LEICESTER, LEICESTERSHIRE & RUTLAND HEALTH AND SOCIAL CARE ECONOMY

Capacity and Demand Management Plan

2013 - 2014

Document Control	
Document Name	LLR Capacity and Demand Management Plan 2013 - 2014
Purpose of Document	This document sets out the steps that are being undertaken across the LLR health and social care community to ensure that appropriate arrangements are in place to provide high quality and responsive services throughout the year
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Contributors	

Contents

Capacity and Demand Management Plan

1. Executive Summary

This document sets out the steps that are being undertaken across LLR health and social care community to ensure that appropriate arrangements are in place to provide high quality and responsive services throughout the year.

LLR has in place a system to provide daily capacity and performance monitoring of operational pressures across providers and this will continue throughout the year and over the winter period. In addition a daily strategic group meets at times of surge by teleconference to ensure that the LHE agreed plans are fully operational with any changes agreed across the system.

All work areas are monitored through the LLR Urgent Care Board and supporting operational groups, which have the remit to develop robust demand management strategies, promote best practice and ensure that the whole system is aware of changes to the levels of predicted activity, enabling the system to respond accordingly.
Any level 4 extreme pressure escalations will be escalated for review to the Urgent Care Board.

A key element of the plan is each organisations response to escalation. A common escalation policy has been agreed with each organisation and an agreed definition set to aid consistency and communication.

The LHE capacity and demand planning approach builds on the whole system approach which acknowledges predictable peaks in demand for example over the Christmas and New Year period. As well as unusual peaks in demand as experienced throughout the year. Our commitment is to ensure that we have adequate 'system wide' resilience plans, to respond to operational difficulties in parts of the system, occurring in isolation or as a building pressure across the LHE.

The LHE Capacity and Demand Management Plan seeks to have in place:

- Clear identification of the escalation process, agreed by all partners
- Key organisational contacts are identified
- That potential risks have been identified and contingencies have been put in place
- That the provision of high quality patient services are maintained through periods of pressure
- That national targets and finance are managed during pressured periods
- That processes are in place to meet local and National reporting requirements

The LHE Capacity and Demand Management Plan defines how each stage of the process is

determined by increasing pressure and how these pressures impact on the ability of the Acute, Community and Primary Care providers to manage patients / service users in a timely manner.

Each stage of escalation is described together with actions to be undertaken locally, to contain or accommodate demand.

2. Contacts Directory

CONTACTS LIST	Role/Area	Name	Job Title	Tel Number
Local Area Team	Resilience Reporting Lead	Trish Thompson	Director of Operations and Delivery	0116 295 0929 / 07977 067342
LLR Urgent Care Team	Director Lead	Jane Taylor	Emergency Care Director	0116 2951454 / 07796276167
Leicester City Clinical Commissioning Group	Director Lead	Simon Freeman	Managing Director	0116 295 1547 / 0782 505 3275
	Senior Management Lead	Sue Lock	Chief Operating Officer	0116 295 1183 / 0782 456 9371
West Leicestershire Clinical Commissioning Group	Director Lead	Toby Sanders	Managing Director	01509 567740 / 07768 020732
	Senior Management Lead	Angela Bright	Chief Operating Officer	01509 567733
East Leicestershire & Rutland Clinical Commissioning Group	Director Lead	Tim Sacks	Chief Operating Officer	0116 295 5115 / 07798628749
	Senior Management Lead	Jamie Barrett	Head of Primary Care	0116 295 5121 / 07920591167
LPT (including Community Health Services)	CHS Director Lead	Rachel Bilsborough	Divisional Director, Community Health Services	0116 225 6671 / 07766 205 744
	CHS Senior Management Lead	Nikki Beacher	Head of Service, Community Health Services	0116 225 2989 / 07920 154 609
	MH Director Lead	Paul Miller	Divisional Director, Mental health & Learning Disabilities	0116 225 6675 / 07887 948 234
	MH Senior Management Lead	Teresa Smith	Head of Access, Mental Health	0116 295 1695 / 07887 712 305
CNCS – LLR Out of Hour's Service	Director Lead	Ruth Cater	Director of Business Development	01623 673556
	Senior Management Lead	Roy Aston	CNCS -Acting Service Manager	0116 295 0093/07824 607022
University Hospitals of Leicester NHS Trust	Director Lead	Richard Mitchell	Chief Operating Officer	0116 258 6311 / 07946 443689
	Senior Management Lead	Phil Walmsley	Head of Operations	0300 303 1573 x 8368 / 07508 300280

Urgent Care Centre	Senior Management Lead	Kim Wilding	Clinical Lead Urgent Care	0116 295 7200 / 07766 732 901
Loughborough Urgent Care Centre	Management Lead	Stephanie Goodall	Director of Services	01623 673555
Leicestershire County Social Services	Director Lead	Tony Dailide	Assistant Director Adults & Communities	0116 305 7458 / 07507 783436
	Senior Management Lead	Jackie Wright	Head of Services	0116 305 4979 / 07881 836 331
Leicester City Social Care Services	Director Lead	Ruth Lake	Director of Adult Social Care and Safeguarding	0116 252 8312 / 07976 348 042
	Senior Management Lead	Ashraf Osman	Head of Service, Localities	0116 2528301 / 07794053465
Rutland County Social Care Services	Director Lead	Carol Chambers	Director of People	01572 722577
	Senior Management Lead	Jill Haigh	Senior Manager: Health, Wellbeing and Commissioning	01572 758492
EMAS	Director Lead			
	Senior Management Lead	Mick Jones	Service Delivery Manager - 999	07970 399 643
Arriva - Ambuline Patient Transport Service	Director Lead	Brian Drury	Director of Operations	07850 058284
	Senior Management Lead	Louise Bettany	Senior Contacts Manager	07880007013
NHS 111	Director Lead	Lindsey Wallis	Chief Executive Officer	0300 1000 416

OUT OF HOURS CONTACTS - (DIRECTOR ON CALL)

ORGANISATION	**CONTACT NUMBER**
Director on call for City, East Leicestershire and Rutland, West Leicestershire CCG's	**07623 908865**. Leave a **message** and a **contact number**
LAT Area Team Senior Manager on Call	**07623 914530**
Director on call for University Hospitals of Leicester	**0300 303 1573** and ask to be put through to the Director on call.
Director on call for Leicester Partnership Trust	**0116 225 6000** and ask to be put through to the Director on call.
Senior Manager for Adult Mental Health Services	**0116 225 6000** and ask to be put through to the Senior Manager on call

Senior Manager for LPT Community Health Services	**0116 225 6000** and ask to be put through to the CHS Senior Manager on call
Out of Hours Service on Call Manager	**0116 295 0076**
CNCS on Call Manager	**03000 241118**
Urgent Care Centre (George Eliot on call Director)	**02476 351351** and ask for the on call Director
On call Duty Manager EMAS (ask for On call Manager Leicestershire)	**07880744558 / 07795613071**
On Call Number for Arriva Ambuline	**0121-5432549** and ask for on call manager Mobile : **07880009331**

3. Introduction

This LHE Capacity and Demand Management Plan has been produced to assist in the management of the health and social care capacity across Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups (CCG).
The LHE Capacity and Demand Management plan is separate from the Major Incident Policies which deal with exceptional, immediately presented surge for emergency care.

The underlying principle of this plan is that sufficient capacity has been planned to be in place to enable providers, under expected levels of planned activity and within expected levels of tolerance, to provide emergency care services and planned elective capacity in accordance with agreed targets.

The health and social care organisations party to this policy are:

- Urgent Care Board
- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire and Rutland CCG
- University Hospitals Leicester
- Leicestershire Partnership Trust
- EMAS
- Leicester City Social Services
- Leicestershire County Social Services
- Rutland Social Services
- UCC – George Eliot Hospital NHS Trust
- OOH
- 111
- Area Team for Leicestershire and Lincolnshire (NHS England)

The agreed triggers and corresponding escalation policy are based on 4 levels of escalation from normal working to extreme pressure at Level 4.

Level 1	Green	Normal Working
Level 2	Yellow	Moderate Pressure
Level 3	Amber	Severe Pressure
Level 4	Red	Extreme Pressure

The escalation levels will be updated on a twice daily basis 10.00 and 16.00 and at any point where activity requires further escalation.

Each organisation within Leicestershire LHE has developed their own internal Capacity and winter resilience plans and provides detailed confirmation of their preparedness across a number of areas to the LLR Urgent Care Board.

Any organisation within the Leicestershire LHE is able to 'call' for a health economy wide alert, but it is the responsibility of the CCG's as the lead commissioners for health services to 'declare' the health economy status.

No action will be undertaken by one constituent part of the system without prior discussion that may undermine the ability of other parts of the system to manage their core business. The CCG will communicate system pressures with the NHS England Area Team.

Managing patients at a time of increased escalation does require accepting and managing increased risk across organisations, as individual decisions on patients' care are taken.

The escalation policy is based upon an integrated status report which details differing levels of capacity availability and trigger indicators. Listed below are the summary actions:

EMS level 1 actions summary

- Situation monitored to prevent escalation
- Potential whole-system causes of escalation identified and dealt with
- Escalation of any actual escalation

EMS Level 2 actions summary

- Situation monitored to prevent escalation
- Action to improve situation carried out
- Potential whole-system causes of escalation identified and dealt with
- Plan formed and being acted upon to re-establish level 1 working

EMS Level 3 actions summary

- Situation monitored to prevent escalation
- Action to improve situation carried out

- Potential whole-system causes of escalation identified and dealt with
- Command and Control within individual organisations and co-ordinated through LLR Emergency Care Director /CCG Director level plan formed and being acted upon to re-establish level 1 working.

Red state (EMS Level 4) actions summary

- Situation monitored to prevent escalation
- Action to improve situation carried out
- Potential whole-system causes of escalation identified and dealt with
- Command and Control led by CCG Managing Director/ On-Cal Director: plan formed and being acted upon to re-establish level 1 working. Co-ordination of action plans led by CCG.

4. LLR LHE System Pressures and Escalation Teleconferences

Commissioner led teleconferences are in place at defined escalation levels across the LHE and include senior staff from each organisation operating within the LHE and chaired by the Emergency Care Director/CCG Director on-call. At level 4, a CCG MD will chair.

Teleconferences have been found to have had a positive impact on system management as they enable effective communication, leadership, co-ordination and system management during times of pressure.

Participation in teleconferences at agreed escalation levels is a jointly agreed priority and requirement across all organisations. The frequency of such teleconferences will be determined by the Emergency Care Director /CCG lead in agreement with the contributing LHE.

4.1 Aim

The purpose of holding the teleconference is to:

- Communicate the status of the urgent care system to all organisations
- Establish an operational escalation position from each organisation
- Identify any pressures and communicate them.
- **Agree key actions to alleviate or control any pressures**
- Plan for recovery

4.2 Trigger

Teleconferences will be held in response to declaration of a level 3/4 escalation within the LLR Health Economy or as a proactive measure to prevent declaration of level 3/4 escalation. Standard operating procedures will be in place for the LLR LHE to manage escalation levels 1 and 2.

Teleconferences can also be requested by the commissioner or any provider to escalate, communicate and plan a response to the management of urgent care system pressures, outside the expected planned activity levels.

Teleconferences will be held when any provider organisation is working to their level 4 escalation status.

4.3 Format

The following format for teleconferences has been agreed by all stakeholders within the LLR health economy:

- Unless otherwise requested all teleconferences will take place at 10am, Dial in Details: 0844 4737458 – Call No. 350771.
- They will be chaired by the Emergency Care Director or On-Call CCG Exec

4.4 Minimum Participation of exec directors on-call *

- Emergency Care Director / CCG on-call Director*
- UHL*
- LPT*
- Social Care Senior Manager from each of the councils
- OOH
- EMAS*
- UCC*
- Arriva*
- CHC

All participants must be fully briefed with regards to their organisations current system functioning by the senior operational leads in their organisation in preparation for the teleconference

4.5 Minimum Information Provision

UHL

- Confirmed Escalation status
- Bed Status
- A&E status
- Escalated area status
- Staffing Issues
- Predicted admissions and discharges
- Actions implemented

LPT

- Confirmed Escalation status
- Bed status
- Community Service capacity
- Staffing Issues
- Predicted admissions and discharges
- Actions implemented

Adult Social Care

- Confirmed Escalation status

- Staffing Issues
- Actions implemented

UCC

- Confirmed Escalation status
- Staffing Issues
- Actions Implemented

OOH

- Confirmed Escalation status
- Staffing Issues
- Actions Implemented

CCG's

- Confirmed Escalation status
- Staffing Issues
- Actions Implemented
- Communication On-Call

EMAS

- Activity/Capacity
- Handover issues
- Actions Implemented

Arriva

- Activity/Capacity
- Resources available
- Actions Implemented

4.6 Actions

The Teleconference members will discuss the issues within the system and devise an action plan to address these. These will be progress checked by the Teleconference Chair and other Teleconference Senior Managers / Executives and the impact will be reviewed at subsequent teleconferences.

4.7 Minutes

A list of agreed actions will form part of the minutes to the meeting. These will be will be typed and circulated immediately after the teleconference or a soon as reasonably practicable dependant on the nature of the system pressure.

5. LHE Escalation Action Cards

Escalation triggers and action cards are in place to support staff to understand their respective actions during times of escalation. These cards were reviewed and updated as part of the planning for winter 2013/2014.

Adherence to implementing the action cards will be monitored regularly throughout the winter period in order to establish any weakness in system response to increased escalation levels.

Action card actions will be discussed at the Daily Teleconferences to ensure each stakeholder organisation is adhering to the agreed escalation actions

5.1 Triggers

LEVEL 1 LLR LHE FULLY OPERATIONAL NO MAJOR ISSUES

Leicestershire Partnership Trust

Community Beds

1. Community bed availability is at or > 7% (circa 93% bed occupancy)
2. No operational issues.
3. Availability outweighs demand

Community Services

1. Able to accept referrals and provide on-going care
2. Nursing hours available match on going service need
3. Staffing levels at seasonal norm and sickness levels at seasonal norm

UCC/OOH

UCC
95% of patients are triaged within 20 minutes
95% of patients are treated and discharged or admitted within 2 hours.

OOH
Normal monitoring continues
No additional action

Primary Care

CCG - commissioners

- **Business as usual**

Ambuline Pts

Business as Usual

Social Care

City

- Normal rate and volume of work including normal rate of referrals from Acute and Community Hospitals
- Normal team caseload levels
- Normal rates of case progression
- Normal staffing levels available
- No significant or unresolvable service delivery issues

County

- No reimbursable delays to discharge (Community Care Delayed Discharges etc. Act 2003)
- Normal staffing levels available
- Sufficient availability and no concerns accessing residential /nursing placements
- Sufficient availability and no concerns accessing community based resources

Acute

Available adult beds	>40
>4 hours wait in ED	0
Potential elective cancellations	0
ITU Beds available	5 to 10
CDU/AMU/AFU	>18 beds

EMAS Emergency

- All National performance indicators achieved
- Activations within forecasted levels
- Abstractions within EMS are within normal seasonal levels.
- Abstractions within Control are within normal seasonal levels. Call abandoned rate < 5% 95% calls answered within 5 seconds
- No reported supply chain difficulties
- No severe events are a threat to activity
- No hospital delays over 20 minutes
- No critical infrastructure issues

LEVEL 2

LLR LHE OPERATIONAL BUT EXPERIENCING SOME PRESSURE TELECONFERENCE TO BE CONSIDERED

Leicestershire Partnership Trust

Community Beds

(Minimum of two triggers applicable)

1. Community bed availability is < 7%
2. Discharges are planned for same day
3. Availability less than demand but discharges planned within 24 hours.

Community & MH Services

1. Unable to guarantee non-urgent planned service response times
2. Staff absence up to 5% above seasonal norm

Primary Care

UCC / OHH

UCC

More than 6 Patients waiting to be triaged

98% of patients are treated and discharged between 2-3 hours

OOH

Duty Manager involved

First stage escalation to increase resources on a temporary basis to address service demand

Daily performance reporting

CCG

- Specific surge at locality level

Ambuline PTS:

- Request for transport-discharge transfers numbers above 25 ready and or excessive specialist needs such as OUT county, fast track or bariatric requirements post 15pm.

Social Care

City

- Up to 20% increase in volume of referrals from Acute and Community Hospitals
- Up to 10% increase in normal team caseloads
- >10% above the normal amount are unable to progress due to short term capacity issues in Care Services including Reablement Services
- < 70% of normal staffing levels
- Reduction or loss of IT and/or telephony resolvable within 24 hours
- Up to 20% of Section 5 notifications are unresolved in 24 hours
- (minimum of two triggers applies)

County

- 15% Increase in volume of referrals from Acute and Community Hospitals
- Some issues relating to availability of staff within the Customer Service Centre, Hospital and Locality Teams (<70% of normal staffing levels)
- Internal and External Providers (Residential/Nursing/Community Services) have indicated issues with capacity. Short term impact predicted.
- Onset of issues relating to telephony and IT systems within the organisation but envisaged short term (fixable within 24 hrs)

Acute

Available beds	0 to 40
>4 hours wait in ED	1
Potential elective cancellations	1 - 5
ITU Beds available	1 to 4
CDU/AMU/AFU	0 to 18

EMAS Emergency

- Red calls <3% below target Green 2 calls < 90%
- Activations 5% above norm
- Abstractions within EMS have increased by 10 - 15% over normal seasonal levels
- Abstractions within Control have increased by 15% over normal seasonal levels
- Call abandoned rate 10%
- 90% calls answered within 5 seconds
- Supply chain difficulties are short lived.
- Severe events are having a limited local impact on activity.
- Hospital delays are being experienced at a single site.
- Critical infrastructure issues have been experienced for a period of 6 hours and are not expected to reoccur.

LEVEL 3

LLR LHE PROLONGED PRESSURE LHE TELECONFERENCE NECESSARY

Leicestershire Partnership Trust

Community Beds

(Minimum of two triggers applicable)

1. No community bed capacity

2. No anticipated discharges within 48 hours and patients waiting for beds

Community & MH Services

1. Unable to guarantee urgent unscheduled and non-urgent planned service response times
2. Staff absence more than 5% above seasonal norm without predicted improvement
3. Availability of normally accessed additional staff is limited

Primary Care

Ambuline

- Request for transport-discharge transfers numbers 35 ready plus post 1400hrs. Requests for specialists needs such as out of county, fast track or bariatric requirements, on-going internal escalation, initiate discussions with CCG.

Social Care

City

- >60% increase in volume of referrals from Acute and Community Hospitals sustained over 1 week
- Up to 20% increase in normal team caseloads
- 25% of cases above the normal amount are unable to progress due to persistent lack of capacity in Care Services
- < 60% of normal staffing levels
- Persistent loss of IT and/or Telephony (not resolved after 24 hours)
- Up to 50% of Section 5 notifications are unresolved after 24 hours
- (minimum of two triggers applies)

County

- Persistent increased demand (>25%) in volume of referrals from Acute and Community Hospitals
- Insufficient staff (<60%) within the Customer Service Centre, Care Management, Internal and External providers - widespread and longevity unknown
- Continued Issues relating to telephony and IT systems within the organisation (not fixed +24 hours)

Acute

Available beds	0 to -25
>4 hours wait in ED	2 to 15
Potential elective cancellations	5 to 15
ITU Beds available	0
CDU/AMU/AFU	0 to -10

EMAS Emergency

- Red calls 3 – 5% below target Green 2 calls < 85%
- Activations above 5% but below 10% above norm
- Abstractions within EMS have increased by 5 - 10% over normal seasonal levels.
- Abstractions within Control have increased by 15% over normal seasonal levels.
- Call abandoned rate >15%
- 80% calls answered within 5 seconds
- Supply chain difficulties are manageable
- Severe events are having a wide spread impact in a region
- Hospital delays are being experienced at multiple sites.
- Critical infrastructure issues have been experienced for a period of 12hours and are expected to continue for a specified time of no more than 6 hours.

UCC / OHH

UCC

More than 15 patients waiting to be triaged

95% of patients are treated and discharged between 3 -3.45 hours

OOH

Continued Duty Manager involvement
Considered use of "Busy message" to defer non urgent calls to a later point in the day
Call streaming to face to face initiated
Continue to source additional resources.

CCG

- Increasing levels of surge across more than 1 locality

LEVEL 4

LRR LHE UNDER EXTREME PRESSURE, UNABLE TO SUSTAIN BUSINESS CONTINUITY

LHE TELECONFERENCE ESSENTIAL

Leicestershire Partnership Trust

Community Beds

Community Services

Primary Care

Ambuline Pts:

- 40 plus ready post 14pm. On-going communication with CCG regarding external support or cancelling opd

Social Care

City

- Up to 75% increase in normal rate of referral from Acute and Community Hospitals
- Up to 50% increase in normal team caseloads
- <75% of cases of cases above the normal limit are unable to be progressed
- No availability in any Care Services anticipated for 7 days
- Sustained loss of > 50% of staff across all areas (Care Management, Care Services, Contracting and Assurance, Safeguarding,)
- No Section 5 notifications resolved in 72 hours

County

- Continued and significant volume of referrals from Acute and Community Hospitals
- Over 50% reduction in availability of staff within the Customer Service Centre, Care Management, Internal and External providers. Widespread and anticipated long term duration
- Residential and Nursing placements indicating 97% occupancy and restrictions on availability to admit
- HART unable to take further referrals. Independent providers unable to meet demand.

Acute

Available beds	**> -25**
>4 hours wait in ED	**>15**
Potential elective cancellations	**>15**
ITU Beds available	**<0**
CDU/AMU/AFU	**>-10**

EMAS Emergency

- Red Calls 5 – 10% below target Green 2 calls < 80%
- Activations 10+ % above norm
- Abstractions within EMS have increased by 10 - 15% over normal seasonal levels.
- Abstractions within Control have increased by 15% over normal seasonal levels.
- Call abandoned rate < 20%
- 70% calls answered within 5 seconds
- Supply chain difficulties are not manageable
- UK Alert is raised
- Hospital delays are being experienced at multiple sites no evidence of reduction
- Major critical infrastructure issues have been experienced for a period of up to 24hours and are expected to continue for a specified time of no more than 24 hours.

UCC / OHH

UCC

More than 20 Patients waiting to be triaged

Time Taken to treat and discharge 98% of patients is >4 hours.

OOH

Duty Manager on site other managers mobilised

Duty Manager escalates to CNCS Director on call

Call streaming to face to face maintained, if appropriate and services are available.

CCG

- Wide spread surge across CCG areas

5.2 Action Cards

LEVEL 1	
Leicestershire Partnership NHS Trust	**Community Beds** • SPA to support navigation of referred patients to appropriate community provision • ED Discharge set on admission for proactive discharge planning. • Daily Board rounds – MDT board rounds on each community hospital ward and ICS to identify patients suitable for transfer or discharge. • Daily review and management of bed availability by patient need and Gender to optimise bed availability. • Bed manager rota – named hospital matron who is single point of contact to escalate any bed issues. • Daily bed state – issued at 8.30 am Monday – Friday identifying bed capacity, predicted discharges and ICS capacity. • Daily DTOC Conference Call at 12.30 – Health and social care conference call to expedite any delays and discuss potential • **Additional Winter Pressure Activity** • CHS Friday Conference Call – Update on pressures within CHS and potential weekend pressures to inform on call manger • On weekends on call managers provide LPT Director on call with up to date position statement re bed availability and Community pressures • On weekends LPT Director on-call participates in the 10 a.m. LLR Executive level call to identify any system pressures and action required • Weekend 12.00 conference call with on call manger and UHL to identify any operational barriers to discharging patients at weekend • Weekly CHS SMT update – • Information to CHS senior team to ensure full engagement and understanding of potential pressures and impact on services. • Review potential for seasonal business continuity disruption and implement business continuity plans (adverse weather/flu) **Community Services** Daily review of caseloads to ensure management of planned and unscheduled referrals SPA to ensure all referrals to community services identify appropriate priority level. **Additional Winter Pressure Activity** As for Community Hospitals Review potential for seasonal business continuity disruption and implement business continuity plans (adverse weather/flu)
Acute	DM Check for any foreseeable issues (e.g. Imaging Delays, beds on AMU) All CMGs identify capacity for tomorrow's planned activity

	Floor Coordinators maintain discharge list
Primary Care	
Social Care	**City** Normal Working **County** BAU daily monitoring of demand across services No reported issues
CCG	• Use of normal on-call rotas • Usual communication routes utilised • Usual contracting processes utilised to manage demand
EMAS – Emergency	• Local response – through primary care business continuity plans in place • Liaise with NHS England Area Team • Expedite additional available capacity in primary care, Out Of Hours, independent sector and community capacity • Co-ordinate the re-direction of patients towards alternative care pathways as appropriate Co-ordinate communication of escalation across the local health
Ambuline – Patients	Business as Usual Crew all single use resource and or split core resource depending on demand profile of patient mobility's. (please note in Severe weather ALL staff should not go out as a single crew to reduce the risk of patient injury and staff injury) Source support form taxi on the use for patients that appropriately fit the criteria.(please note that the taxi authorisation process is still to be applied with the authorisation from Service Delivery Managers)
UCC/OHH	**UCC** Continue to monitor No Action required OOH Normal monitoring continues No additional action

LEVEL 2	
Leicestershire Partnership NHS Trust	**Community Beds** As level 1 plus; • Admissions prioritised to areas of greatest need – commissioners and acute providers (UHL and Out of County) advised by responsible Director that admissions will be prioritised to acute provider of greatest need. • SPA are advised by senior operational manager to ensure all referring clinicians are aware of bed pressures and are advised of alternative community services available. • Consider the need to utilise business continuity plans to respond to increase or persistent pressures **Community Services** • Prioritise caseloads to ensure management of essential and critical patients, rescheduling planned non-essential activity to maximise capacity. • Consider the need to utilise business continuity plans to respond to increase or persistent pressures
Acute	As per stage 1 plus - Ward rounds on all wards by senior medical staff - SM Check for any predictable issues (e.g. Imaging Delays) - All elective activity that could be cancelled day after brought to 15:00 bed meeting - Senior nurse identifies and addresses all staffing issues for CMG - Floor Coordinators work with manager of the day to identify discharges - CCG OCD to contact GPs to alert them to the current UHL position - UHL site team/BB and LPT bed manager to agree on patient show can be moved quickly to CHS - EMAS HALO to let UHL know of expected attendances - UHL Site manager to ask for additional Arriva crews - UCC to try to expand admission criteria - UHL to discuss with the LA's regarding additional discharge capacity

Primary Care	
Social Care	**City** • Management prioritisation of case work across service areas (to include case work that facilitates transfer from acute and community beds and those which prevent admission to same) • Market engagement to secure provider led actions to improve capacity **County** • Bolstering of staffing numbers to ensure no expected impact in transferring patients from acute and community hospitals
CCG	• Local response – through primary care business continuity plans in place • Liaise with NHS England Area Team • Expedite additional available capacity in primary care, Out Of Hours, independent sector and community capacity • Co-ordinate the re-direction of patients towards alternative care pathways as appropriate Co-ordinate communication of escalation across the local health
EMAS – Emergency	• Caveat leave request approvals • Deploy operational staff with Control background • Establish technical links with NHSD/OOH • Cancel non critical meeting • Consider deploying VAS • Caveat leave request approvals • Identify prioritised vaccination list • Cease Private Events and non-emergency call centre work • Gold – Not required • Silver – Daily • Bronze 12/7
Ambuline – Patients	• All key staff deployed to appropriate roles, i.e. control trained managers to support control/operational trained managers to support operational • The use of the emergency department crews to be utilised. • Decision made by SDM to refer extra contractual journeys to other organisations. • The use of bank staff • The use of staff on off duty • Bringing staff in early
UCC/OHH	**UCC** Continue to monitor Inform Nurse in charge of current situation

	Co-ordinator reviews all patients waiting for triage and converts appropriate minor illness patients to consultation. OOH Duty Manager involved First stage escalation to increase resources on a temporary basis to address service demand Daily performance reporting

LEVEL 3	
Leicestershire Partnership NHS Trust	As level 1 & 2 plus; Director to agree with commissioners the feasibility of opening additional capacity Community Hospital beds and to instruct Hospital Matrons to instigate plans. As outlined in business continuity plans, redeploy all clinical staff from non-essential roles across LPT. **Community and MH Services** Director to agree with commissioners the feasibility of providing additional capacity in Community services and to instruct Community managers to instigate plans. Acute, Local Authority and Primary Care to be advised of capacity and only essential referrals to be taken. Primary care to be requested to support early discharge from community services for identified clients. Increase capacity of SPA non clinical staff to offer customer care comfort calls for postponed visits. As outlined in business continuity plans, redeploy all clinical staff from non-essential roles across LPT.
Acute	As per stage 2 plus - Head of Ops to control room to lead site meetings - All Bed meetings to have CMG level representation - Ward rounds on all wards by consultant staff - JDAs and Bank staff to attend bed meetings to confirm medical staffing issue - CCG to update GPs regarding UHL Status - LPT to identify beds for UHL to discharge to. This will mean taking UHL patients as priority - EMAS to not bring any borderline patients to UHL

	- Arriva to put in place 2 additional crews - UCC to get more staff to take larger number of ambulant patients
Primary Care	
Social Care	**City** • Continue Level 2 activity and • Alert internal Business Continuity Team and Executive Team • Active curtailment of non-urgent casework • Secure additional staffing resources and deploy to areas of critical activity • Procurement activity to increase provider pool **County** • Implement level 2 escalation • Alert all managers within the relevant services • Alert operational and provider services need to expedite hospital transfers • Communicate to relevant agencies via operational daily conference call • Check staffing levels and divert/transfer to critical areas as required • Check and where possible increase capacity of current provider resources (internal and external) to ensure capacity to facilitate hospital transfers • Liaise with Business Continuity Lead(s) as appropriate
CCG	• Notify NHS England Area Team of alert status at Amber and of the primary care issues • Ensure that Acute and Community Health service respond accordingly to the amber status – assurance through the business continuity plans and Flu Plans • CCG to co-ordinate communication and co-ordinate escalation response across the whole system • Notify CCG on-call Director who ensures appropriate operational actions are taken to relieve the pressure • Escalation information to be cascaded to all primary care providers with the intention of avoiding admissions wherever possible – Area Team action • Inform OoH providers of the current system-wide alert status and advise to recommend alternative care pathways • Cascade current system-wide alert status to GPs and to 111 service and advise to recommend alternative care pathways including independent providers • Ensure that liaison between and within patient transport services (PTS) is robust and functioning well, especially where provided other than by the Ambulance service • Implementation of teleconference - weekly
EMAS – Emergency	• Qualified staff used for frontline duties • Review all secondments • Request increase in clinical desk capacity • Deploy additional staff • Cancel non critical meetings

	• Green 2 calls to go to the Clinical Desk but continue responding • Review secondments • Cancel all meetings • Qualified staff/managers used for frontline duties • Review supply chain resilience • Deploy VAS/PTS to undertake low acuity workload • Deploy dedicated capability to town centre night time activity hotspots. • Media campaign • Cease remote monitoring in Control • Stop work to Standard Day Hospital Units • Stop work for Standard Outpatients Weekly national conference call • Gold – Weekly meeting • Silver – Daily • Bronze 24/7
Ambuline – Patients	• Cancel non -essential abstractions from core rotas and ensure full cover on key dates using relief and team leaders • Review Overtime allocation, SDM to review authorisation of appropriate expenditure and prioritise staff to key shifts • Cancel non-essential outpatients with the agreement of CCG'S • Cancel Non-essential meetings for Customer service Managers and Service Delivery Managers to support Halo roles and turnaround/support crews at key acute hospitals • Work with other providers across border to implement external cross border arrangements. • Seek support from third party providers with the authorisation from Service Delivery mangers (Senior contracts manager to establish links to ensure funding is secured from CCG to support surge in demand)
UCC/OHH	**UCC** • Co-ordinator reviews all patients waiting for triage and converts appropriate minor illness patients to consultations • Co-ordinator contacts minor injuries department and negotiates sending 5 minor injury patients direct to minor injuries unit. • Continue to monitor and ensure all consulting rooms are utilised, increase consultation staff to eight. • Ask GP's due to leave to extend their hours • Call GP's on duty to see if they can start their shift early. • Put emergency text message out to all off duty staff via web booking • Inform GEH duty manager and UHL duty manager. OOH • Continued Duty Manager involvement • Considered use of "Busy message" to defer non urgent calls to a later point in the day • Call streaming to face to face initiated • Continue to source additional resources. • Daily performance reporting

LEVEL 4	
Leicestershire Partnership NHS Trust	**Community Beds** **Community Services**
Acute	As per stage 3 plus - COO to control room to lead site meetings - COO to inform CE - CMG clinical lead to cancel all appropriate SPAs and medical staff report to clinical areas. To identify any blocks to discharge, work with Bed Bureau to avoid admissions and attend ED to assist. - CMG nurse lead to get all nurse specialists report to wards - Consider calling all staff back from Study Leave - Cancel all elective activity for the day and review all planned activity for next 3 days - Consider calling internal Incident. - CCG to contact GPs to ask them to avoid admissions at all times - LPT to prioritise UHL discharge over all other admissions - EMAS to consider impact of full divert. If this is seen as useful, then the UHL OCD to speak to EMAS Gold Command - Arriva to put in place 3 additional crews - UCC to take all ambulant patients including GP referrals. - LA to provide SW support to all assessment units

Primary Care	
Social Care	**City** • Continue Level 2 & 3 activity and • Alert Executive Team • Seek cross authority support • Engage partners in pathway variations **County** • As for level 2 + • Implement level 3 Escalation • Notify Chief Officers/managers/ staff and partner agencies (via UCB Clinical Director) • Consider need to commission additional provider services from non-contracted and /or out of county areas • Transfer internal staff to meet needs of critical services • e.g. within the CSC, Hospital, HART/ICT, Crisis Response • Subject to funding, consider extra staffing hours and recruitment of agency personnel
CCG	• NHS England Area Team notified of alert status and involved in decisions around support from beyond local boundaries • Communication plan in place • Role of Director on- call – escalation and co-ordination • Implementation of teleconference – daily • Seek assurance of implementation of plans from UHL, LPT, EMAS, PTS, Out of Hours and 111 – use of hosted functions • **CCG to report Serious Untoward Incident on the STEIS system** • In conjunction with Ambulance Service and Whole System, the CCGs act as the hub of communication for all parties • **Post escalation:** Complete
EMAS – Emergency	• Utilise PTS/OOH/NHSD Control staff in EMS • Implement co-caring schemes • Cancel Non Critical training. • Request those on leave to consider working. • Cancel all meetings • Consider external provision • Dynamically manage capacity issues within control • Implement attendance bonus • Utilise taxis for low acuity transport • Implement co-caring schemes • Cancel selective training. • Request those on leave to consider working. • Deploy managers to A&E depts. To manage turnaround

	• Outsource fleet servicing • Deploy VAS/PTS to undertake low acuity workload • Only undertake emergency inter hospital transfers • Stop all PTS activity except Renal, Oncology and Discharges National daily conference call • Gold – 12/7 minimum • Silver – 12/7 • Bronze 24/7
Ambuline – Patients	On-going communication with CCG regarding external support or cancelling opd
UCC/OHH	**UCC** Co-ordinator reviews all patients waiting for triage and converts appropriate minor illness patient to consultations Co-ordinator contacts duty manager and patient flows from ED split between UCC and ED, Minor Injury patients attending ED. Inform GEH duty manager and UHL duty manager Continue to monitor and ensure all consulting rooms are utilised, increase consultation staff to eight. Ask GP's due to leave to extend their hours Call GP's on duty to see if they can start their shift early. Put emergency text message out to all off duty staff via web booking All condition specific patients to be sent to OOH during OOH period. • UTI's • URTI • D&V • Emergency contraception (to be agreed) All appropriate patients to be sent to their own GP **OOH** Duty Manager on site other managers mobilised Duty Manager escalates to CNCS Director on call Call Streaming to face to face maintained, if appropriate and services are available. "Busy message" in place with periodic review Collaborative working with City UCC and LUCC in place All off duty staff contacted Consider collaborative working with CNCS Mansfield sites Develop continuity and recovery arrangements

5.3 SitRep Template for the Teleconference

This action card provider's guidance on completing the Surge and Escalation SitRep Template. If there are no issues for organisation this should be appropriately recorded.

Dial in Details **xxxxxxxx**
Telephone number **xxxxxxxx**
Passcode **xxxxxxxx**

Expected Participants

Name	Email Address	Organisation
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	CCG On-Call Director
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	UHL Executive Director on-call
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	LPT Executive Director on-call
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	EMAS Senior Manager (Emergency)
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	Arriva Senior Manager (PTS)
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	UCC Senior Manager
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	Local Authority Senior Manager on-call X3
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	NHS 111 On-Call Director
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	Communication Lead On-Call

DATE	
TIME	
COMPILED BY	

EMERGENCY PLANNING SITUATION UPDATE
Provide an overview of the National, Regional, Local, District situation if external emergency or other pressures are occurring.
COMMUNICATION UPDATE
AMBULANCE SERVICE – EMAS (to include emergency and PTS)
An overview from both an incident response but also business continuity perspective should be provided for this and the respective acute trusts across LLR areas. The status of the service should include identification of any difficulties being experienced and/or anticipates and any action being taken to manage the situation should be discussed. **EMERGENCY** **PTS**

UHL

Provide an overview of the specific situation in your trust. The status of the trust should include identification of any difficulties being experienced and/or anticipated and any action being taken to manage the situation should be discussed.

LPT

Provide an overview of the specific situation in your area. The status of the trust should include identification of any difficulties being experienced and/or anticipated and any action being taken to manage the situation should be discussed.

LOCAL AUTHORITY

Provide an overview of the specific situation in your area. The status of the trust should include identification of any difficulties being experienced and/or anticipated and any action being taken to manage the situation should be discussed.

City

County

Rutland

PRIMARY CARE

An overview of any pressures, increases in demand etc. in each CCG area

NHS 111 AND OOH PROVIDERS

Provide an overview of the specific situation in your area. The status of the trust should include identification of any difficulties being experienced and/or anticipated and any action being taken to manage the situation should be discussed.

DECISIONS MADE AND ACTIONS AGREED

Any decisions made should be should be recorded in this section including the rationale for the decision and any actions agreed and who will complete them and by when.

AGREED COMMUNICATION MESSAGES
Agreed communication messages determines by the Surge and Escalation Group should be detailed in this section in accordance with arrangements detailed in this plan.
ISSUES FOR ESCALATION TO CONSIDER AND PROVIDE DIRECTION
Any issues which require further consideration, direction and or decisions from Directors/Accountable offices should be detailed in this section. In most circumstances this should include recommendations from the Surge and Escalation Group as to the best course of action