you're pregnant get the flu jab
- Ensure your child is protected against flu
- If your child is unwell ring NHS 111 or speak to a pharmacist or GP
- Ring 999 or go to A&E in any emergency

Parents and carers of children aged 5-11

- If your child is eligible for a free jab, make sure they are protected
- If your child has asthma please ensure they have their inhaler with them at all times
- If your child has any respiratory conditions please ensure they are dressed appropriately especially during colder weather
- Hand washing is the single most effective way to prevent the spread of infections
- If your child has the winter vomiting bug keep them off school for 48 hours

Children aged 11 – 18 (as well as parent's carers)

- If your doctor has asked you to get a flu jab it means you need it
- Some people need to take extra care in cold weather, make sure you wrap up warm as well as looking out for any older relatives
- There can be lots of things that stress you out or make you anxious as you grow older, you can get some great advice from www.mindmate.org.uk **NB** targeted comms and resourcing for Mindmate sits outside this plan

Higher education students

- Not feeling great? Go visit your local pharmacy
- If your doctor has asked you to get a flu jab it means you need it
- Being away from home can be tough if you need advice on staying mentally well visit www.mindwell-leeds.org.uk or speak to your university's counselling service NB targeted comms and resourcing for Mindmate sits outside this plan
- Have you or someone you know been helped out by a winter hero last year, why not say thank you to them?

Working age adults

- Keep a well stocked medicine cabinet and self care for common conditions
- Your GP is now open for longer so you could get an appointment on an evening or at the weekend
- Reduce the risk of infections by practicing good hand hygiene, finishing your course of antibiotics and staying at home when you're feeling sick
- Keep an eye out for any vulnerable neighbours
- If a family member is in hospital, could you help them at their usual residence as it would be better for them

People with a long-term condition

- Get your flu jab as you need it
- Ensure you take any medication as advised and have this reviewed regularly at least once every six months
- Keep warm, keep well
- Stay active as much as possible

Older people

- Get your flu jab as you need it
- Keep warm, keep well
- Have you ordered your repeat prescription especially over any holiday periods
- Being at your usual home is the best place for you
- Get up and keep moving – staying active is best for you
- Hospital is not the best place for you, we'll aim to get you home as soon as we can and we'll need your support to do this
- Home being "safe, suitable and warm linked to the core message of Care & Repair's Home Plus service https://care-repair-leeds.org.uk/news/home-plus-leeds/

New migrants

- Know where to go to help when you fall ill or get injured
- Register with a GP
- Call NHS 111 – ask for an interpreter if you need one
- Only use A&E in an emergency

5. Support from system partners

We have established a winter /system resilience communications group which has started meeting on a monthly basis since August 2018 with representatives from NHS Leeds CCG, the city's three NHS provider trusts, Leeds City Council, Healthwatch Leeds, One Medical Group, Forum Central / Leeds Older People's Forum as well as service managers and members of the operational resilience group.

6. Membership of the winter / system resilience communications group

Members of the citywide communications group are listed below, these are based on nominated leads suggested by members of the operational resilience group as well as additional membership from third sector partners and Healthwatch Leeds. The group meets on a monthly basis with notes and actions shared after the meeting.

Core members of the group

Organisation	Contact name	Nominated by respective ORG rep	Comms highlight report expected by System Resilience Assurance Board	Winter comms plan received – as of 1 November 2018
NHS Leeds CCG	Shak Rafiq Communications Manager (chair of the group)	✓	✓	✓
Forum Central / Leeds Older People's Forum	Rachel Koivunen Sean Tunnicliffe	n/a	n/a	n/a
Healthwatch Leeds	Dex Hannon	n/a	n/a	n/a
Leeds City Council	Sara Hyman	✓	✓	Wider flu plan only and overview of core messages
Leeds Community Healthcare NHS Trust	Jayne Murphy	✓	✓	
Leeds Teaching Hospitals NHS Trust	Rachel Warburton Ross Langford	✓	✓	✓

Leeds and York Partnership NHS Foundation Trust	Oliver Tipper	✓	✓	Received update on how Trust will support wider comms campaigns not specific comms plan for the organsiation
One Medical Group	Rebecca Chege Shaun Major-Preece	n/a	n/a	n/a
Yorkshire Ambulance Service NHS Trust	Elaine Gibson	n/a	n/a	n/a

Also in attendance as required – colleagues from public health (Leeds City Council), an operational representative from ORG, NHS commissioners, project manager for urgent and emergency care for the West Yorkshire and Harrogate Health and Care Partnership and Adrian Winterburn from the Leeds Health Partnerships team

7. Evaluation

Each individual organisation will be responsible for the recording and measurement of its own communications activity, including the following:

- Social media engagement
- Media releases and statements issued / media enquiries received / media coverage received
- Reach of any advertising booked

In addition, this will be compared against standard performance figures for health and social care services throughout winter, for example, public and staff uptake on the flu vaccine. Figures will be submitted to the NHS Leeds CCG Communications Team by all partners involved in this plan, to be collated and submitted to the System Resilience Assurance Board.

Evaluation for the campaigns planned will be undertaken either by the appointed creative agency or by NHS Leeds CCG's communications team.

8. Available resources

- All partners are advised to sign up and download national resources from the Public Health England Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns **resources are only posted out centrally to GP practices and pharmacies. Community packs are available to order**
- Fridge magnet for parents and carers of children aged 0-5 **Currently out of stock, no reprint planned unless sufficient interest**
- Information for people from Czech Republic, Lithuania, Poland and Romania: www.healthinleeds.org.uk **Only a small supply of leaflets remaining, reprint will only take place if sufficient interest**
- Feel Better Leeds campaign aimed at students to encourage them to use pharmacies for common conditions: www.feelbetterleeds.org.uk includes printed resources such as the Little Book of Feel Better and pharmacy map **Resources available to order from NHS Leeds CCG**
- Seriously resistant antibiotic awareness campaign www.seriouslyresistant.com – campaign now being replicated by NHS Wales **Resources available to order from NHS Leeds CCG including selfie frame, posters, pledge cards**
- Self care resources developed in Leeds including videos featuring a range of healthcare professionals: www.leedsccg.nhs.uk/health/healthy-living/selfcare/ with additional resources available from the Self Care Forum: www.selfcareforum.org/
- Information for new migrants to Leeds https://newtoleeds.org/
- Leeds version of the former stay well this winter campaign: http://www.leedsth.nhs.uk/stay-well

9. Risks and issues

There are a number of risks and issues that need to be considered when delivering our communications plan.

- Lack of sufficient awareness = no significant change in behaviour or attitude from patients
- Significant increase in people with winter related illnesses that require support within hospital which cannot influenced by communication messages
- Severe wintry pressure increasing numbers of injuries and limited impact of comms when people are required to travel / walk such as attending work
- Lack of engagement and support from all partners due to other operational issues taking a precedent
- Risk of big thank you campaign also encouraging a relatively small number of people to provide negative feedback on their experience
- Information overload and general apathy

Action plan

NB Column highlighted in pink highlights expected pressure points at Leeds Teaching Hospitals NHS Trust

	1 Oct	8 Oct	15 Oct	22 Oct	29 Oct	5 Nov	12 Nov (expected pressure point)	19 Nov	26 Nov (expected pressure point)	3 Dec	10 Dec	17 & 24 Dec
National campaigns	Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111) Keep antibiotics working	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	***launch*** Help us help you before it gets worse – first signs see your pharmacy ***launch*** Self care week 'choose self care for life'	Help us help you before it gets worse – first signs see your pharmacy	Help us help you before it gets worse – first signs see your pharmacy	Help us help you stay well this winter – your GP practice is open for longer	Help us help you stay well this winter – your GP practice is open for longer	Help us help you stay well this winter – your GP practice is open for longer
Regional campaign									Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out

Local campaigns	Flu vaccination campaign – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council ***soft launch*** Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council	***launch*** Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Winter Friends – led by Leeds City Council **communication resources expected to be shared with partners during this week** Flu vaccination campaign – led by Leeds City Council	***launch*** Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	***launch*** malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	***expected launch*** The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group ***launch*** Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously	***launch*** Mental health awareness campaign with Teen Connect aimed at younger people – led by NHS Leeds CCG and Leeds Survivor Leeds Crisis Service ***launch*** Home first campaign to reflect agreed partnership approach around discharging patients Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously resistant antibiotics	Mental health awareness campaign with Teen Connect aimed at younger people – led by NHS Leeds CCG and Leeds Survivor Leeds Crisis Service Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously resistant antibiotics

										resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council
Briefings for elected members and senior leaders (eg Health and Wellbeing Board, Scrutiny, Partnership Executive Group)							Briefing paper outlining how Leeds is prepared for winter (and beyond) – dependent on information received from ORG members		Briefing on big thank you campaign and an opportunity to get involved – to summarise other campaign activity to date			
Media			Meet with Joseph Keith (Yorkshire Post/Evening Post) to discuss running a series on Leeds system getting ready for winter	Public health message around getting ready for winter if you have a respiratory condition – Leeds City Council (or NHS Leeds CCG if prefer a GP to front)	Update on flu jab uptake among staff from providers as national directive is 100% take up? Feel Better campaign to be launched – NHS Leeds CCG	Relaunch of seriously resistant antibiotics awareness campaign next week – possible photocall at Gledhow Wing Self care week takes place following week message from local GP – NHS Leeds CCG		Big thank you campaign launch – possibly film Cllr Charlwood and/or clinicians and / or a carer – NHS Leeds CCG or Leeds Plan team. Possibility of partnering with Yorkshire Evening Post to make this a #TeamLeeds effort Reminder about how pharmacists can help you this winter – NHS		Run YEP feature (**to begin on 1 December**) on winter preparedness as eg frailty unit, LIDS team, rotational paramedics, paediatric consultants working with Pudsey GP practices, community initiatives etc – led by NHS Leeds CCG/LTHT as	Christmas and new year reminder about repeat prescriptions, opening hours of services etc – NHS Leeds CCG Say no to noro – highlighting concerns around winter vomiting bug and what you should do – LTHT or NHS Leeds CCG?	What to do if the festive period affects you emotionally eg loneliness, stress etc – LYPFT or NHS Leeds CCG?

								Leeds CCG		well as partners Reminder that your GP practice is open for longer – NHS Leeds CCG		
Social media	NHS 111 information available from Public Health England Campaign Resource Centre End of paid for social media campaign targeting Leeds' Eastern European communities – NHS Leeds CCG	Flu vaccination information available from Public Health England Campaign Resource Centre Social media opportunities through NHS Employers #jabathon and #fridayflufacts	NHS Leeds CCG to share social media plan however this will be revised and additional content will be provided throughout winter where appropriate as highlighted in this action plan	Keep antibiotics working social media plan available from Public Health England Campaign Resource Centre please use Seriously Resistant campaign social media plan from w/c 12 November	Feel better campaign social media plan – specifically targeted at students (may include some paid for ads)	Seriously resistant campaign social media plan to be shared – NHS Leeds CCG	Seriously resistant social media from event at Gledhow Wing with LTHT Self Care week social media plan – shared by NHS Leeds CCG Big thank you social media plan – co-ordinated by NHS Leeds CCG on behalf of partners First signs see your pharmacy information available from Public Health England Campaign Resource Centre		NHS Leeds CCG to provide social media plan to promote localised info on extended access to GP practices	Extended access to GP information available from Public Health England Campaign Resource Centre use in conjunction with local social media plan	Reminder about repeat prescriptions/ bank holiday preparedness	
Websites		Flu information on Leeds City Council website Winter Friends pack available from Leeds City Council website	Share NHS Leeds CCG pages on accessing the right service at the right time		LTHT to show live waiting times for A&E, minor injury unit and walk-in centre?	Feel better campaign website re-promoted	Seriously resistant campaign website to be promoted internally/externally	Big thank you campaign microsite available – co-ordinated by NHS Leeds CCG on behalf of partners		Extended access to GP practices information to be made available – NHS Leeds CCG Opening times of GP practices and		

										information on hub appointments on GP practice websites – led by GP Confederation		
Internal comms This does not include organisational specific messages / campaigns such as staff flu uptake			Weekly message to primary care staff through GP bulletin – flu, respiratory etc	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Reminder to sign up to Winter Friends scheme Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Launch of seriously resistant campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Launch of the big thank you Launch of malnutrition campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Message to remind colleagues GPs are open for longer Share any messages received from the big than you to date Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners

Action plan January – March 2019

	31 December	7 Jan	14 Jan	21 Jan	28 Jan	4 Feb	11 Feb	18 Feb	25 Feb	4 Mar	11 Mar	18 Mar	25 Mar
National campaigns	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist		
Regional campaign	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership
Local campaigns	The big thank you and be a winter hero campaign – Seriously resistant antibiotics awareness campaign	The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	***possible launch*** Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign – Seriously resistant antibiotics awareness campaign –	Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	***launch*** End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative – LTHT / NHS Leeds CCG / Leeds City Council? Seriously resistant antibiotics awareness campaign	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative
Briefings for elected members and senior leaders	Briefing on Leeds 'neighbourliness' campaign and		Briefing paper outlining how Leeds is responding to		Briefing on PJ paralysis campaign and links to home								

(eg Health and Wellbeing Board, Scrutiny, Partnership Executive Group)	an opportunity to get involved		system pressures including info on any pre-planned changes to elective appointments		first strategy								
Media		YEP week long feature on 'changing face of primary care/ your local GP practice' – NHS Leeds CCG Launch of Leeds neighbourliness campaign	Highlight any winter heroes either from big thank you campaign or those identified by partners		Launch of end PJ paralysis campaign		Reminder of role of pharmacists as trained medical professionals		Reminder of extended GP access				
Social media	Facing up to the new year including advice on staying mentally well as well as lifestyle info	CCG to reissue social media plan to include any additional content from national campaigns			Social media plan for end PJ paralysis campaign								
Websites					Content for websites for end PJ paralysis campaign								
Internal comms This does not include organisational specific messages / campaigns such as staff flu uptake	Launch of regional neighbourliness campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored	Launch of Leeds 'neighbourliness' campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Info on end PJ paralysis campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored	Messages to wrap up big thank you campaign including one from Cllr Charlwood? Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners

	accordingly by all partners				accordingly by all partners								

Leeds System Resilience Plan 2019 – 2020 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 **September 2019** 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. • New specification for the regional 111 service 100% • Extended access in Primary Care core services • Development of urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	12
2	Surges in demand due to the ageing 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, rapid assessment unit, Point of care flu testing Ambulatory care pathways, focused admission avoidance and discharge processes • Frailty strategy • Virtual ward development • 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 • Development of Primary Care networks and Local Care Partnerships	16

			• Extended GP services evening and weekend • Establishing urgent treatment centres, • Integrating current services walk-in centre/GP streaming • Expansion of PCAL • Integration of PCAL by YAS, spur	
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 • Commitment to deliver the Leeds System Resilience Plan • One version of the truth/system vision • Leeds Health and Care Plan • System escalation and mutual aid approach • Provider partnership collaborative and Local Care Partnership development • Integration Care System approach • 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
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	Disruption to the Leeds health and care system due to Britain's exit from the EU	16	• NHS England central management • Regional LHRP and LRF governance • System Task and finish group • Individual organisational assessment and risk assessments • Robust system wide business continuity plans	**12**
11	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**
12	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 • Cross organisational Joint working • Newton Europe identified opportunities front and back door	**12**
13	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**

14	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 • Planned suspension of routine elective over historical times of pressure • System agreement for the prioritisation of services-decision management tool • Regional agreement regarding the management of repatriations and critical care capacity	**16**
15	There is a risk that we do not realise the opportunity to achieve the left shift in the provision of care.	16	• CCG community strategy • 5 year demand and capacity modelling • Trajectory to reduce super stranded patients • Plans to close the Villa care wards within LTHT • Newton Europe actions to further develop attendance and admission avoidance pathways	**12**
16	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-decision management tool • Regional agreement regarding the management of repatriations and critical care capacity	**16**

17	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
			  ○ West Yorkshire ICS
			  ○ West Yorkshire Acute Trust Group
			  ○ West Yorkshire Urgent and Emergency Care Network
				8

18	Loss of financial allocation/incentives associated with the achievement of system and national targets	8	• Robust monitoring and escalation to track progress	**6**
	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 • EPRR compliance – self assessment levels • EU Exit individual and system wide plans	**4**

	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):**		

LEEDS SYSTEM RESILIENCE PLAN 2019-20

Leeds System Resilience Plan 2018/19

Document Name:	**Leeds System Resilience Plan 2019-20**
Author:	**Debra Taylor-Tate, Kate Parker, Adam Cole**
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Plan Owner:	**Leeds System Resilience Assurance Board**
Agreed / Ratified :	
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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.

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 Primary Care (OPC)

Leeds Confederation

Leeds City Council – Emergency Planning

Leeds City Council – Public Health

NHS England – Area Team

Third Sector Providers

Health watch

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1 Executive Summary

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.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

The plan describes the collective system vision, aims, objectives and priorities to achieve improved services and outcomes for our population and highlights the importance of their alignment in delivering real change.

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

Within the plan our narrative to describe these components in detail is through a set of collective actions, initiatives and or projects based on the outcomes of our winter evaluation, system diagnostic exercises and our response the NHS long Term plan. 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 adopting an integrated approach to service delivery with clear jointly owned governance processes. The Governance refresh supports a more focused approach and clarifies the roles and responsibilities of system leaders across our system with clear lines of accountability and an overall system commitment to work in an integrated way to deliver care and maximise resources.

In conclusion our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds. In addition the plan demonstrates that we have with clear escalation processes in place for the management of surges and incidents that place additional pressure on our system and the resilience of services.

1 Introduction

1.1 Introduction - Leeds System Resilience Plan 2019/20

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 ageing population.

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.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

Over the next five years, the need for non-elective acute hospital beds will determined by continuing pressures from an ageing population balanced against achieving a left shift in the provision of care. We will achieve the left shift through implementing a proactive care approach, embedding the 'Home First' philosophy; developing community capacity and ensuring process are in place to achieve effective discharge from hospital.

It is vital that we continue to learn from our operational behaviour and activities to develop our longer term vision and inform our strategic decision making. Leeds has been fortunate to undertake a number of reviews and diagnostics (MADE, CQC and Newton Europe) across our system to support our strategic thinking and identify opportunities for improvement over the next 12-18 months. We have used the outcomes from these exercises and the winter 2018/19 evaluation to refresh the Leeds System Resilience Plan (LSRP) for 2019/20.

Through this plan we will demonstrate:

- Alignment with the Long Term Plan
- Collective accountability for the challenges faced by our system in relation to urgent and emergency care services
- Delivery of quality care and effective care across our system
- Robust management of predicted and unpredicted surges in demand through normal variation or as a result of an incident.
- Continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- Commitment of clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

The plan acknowledges that Britain's planned exit from the EU poses additional challenges for the NHS and comes at a time of historical pressure 13 October as the system enters winter. Section 4.6 provides an overview of how the system lead by NHS England is preparing for Britain's exit.

1.2 System Resilience Vision

The Leeds System Assurance Board (SRAB) understands the importance of a vision to inspire individuals and organisations to commit action. SRAB will use their vision a practical guide for agreeing priorities, setting objectives making decisions, creating plans, and coordinating and evaluating the work streams and projects.

The Leeds System Resilience Vision

By working together our services will be high quality, easy to access and understand to ensure all people receive the right advice, care and support in the right place, first time as close to

The vision will support integration across organisations keeping groups focused, especially with complex projects and in challenging times.

To ensure that we deliver our visions it was important to agree set of aims to achieve our vision along with a set of aligned relevant and measurable objectives.

1.3 Leeds System Resilience Aims

- We will provide an equitable and fully integrated urgent and emergency care service for people with physical, mental health or social care needs, across Leeds.
- At every point in the persons journey we will consider ‘home first’.
- We will harness technology so that the people of Leeds only tell their story once and get the best outcome for them.
- We will remove steps that do not add value to the patient or people of Leeds.

1.4 Leeds System Resilience Objectives - a measurable result that a group aims to achieve

The following objectives are based on national performance measures for the Leeds health and care economy. It is the aim of the Leeds System Resilience Assurance Board to ensure that all of the winter, operational and strategic intiaitves governed through the governance; detailed in section 2 will contribute to these measures to improve the overall system position supporting improve outcomes for the population.

- Model the opportunity and impact of a left shift in the provision of care and support by **March 2020**
- Implement Leeds Clinical Advice/Assessment Service (CAS)
    - Increase the percentage of people triaged by NHS 111 that are booked into a face-to-face appointment, where this is needed, to greater than **40% by 31st March 2020.**
    - Maintain a **50%+** proportion of NHS 111 calls receiving clinical assessment
- Deliver the Leeds System Emergency Care Standard – **93.3% by March 2020**
- Reduce Non-Elective Admissions by ?
    - From Care Homes
    - Increasing same day emergency care
- Reduce the length of stay for those admitted to an acute hospital bed
    - Reduce people in an acute bed more than 21 days to **319 by March 2020**
    - Reduce people in an acute bed more than 7 days to ?
- Reduce Mental Health out of area placements **to zero by 2021**
- Reduce Delayed Transfer of Care
    - LTHT
    - LYPFT
- Increase number of people receiving reablement?
- Reduce the number of people entering into long term care?

The specific trajectories and timescales for each of the system metrics will be worked through by the System Resilience Partnership Group (SRPG). The SRPG will be accountable for ensuring that all initiatives/projects that support the delivery the identified priorities, below, contribute to the overall performance.

In addition as the details of work plan are developed the SPRG will focus on collectively creating outcomes measures for the priorities that demonstrate measurable improved population outcomes to show what will different for people using our services and to ensure alignment with the future direction of commissioning.

1.5 System Resilience Priorities 2019-2021

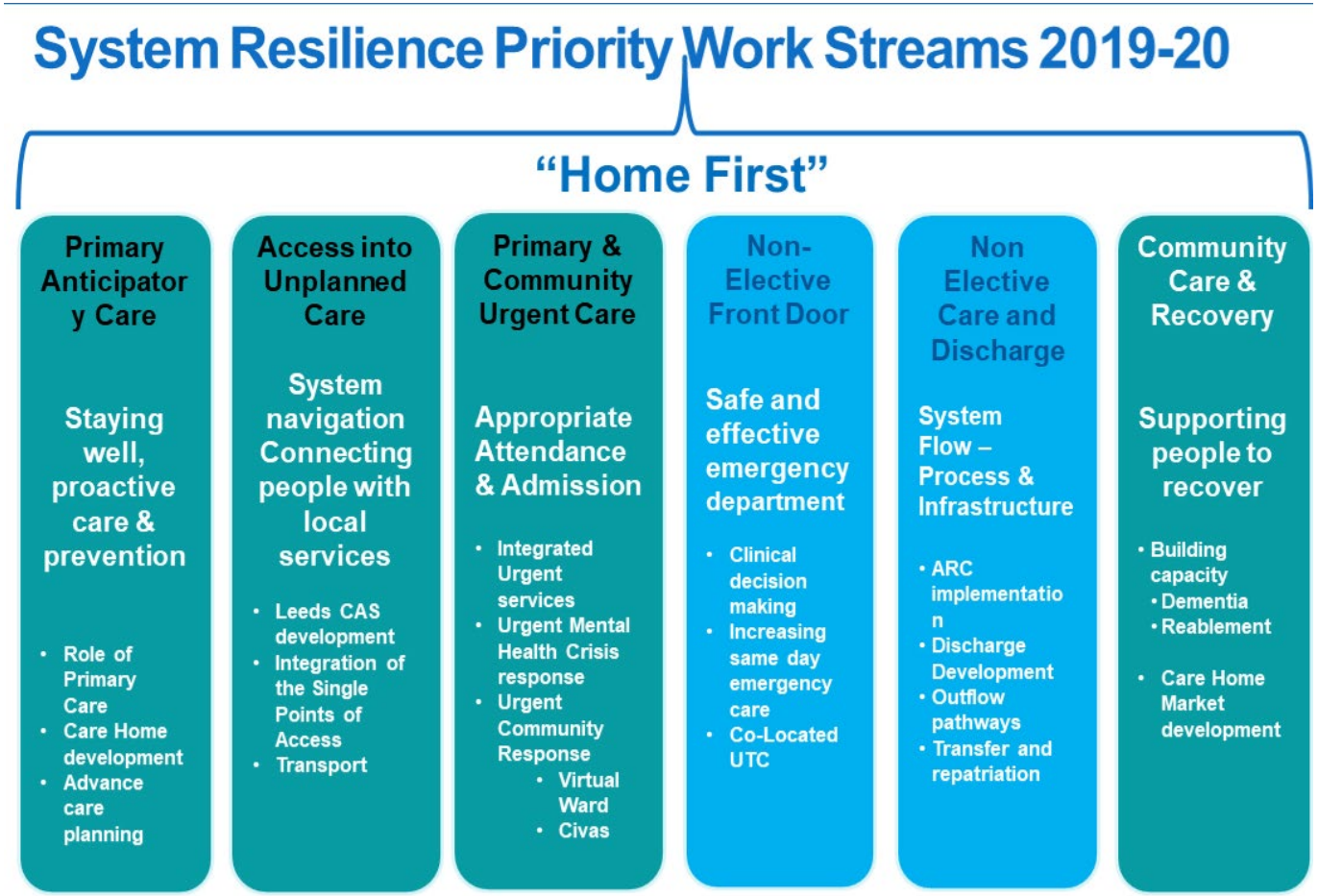
- Role of Primary Care in the Urgent Care System
- Connecting people quickly with local services
- Appropriate Attendance /Admission across the system
- Mental Health Crisis response and Dementia care
- Safe and effective Emergency Department
- System Flow – Process, Infrastructure and capacity

Enablers

- System modelling – predictive
- Surge & Escalation
- Technology
- Workforce

With a new focused approach the SRAB will be responsible for setting the strategic direction and seeking assurance from the SRPG on the effectiveness and pace of their work to address the agreed priorities. The SRPG will be accountable for the delivery of the actions, initiatives and or projects within the priorities as shown in Diagram 1, ensuring that they balance both the strategic ambitions and daily operational delivery across the health and care system retaining a focus on pressured times such as winter.

Diagram 1



Section 3.3.2 provides further details of the some of the work streams

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 adopting an integrated approach to service delivery with clear jointly owned governance processes.

2 Governance and Leadership

2. 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 strategic, winter and service development plans, along with business continuity and major incident plans monitored through their own boards and contracts.

2.1 Governance

The governance of the essential cross organisational, development, communication and collaboration is harder to define. The governance relating to the unplanned health and care system has developed over the last 5years and has seen a number of reiterations due to continued pressures, system reviews and national guidance. Due to the publication of the NHS Long Term Plan and the Leeds Plan refresh it was felt that it was an excellent opportunity for Leeds to review governance and priorities related to ensure our system is resilient and we are committed to transform the unplanned health and care landscape.

A survey gathered the views of representatives across the various groups currently aligned to the SRAB. Key finding and recommendations below

Key findings:

- 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
- Agree new processes for managing the work plan priorities for updating on work streams instead of highlight reports
- Propose new governance structure –July 2019
- Agree system priorities August/September 2019

A revised governance structure was agreed by SRAB August 2019.

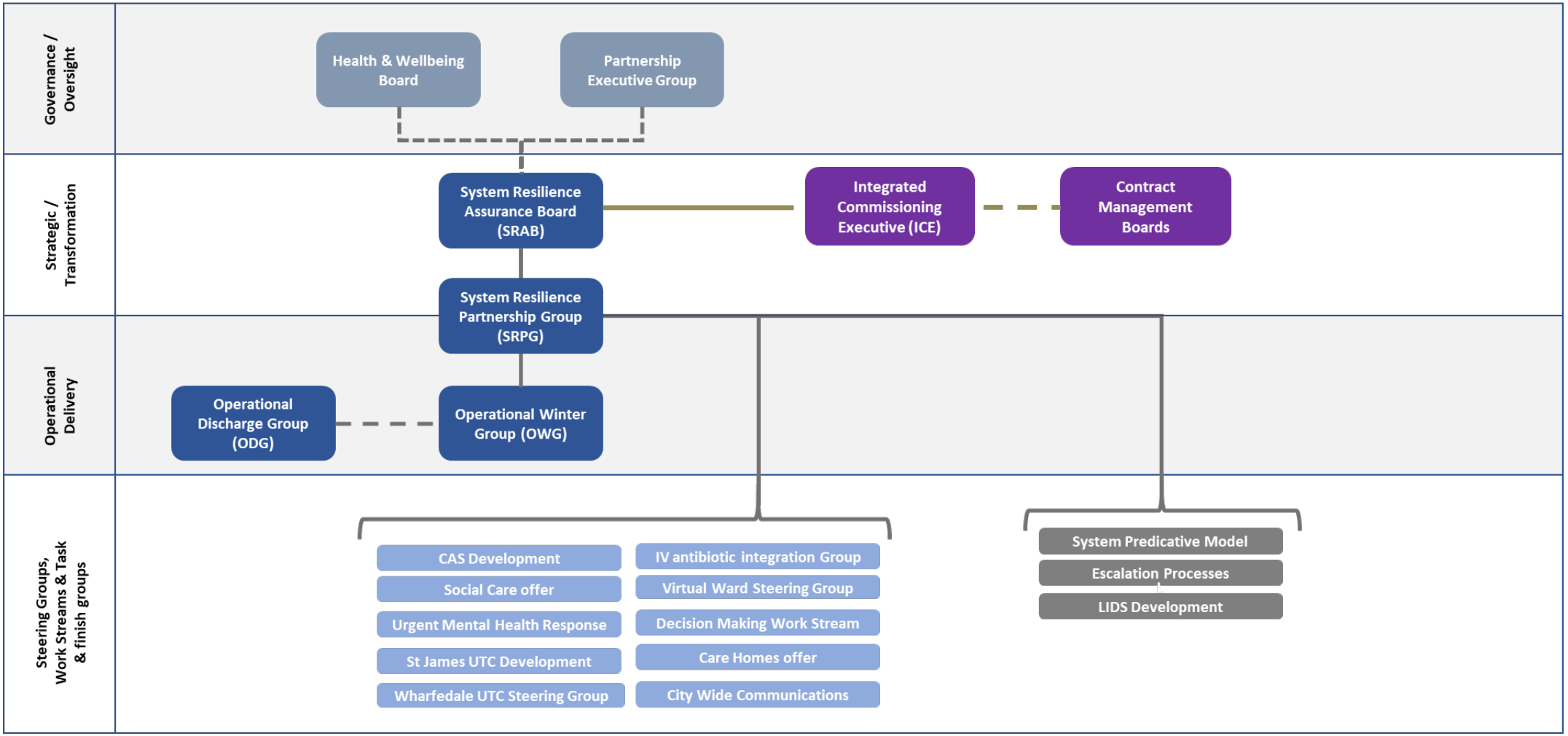
Full revised Terms of Reference for the three main groups; SRAB, System Resilience Partnership Board (SRPB) and Operational Winter Group (OWG) are within Appendix 1.

2.2 Project Management and reporting

The SRPG will be accountable in maintaining the overview of the operational and strategic system delivery via a robust reporting structure.

To ensure a consistent approach all of the identified projects leads will be required to complete the terms of reference template (Appendix 1) which will act as a Project Initiation Document defines the purpose, actives, outputs, scope and membership of the group. All projects will be required to report to the SRPG on a bi-monthly though the highlight report template.

Diagram 2. Leeds System Resilience Governance Structure



2.3 Leeds System Winter Plan Time line

Table 1 set out the key activities the Leeds system has conducted and the various groups, boards and forums who have been engaged with in developing and approving the LSRP

Table 1

Date	Activities	Comments
09/05/2019	Organisational winter Evaluation	Priorities identified for development summer 2019
16/05/2019	Newton Europe diagnostic – Discharge Re Audit/Front door diagnostic	Work commenced
20/06/2019	Review of SRAB Governance & winter findings	Survey and report completed recommendations to SRAB
11/07/2019	Newton Europe summit	Well attended by system
11/07/2019	Board to Board winter presentation	Joint presentation LTHT/CCG
18/07/2019	SRAB reflection on Newton Europe findings	Emerging priorities
15/08/2019	SRAB sign off Governance	Governance agreed
05/09/2019	North of England EU Exit Workshop	
12/09/2019	SRAB sign off priorities and comments for draft System Resilience Plan	Amendments made
03/10/2019	Operational Winter Group commences weekly meetings	
21/10/2019	National EU Exit reporting commences	
17/10/2018	SRAB Meeting-sign off Leeds System Winter Plan – including EPRR compliance statements	
30/10/2019	Winter plan scenario testing	
22/11/2019	Scrutiny Board – winter plans	

13/11/2019	Leeds System Resilience Plan to Quality and Performance committee – including EPRR	
27/11/2019	Leeds System Resilience Plan to CCG Governing Body - including EPRR	

2.4 Leeds Cross-System Winter Operations Team

Table 2 below identifies the members the Leeds system winter leads. All those nominated hold senior positions, have the authority to commit resources and make immediate decisions that impact on the resilience and effectiveness of our system.

Table 2 Winter Operational Leads

Organisation	Lead	Title	Deputy	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer	Sajid Azeb	Interim Director of Operations
NHS Leeds CCG	Sue Robins	Director of Operational Delivery	Debra Taylor-Tate	Head of Unplanned Care
Leeds City Council	Shona McFarlane	Deputy Director Social Work and Social Care services	Nigel Parr	Head of Safeguarding and Quality
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations	Megan Rowlands	General Manager – Adult Business Unit
Leeds and York Partnership Foundation Trust	Joanna Forster-Adams	Chief Operating Officer	Andy Weir	Deputy Chief Operating Officer
Leeds GP Con-Federation	Gaynor Connor	Director of Transformation	Wendy Pearson	Director of delivery
Yorkshire Ambulance Service	Catherine Bange	Regional General Manager	John McSorley	Divisional Commander

Local Care Direct	Andrew Nutter	Chief Operating Officer	Wendy Pearson	Director of Delivery
One Primary Care	Shaun Major-Preece	Assoc. Director of Operations and Performance	Rebecca Chege	Clinical Lead
Age UK	Iain Anderson	Chief Executive	Jess Inglis	Operations Director

Winter Leads will also be required to participate in co-ordinated system wide Sitrep calls over the winter period when the system is experiencing significant pressure. In addition all lead on major work streams within our recovery plan.

3 Planning and priorities

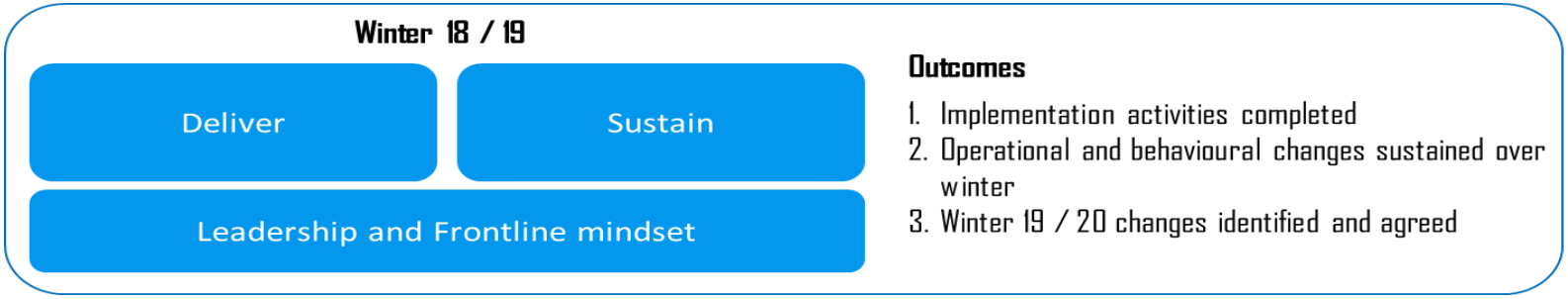
In preparation for winter 2018/19 Leeds had a comprehensive action plan based the opportunity identified through the Perfect Week (Oct 17) and Multi Agency Discharge Event (MADE Feb 18) and the Newton Europe diagnostic June 2018.

The action plan demonstrated the systems commitment to continuous improvement through agreed work streams to improve people's outcomes and experience and achieve national performance standards. The central tenant of the plan remained 'home first' as a consideration for every patient to keep people in their own homes, promote self-care and independence. Work streams included:

- Discharge decision making
- Stroke pathway- integration acute and community services
- Social work assessments
- Mental health continuing care funding
- Care Home trusted assessors
- Mental health support for care homes

It was agree by SRAB that we needed to keep focused on the outcomes as identified in diagram 1 to improve our position over winter 2018/19 and realise the opportunities presented by Newton Europe.

Diagram 1



3.1 Winter 2018/19 evaluation

To support the action plan the system also committed to make changes in the operational management of winter, introducing a weekly winter operational group to manage he day to day pressures in the system

A full report of winter 2018/19 can be found in Appendix 2. This report covers:

- System winter planning 2018/19
- Performance
- Evaluation process and outcomes

Key findings include:

- Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations.
- ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances.
- Planned cancellation of all electives resulted in more elective activity overall.
- At times of pressure high patient acuity especially respiratory illness was a considerable factor
- Community investment and pathway improvements will support both attendances avoidance and reduce non-elective admissions improving outcomes and experience.
- Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.
- Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.

The outputs from the evaluation have been used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20

3.2 Newton Europe diagnostics 2019

It was evident from our collective winter position that we were making progress in a number areas of opportunity identified in the 2018 Newton Europe diagnostic.

- Average length of stay for those on the Stroke Pathway reduced by 45% from 34 days to 18 days
- No longer any patients waiting for a decision on Mental Health Funding
- 25% increase in the number of patients discharged before 4pm on pilot acute wards
- Increased pace of social work assessments, with 1.5 fewer days spent on referral and allocation processes

In addition we have seen progress within the system leadership and mind-set, diagram 2. From a lower starting position our leadership has seen more growth across all of the domains and demonstrates the system commitment to the vision. For 2019/20 we aim to translate this through to our frontline staff where we need to develop capability and improve our set up if we are to progress further.

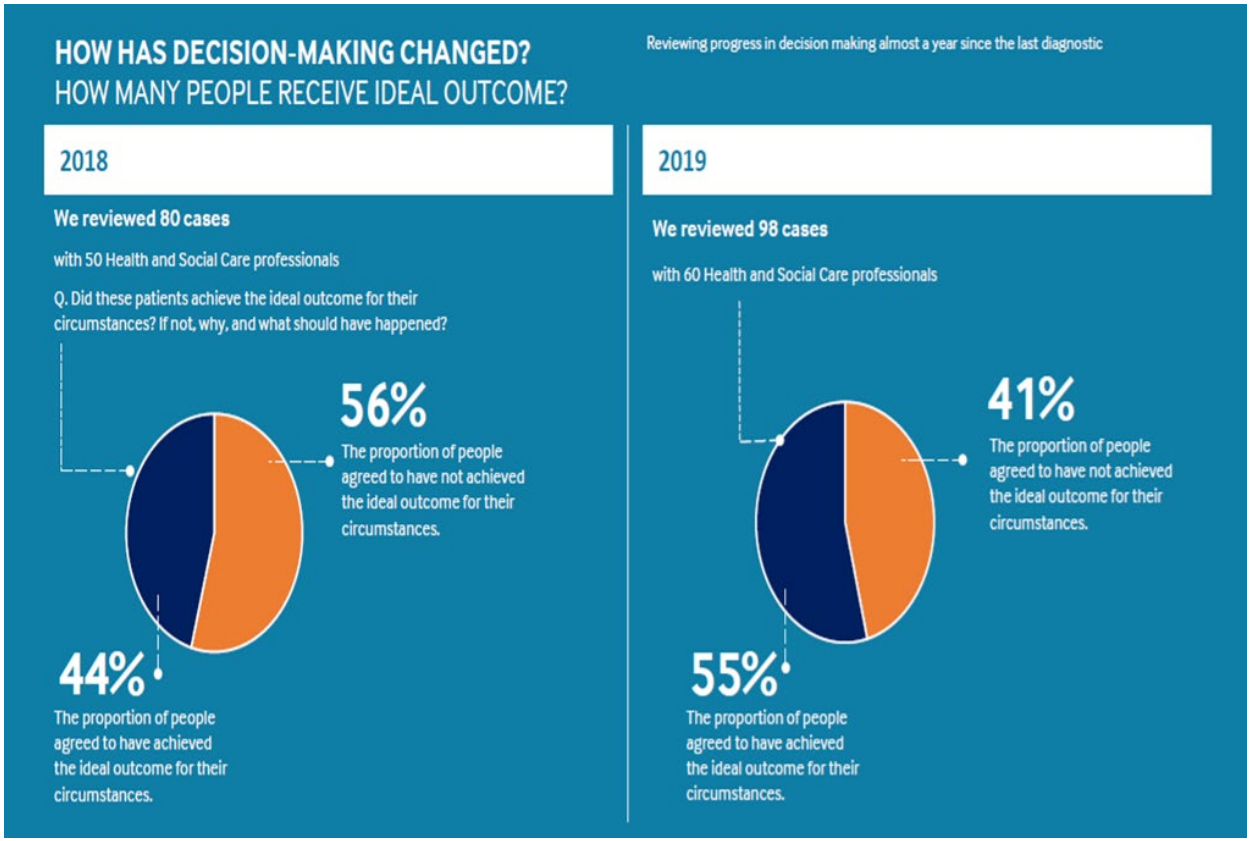
Diagram 2

3.2.1 Newton Europe back door re-audit

To ensure we understand our progress and identify further opportunities Newton Europe agreed to re-audit the discharge decision making across our system. As the key areas for improving discharge, ensuring the optimal outcome for people and supporting effective outflow from the hospital this was a priority for the system.

The audit showed that we had made a slight progress in achieving the ideal outcome for people on discharge by 15%, diagram 2. Though there is further scope to reduce the variation in decision making. This will ensure that at discharge the best decisions to maximise peoples independence are consistently made and the opportunities for the system are realised during 2019-20.

Diagram 3



3.2.2 Newton Europe front door diagnostic

Newton Europe provided the SRAB with a version of the truth regarding the issues associated with discharge across the system. It was decided that conduct a similar diagnostic at the front door of LTHT would once again provide valuable insight into our system.

Newton Europe seeks to answer the following questions:

> ***How can we better utilise primary, urgent & community services to avoid unnecessary A&E attendance & acute ward admission?***

Outcomes of the exercise indicated:

Admissions

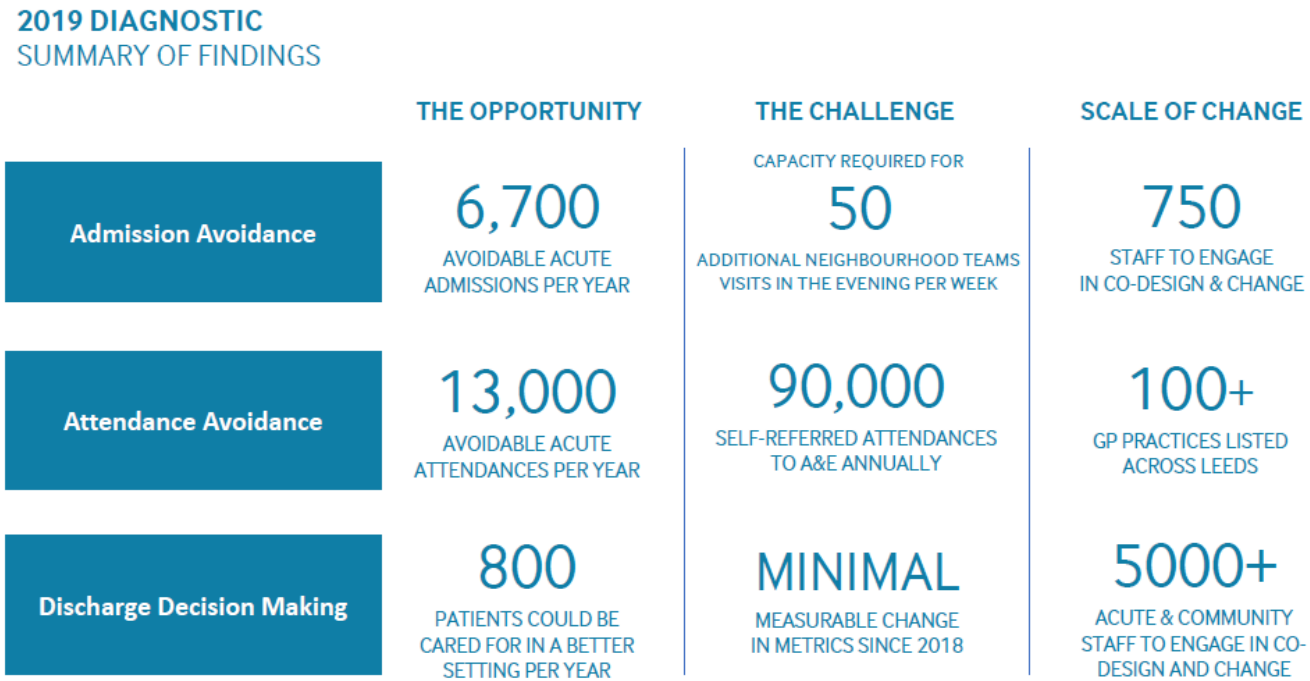
- 28% of admissions were avoidable with services **currently** in the Leeds System
- Average length of stay for the avoidable admissions was 4.5 days
- Key reasons for the admissions
    - Clinical decision making
    - None or perceived no access into alternative services e.g. variation in referrals to neighbourhood teams
    - Knowledge of alternative services perceived criteria/capacity of services e.g. Community IV antibiotic service

A&E Attendances

- 42% of people could have used an alternate pathway instead of attending the A&E
    - 14% of the 42% attended on the advice of a professional
        - 65% referred by a GP – 60% of these could have gone via PCAL negating the need to attend A&E
        - 20% referred by 111
        - 10% referred by a UTC
    - 28% of the 42% was patient choice
        - 55% of those who chose A&E could have been treated in an UTC or Walk-in-centre
        - 40% of those who chose A&E were treated in the GP stream and there could have attended a GP surgery

Diagram 4 shows a summary of the opportunity identified by the Newton Europe re-audit and the front diagnostic.

Diagram 4



It is evident from the findings above that there are significant opportunities for improvement across all aspects of our unplanned care system. Realising these opportunities would support the left shift in the provision of care and improve outcomes for the population.

3.3 Leeds System priorities

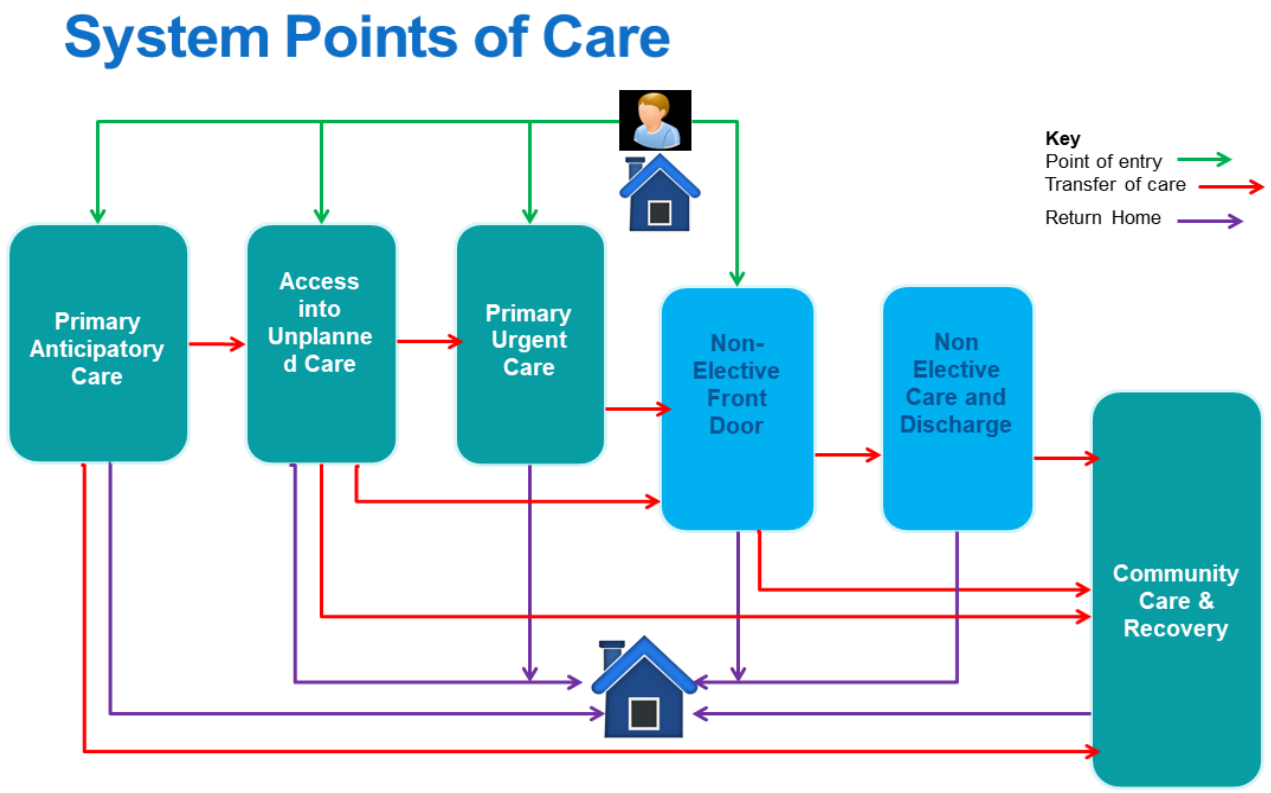
Following the outputs from both Newton Europe diagnostics, the winter review and the NHS Long Term Plan, SRAB has reviewed the priority work streams for 2019/20.

Feedback form the governance review highlighted the need for to focus across the whole pathway of unplanned care. The system points of care diagram 5 form the 6 key areas of the pathway across the system. The priority work streams span all points of care to ensure our plans reflect the full scope of the opportunities available to achieve the left shift and deliver the aims of the long term plan.

3.3.1 System pathway

Diagram 5, illustrates the points of care and the complexities across the unplanned care system.

Diagram 5

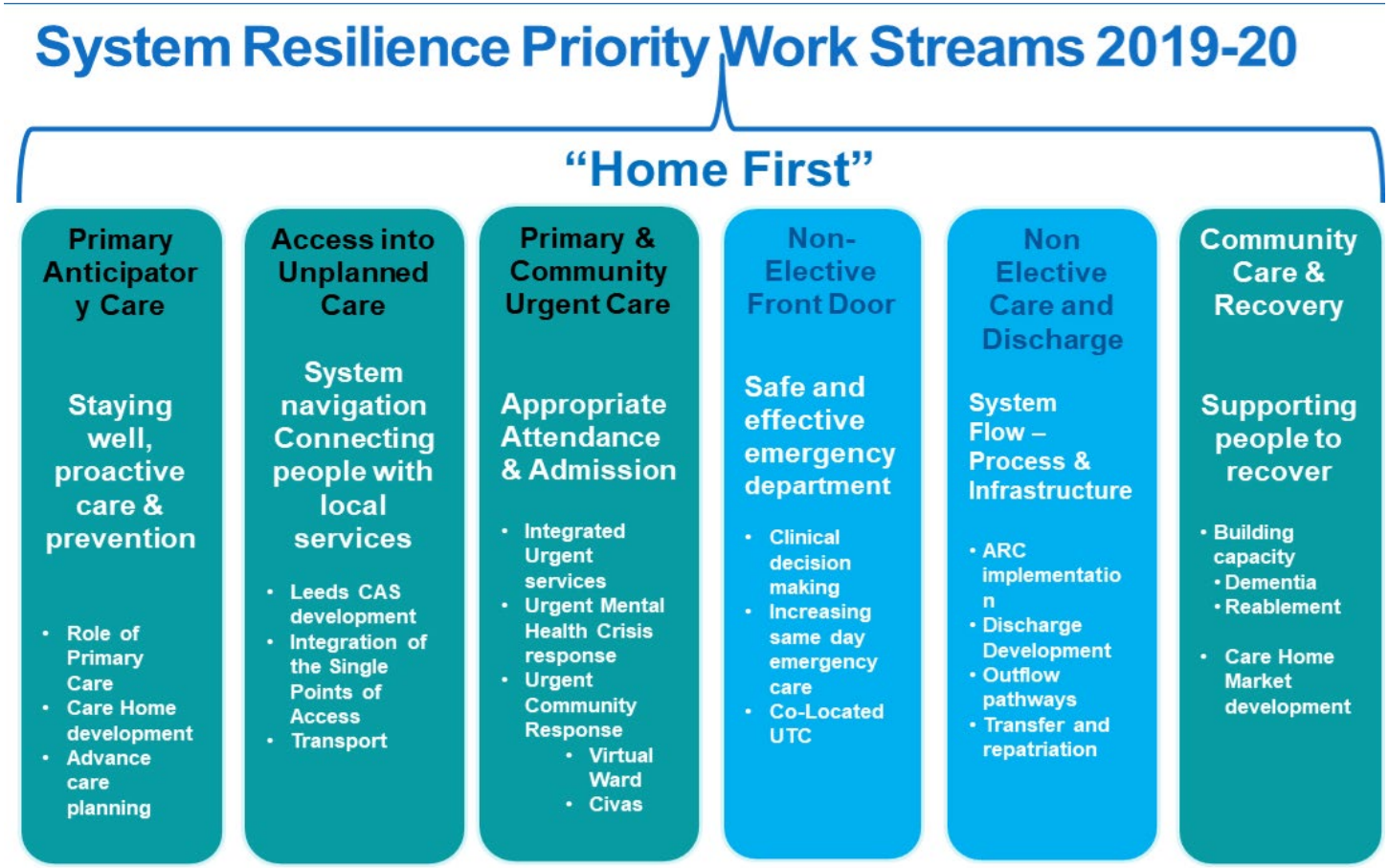


3.3.2 System priority work streams

The work streams identified in diagram 6 support the delivery of the priorities for 2019/21. Many of the work streams are established and are clear regarding their aims and governance. Pulling these work streams into the SRAB governance will ensure pace, a renewed focus holding system partners accountable for delivery.

Key to our success will be monitoring progress to understand the impact of the work streams and the collective impact on the system and performance. Each work stream will be required to demonstrate how their project maps to the vision and aims supports overall system performance and the left shift .

Diagram 6



The next section describes a number of the work stream in more detail.

Primary Anticipatory Care – staying well, proactive care and prevention

- **Care Home developments**

The quality and the sustainability of older people's care home provision remain key issues both nationally and locally, and the Council and the CCG have a key role to play in supporting care homes to continuously improve the quality of care delivered and to remain viable to ensure there is sufficient capacity to meet needs. The governance of the various projects and work streams have been brought together though the establishment of the Integrated Care Homes Oversight Board.

The main aim of the plan through various initiatives and programmes is to support the reduction of avoidable hospital attendances and admissions and ensure processes are in place to support effective timely discharges. There is a continued focus on people with complex needs and/or challenging behaviours relating to their dementia delayed in wards at LTHT and at The Mount at LYPFT and who are experiencing excessive lengths of stay because they are awaiting a suitable care home placement.

To address we have extended LYPFT Care Homes Liaison support to provide additional clinical input, including access to out of hour's psychiatric services to care homes where they were willing and able to offer a placement to a person exhibiting challenging behaviours relating to their dementia. Also there has been additional funding available for transitional payments to care homes for up to 6 weeks for additional staffing when a person with complex needs/challenging behaviours are admitted to their care home.

Our highest group of DTOCS in Leeds is for dementia patients, many of whom present with challenging behaviour. In discussion with Leeds city council we are in the planning stages for the re conversion of a number of community care beds along with other facilities to provide an intermediate tier offer for these patients. These would not be a step down facility but a medium term units where patients can be fully assessed and supported towards long term care options. This could be up to 30 beds which would start to free up capacity in both LTPFT and LTHT and improve outcomes for this population.

Other initiatives include:

- The 'Red Bag' initiative
- Telemedicine scheme - trialled in 14 care homes, now extended to 30 homes
- React to Red Skin campaign
- Enhanced care home scheme – Aging Well Model (Long Term Plan)

- Care home capacity tracker
- Enhanced Surveillance tool and joint protocol for addressing safeguarding and risk escalation
- 'Delivering Effective Social Care with LGBT People' RIPFA (Research In Practice for Adults
- Dementia mapping
- The Living Lab Project – initiative led by the Leeds Care Association – a collaboration between care homes and the Universities of Leeds and Maastricht, to improve quality and to nurture and support learning cultures in care homes
- Digital connectivity - enhancing the use of technology in care homes to improve service provision including:
  - the Social Care Digital Innovation Programme
  - support to care homes to complete the Data Security and Protection toolkit
  - support to care homes to access the Leeds Care Record and an NHS.net email address
- Workforce
  - registered managers network, activities co-ordinators network
  - a joint health and care annual awards ceremony for care home staff
  - supporting the nursing workforce in nursing homes/Leeds Teaching Care Homes

During 2019/20 we will continue to work in partnership with care home providers/registered managers to raise the standards of care and to achieve a 'Good' CQC rating throughout our care homes in Leeds. In addition we know we need to secure further capacity for nursing care and particularly for high quality specialist dementia care home provision through market facilitation and development.

System navigation- connecting people to local services

To support people to navigate the system and access the optimal service by embedding multidisciplinary Clinical Assessment Services (CAS) that will integrate with NHS 111, mental health, ambulance dispatch, acute, community and primary care services and social care. Section 5.2.2 provide more detail regarding our long term plans to develop a Leeds CAS

There are 4 main areas for development within this work stream during In 2019/21:

- Continue testing the integration with 111 and a local Leeds CAS
- Expansion of pathway development within the Primary Care Advice line (PCAL), within LTHT)
- Integrating the Single points of access across the city

- National Pilot site - Clinical Assessment Services Supported Discharge
- Accelerator site for Urgent Community Response

➢ Leeds Local CAS

Due to the size of the city, it was felt that Leeds would benefit from developing its own local CAS. The local CAS will supplement the Core CAS function. It will offer clinical advice from a varied health and care clinical skill mix to the population. This will support the move towards increasing the volume of clinical advice given to people by health and care professionals over the telephone, reducing the volume of activity going into face to face appointments. For those individuals who do require a face to face appointment, the CAS will direct book an appointment the individual into the right service, within the right timescales depending upon the clinical need of the individual support the national targets within the Long term plan and our system objectives.

The proof of concept of implementing a local CAS has been tested; with the pilot successfully evidencing clinical advice was the outcome for 50% of the calls coming in to the CAS. 30% of calls requiring a face to face appointment were seen in the GP Out of Hours service, and the remaining 20% of calls requiring a face to face appointment had appointments booked back at their own registered general practice. The data from the testing the proof of concept supports:

- The ability to give clinical advice, supporting the national ambition;
- A reduction of face to face appointments within the system;
- Direct booking in service for onward care/assessment
- The left shift model of service delivery;
- Positive collaboration and system working between providers and commissioners;

The ambition is to utilise a phased approach to gradually build up and test new elements within the local CAS function. The development will be based on the findings from continuous learning and formal evaluation. This development will continue over the upcoming 5 year period. This supports the NHS 10 Year Plan as by 2023 the local CAS will have been developed to include the function of discharge.

- **Primary Care Advice line**

Set up over 10 years ago PCAL has support General Practice in the management of people requiring acute assessment/care negating the need for them to go to A&E. The service has developed over the years and is now a fundamental part of managing acute flow into LTH. The Newton Europe diagnostic highlighted the need for the service to be expanded in terms of capacity and pathways to maximise its potential in reducing A&E attendances, avoidable admissions and improving peoples experience and outcomes. Funding to support the required capacity has been identified within the Leeds winter ICS allocation.

Priorities for the PCAL service during 2-019/20 include:

- Balance demand and capacity
- Embed the Ambulance pathway to ensure people are taken directly to an appropriate assessment unit where appropriate
- Consultation with geriatrician to direct people to the frailty unit and the virtual wards as they develop
- Re launch PCAL across the system
- Integration with Single Point of Urgent Referral (SPUR)PCAL to direct people to Neighbourhood Teams and Community Care beds

- **Integrating Single Points of Access**

Leeds, there exist multiple single points of access. Some of which are available to the public, some to health and care professionals, and some which are available to both. Evidence suggests people and professionals use the single points of access that they are most familiar with, and perhaps are not aware off other offers, which may better suit the presenting needs.

There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. Scoping of the opportunity is completed and full work plan is in development.

- **Clinical Assessment Services Supported Discharge**

By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care. Leeds has expressed an interest in becoming a pilot site for supported discharge with a focus on acute care alongside establishing good practice within the acute setting for when discharge support is started. This will support the development of the CAS function as well as the Non elective care and discharge -decision-making works stream. We are waiting to hear form NHS England as to whether or not we have been successful.

Primary and community urgent care – appropriate attendance and admissions

- **Urgent Mental Health response**

The Independent Mental Health Taskforce Five Year Forward View (February 2016) made it clear that improving access to high-quality mental health care must become a national priority. Locally it is also recognised that there is a growing need for urgent mental healthcare services in Leeds to support people to access care.

A mental health crisis is defined as a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.

Improving access, pathways and care for people in crisis will involve all partners including the third sector and service users to work in collaboration. We will work to improve blue light and community based crisis response, ensure Children's and Adolescent Mental Health services (CAMHS) services are developed. This will include development of pathways e.g. street triage that provide an alternative to the Emergency Department (ED) and provide a more appropriate care for patients seven days a week.

Key commitments during 2019/20 aligned to the long term plan:

1. Ensure that anyone experiencing mental health crisis can call NHS 111 and access 24/,7 age-appropriate mental health community support.
2. Continue ambition to ensure that all adult and older adult community crisis resolution and home treatment services are resourced and operating with high fidelity by 20/21

3. Ensure that by 2023/24, 70% of Mental Health Liaison services in acute hospitals meet the ‘core 24’ standard for adults and older adults, working towards 100% coverage thereafter.
4. All children and young people will have access to 24/7 crisis, liaison and home treatment services by 2023/24
5. Increase provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet needs for many people experiencing crisis.
6. Increase alternatives to inpatient admission in acute mental health pathways, such as crisis houses and acute day services.
7. Improve ambulance response to mental health crisis by introducing mental health transport vehicles (subject to future capital funding settlement), introducing mental health professionals in 111/999 control rooms; and building the mental health competency of ambulance staff.
8. Specific waiting time’s targets for emergency mental health services will for the first time take effect from 2020 (Part of wider clinical review of Standards)
9. Improve the therapeutic offer on inpatient wards, e.g. more psychologists and occupational therapy

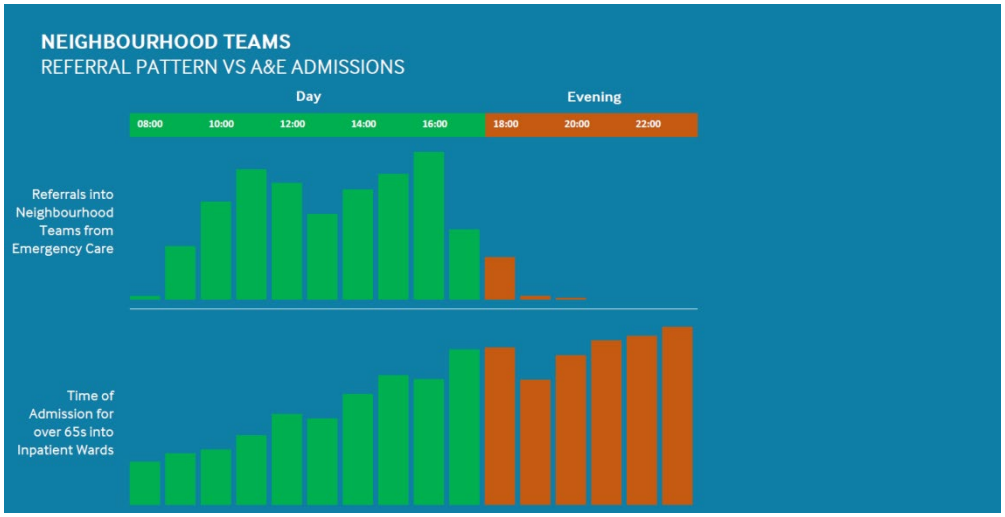
A new group is being established to oversee this work to ensure links with both the Mental Health and Children and Adolescence strategies.

Urgent Community Response

- **Neighbourhood teams**

Across Leeds there are 13 Neighbourhood teams delivering health and care services to their communities. The Newton Europe diagnostic showed that 17% of admissions could have avoided by referring to the NT as an alternative. All identified patients were over 65 years old and 75% were admitted between 18:00 & 23:00.

Diagram's 7 and 8



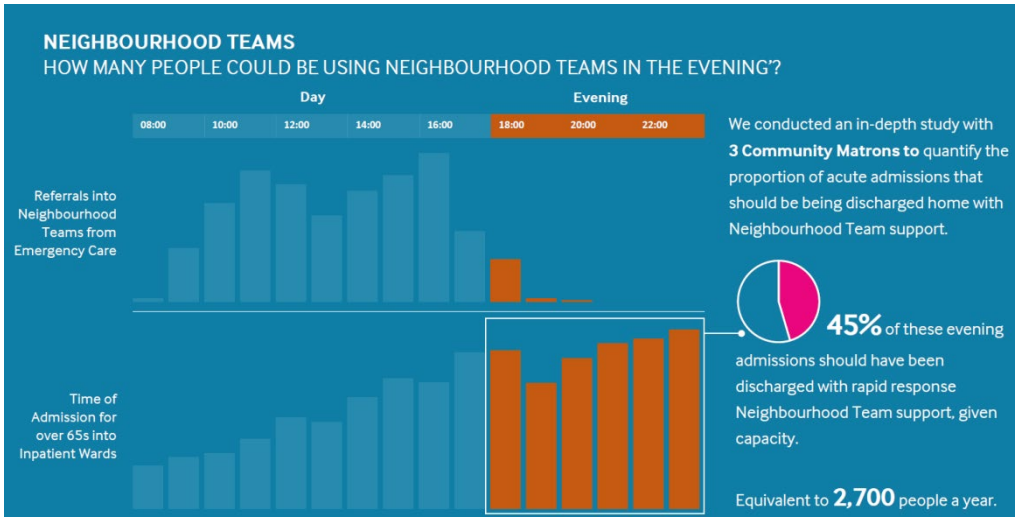


Diagram 7, shows neighbourhood teams referral pattern vs A&E admissions. Following an in depth study with 3 Community Matrons 45% of evening (6pm-12am) acute admissions could have been discharged home with Neighbourhood Team support. This has the potential to effect 2,700 people per year by returning home with support requiring an additional 50 NT visits per week.

To understand the full scope of the opportunity to maximise NT we also looked at how many people could have been supported during the day. It showed that 14% of admissions between 8am-6pm could have been discharged with support. 600 people a year.

The total opportunity equates to 3.300 people avoiding admission to an acute bed receiving care in their own home.

Understanding the variation across the NT along with developing a 27/4 model that would increase the capacity of the teams to start to realise the left shift in care is be a priority for LCH as they develop their response to the national implementation of the Aging Well Model. This will see Community Rapid response service responding within 2 hours and the reablement offer (Leeds City Council) within 4 hours.

- **Virtual Wards**

The development of a city wide Virtual Ward across multiple specialities including respiratory and frailty is key in the development of Neighbourhood Teams in increasing the community rapid response offer and supporting the left shift.

The ambition within Leeds is to develop a multidisciplinary Virtual Ward which will be a collaborative service between LTHT and LCH and the Confederation to provide coordinated rapid care to people in their home who are experiencing an acute medical episode. This rapid care involves providing responsive specialist assessment (including medication review), monitoring, investigations, treatment, support and education for people and their carers by the most appropriate specialised team.

It will ensure people's needs are safely met within the community without requiring a hospital attendance/admission where appropriate. A phased implementation has been agreed which sees avoiding hospital based care as the initial focus with the service supporting earlier discharge in phase 2 expected in Q1 of 2020/21.

The virtual ward projects have been funded through system transformation monies.

- **The Community IV Antibiotics Scheme**

Newton Europe diagnostic showed that 7% of admissions for those 65 and over could be been avoided though using the Community IV Antibiotics Scheme (CIVAS).. CIVAS is a community based service that is delivered jointly by Leeds Community Healthcare (LCH) and LTHT. The aim of the service is to support discharge from hospital; Emergency Department (ED) and inpatient wards at the earliest possible opportunity by providing IV antibiotic therapy in a community/outpatient setting to prevent either and admission or extended length of stay. The service is delivered in both people's homes and community hub clinics by a multi-disciplinary team consisting of staff and senior nurses, LTHT clinical nurse specialists, pharmacists, and Infectious Diseases Specialists.

By developing the service and increasing the capacity to manage up to 75 cases at any one time there is the opportunity is to avoid 1,500 admissions. Priorities for the service in 2019/20 include:

- integration of the service across LCH and LTHT
- provision of IV Diuretics, and Line Care
- Implement Cellulitis Pathway
- Rebranding of the service - CIVAS as this implies only IV Antibiotics can be provided as is therefore misleading to referring clinicians.

Safe and effective emergency departments

- **A&E decision making/triage**

Clinical decision making within and ED can vary due to a number of factors, Newton Europe identified an opportunity for the Leeds system to avoid up to 2,700 admissions though education of ED staff of alternative services in the community. The system is currently working though how this can best be achieved through a number of initiatives including:

- Focus on developing/improving mind-set and behaviours of front line staff
- Shadowing of staff across roles/teams ie. neighbourhood team/community to gain more knowledge about the services
- Education to improve confidence and knowledge of the services to support decision making
- Key educational massages for the system
- Maximise technology to support decision making- CAILTEC, DOS
- Improved data sharing to inform decisions and understand behaviour
- Tools to support care navigation - local DOS

- **CAILTEC**

Leeds is currently working with partners CAILTEC is an innovative technology solution to harness digital power to transform to transforming and integrate high quality patient care. It looks to find a way to accelerate education and skills retention of clinicians by studying opportunities to create technical integrations between systems to increase the quality of data across the emergency care's patient journey.

- **Co-located Urgent Treatment Centres**

In 2019/20 we will confirm the plans for the development of our first co-located UTC within the LTHT footprint. There will be a single entry point for all people who walk-into the hospital with an urgent need. All people will be triaged and then streamed to the most appropriate services for their presenting needs, these include:

- UTC
- Champion for signposting/booking into alternative more appropriate services
- Assessment area/unit
- Emergency Department

This will enable the right skills and capabilities in the right place ensuring those with the most life threatening conditions have the best chance of survival.

Non Elective Care and Discharge - System Flow, Process & Infrastructure

The Decision making work stream has been established for a year now and has been making progress in the decisions for people leaving the acute trust who require further care or support. Though it is acknowledged that there is still scope for improvement to ensure people receive the ideal outcome for their circumstances. The group is in the process of reviewing progress and scoping further opportunities.

Three further areas of development have been proposed for 2019/20:

- Achieving Reliable Care (ARC) to reduce LOS and bring about real behavioural and cultural change on our wards.
- Implement the outputs of the Leeds Integrated Discharge Service
- Implement the Discharge to Assess pathway for community care beds

All of these initiatives will be supported through winter monies to ensure resources are available to progress further and impact the system this winter.

Community Care & Recovery- Supporting people to recover

A fundamental aspect to effective discharge from hospital is to ensure that community services have sufficient capacity and support to ensure people return as quickly as possible to the most appropriate place for their care.

Within section Primary and community care urgent response, we refer to work within the NT, including social care and the wider Local Care Partnerships that will support attendance and admission avoidance which also support people discharges from hospital.

In discussions with Leeds City Council we are scoping the options to expand the reablement service in response to the Aging Well Model supporting attendance and admission avoidance. These discussions will also focus on maximising the service to facilitate discharge and support keeping peoples them in their own home retaining their independent and reducing the system long term placements in response to the Newton Europe findings.

We will continue to ensure the reablement services has sufficient capacity by ensuring it:

- Recruits to establishment
- Maximise time with service users
- Ensure service users spend the right amount of time receiving the service

Addressing all three points will continue to see increased numbers of weekly starts to meet the extra demand and support a shift towards recovery and independence services

System Resilience Communications

Data shows that the ‘winter pressures’ experienced by urgent and emergency care services is a year round issue with various in demand experienced throughout the year, however the media tends to highlight activity during the winter period.

Evidence suggests that some of the pressure on the system could be reduced by patients making appropriate use of all services available to them should they fall ill or get injured. “While A&E is the right place for many of these patients, estimates quantifying the size of non-urgent A&E demand (patients who could be better treated elsewhere) vary from 20% to 40% of all attendances”, (source: Department of Health).

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). More recently the British Social Attitudes Survey (2019) reinforces this and highlights the perception people have that it's difficult to get GP appointments as well as increased trust in hospital-based doctors over other clinicians.

Our communications activities are year round designed to provide a consistent set of messages that highlight alternative support available as well as placing an onus on self-care and prevention, where appropriate.

In Leeds we are now working together to see how all system partners can support communication activity that encourages people to self-care where appropriate, use alternatives to A&E and look out for vulnerable neighbours. We are following the principles of the national 'Help us help you' campaign with communication messages and activities based around preparedness, prevention and performance and the idea of developing a reciprocal relationship with people.

- **Our focus**

Throughout this year and as we head into winter we have concentrated our communications effort on the following.

- Ensuring people are aware of the alternatives to A&E for non-emergency care. We've particularly focused on developing the 'Talk before you walk' concept to encourage people to call NHS 111 when they're feeling unwell but it's not an emergency.
- In line with national campaigns we have also highlighted the support people have available from pharmacies including a concerted effort to demonstrate that they are skilled healthcare professionals.
- We know that not everyone is aware that GP practices are open on evenings and weekends, this is something we've continued to promote so that every available appointment is taken up.
- Providing year round seasonal advice such as a summer health campaign, with a particular push on ensuring people stay hydrated.
- Strong internal communications so that system partners are aware of the work we're doing in Leeds.
- Linked to the above we ran the Big Thank You campaign that encouraged people in Leeds to say a message of thanks to anyone who helps them through winter (and beyond) which supported positive messaging for internal colleagues.

- We've played a key role in developing the first every regional campaign by the West Yorkshire and Harrogate Health and Care Partnership. 'looking out for our neighbours' was launched in March and has recently been evaluated, with results showing a positive impact among those who had seen the campaign.

➢ **Priorities for this winter**

We will continue to work in partnership to run health awareness, signposting and direct action campaigns as below:

- We will engage with local citizens and health and care professionals to develop a significant behaviour and culture change programme. The current working title is 'Home First'. Home First is about educating and supporting people to leave hospital as soon as they are medically fit to do so as well as proactively supporting people so they get well at home rather than getting admitted to hospital. We'll also, where appropriate, support NHS England and NHS Improvement's 'Where Best Next' campaign targeting acute settings in an effort to reduce long stays
- The 'Looking out for our neighbours' campaign will be running again over winter to get people to look out for those around them (www.ourneighbours.org.uk)
- With over 1600 messages received last winter and regular positive media coverage we'll be running the Big Thank you campaign again (www.bigthankyouleeds.co.uk).
- We have a number of campaigns running that help further and higher education students make the right healthcare choices. This includes No Regrets that promotes safer drinking (www.noregretsleeds.co.uk) and Feel Better that encourages use of pharmacies and NHS 111 (www.feelbetterleeds.org.uk).
- We're currently considering options for a mass mailout to promote NHS 111, pharmacies and extended GP opening hours as well as actions that support the 'left shift' approach.

➢ **Activity and resources**

Our proactive approach includes the below:

- A year round social media calendar with messages adapted to meet seasonal needs eg flu vaccine, summer health advice etc

- Planning ahead for bank holidays with advice issued on social media, through local media and internal communication channels
- Regular reprint of fridge magnets with advice for parents and carers of children aged 0-5, distributed to health and care settings
- Promotion of national Help Us Help You campaign
- Reprint of information leaflets and social media advertising targeting members of the Eastern European community backed up by a dedicated website www.healthinleeds.org.uk
- Proactive messaging ahead of extreme weather to help people plan ahead, this is often supported by paid for social media advertising
- Providing communication resources and advice for GP practices this includes a web portal with information resources https://www.leedsccg.nhs.uk/help-us-help-you-comms-resources/

➢ **Communications plan**

The communications plan for this winter will broadly follow the same approach as the one for 2018-2019 (appendix 3).

The current plan is being discussed by the citywide communications group and will be signed off by SRAB

Assess the opportunity of the left shift- capacity and demand

It is vital that as we start to develop work streams and projects to achieve the left shift in the provision of care by increasing primary care and community capacity, that we start to understand the potential shift of activity and associated financial flows that will be required.

In response to the Long Term Plan Implementation Framework we are required to submit a strategic planning tool to NHS England in September 2019. This submission will show our long term acute activity assumptions and strategic financial investments by sector across our system, supported by our workforce assumptions. The plan will be signed off by both the CCG and providers. It is

important to mention that this brings potentially £27m into the West Yorkshire system. We are awaiting confirmation of Leeds allocation and guidance on how this will be spent.

This will be the start of developing a detailed model which includes but is not limited to:

- Population Health Management
- Newton Europe outputs and opportunities
- Current contracts
- Development of Primary Care Networks
- Financial investment plans

3.3 Investment

Realising the opportunities identified within the plan will require a shift in investment over the next 2-5 years. The systems response to the long term plan implementation framework will start to provide an overview both commissioners and providers investment strategies. The development of one version of the truth regarding the future system demand, capacity and the left shift opportunity by March 2020 will be key in further informing the investments and detailing plans, business cases and financial risks.

- **Winter 2019/20 investment**

Though the West Yorkshire Integrated Care System (ICS), Leeds will be has been allocated £775.000 to invest in winter initiatives. Priority Project has been agreed by SRAB August 2019 and in turn by the ICS Urgent and Emergency Care Board. We are now in the process of working with the projects leads to identify the required resources including workforce.

Leeds proposed projects are:

- Social Workers to support the Discharge 2 Assess pathway
- Development of the CIVS service
- Expansion of the PCAL function within LTHT
- Community Dementia capacity

Though the ICS allocation will support a number of 2019/20 priority projects the resilience of our system especially at times of pressure depends on our commitment to work in an integrated way. There will be a continued focus on new ways of working across organisations to maximise existing investment, capacity and ensure resources are used effectively and efficiently to support the delivery of quality services for our population.

Due to the Aligned Incentive Contract (AIC) the CCG and LTHT have agreed a financial envelope through the based on previous years costs with CCG setting aside a budget for winter pressures. In the event of activity and/or demand significantly above expected levels the System will take joint responsibility and develop mitigation plans within agreed cost envelopes. The CCG and LTHT will monitor demand levels within the unplanned working group and System Resilience Assurance Board. The CCG has plans protecting LTHT against the loss of elective capacity from increased non-elective demand especially with the intent to suspend some elective activity in January 2019.

3.4 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 for the LSRP are included in Appendix 4.

3.5 Public Health - Leeds City Council

The Leeds Local Authority Public Health contribution focuses on preventative and preparedness health measures and is informed by the PHE Cold Weather and Heatwave plans for England (2018). LCC Public Health are leading a number of key programmes to ensure vulnerable people are protected from the adverse effects of cold and hot temperatures. Public health are working to optimise the role of the Council to address priorities including promoting key messages through Council services, working with commissioned services to prioritise programmes with service users, and ensuring that Elected members are briefed on key messages and issues.

Public Health priorities:

- Infection prevention and control; improving flu vaccine uptake in target groups, increasing community staff skills, knowledge and competencies through the delivery of infection prevention training; outbreak planning and management across the community
- Mitigate the impact of the negative effects of cold and heat on vulnerable people; commissioning of winter warmth services including winter friends programme, providing vulnerable people with high impact interventions to keep people well during cold and hot periods, delivery of small grants schemes for community groups and others.
- Living with Frailty; delivery of programmes, including the commissioning of the Home Plus, to support people living with frailty focusing on falls, malnutrition and support for independent living

4 Escalation and Incident Management

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. 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.

4.1 Escalation and Mutual Aid

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

It was evident during the winter of 2017/18 at times of extreme pressure the system veered away from agreed processes and our mutual aid was not sufficiently defined to support de-escalation and recovery. With clear processes, robust mutual aid agreements; including the Decision Management tool (Appendix X) and the establishment of the weekly OWG we entered winter 2018/19 in an improved position. All partners were clear on their roles and responsibilities and there was the assurance that these were aligned to organisational on call procedures and national reporting requirements. With only the need for 3 Sitrep call over the 2018/19 winter we will be building on the foundations of this success as we plan for 2019/20.

All organisations in 17/18 developed a Decision Management Tool which provided a risk assessed model to identify contingency actions that we would need to take if our system reached OPEL 4. The tool focuses predominately what services could be suspended and resources re-deployed.to manage the incident and support recovery. This was further developed in 2018/19 and will be reviewed as part of the 2019/20 LOPEL refresh.

We are in the process of refreshing the Leeds Operational Pressures Escalation Levels (LOPEL) for 2019/20 to ensure it is reflective of operational activities and behaviours. The refresh will focus on the agreed objectives carried forward from last winter below:

- Confirm governance arrangements for winter – winter room, patient level operational groups
- Mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet local changing 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 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 Leeds system principles
- 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)
- Agreeing our approach, processes and escalation to executive level command
- 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, further on –call training
- 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 2019/20 Emergency, Preparedness, Resilience and Response

4.2 Leeds Escalation principles

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 maintained zero twelve hour trolley breaches and people in non-designated bed areas since May 2018.

The principles below where agreed in 2018/19 and will be carried forward for this year's plan. These principles underpin our plans and ensure we have a shared approach to deliver quality and safety for our population with clear outcomes.

- 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
- 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
- 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.

All of our developments need to be 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.

4.3 Provider clinical escalation plans

All providers annually review 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 CEO
    - 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

4.4 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system has robust processes in place to ensure that we comply with the requirements of exception reporting 7 days a week during the reporting periods. Reporting consists of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,
- Any 12 hour trolley breaches,
- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4.5 Emergency, Preparedness Resilience and Response

All NHS organisations have a statutory responsibility to ensure they are properly prepared to deal with an incident or emergency. There are well-defined core standards for Emergency Preparedness, Resilience and Response (EPRR) across NHS organisations. All NHS organisations are responsible for the achievement, maintenance and monitoring of the standards, and are accountable to NHS England through the Local Health Resilience Partnership Board (LHRP).

4.5.1 Emergency, Preparedness Resilience and Response standards

The EPRR standards are used to inform and direct our approach to escalation management along with the OPEL framework. The detailed standards seek assurance on all levels of planning, guidance and preparedness on information sharing, command and control arrangements, responsibilities and mutual aid arrangements to enable prompt recovery from disruptions. Business continuity plans are a key part of EPRR planning including the regular testing.

Emergency Preparedness Resilience and Response – Responder Categories
The Civil Contingencies Act (2004) specifies that responders will be either:

- Category 1 (primary responders), or
- Category 2 responders (supporting agencies).

Category 1 responders for health are those organisations at the core of emergency response:

- Department of Health on behalf of Secretary of State for Health
- Public Health England
- NHS England
- Local authorities (inc. Directors of Public Health)
- Acute service providers
- Ambulance service providers

Category 2, responders are critical players in emergency preparedness, resilience and response and will work closely with other category 1 and category 2 responders. The following are considered to be category 2 responders for health:

- Clinical Commissioning Groups (CCGs)
- NHS Property Services.

All NHS providers will complete a self-assessment across a number of domains. The standards are reviewed and updated annually as lessons are identified following incidents or testing, or changes made to legislation or guidance. The 2019/20 standards remain the same as 2018/19; 68 individual standards under 10 domains below which range from command and control to evacuation.

Organisations will be assessed as either Full, substantial, partial or noncompliance based on their response to the standards that their organisation is required to assess against. As Category 2 Responders CCGs are required to self-assess against 43 individual standards, these sit within the 10 domains. By comparison acute providers have to assess against 64 individual standards.

The ten domains are:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN

The submission date is 31st October; SRAB will receive provider's assessment outcomes and develop an approach to address any areas for development especially where themes are evident.

4.5.2 2019/20 EPRR Assurance Deep Dive

Each year NHS England uses the core standards assurance process to undertake a 'deep dive' look at a specific topic relating to EPRR. Previous deep dive topics include Command and Control, Pandemic Influenza, Business Continuity and Governance. Deep dive results are not included in the overall organisational compliance rating and are therefore reported separately. In 2019/20 the

deep dive topic is Severe Weather and Climate Adaptation. Severe Weather would clearly have a system impact, and quickly invoke escalation management processes. Climate Adaptation and Sustainability are city priorities and for these reasons there was support to review this deep dive area in partnership with health providers and the local authority.

4.6 EU Exit Preparations

The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector. The application of national guidance is mandatory including all communication, planning and the assessment of risk. Professor Keith Willetts is leading NHS England response to the exit from the EU which focuses on the following key areas as identified by DHSC:

- Interruption to the supply of medicines and vaccines;
- Interruption to the supply of medical devices and clinical consumables;
- Interruption to the supply of non-clinical consumables, goods and services;
- Availability of workforce;
- Changes to reciprocal healthcare arrangements;
- Continuation of research and clinical trials; and
- Interruption to data sharing, processing and access.

Nationally we are being told to expect to begin assuring local preparations in September. This assurance process will cover similar ground as previous exercises, including your plans, systems and contingency arrangements for key areas such as operational readiness, communication, continuity of supply, workforce, clinical trials, data, finance and health demand. Further clarification will be provided at the national workshop for the north of England September 5.

The NHS in Leeds and Leeds City Council are working together on citywide plans to prepare, plan and respond to any impact related to EU Exit. A city wide steering group chaired by Dr Ian Cameron; Director of Public Health was established to ensure a collective and consistent response across the city. It was agreed that the remit of the group was to:

- gain assurance of individual organisations plans.
- focus on themes that effective all organisations, identified as

    - Medicine and equipment
    - Staff
    - Fuel disruption
    - Communication
- collective test our continuity plans at a system level

Table 3 shows the Senior Responsible Officers across the Leeds NHS organisations.

Table 3

Organisation	Lead	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer
NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Leeds City Council	Ian Cameron	Director of Public Health
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations
Leeds and York Partnership Foundation Trust	Sara Munro	CEO
Leeds GP Con-Federation	Jim Barwick	Chief Executive
Yorkshire Ambulance Service	Steve Page	Deputy Chief Executive & Executive Director of Quality,
Local Care Direct	Andrew Nutter	Chief Operating Officer

In addition Leeds City Council has an EU Exit ‘no deal’ Strategic City Recovery Plan that demonstrates strong links with partner organisations across the city. The plan focuses on the following key areas:

- Infrastructure and Supplies impact
- Business and Economic impact
- Community impact
- Council impact
- Media, Communications and Public Affairs

As the new exit date of October 31 approaches all groups have been re-established to assess the current status and progress planning. National guidance asks all organisations progress the following mandated actions in preparation for national messages expected early in September.

Nationally mandated actions August 2019

- Complete the mitigation of any issues identified in the previous assurance processes
- Make sure your EU Exit team is in place. This should include, Advising your Board that the EU exit response is being stood up for leaving the EU on 31 October
- Having an EU Exit SRO in place, with supporting EU Exit team, and full management and oversight of the organisation’s Single Point Of Contact (SPOC) email for EU exit communications
- Having relevant subject matter experts available for critical areas including supply/ procurement, pharmacy, logistics, estates and facilities, workforce, data
- Reinstating on-call arrangements, and ensuring on-call directors understand what is required of them and the escalation routes for problems
- Ensure your business continuity plans are up-to-date and tested, including winter and flu plans
- Make sure you are engaged with local system preparations around EU exit through Local Health Resilience Partnerships and Local Resilience Forums, and have agreed to link with partner agencies including local authority, CCG and provider colleagues to collaboratively manage and address issues.

- Re-familiarise your teams with details of the EU exit operational guidance from 21 December 2018 bearing in mind some aspects of this may have been supplemented or may be updated in the coming weeks
- Register to attend the regional EU Exit workshops in September, where you will be updated on the operational guidance and planning context, including the key changes since April.
- Revisit your organisation's contract and supplier assurance process including 'walk the floor' checks, to include smaller and/or niche local suppliers not covered by national assurance exercises (this applies to both CCGs and providers)
- Ensure you communicate with healthcare professionals and patients using the available information on the GOV.UK, NHS England and Improvement websites and NHS Choices.

We are informed that we should expect regular situation reporting to start from 21 October. All organisations in Leeds have plans in place for completing the reporting as required.

5 Transformation Plans

5.1 Transforming Leeds Unplanned Health and Care System

The NHS Long Term Plan details the strategic direction for the NHS over the next ten years. The plan highlights the challenges facing the NHS including staff shortages, growing demand and an aging population. With a focus on changing the way we do things to tackle these challenges the plan aims to give people more control over their own health and care whilst preventing illness and tackling health inequalities.

With emphasis on integrated care the long term plan is a framework not a blueprint giving local systems the flexibility to develop their response to meet the local needs and priorities of their populations. Through Integrated Care Systems (ICS) Leeds commissioners will make shared decisions with providers on population health, service redesign and implementation of the Long Term Plan.

The Long Term Plan sets out actions to ensure patients get the care they need, fast, and to relieve pressure on emergency departments. This will be achieved by developing and investing in primary and community services such as urgent treatment centres. For people requiring hospital care there is a drive for these to be treated through ‘same day emergency care’ without need for an overnight stay where appropriate. It is hoped that by implementing this model that the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on previous successes in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And though our continued partnership with local council’s further action to support people to return home and retain their independence where possible will support reducing delayed hospital discharges.

5.2 The system pathway of care

The six areas referred to in section 3 also support the development of our strategic transformational plans.

5.2.1 Anticipatory Primary care

The development of Primary Care Networks and Local Care Partnerships are key in delivering efficient and effective urgent and emergency care services. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. As they develop we will work with them to ensure links to all urgent and emergency services and maximise any opportunities to integrate services.

The UTC's are a great example of how can deliver the national mandate and support local people through the integration of services. We will build on this as we develop further services across the system.

5.2.2 Access into Unplanned Health and Care Services

Nationally and locally, it is recognised that there are too many entry points into the unplanned care system. This makes it confusing for people to know where to go when they feel they have an unplanned care need. The vast majority of unplanned care services offer walk in options. People therefore tend to present to the service they are most familiar with, as opposed to presenting at the service that may best meet the person's health and care needs. Health and care professionals equally report understanding the unplanned care landscape is difficult and complex to navigate.

In Leeds, multiple single points of access exist. Some of which are available to the public, some to health and care professionals, and some which are available to both. There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. This will allow unplanned care to move back into planned care at the earliest opportunity.

The newly commissioned NHS 111 Integrated Urgent Care (IUC) service allows for greater synergies between the urgent (NHS 111) and emergency (999) services which supports the aim of the access work stream as regards to making access to urgent and emergency care more seamless.

Planned and unplanned (emergency 999) Patient Transport Services (PTS) is recognised as a key enabler for the delivery of the access work stream ensuring the needs of patients can be met within various healthcare settings. Robust planned and unplanned transport services will ensure that people are able to access emergency care, present at urgent unplanned appointments and attend planned appointments anywhere within the health and care system.

The development of transport services programme will seek to improve the National Ambulance Response Programme (ARP) targets, create a hybrid service model between emergency and planned transport and improve access and integration between health and care transportation.

5.2.3 Primary and Community Urgent Care

A clear driver in the establishment of UTC's is to standardise the offer the public can expect from unplanned care services including for primary urgent care. People tell us, locally and nationally that there is a confusing mix of services for urgent care. These include walk-in centres, minor injuries units, urgent care centres and A&E's. In addition, numerous General Practices offer differing appointment systems and varied offers of core and extended services.

The recent publication of the *NHS Long Term Plan* (2019)[1] and the NHS Operational Planning and Contracting Guidance 2019/20 (2019)[2] specifies that commissioners should continue to redesign urgent care services outside of A&E, aiming to designate the majority of UTCs by December 2019. The guidance states UTCs should meet the previously published standards and ensure that they operate effectively as part of a network of services including primary care, integrated urgent care, ambulance services and A&E.

The aim of delivering standardised UTC's are to:

- simplify the system and access to services that meet people's needs, making the right choice the easiest choice
- improve people's experience of health and care services
- integrate services across the health and care system
- reduce attendance within Emergency Departments

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf

- reduce conveyance to Emergency Departments
- support effective system flow,
- ensure Emergency Departments have the dedicated resources for higher acuity and specialised services
- support the improvement of the Emergency Care Standard
- achieve a left shift in the delivery of care closer to home
- increase access to diagnostics in the community

A fundamental requirement to achieve a network approach for the UTC's is for the providers to work in strong collaboration with one another at each UTC location, with services to be integrated where required. This strong, positive collaboration approach was implemented at the St Georges Centre UTC development and was a critical factor in the success of the UTC achieving designation status.

Opportunities are presented within the UTC mandate to support the development of 24/7 urgent primary care and ensuring that people receive care as close to their place of residence as possible. This will include the review of how we commission GP Out of Hours service in the future, either at place or ICS level. The review will explore the different elements of the current contract to maximise the future opportunities and economies of scale. These elements are:

- Infrastructure to manage the calls across the 111 regional, sub-regional and local levels
- Delivery of GP Out of Hours service

The review of GP Out of Hours will explore what rapid response may be required to support keeping people at their own home, and by what skill mix of health and care professionals. Both the UTC and GP Out of Hours offer will be further supported and complemented by the evolution of Primary Care Networks and Local Care Partnerships.

As Primary Care Networks and Local Care Partnerships develop and integrate, we will need to be clear regards how they link with the UTC's to develop clear pathways and where appropriate, additional services for their respective populations. This will provide an ideal opportunity to put more formal arrangements in place around integrated urgent primary care.

One of the national ambitions for UTC's is to reduce activity at the Emergency Departments to support the achievement of the 4 hour ECS performance target across the system. It is recognised in Leeds that due to pre-existing urgent care services (MIU's Walk-in-centre) this is not Leeds prime driver for implementation. The main driver for UTC's will be to standardise the service offer to reduce confusion for the public and support the delivery of 24/7 primary care at both a place based and primary care level.

5.2.4 Non-Elective Front Door

Efficient acute hospital flow encompasses quickly, proficiently, and effectively meeting the demand for care at both the front and back ends of the hospital. It involves effective coordination of patient care, moving the patient through pathways safely, to achieve the best possible outcomes. Poorly managed patient flow at hospitals front door can lead to adverse health outcomes, including increased re-admissions, longer length of stays and adverse mortality rates.

The non-elective front door work stream is broken down into the following:

Hospital handovers

The amount of ambulance to hospital handover delays across Leeds will be reduced and the handover process will be improved. The handover of clinical information about the patient from ambulance staff to the hospital is potentially a critical point in a persons unplanned care journey. Any information that isn't passed over effectively could result in sub-optimal patient experience through effecting the actions taken once the person hits hospital.

Attendance Avoidance

- We will reduce the number of attendances at hospital through identifying and supporting schemes across the system which facilitate the shift left and lead to more patients accessing community alternatives for unplanned care episodes.

Admission Avoidance

- Avoidable admissions will be reduced through a number of schemes including:
    - improving access to PCAL for front line staff
    - Improving acute frailty services to ensure patients are assessed treated and supported by Multi-Disciplinary teams in A&E and acute receiving units with people receiving rapid assessment.

    - Concentrating on admission avoidance pathways from care homes – “Analysis suggests that over a third of hospital admissions from care homes are avoidable”. [3]
- We will also implement the recommendations of the NHS clinical standards review for those patients with the most serious illness and injury to ensure they receive the best possible care in the shortest timeframe. This includes patients who come to A&E following a:
    - Stroke,
    - Heart attack
    - Severe asthma attack
    - Major trauma
    - Sepsis.

Same Day Emergency Care (SDEC) and Ambulatory Care

Same Day Emergency Care ensures that people presenting in hospital in an unplanned car with certain conditions can be rapidly assessed, diagnosed and where appropriate and safe to do so, treated without being admitted to a ward. People are then able to go home to their place of residence on the same day. Assessment areas and ambulatory care hubs will be utilised to reduce the number of people with short stay admissions to ensure more are discharged on the same day.

More effective management of patients who attend the hospital who would have previously attended ED and been admitted will support better outcomes for people. For the system, over time, it is assumed that we will be able to reassess the capacity required for non-elective admissions and ultimately reduce non elective demand on the LTHT bed base. This will also support the achievement of ECS target through more appropriate management of patients at the front door and ultimately support the achievement of planned care targets e.g. 18 weeks.

Co-Located UTCs

These will contribute to the improved flow of the hospital ensuring that people who present with an urgent primary care need will be streamed effectively into the UTC to ensure they get the most effective care for their needs. This will mean that the Emergency Department will be freed up to care for those patients with a true emergency need.

[3] https://www.gov.uk/government/news/record-nhs-funding-to-give-patients-a-better-alternative-to-hospital

The UTC will treat most injuries or illnesses that are urgent but not life threatening e.g. sprains and strains, broken bones, minor burns and bites and stings. The co-located UTC will provide an initial assessment and treatment of patients and reduce the need for an admission.

5.2.5 Non-elective care and discharge

Hospital Discharge

The Leeds Health and Care system will work in partnership to ensure discharge is effectively planned from the day of arrival into hospital to ensure people receive the most optimal outcomes for their care. There is currently a disparity in where people are currently discharged to and where would provide the best outcome for their discharge. We aim to ensure that this is addressed with the right choice for the patient also being the easiest choice. In order to improve hospital discharge we will:

- Continue to implement initiatives which help to optimise discharge and make it timelier.
- work to ensure that people get the most efficient pathway through and out of the hospital
- increase the number of patients who are discharged to the most optimal discharge pathway for their care as described in the Newton Europe findings contributing to the left shift in patient care.
- look to improve Length of Stay (LOS), Delayed Transfer of Care (DTOC) and reduce the number of ward moves. We will also look to increase the number of people who are given an estimated date of discharge (EDD) on the day of arrival.
- look to reduce the year round reliance on the medically fit for discharge wards run by villa care ensuring alternatives in the community are identified and available
- Improving discharge processes contributes to all previously outlined system benefits.

5.2.6 Community care and recovery

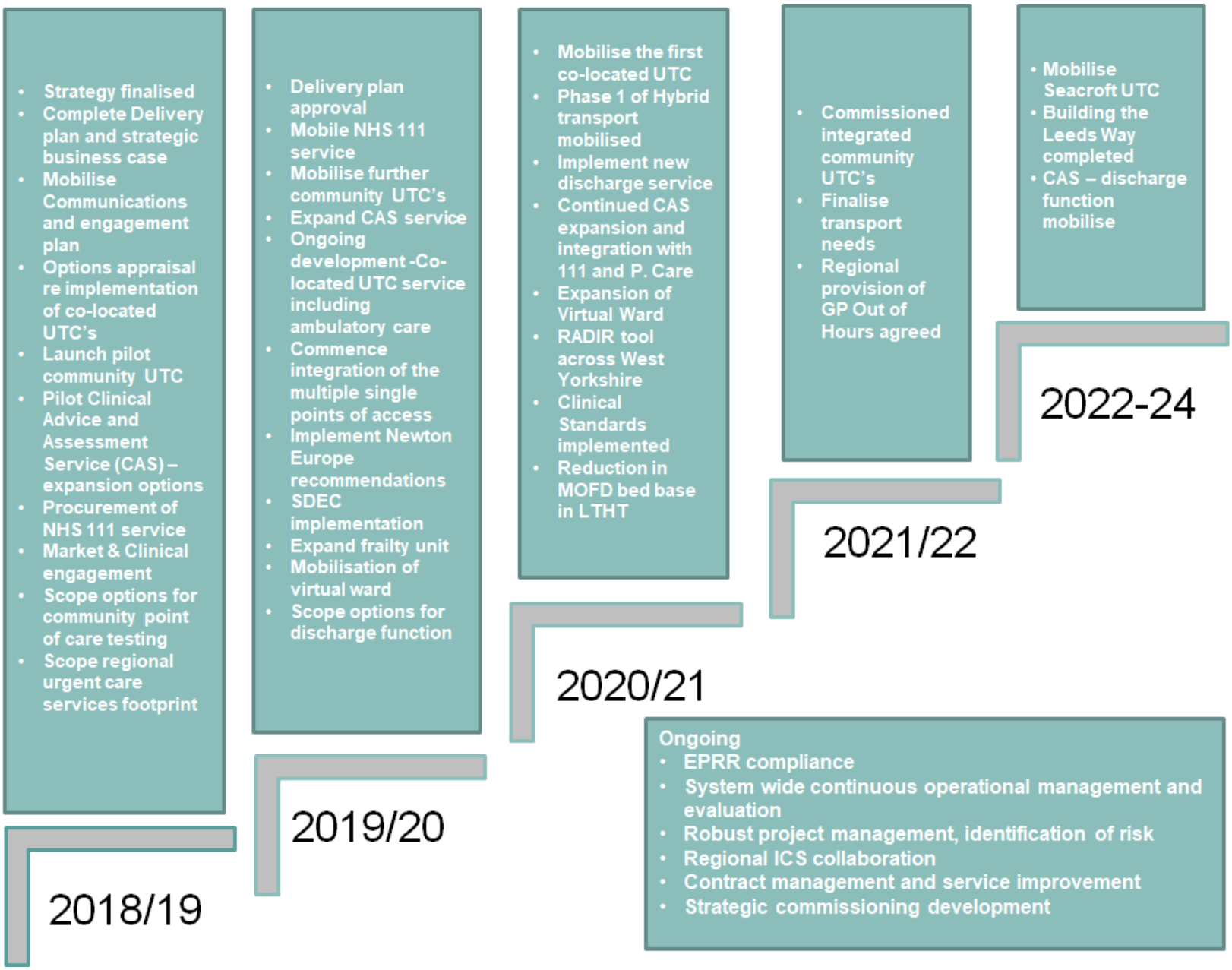
A fundamental aspect to effective discharge from hospital is to ensure that services in the community are able to efficiently support the shift left and get patients back out of hospital as quickly as possible to the most appropriate place for their care.

Discharge not only has to be planned effectively in hospital but also post discharge, to ensure that patients receive the best care and support possible. Effective care in the community can stem the flow of readmissions, decrease future care use and improve long term health outcomes for patients. In order to improve post hospital discharge we will:

- Expand and improve the range of flexible and responsive health and care services to support the left shift
- Ensure more people are being discharged to the most appropriate place for their care as measured by the Newton Europe audit.
- Engage the voluntary and third sector more in effective post hospital care and recovery
- Develop a range of care options and pathways for different levels of required support
- Increase the number of patients going home with reablement
- Use population health management to be proactive in a person's care following discharge from hospital and ensure they get appropriate reviews and follow ups.

Diagram 9 show the strategic milestones for the development and commissioning of the Urgent and Emergency care system in Leeds for the next 5 years.

Diagram 9


2018/19
Strategy finalised
Complete Delivery plan and strategic business case
Mobilise Communications and engagement plan
Options appraisal re implementation of co-located UTC's
Launch pilot community UTC
Pilot Clinical Advice and Assessment Service (CAS) – expansion options
Procurement of NHS 111 service
Market & Clinical engagement
Scope options for community point of care testing
Scope regional urgent care services footprint
2019/20
Delivery plan approval
Mobile NHS 111 service
Mobilise further community UTC's
Expand CAS service
Ongoing development -Co-located UTC service including ambulatory care
Commence integration of the multiple single points of access
Implement Newton Europe recommendations
SDEC implementation
Expand frailty unit
Mobilisation of virtual ward
Scope options for discharge function
2020/21
Mobilise the first co-located UTC
Phase 1 of Hybrid transport mobilised
Implement new discharge service
Continued CAS expansion and integration with 111 and P. Care
Expansion of Virtual Ward
RADIR tool across West Yorkshire
Clinical Standards implemented
Reduction in MOFD bed base in LTHT
2021/22
Commissioned integrated community UTC's
Finalise transport needs
Regional provision of GP Out of Hours agreed
2022-24
Mobilise Seacroft UTC
Building the Leeds Way completed
CAS – discharge function mobilise
Ongoing
EPRR compliance
System wide continuous operational management and evaluation
Robust project management, identification of risk
Regional ICS collaboration
Contract management and service improvement
Strategic commissioning development

7 Conclusion

Through the LSRP the overarching system aim is to demonstrate that we improve the outcomes for our population especially at a time of significant pressure.

As we strive to retain people's health and wellbeing and maintain their independence we know that this will require new ways of working and an aim to shift the provision of care form the acute trust into the community close to peoples home.

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 as well as out longer term strategic plans to transform our system.

Our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds.

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 identified measurable objectives in place to demonstrate the impact our changes are having for the people that access our services their families and carers as well as to our system and the people that work within it.

Glossary

CCG	Clinical commissioning Group
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
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
SRPG (ORG)	System Resilience Partnership Group
OPEL	Operational Resilience Escalation Level
PEG	Partnership Executive Group
STP	Sustainability and Transformation Plan
SiTREP	Situation Report
SRAB	System Resilience Assurance Board
UHCS	Unplanned Health and Care Strategy
UTC	Urgent Treatment Centre

Appendices

Appendix 1	Leeds System Resilience Governance
Appendix 2	2018/19 Review
Appendix 3	System Resilience Communications Plan
Appendix 4	System Resilience Risk Register