Shropshire Community Health NHS Trust

Annex 8.2 Emergency Response Procedures

Shropshire Community Health NHS Trust Surge and Escalation Plan

Version	V6 FINAL2021
Ratified By	
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CONTENTS

Document Management and Version Control

V6 DRAFT August 2021

Sponsors:

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ii. Publication and distribution

Distribution of this document is to;

- All Community Trust employees via datix distribution and staff web site & On call resource SharePoint / Microsoft Teams
- Both Shropshire and Telford and Wrekin CCGs,
- Shrewsbury and Telford Hospitals NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Out of Hours GP service (Shropdoc)
- NHS England Shropshire and Staffordshire Area Team

iii. Audience

This plan is aimed at Shropshire Community Health NHS Trust staff, to ensure all Senior Managers, Operational Managers and clinical staff are familiar with the Trust policy and approach to Surge and Escalation, understand escalation levels, enact the plan using daily sit reps and refer to action cards.

This also identifies to commissioners other NHS partners within the local health system what Shropshire Community Health trust will commit to and consider as supportive actions to help resolve periods of high demand and high escalation levels at the acute hospital, within the health system and a guide should the Trust need to alter its pattern of service activity to accommodate demand in specific areas or respond to a business continuity event.

Whilst this plan is more likely to be used during winter pressures it also provides the Trust with the framework and details to generate capacity and resource against any other challenge to the health economy requiring additional short term resource, such as an internal business continuity or major incident etc.

iv. Review

As a minimum requirement, this plan will be reviewed annually from the date of publication and following any incidents or exercises in which the plan is used, or where legislative or organisational changes occur.

Amendments will be issued to plan holders **immediately** and amendments will be recorded in the amendment record below. The Emergency Management Specialist will retain a record of amendments.

The person incorporating the amendment should sign the amendment record.

v. Amendment Record

Version	Date Issued	Change(s)	Date Actioned	Name
2.1		Total review inc. command and control, action cards, contacts directories etc.	August 2013	Pete Old, health Emergency Management Specialist
3.0	December 2014	Review to reflect current roles and responsibilities and changes to action cards. Add 2014 EMS triggers	October 2014	Pete Old, Health Emergency Management Specialist
3.1	DRAFT			
V4.0 Final 2015/16	December 2015	Update to action cards to reflect ICS	November 2015	Pete Old, Health Emergency

				Management Specialist
V4.1 Final 2016/17	November 2016	Change to personal details in trust actions	December 2016	Pete Old, Health Emergency Management Specialist
V4.2 Final 201/17	December 2016	Review of document against OPEL Framework	December 2016	Pete Old, Health Emergency Management Specialist
V4.3 Final 201/17	January 2017	Add severe weather plan reference. Delete an ERMA reference	January 2017	Pete Old, Health Emergency Management Specialist
V5 DRAFT	December 2018	Update to trust escalation plans, re categorise existing plans to internal actions for consideration. Review of document against OPEL Framework 2018. Amend some references to other plans that are not current or replaced		Pete Old, Health Emergency Management Specialist
V6 DRAFT		Routine update to trust escalation plans, and including pandemic related surge and escalation		Andrew Thomas Business continuity Lead

Plan holders are required to:

- Familiarise themselves with the contents of this Plan;
- Ensure its safe custody;
- Promptly send details of any amendments to this plan to the Business Development Manager
- Receive and promptly insert any amendments issued by the Trust into the plan, and record this action on the Amendment Record on this page.

vi. Other Plans and Guidance

This plan should not be read in isolation, and should be read in conjunction with surge and escalation plans of other providers such as;

- Telford and Wrekin/Shropshire/Powys Local Health and Social Care Economy System Escalation Plan.
- Shrewsbury & Telford Hospital Trust Escalation Plan
- Infection Control Policies
- Provider Business Continuity Plans

vii. Testing and exercises

Appropriate training is to be carried out throughout the year for operational managers and clinical staff to reinforce the plan. Surge and Escalation plans are in continuous use and therefore not exercised specifically though surge issues are featured in major incident and business continuity exercises.

1.0 Background

The Primary aim of this document is to support the delivery of high quality, clinically safe and effective care to the population of Shropshire County and Telford and Wrekin when demand for the Trusts services are unusually high and under unusual pressure. By implementing the core elements of this plan it is considered that the urgent care system, related targets and quality of service provision, will be supported during periods of increased pressure, maximising the chances of maintaining 'business as usual'.

This plan provides a framework and specific actions that the trust can follow to produce additional resources to either care for patients in community settings or community hospitals at times of unpredicted surges in demand produced either through an incident or seasonal impacts that require a change to normal service delivery and contract performance. The content of this document is consistent with the Operational Pressures Escalation Levels Framework (published in October 2016)

This plans works partly in conjunction with the Trusts Corporate Business Continuity Plan which identifies critical services that will always be maintained (and agreed with commissioners), but also demonstrates where services could be deferred to allow an increase in clinical staff.

The action cards in this plan relate to the Regional Capacity Management Team Escalation Management System (EMS) Triggers. It should be recognised that all actions that could be taken by the trust will take some hours to produce real capacity and that to sustain the capacity generated over longer periods will require use of the business continuity plan to produce further staff resources to sustain these actions, back fill staff resources alternately deployed and recover key clinical work that has been differed.

1.1 Related Documents

The Surge and Escalation Plan should not be read in isolation but as a part of the local health systems response to managing the impact of high demand against existing capacity. The key documents related to this plan are primarily:

- Shrewsbury & Telford Hospital Trust Escalation Plan.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Escalation Plan.
- West Midlands Ambulance Service Escalation Plan.
- Corporate Business Continuity Plan (Shropshire Community Trust).
- Infection Control Policy 2021 (Shropshire Community Trust)

2.0 Introduction

The purpose of the Trust Surge and Escalation Plan 2021/22 is to outline strategies or options that could be implemented by the Trust that could either support service delivery within the Trust or, the local Health and Social Care Economy in responding to potential or actual pressures on services. Pressures may be a result of a major or disruptive incident or seasonal capacity issues.

- Events within the Local Health Economy can bring about increasing demands for services leading to particular pressures. Historically in the NHS these pressures are increased during the winter period (although can occur at any time of year).
- This plan acts as Shropshire Community Health Trust's pressures plan covering both community hospitals and non-inpatient community services. It forms part of the required wider health and social care economy joint response to manage emerging pressures and dovetails with the separate Operational resilience and capacity planning for 2021/22
- The plan sets out Shropshire Community Health Trust actions for managing emerging pressures and responding to those pressures.
- The plan does not attempt to duplicate the guidance already in existence and acknowledges that there are other plans in operation.
- **This plan is not a prescriptive model and senior managers will determine other actions based on the presenting issue and innovative options that would assist in resolving the issue being managed.**

The underlying principle of the plan is primarily to continue 'business as usual' even when under increasing pressures. However, it is also recognised that above all there must be robust plans to ensure essential services can continue to be delivered during a major incident or when demands are increased leading to excessive pressures on health and social systems during these times.

The trust recognises that it operates as part of a health system and that in escalating its response to pressures it accepts a degree of risk but this risk is outweighed by the risk to patients left unable to access care with urgent or emergency medical conditions.

3.0 Aims and Objectives

Through this plan the trust aims and objectives are to demonstrate that robust strategies and plans are in place and for the Trust to:

- Play its part in supporting the local health and care economy by responding collaboratively, effectively and flexibly, maximising capacity during period of high and unusual demand.

- The plan is firmly underpinned by the principle of partnership working and collaboration to support whole system solutions to surge and escalation.

- Demonstrate operational readiness

- Improve discharge and admission avoidance capacity and processes.

- To ensure business as usual is maintained over winter and holiday periods where traditionally demand on NHS Services is highest.

- Describe agreed leadership arrangements, communications and reporting channels needed at times of increased service demands.

- Describe what changes to service provision could be made so that variance to contract performance can be agreed by commissioners, risks are identified and recovery plans can be made.

3.1 The plan will apply the following principles to planning and responses

- Patients will be cared for in the most appropriate place based on clinical needs and recognising that additional beds is not always the best option for the elderly frail group and that care at home should a prime consideration.

- Response arrangements are based on strengthening and supplementing priority services at times of increased demand.

- Plans must provide clear strategic and operational guidance on steps to be taken as pressures escalate.

- Escalating further is considered a symptom of failure.

- De-escalation is part of the planning process as the desired outcome.

- Recognition that in times of extreme pressure difficult decisions may have to be taken.

- Increased risk at times of pressure will require mutual acceptance with partners, commissioners and careful management and no partner will deliberately put another at risk without clear agreement.

- Links to existing management frameworks both internally and externally

3.1 National Operational Pressures Escalation Levels Framework

This is a national strategy published by NHS England (Second Edition Published: 21st December 2018) which aims to provide national consistency on how pressures are described and actions that should be taken system wide during periods where NHS resources do not match demand.

The National Operational Pressures Escalation Framework (OPEL) describes four levels of escalation which a very similar to the existing EMS escalation levels used in the Shropshire, Telford & Wrekin health system for some years. The OPEL escalation levels are described in full in Appendix 4.

Please review Appendix 4 before reading the rest of this document

4.0 Leadership & Accountability

Effective leadership during emerging pressures is essential to ensure appropriate and timely actions are taken to respond. The appropriate level of organisational representation is essential at times of local health system pressure; attendance by individuals or managers if asked to contribute is not optional. Increasing seniority of attendance should reflect escalating pressures.

The Shropshire Community Health NHS Trust relates actions in its Surge and Capacity plan to the OPEL levels (EMS Levels) and identifies appropriate managers to lead the trusts response that are in alignment with other NHS Trusts in Shropshire.

Who is responsible within the trust at each level of escalation is set out in the table below, Note: this relates to the Trusts escalation level not those of surrounding trusts.

ESCALATION LEVEL	In Hours responsibility	Out of Hours responsibility
OPEL 1 (EMS Level 1)	Locality Clinical Service Managers Service Delivery Group Managers	Senior Manager on Call
OPEL 2 (EMS Level 2)	Service Delivery Group Managers Deputy Director of Operations	Senior Manager on Call
OPEL Level 3 (EMS Level 3)	Director of Operations & Nursing. Senior Managers and Locality Managers.	Director on Call + Senior Manager on call Other senior managers as required
OPEL Level 4 (EMS Level 4)	Chief Executive / Director of Operations & Nursing. Senior Managers.	Director on Call + Senior Manager on call Other senior managers as required

4.1 Trust Command and Control

4.1.1 Escalation Management Structure

The trust management structure during daily pressures of demand will largely remain unchanged. However, if specific actions need to be taken then this will be communicated to those service delivery areas that are required to take action.

The Trust will issue a formal notice across the trust when required for information, and separately authorise implementation of the trust actions at each stage of escalation.

The text below sets out who is responsible for managing services when the trust declares the implementation of its actions set out in the escalation triggers either internally or in response to local health economy wide management of capacity to meet surge and capacity issues.

At high levels of escalation, the A&E Delivery Board will be involved in monitoring or agreeing specific actions required by each NHS Provider organisation to mitigate further escalation

OPEL [EMS] Level 1

Normal trust management applies with Service Delivery Group for Adults (and Lead for Urgent care) as trust lead with Locality and Service Managers, Team, Leaders, Hospital managers and other clinical/non clinical staff liaising as appropriate with SaTH discharge teams and providers of other health care services to accommodate the relevant patient care pathway within the control, capacity and resources of Shropshire Community Health Trust.

Responsibility for service delivery lies with the Locality Clinical Managers.

Out of Hours Operational issues are managed by the Senior Manager on Call (via Shropdoc – 01743 454907)

OPEL [EMS] Level 2

Service Delivery Group for Adults, Clinical Capacity Manager and Locality Managers will review the actions set out on the Trusts escalation action card for EMS Level 2 and advise the Divisional manager of what actions could be implemented and the time it will take to implement the actions.

Operational delivery of escalation actions will remain with normal management structure at this stage.

In coordinating the Trust activity whilst ensuring appropriate governance actions should be tracked and recorded using the Urgent Care Report to monitor what the current situation is, OPEL/EMS levels the trust and its stakeholders have declared, what action the trust is taking currently and who has authorised specific actions at each escalation level

OPEL [EMS] Level 3 & 4

4.1.2 Escalation Incident Management Team (Operational)

At high levels of system pressure the clinical commissioning group will be involved in leading a system response supported by NHS England.

The trust will consider convening a incident management group to manage complex or sustained surge issues and is based on the structure contained in the Trust Emergency Response Procedures. Actual membership will be determined at declaration of a health system OPEL/EMS level 3 or 4 by the Director or Assistant Director of Operations (or Director on Call out of hours) based on the duration and impact of the trust of OPEL/EMS level 3/4 being declared.

Trust Full Incident Management Team

Incident Director	Director/Assistant Director/On Call Director
Incident Manager	Senior Manager on call / Deputy Director of Operations
Media Coordinator	Working hours only
Administration Lead/Loggist	Senior Admin staff
Loggist	Senior Administration staff
Help Line Coordinator	If situations suggests dedicated contact line for staff or public is required
Locality Clinical Managers	As required drawn for Hospital and community services areas.
Health Emergency Management Specialist	Andrew Thomas
Capacity Hub	Capacity Manager

4.1.3 Incident Control Room

Short duration/low trust impact escalation episodes can be managed using local offices as well as the office of the Director lead. In a sustained response, presently office H5 will become the trusts incident coordination centre or a virtual incident room can be created via MS teams in particular as part of the Trusts agile working aims.

4.1.4 Trust Intelligence Gathering and upward notification

The escalation check list **(Appendic 2 and 3)** should be used by Shropshire Community Trust managers as options to help facilitate the support and input required by partner organisations during period of pressure. An action Tracker **(Appendix 1)** can be used to provide a visual reference of what escalation actions have been and agreed and by whom. An appendix is also included **(Annex 1b)** to provide an overall view of Trusts bed capacity.

Finally, under the NHS E Incident Reporting Protocol, all providers are required to notify the CCGs if any commissioned service is interrupted or reaches OPEL/EMS levels 3 or 4, including out of hours via the CCG on call manager.

The CCGs are then responsible for alerting the NHS England.

4.2. Capability Modelling

During 2018 considerable work was undertaken to understand demand and capacity as a system. Specific programmes of work are currently in progress within the trust relate to the Urgent Care Strategy and specifically for the community trust relate to the frail and complex service delivery, community delivered IV therapy, maximising community hospital bed capacity and admission avoidance.

The table below shows the numbers of beds currently available within the Shropshire Community Hospitals currently community hospitals do not have any capability to increase the number of beds they have in response to surges in demand.

Location	Current Capacity	Additional commissioned Capacity 2021 (TBC)
Bridgnorth	25	
Whitchurch	32	
Ludlow	24	
Bishops Castle	16	
Totals	**97**	

5.0 Critical factors impacting the health system pressure

Historically the following factors have impacted on winter pressures within the Shropshire and Telford & Wrekin Health Economy and specifically community service provision:

- Adverse weather conditions affecting both incidence of illness, injury, and availability of staff through travel disruption.
- Delayed transfers of care (both in Acute and Community Hospital settings)
- Discharge processes, especially independent care assessments.
- Increased demand for admissions.
- Infection Control leading to ward closures.
- Staff sickness.
- Non availability of certain staff groups 7 days per week in rural areas.
- Patients Choice supporting patients to choose their place of care. (Significantly impacting DTOCs).

- Equipment delays due to limited stock or delivery.
- Seasonal Flu

6.0 On-going Actions to address issues impacting on winter pressures

- In order to address the issues of flooding and snow with mobility of staff, Shropshire Community Trust provides regular weather updates to all staff in order to assist in managing critical and priority patients. Severe weather alert actions are detailed in Annex 8.6 Severe Weather Plan.

- Daily community hospital bed status situation reporting is via Single Point of Referral and circulated regularly during the day – 7days a week.

- Daily conference calls at times of escalation in order to manage health economy demand.

- The implementation of a Frail & Complex service, capacity and demand hub with single point of referral, will support the acute trust to address DTOC by providing information shared with the trust that is accurate and timely.

- Shropshire Community Trust will continue to work with acute trusts in supporting their discharge processes.

- The Trust will consider providing community nursing in-reach to ED, AMU, and SAU to support early discharge in addition to its other formalised in-reach capacity.

- The management of holidays at peak times and service status reporting is a shared responsibility across the health economy shared by the Community Trust with commissioners in advance of any potential workforce pressures.

    - Shropshire Community Trust has robust sickness management processes in place which is expected to assist in reducing the amount of sickness.
    - Community Services ensure staff resources are available based on safe staffing levels for the acuity of patients being managed.

- Shropshire Community Trust have worked closely with its partners to ensure improvements in equipment provision and recognise admission avoidance as a priority. The trust does not envisage a significant issue with equipment over winter 2021/22, providing that protocols with partners are followed. A new computerised ordering service implemented in November 2018 (TECS) will support more efficient and timely community equipment supply.

- A senior nurse has been appointed as Clinical Capacity Manager to ensure Community Hospital bed use is maximised and to provide effective liaison

between the acute trust and community services. The trust view is that the provision of additional community beds is a last resort and does not provide the optimal care pathway in most cases.

6.1 Planning Assumptions

The A&E delivery board and A&E Delivery Group have a focussed understanding of demand and capacity across the Shropshire Health Care System.

For 2021 despite schemes in place to increase flow through the acute trust to community services and admission avoidance schemes, achieving a balance between demand and capacity will be a challenge due to Covid 19, RSV and seasonal flu, alongside NHS restoration of services

6.2 Proactive planning

The Community Trust Surge and Escalation plan operates throughout the year. The focus is on ensuring that the Trust is able to provide the best response to surges in activity and pressure through:

- Close monitoring of community hospital bed capacity and admission avoidance.
- Implementing the SAFER care bundle and nurse led or criteria based discharge initiatives.
- Monitoring and use of common escalation triggers across health and social care with agreed escalation plans.
- By ensuring all satellite community equipment stores are adequately stocked responsive to surges in demand. A new system ensures that items that need to be re-ordered are immediately understood and resupply actioned.
- Proactive discharge planning and relevant clinical assessments
- Liaison with bordering NHS providers to support repatriation within the relevant care environment.
- Ensuring senior managers, and clinical staff are familiar with the Surge and Escalation Plan and understand escalation levels. Delegated responsibility for managers and clinicians to enact the plan using the daily situation reports and action cards provided.
- Daily situation reporting seven days a week using a urgent care summary and EMS bed capacity grids on EMS including to managers on call out of hours.
- Long term conditions teams and community teams have the competencies to provide specialist community care for patients with COPD, Diabetes and Heart Failure; these services include exacerbation management and focused on admission avoidance strategies and some have an in reach capability.
- Admission avoidance and supportive discharge services work with internal and external partners including social care, WMAS, acute and independent care provider to maximise opportunities for patient care within the community.
- Sharing and promoting national media and comms messaging to members of the public signposting to self-help and how to seek advice and support services based on their clinical needs.

- Encouraging the take up of seasonal flu immunisations by our patient facing staff and those in critical functions.

6.3 Process of evaluation of actions

The effectiveness of actions implemented by the trust in response to external capacity and demand will be monitored and inform reviews of the Trust surge and capacity plan. Particular attention will be paid to monitoring trends in Community hospital DTOCs and lessons to be learned about actions with positive or negative impact on flow across the system.

7.0 Escalation & De-escalation

Shropshire Community Trust uses the Regional Capacity Management EMS escalation system to declare and respond to periods of internal or acute capacity pressure. The trust has agreed actions against each escalation trigger provide a list of options that could be agreed and implemented. Which actions are implemented would depend on the nature of the issue and what the system agrees the community trust could contribute to support flow, capacity and de-escalation.

The agreed trust escalation actions in response to capacity pressures at Shrewsbury and Telford Hospital NHS Trust (SaTH) are set out in the table below.

ESCALATION LEVEL 1
• Ensure key staff available across urgent care services • DTOCs requiring funding escalated for a decision to CCGs and Councils. Prioritise patients for Social Care support. • Maintain in-reach support to SATH, as per plan
ESCALATION LEVEL 2
• Review in-reach resources and offer additional support where identified need is advised by SATH • Identify where community teams have capacity, prioritising supported discharge over routine patient need
ESCALATION LEVEL 3
• **Continue with Level 2 actions and;** • Review all options and resources to ensure all community hospital beds are open and can be safely staffed • Re-deploy care homes assessors to assess suitability for community hospital admission • Flex community hospital admission criteria; discuss with SATH on an individual patient basis for appropriate transfer for discharge or admission avoidance.
ESCALATION LEVEL 4
• Review non-essential activity such as training, meetings etc. to maximise available clinical staff • Consider releasing clinical staff from corporate teams and other services to support community and community hospitals e.g. IPC, diabetes nurses, quality team and nurse educators • Case by case review of acute IV patients for care in community settings • Consider deployment of Shropcom bank HCAs to support gaps in domiciliary care provision • Ensure all MIUs staffed and remain open, consider extending hours if a clear benefit to managing system demand

Should the trust need to review its service delivery due to lack of capacity, resource or to meet high demand, detailed considerations and options internally for the trust are included (**Appendix 3**) some of which might already be in place in response to capacity pressure at SaTH. Any action being considered must be reviewed in respect

to being proportionate and adding value to the current situation and in some cases, need to be agreed by the commissioner prior to implementation.

Whilst Shropshire Community Trust has identified through its action cards a range of additional activities it can offer at different levels of escalation, some of these actions will take some hours to produce any real additional capacity so, either need to be agreed early to make a worthwhile contribution, or selected on the basis of what additional need or capacity is required and where geographically to add benefit.

- SaTH uses the regional Escalation Management System' (EMS) as the indicator of demand and pressure and the basis for triggers. These triggers are reflective of a current position at a point in time and, in the main, the focus is on the Emergency Department.

- The Community Trust recognises that if appropriate and prompt discharges from community hospitals and effective management of complex discharges to the community are not maintained consistently across the organisation then this will impact on patient flow. Failure to maintain efficient patient flow across the organisation will impact on the wider health economy pressure.

- If escalation to OPEL/EMS level 4 is required by either the trust or across the health system then this can only be agreed internally at Director level internally and for the health economy by the NHS England; there is a view that escalation to OPEL/EMS level 4 or prolonged periods of level 3 can be seen as a failure of the system to effectively manage patient flow and require support from NHSImprovement.

- Escalation Level 3 or 4 within community trust will be extremely unusual. The Trust uses a localised EMS process and criteria to identify need for escalation.

8.0 LHE Combined Action Cards.

Individual organisations have developed their own local action cards which indicate its internal actions and those anticipated from other organisations in support or as mutual aid. These have been brought together into one table for each level of escalation and can be found in the Telford and Wrekin/Shropshire/Powys Local Health and Social Care Economy System Escalation Plan 2017/18 Plan.

Appendix 1 Escalation Actions Tracker

These tables should be copied to a sheet of A4 and completed – adding more rows if required.

EMS LEVEL 1	Director Responsible:				Date & time
	Senior Manager Responsible:				
	Action Taken	Approved by	Time/date fully implemented	Stood down	Normal Business resumed

EMS LEVEL 2	Director Responsible:				Date & time
	Senior Manager Responsible:				
	Action Taken	Approved by	Time/date fully implemented	Stood down	Normal Business resumed

EMS LEVEL 3	Director Responsible:				Date & time
	Senior Manager Responsible:				
	Action Taken	Approved by	Time/date fully implemented	Stood down	Normal Business resumed

EMS LEVEL 4	Director Responsible:				Date & time
	Senior Manager Responsible:				
	Action Taken	Approved by	Time/date fully implemented	Stood down	Normal Business resumed

Appendix 1b

Community Hospital Capacity

This table should be copied to a sheet of A4 and completed – adding more rows if required.

Location	Establishment (funded and staffed)	Currently Occupied	Current Capacity (+/-)	Todays Surge Capacity if: funded and staffed	Maximum Surge Capacity
Bridgnorth	25				
Whitchurch	32				
Ludlow	24				
Bishops Castle	16				
Totals	**97**				**121**

Appendix 2 Non Pandemic capacity surge and Escalation actions

Level 1 Actions by SCHT – The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources.	
Normal community hospital bed management, community services capacity management and liaison with Acute Trusts and Social Care. Beds available for patients requiring admission to Community Hospital Community Inter-Disciplinary Teams all functioning with capacity. Community teams able to deliver **desirable** routine, essential and critical services within 6 hours. Acute and community hospitals escalation levels are reported twice daily via the EMS emailing system. These are received by operational managers of Community Hospitals and Community Nursing Teams. At Level 1 – Levels reviewed through twice weekly operational escalation reports. Predicted capacity is expected to meet demand	
Required Actions – Management at Level 1 is by Locality Managers, Ward Managers (WM), Team Leaders (TL) and Case Co-Ordinators (CC).	
Action	**By Whom**
Ensure all wards and departments within Community Hospitals are staffed adequately	• Locality Managers • Ward Managers
Ensure all patients ready to be discharged do so with appropriate support.	• Locality Managers • Ward managers • Community Case Managers • Team leaders
Utilise all opportunities for rehabilitation and ambulatory care.	• Locality Managers • Ward Managers • Community Case Managers • Team leaders
Ensure all patients have an Expected Date of Discharge	• Clinical decision makers prompted by Ward Managers.
Ensure all patients admitted are seen by a clinical decision maker (nurse/doctor)	• Clinical decision makers prompted by Ward Managers.

Keep the pressure up at all times to review and discharge.	• Clinical decision makers prompted by Ward Managers. • Community Case Managers • Team leaders
Ensure patients due for discharge and those causing clinical concern are identified at the Board/Ward Round	• Clinical decision makers prompted by Ward Managers.
Identify patients for discharge tomorrow or later in week (including weekend discharge planning) via Board Round	• Function of the Board/Ward Round and clinical team present on the ward
Identify and escalate all obstructions to discharge (use PSAG board)	• Clinical decision makers prompted by Ward Managers. • Escalate as necessary
Liaise with community interdisciplinary teams, discharge support teams to identify those suitable for move to social care/ care home or home.	• CSM with Ward Managers • Community Case Managers • Team leaders • Escalate as appropriate if problems are not solved early
Ensure capacity summary and issues are provided to CSM daily.	• CSM to collect this data supported by Ward Managers
Identify early any rising issues which could affect an upward trend in escalation level – escalate as appropriate.	• CSM to escalate to managers on call and Senior Manager on Call.

Level 2 Actions by SCHT– The local health and social care system is starting to show signs of pressure. Issues beginning to arise and actions required to prevent further problems (It is not necessary for all of these triggers to occur before the Community Hospitals and Community services are considered to be at Level 2.	
No immediate available beds in Community Hospitals. Limited capacity in Community Inter-Disciplinary Teams. Community teams able to deliver **routine**, essential and critical services within 6 hours. Staffing levels adequate to meet planned visits for that day. May have to ask other teams for support with new visits. Acute and community hospitals escalation levels at Level 2 – Levels reviewed through daily operational Escalation Conference Call. Predicted capacity is showing signs of exceeding demand.	
Required actions - Management at Level 2 is by Locality Managers, Ward Managers (WM), Team Leaders (TL) and Case Co-Ordinators (CC). *For information, the operational Escalation Conference Call at this level will be Chaired by the SaTH. Conference Calls will be held routinely over the winter period September to April on Monday and Wednesday at a consistently agreed time when at level 1 & 2. Participants to include managers from across the health economy and a CSM from the Community Trust.*	
Action	**By Whom**
Update hospitals and community services capacity status on EMS, detailing specific pressures.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Ensure all actions from Level 1 have been actioned and exhausted, ensuring that **all** information is timely and relevant in order to provide an update as required.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Maintain normal staffing levels within community hospitals and community services. Utilise bank or agency as appropriate.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Inform Duty Manager and relevant Senior managers to request help in DTOC avoidance.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders • Review & expedite ischarges, challenge decisions

Expedite discharges/transfers of care with internal and external partners. Ensure early booking of transport to prevent delays.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Relevant local service business continuity plans initiated where appropriate.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Utilise all opportunities in ambulatory and rehabilitative care where appropriate.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders

Level 3 – The local health and social care system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1.	
No beds in Community Hospitals. Limited capacity in Community Inter-Disciplinary Teams. Community teams only able to deliver **essential and critical** services within 6 hours. Visits have been prioritised to include only essential visits that day. There is no help available from other teams. Acute and community hospitals escalation levels at Level 3 – Levels are updated twice daily and more frequently if required. If level 3 is reached, CMS will receive the alert email. Escalations Levels and actions are reviewed through daily operational Escalation Conference Call. Predicted capacity is showing on-going signs of exceeding demand. No immediate beds in main pool and additional patients requiring admission	
Required actions - Management at Level 3 is by Locality Managers (CSM) and Deputy Director or Director. *For information, The operational Escalation Conference Call at this level will be instigated by SaTH Participants at Level 3 includes senior managers of Shropshire Council, Telford and Wrekin Council, CCG, Community Trust, SaTH on Call Director, on call managers, Clinical site managers for RSH and PRH, Commissioning Manager from Powys, On Call WMAS representative from the Ambulance Trust.* *The call will be used to agree actions required across the health economy to de-escalate, estimate likely time at Level 3 and risk of proceeding to level 4. If Level 3 likely for >4hrs then CEO's and Accountable Officers (AOs) will be informed.* *Nursing Directors' conversation to take place with real time status of patient care and safety, including availability of clinical resource.* *All key staff to be alerted to escalation level 3 status to ensure appropriate urgency of actions.* *The NHS England North Midlands will be informed via Escalation Management System and by the Clinical Commissioning Groups*	
Action	**By Whom**
Ensure all actions from Level 1 and 2 have been exhausted and ensure information is available to provide accurate updates	• Ward Managers. • Community Case Managers • Team leaders
Communicate current position to relevant Locality Managers, TLs, Ward managers, Duty Manager & Director on call.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders

On call Director (or deputy) to participate in health economy urgent conference call, agreeing appropriate actions to assist in recovering the situation – negotiate opening of escalation beds in agreement with CCGs where necessary.	• Director/Deputy Director
Liaise with GPs, CCGs and Social Services to review and expedite early supported discharge, if appropriate, consider short term placements to maximise bed availability	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders
• Consider Bank/Agency Nursing staff for Community Hospitals and community services	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders • Director/Deputy Director
• Relevant service business continuity plans initiated where appropriate.	• Locality Managers • Ward Managers. • Community Case Managers • Team leaders

Level 4 – Pressure in the local health and social care system continues and there is increased potential for patient care and safety to be compromised. (Sustained Extreme Pressure 3 days +)
No available beds in Community Hospitals. Limited capacity in Community Inter-Disciplinary Teams. Community teams only able to deliver **critical** services within the next 6 hours. There is no help available from other teams. ** **Only critical visits will be made**** Acute and community hospitals escalation levels at Level 3 – Levels are updated twice daily and more frequently if required. If level 3 is reached, CMS will receive the alert email. Levels reviewed through daily operational Escalation Conference Call. Patient safety compromised Predicted capacity is showing on-going signs of exceeding demand. **(NB Consideration for declaration of local major incident)**
Required actions - Management at Level 4 is by Director and Deputy Director.
For information, The operational Escalation Conference Call at this level will be instigated by SaTH Participants at Level 4 includes Directors of SC CCG, NHS T&W, Community Trust Director, SaTH on Call Director and off site Managers for RSH and PRH (identified by the Capacity Manager), Directors of SC LA, T&W LA, Commissioning Manager from Powys, On Call WMAS representative from the Ambulance Trust, Manager for Shropdoc/CCC, Executive Lead for RJA (as per protocol). *If the Community Trust needs to instigate a level 4 escalation itself, this will be done by the CEO and a call will be made to the CCG Director on-call in advance to notify them of the level of escalation so that the CCG Director on-call will notify the NHS England.* *Nursing Directors' conversation to take place with real time status of patient care and safety, including availability of clinical resource.* *All key staff to be alerted to escalation level 4 status to ensure appropriate urgency of actions.* *Discussion with CCG and Trust on call Director in and out of hours essential at this point. The NHS England North Midlands will be informed via Escalation Management System and by the Clinical Commissioning Groups* *The situation and plan to be discussed will inform CEO and Accountable Officer who will then discuss this with the CCG who will inform and liaise as required with NHS England North Midlands. NHS England may decide to lead the response but this will normally be delegated to the lead CCG.* *If a ShropCom instigated level 4 then Shropshire Community Trust will instigate an Accountable Officers call.* *CCG Director of Nursing / Clinical Director to visit and seek assurance of delivery of care and safety of patients.*

Action	By Whom
Ensure all actions from Level 1, 2 & 3 have been exhausted and ensure information is available to provide accurate updates	• Director/Deputy Director • Divisional Managers • Locality Managers • Ward Managers. • Community Case Managers • Team leaders
Communicate position urgently to Director on call. In turn Director on call to inform CEO and CCG who will inform the NHSE Director on call.	• Director/Deputy Director • Divisional Managers • Locality Managers • Community Case Managers • Team leaders
Ensure staffing is adequate with appropriate skill mix to manage in this situation – Consider Bank & Agency where necessary. Also move staff to critical areas of service delivery as per business continuity.	• Director/Deputy Director • Divisional Managers • Locality Managers • Community Case Managers • Team leaders
All medical teams on call and other available G asked to re-review patients, risk stratify potential further discharges	• Director/Deputy Director • Divisional Managers • Locality Managers . • Community Case Managers • Team leaders
Review elective theatre capacity in Bridgnorth Community Hospital for the following day with the potential to reduce admissions further across the LHE.	• Director/Deputy Director • Divisional Managers • Locality Managers • Ward Managers. • Community Case Managers • Team leaders
On call Exec should communicate with Commissioners particularly if longer breach times are occurring Health Economy Plan should be enacted to alleviate pressures	• Director/Deputy Director • CEO where necessary.

Appendix3 Pandemic specific surge and Escalation

Pandemic related Business Continuity Triggers

Level 1: During Covid-19 the staffing levels and capacity is such that services are able to maintain levels as per guidelines and safe patient care.	
Skill mix and staffing levels are appropriate to or exceed caseload including acuity and dependency Staffing Levels : Current Establishment Sufficient PPE is available until at least the next expected delivery. Clinical services including specialised services all functioning with capacity albeit with agreed extended waiting lists following 1st Wave stand down . Predicted capacity is expected to meet current demand Staff sickness and absence / self-isolation is within service manageable limits	
Required Actions - Management at Level 1 is by Locality Managers, Team Leaders (TL) and Service Leads	
Action	**By Whom**
Ensure all services are staffed adequately	• Locality Managers • Bronze Teams
IPCC review of safe working / patient contact practices	• IPCC Team
Ensure capacity summary and issues are provided service manager daily.	• Service Manager to collect this data supported by Team Leads and report daily to Bronze
Identify early any rising issues which could affect an upward trend in escalation level – escalate as appropriate.	• Service Manager to escalate to managers on call and Senior Manager on Call and Bronze.

Level 2 (Bronze to be Informed) The services are starting to show signs of pressure. Issues beginning to arise and actions are required to prevent further problems. (Not all indicators need to be met, any one issue can trigger this level)	
Limited capacity in services to manage caseload and new referrals. Predicted demand is showing signs of exceeding capacity e.g. A waiting list more than agreed time limit there is a reduced ability to respond effectively to urgent referralls Skill mix and staffing levels following adjustment are appropriate to or exceed caseload including Sufficient PPE cannot be guaranteed to be available on until next anticipated delivery but enough for at least 48 hours. Relevant local service business continuity plans are already initiated where appropriate.	
Required actions - Management at Level 2 is by Locality Managers, Team Leaders (TL) and Service Leads	
Actions additional to level 1	**By Whom**
Inform relevant Senior managers to request help in maintaining Capacity to meet clinical demand using own bank, voluntarily increasing hours, reassignment of work and 'request for Workforce assistance form' on a voluntary basis or increased hours.  Copy of Request for Workforce Assistance	• Locality Managers • Community Case Managers • Team leaders • Service Managers • Bronze
Maximize workforce capacity by reviewing non-essential caseload or activity, review any staff absence and reasons for it, consider postponing non-essential non mandatory training	• Locality Managers • Community Case Managers • Team leaders • Service Managers • Bronze
Relevant local service business continuity plans initiated where appropriate.	• Locality Managers • Service Managers. • Community Case Managers • Team leaders

Decisions made logged on covid-19 submitted to IMT for discussion	• IMT admin support / loggist and / or decision maker

Level 3 The service showing signs of pressure and these continue to increase. Level 2 actions have not succeeded in returning the system to Level 1. Actions are required to prevent further problems. (Not all indicators need to be met, any one issue can trigger this level	
No available capacity Predicted demand is exceeding capacity e.g. A waiting list above agreed and safe limits and no robust recovery plan able to be implemented Skill mix and staffing levels are below identified levels and identified Covid -19 staffing requirements are not being met. Sufficient PPE cannot be guaranteed to be available on site until next anticipated delivery with some essential items expected to run out within 24 hours.	
Required actions - Management at Level 3 is the Incident Management Team or on call Manager and Director	
Action	**By Whom**
Ensure all actions from Level 1 and 2 have been exhausted and ensure information is available to provide accurate updates	• Bronze
Identified Covid -19 staffing requirements are being requested	• Locality Manager • Bronze
Consider cancellation of non-critical services, and direct redeployment of staff to essential P1, P2 services immediately.	• IMT.

Identify with other organisations what staff resources could be required to support care	• IMT / SILVER
Director (or deputy) /on call Director to participate in health economy Silver Command call, agreeing appropriate actions including consideration for mutual aid and additional capacity	• SCHT silver command representative / Director on call.
Decisions made logged on covid-19 IMT action notes and submitted to IMT for discussion	• IMT admin support and / or decision maker

Level 4 – The service shows signs of pressure with increased potential for patient care and safety to be compromised and these risks will continue to increase. Level 3 actions have not succeeded in returning the system to Level 2 or 1. Actions are required immediately to prevent further problems. (Not all indicators need to be met, any one issue can trigger this level	
Demand is exceeding capacity e.g. Patient appointments cannot be met Skill mix and staffing levels are below identified safe levels in relation caseload and / or red flag safer staffing indicators are significant. Sufficient PPE cannot be guaranteed to be available on site until next anticipated delivery with some essential items expected to run out within 12 hours. Teams only able to deliver critical services within the next 6 hours. There is no help available from other teams. Patient or staff safety compromised due to staffing, capacity, no isolation or cohorting (NB Consideration for declaration of local major incident)	
Required actions - Management at Level 4 is by Director and Deputy Director and Silver Command.	
Action	**By Whom**
Ensure all actions from Level 1, 2 & 3 have been exhausted and ensure information is available to provide accurate updates	• Director of Nursing and Operations • Deputy Director of Nursing • Deputy Director of Operations

	• IMT
On site IPCC review of cohort / isolation practices and risk assessment of potential to discharge without a covid-19 swab result. Review ward positioning, use of screening / curtains at all times, consider masks for patients	• IPCC Team and escalate any risks to IMT for further escalation to silver command
Communicate position urgently to Incident Director or Director on call. In turn Director on call to inform CEO and CCG who will inform the NHSE Director on call or information shared via Covid -19 Strategic Silver command and consideration given to mutual aid for staffing or PPE.	• Bronze / IMT • CEO / Director of Nursing and Operations / Director on Call • Strategic Silver Command
Following agreed actions Director of Nursing / Director on call to visit and seek assurance of delivery of care and safety of patients.	• Director on call • Deputy Director
Decisions made logged on covid-19 IMT action notes and Appendix 2 Inpatient wards covid-19 Business Continuity Actions Tracker and submitted to IMT for discussion	• IMT admin support and / or decision maker

Appendix 4

Operational Pressures Escalation Framework (OPEL)

level	Acute Trust (s)	Community Care	Social care	Primary care	Other issues
OPEL One	• Demand for services within normal parameters • There is capacity available for the expected emergency and elective demand. No staffing issues identified • No technological difficulties impacting on patient care • Use of specialist units/beds/wards have capacity • Good patient flow through ED and other access points. Pressure on maintaining ED 4-hour target • Infection control issues monitored and deemed within normal parameters	• Community capacity available across system. Patterns of service and acceptable levels of capacity are for local determination	• Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community based settings	• Out of Hours (OOH) service demand within expected levels • GP attendances within expected levels with appointment availability sufficient to meet demand	•NHS 111 call volume within expected levels
OPEL Two	• Four-hour performance is at risk • Anticipated pressure in facilitating ambulance handovers	• Patients in community and / or acute settings waiting for community care capacity • Lack of medical cover for community beds • Infection control issues emerging	• Patients in community and / or acute settings waiting for social services capacity • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)	• GP attendances higher than expected levels • OOH service demand is above expected levels • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)	• Rising NHS 111 call volume above normal levels • Surveillance information suggests an increase in demand • Weather warnings suggest a significant increase in demand

	• Insufficient discharges to create capacity for the expected elective and emergency activity • Opening of escalation beds likely (in addition to those already in use) • Infection control issues emerging • Lower levels of staff available, but are sufficient to maintain services • Lack of beds across the Trust • ED patients with DTAs and no action plan • Capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	• Lower levels of staff available, but are sufficient to maintain services	• Lower levels of staff available, but are sufficient to maintain services	• Lower levels of staff available, but are sufficient to maintain services	
OPEL Three	• Actions at OPEL 2 failed to deliver capacity • Four-hour performance is significantly compromised • Significant number of handover delays • Patient flow significantly compromised • Unable to meet transfer from Acute Hospitals within 48-hour timeframe • Awaiting equipment causing delays for a number of other patients • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow • Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 2 hours	• Community capacity full • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Social services unable to facilitate care packages, discharges etc • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Pressure on OOH/GP services resulting in pressure on acute sector • Significant, unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Surveillance information suggests a significant increase in demand • NHS111 call volume significantly raised with normal or increased acuity of referrals • Weather conditions resulting in significant pressure on services • Infection control issues resulting in significant pressure on services

OPEL Four	• Actions at OPEL 3 failed to deliver capacity • No capacity across the Trust • Severe ambulance handover delays • Emergency care pathway significantly compromised • Unable to offload ambulances / Exceptional increase in ambulance attendances • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety • Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	• No capacity in community services • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that	• Social services unable to facilitate care packages, discharges etc • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes	• Acute trust unable to admit GP referrals • Inability to see all OOH/GP urgent patients • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises

Operational Pressures Escalation Framework (OPEL) – Mitigating actions at each level

Escalation level	**Whole system**	**Acute** trust	**Commissioner**	**Community Care**	**Social** care	**Primary care**	**Mental Health**

OPEL One	• Named individuals across Local A&E Delivery Board to maintain whole system coordination with actions determined locally in response to operational pressures, which should be in line with business as usual expectations at this level •Maintain whole system staffing capacity assessment • Maintain routine demand and capacity planning processes, including review of non-urgent elective inpatient cases Active monitoring of infection control issues •Maintain timely updating of local information systems • Ensure all pressures are communicated regularly to all local partner organisations, and communicate all escalation actions taken •Proactive public communication strategy eg. Stay Well messages, Cold Weather alerts • Maintain routine active monitoring of external risk factors including Flu, Weather.						
OPEL Two	•All actions above done or considered •Undertake information gathering and whole system monitoring as necessary to enable timely de-escalation or further escalation as appropriate	•Undertake additional ward rounds to maximise rapid discharge of patients • Clinicians to prioritise discharges and accept outliers from any ward as appropriate •Implement measures in line with Trust Ambulance Service Handover Plan • Ensure patient navigation in ED is underway if not already in place • Open additional beds on specific wards, where staffing allows • Notify CCG on-call Director to ensure that appropriate operational actions are taken to • Maximise use of nurse led wards and nurse led discharges • Consideration given to elective programme including clinical prioritisation and cancellation of non-urgent elective inpatient cases	• Expedite additional available capacity in primary care, out of hours, independent sector and community capacity • Co-ordinate the redirection of patients towards alternative care pathways as appropriate •Co-ordinate communication of escalation across the local health economy (including independent sector, social care and mental health providers)	• Escalation information to be cascaded to all community providers with the intention of avoiding pressure wherever possible. • Maximise use of re-ablement/intermediate care beds •Task community hospitals to bring forward discharges to allow transfers in as appropriate. • Community hospitals to liaise with Social and Healthcare providers to expedite discharge from community hospitals.	• Expedite care packages and nursing / Elderly Mentally Infirm (EMI) / care home placements • Ensure all patients waiting within another service are provided with appropriate service • Where possible, increase support and/or communication to patients at home to prevent admission. Maximise use of re-ablement/intermediate care beds	• Community matrons to support district nurses/hospital at home in supporting higher acuity patients in the community • In reach activity to ED departments to be maximised • Alert GPs to escalation and consider alternatives to ED referral be made where feasible	• Expedite rapid assessment for patients waiting within another service • Where possible, increase support and/or communication to patients at home to prevent admission

OPEL Three	•All actions above done or considered •Utilise all actions from local escalation plans • Trust CEOs / CCG AO involved in discussion with Regional Director / Deputy / On-Call Director and agree relevant recovery actions and their ongoing tracking.	• ED senior clinical decision maker to be present in ED department 24/7, where possible • Contact all relevant on-call staff • Senior clinical decision makers to offer support to staff and to ensure emergency patients are assessed rapidly • ED to open an overflow area for emergency referrals, where staffing allows. • Notify CCG on-call Director so that appropriate operational actions can be taken to relieve the pressure. • Alert Social Services on-call managers to expedite care packages Active management of elective programme including clinical prioritisation of non-urgent elective inpatient cases Active management of elective programme including clinical prioritisation of non-urgent elective inpatient cases	• Local regional office notified of alert status and involved in discussions • CCG to co-ordinate communication and co-ordinate escalation response across the whole system including chairing the daily teleconferences • Notify CCG on-call Director who ensures appropriate operational actions are taken to relieve the pressure • Notify local DoS Lead and ensure NHS111 Provider is informed. • Cascade current system-wide status to GPs and OOH providers and advise to recommend alternative care pathways.	• Community providers to continue to undertake additional ward rounds and review admission and treatment thresholds to create capacity where possible • Community providers to expand capacity wherever possible through additional staffing and services, including primary care	• Social Services on-call managers to expedite care packages • Increase domiciliary support to service users at home in order to prevent admission. •Ensure close communication with Acute Trust, including on site presence where possible	• OOH services to recommend alternative care pathways • Engage GP services and inform them of rising operational pressures and to plan for recommending alternative care pathways where feasible • Review staffing level of GP OOH service	• To review all discharges currently referred and assist with whole systems agreed actions to accelerate discharges from acute and non-acute facilities wherever possible • Increase support to service users at home in order to prevent admission
OPEL Four	• All actions above done or considered •Contribute to system-wide communications to update regularly on status of organisations (as per local communications plans) • Provide mutual aid of staff and services across the local health economy If OPEL 4 continues for more than 3 days consider an Extraordinary AEDB meeting. level 4 once review suggests pressure is alleviating • Post escalation: Contribute to the Root Cause Analysis and	• All actions from previous levels stood up • ED senior clinical decision maker to be present in ED department 24/7, where possible • Contact all relevant on-call staff •Senior clinical decision makers to offer support to staff and to ensure emergency patients are assessed rapidly • Surgical senior clinical decision makers to be present on wards in theatre and in ED department 24/7, where possible	• Local regional office notified of alert status and involved in decisions around support from beyond local boundaries Regional Operations Lead provides briefing to National Operations Room • The CCGs will act as the hub of communication for all parties involved • **Post escalation:** Complete Root Cause Analysis and lessons learned process	• Ensure all actions from previous stages enacted and all other options explored and utilised • Ensure all possible capacity has been freed and redeployed to ease systems pressures	• Senior Management team involved in decision making regarding use of additional resources from out of county if necessary • Hospital service manager, linking closely with Deputy Director Adult Social Care, & teams will prioritise quick wins to achieve maximum flow, including supporting ED re prevention of admission & turn around. Identification via board rounds and links with discharge team & therapists.	• Ensure all actions from previous stages enacted and all other options explored and utilised • Ensure all possible actions are being taken on-going to alleviate system pressures	• Ensure all actions from previous stages enacted and all other options explored and utilised • Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible

	lessons learned process	• Executive director to provide support to site 24/7. • Ambulance service review all referral pathways and ensure all possible alternatives are considered• An Acute Trust wishing to divert patients from ED must have exhausted all internal support options before contacting the CCG and neighbouring trusts to agree ambulance divert.			• Hospital Service Manager/Deputy Director to monitor escalation status, taking part in teleconferences as required.		

STW Powys System Escalation Framewo

Shropshire, Telford and Wrekin ICS, Powys Local Authority & Health and Care Board

System Escalation Framework May 2021