

Frimley System

Surge and Escalation Plan

2013 – 14 v2

Approved by: Frimley System Urgent Care Board on 2 October 2013 (2 October 2013 version)

Review Date: October 2014

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1. Introduction

1.1. Purpose of document

The Frimley System Surge and Escalation Plan sets out the procedures across the Frimley System to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. The purpose is to ensure that all health and social care partners have a mechanism to access additional short term capacity in the right part of the system when demand peaks or capacity is reduced. Scenarios might include: extreme weather conditions, flu outbreak, staff sickness due to diarrhoea and vomiting etc

This framework provides a consistent and co-ordinated approach to the management of pressures in the Frimley System across health and social care arenas, demonstrating an approach to effectively maintain quality and have sufficient service capacity to ensure safe patient services including:

- Delivering the A&E 4 hour wait and other emergency metrics
- Delayed Transfers of Care kept at a minimum
- Delivering speciality compliant 18 week pathways
- Delivering safe Infection Control Capacity for Clostridium difficile/MRSA/Diarrhoea and Vomiting
- Deliver timely ambulance handovers
- Ambulance arrival times
- Avoid system failures that result in penalties

Specifically this plan will outline and provide assurance for the arrangements regarding:

- Escalation and capacity management
- System-wide capacity and situation reporting
- Seasonal and pandemic flu preparedness
- NHS and Social Care joint working
- Communications

This plan will not specifically detail any requirements under the Emergency Preparedness, Resilience and Response guidelines although, of course, there may be a dovetailing between processes depending on the nature of the incident / emergency. Therefore NHS England framework documents have been reference in this plan where appropriate.

1.2. Development Process

The “Frimley System” operates in a complex environment with its main acute provider, Frimley Park Hospital, being on the boundary of Hampshire, Surrey and Berkshire. Greater complexity has been added by the splitting of commissioning responsibilities between Clinical Commissioning Group’s and NHS England Area Teams (Public Health England, Specialist Commissioning and Primary Care Commissioning). Although Frimley Park Hospital sits within the Surrey and Sussex Local Health Resilience Partnership, the three Clinical Commissioning Groups relate to three different NHS England Area Teams. Wessex Area Team has taken the lead role in the assurance of this plan.

This plan has been developed through collaborative working with all partner organisations through the Frimley System Urgent Care Board. (Copies of minutes of meetings and term of reference are available on request if additional evidence is required of system wide engagement). It has built upon previous winter plans, lessons learnt from recent surges and seeks to establish a year-round framework for managing increases in demand.

The formation of this plan has involved Urgent Care Board members in:

- Conducting a self- assessment exercise against the Wessex Area Teams' Winter Planning Criteria. This work culminated in a detailed discussion at the Frimley System's Urgent Care Board Meeting [12 August 2013].
- A round table discussion and review of lessons learned from Winter 2012/13 at the Frimley System's Urgent Care Board Meeting [12 August 2013]. See Appendix 1 for overview
- Reviewing the King's Fund Checklist.
- A table top exercise undertaken at Frimley System's Urgent Care Board Meeting [10 September, 2013] to test the management of pressures of acute and emergency health and social care systems in accordance with the Frimley System Surge and Escalation Plan. See Appendix 2 for overview.
- Final review and approval of draft planned for Frimley System' s Urgent Care Board Meeting [2 October 2013]
- The cascading of the Surge and Escalation Plan at individual member Governing Bodies by Frimley System's Urgent Care Board members.
- Submit Frimley System Surge and Escalation Plan to Wessex Area Team 3 October 2013
- Ensuring final sign off of Frimley System Surge and Escalation Plan at organisation Board Level

In addition to the core Urgent Care Board members the Clinical Commissioning Groups have also sought assurance from NHS England Area Teams and NHS 111 services that escalation plans are in place for NHS 111, primary care and specialist commissioning. Further detail from these co-commissioners will be added once received. See Section 2.2 for current position.

1.3. Supporting Documentation

The Surge and Escalation Plan is supported by the following documents:

- **Frimley System Improvement Plan 2013-14**

This plan (see appendix 11) provides an overview of the Frimley System actions being taken and/or planned, which aim to improve or stabilise deliver across the Frimley system in preparation for the expected winter surge.

Plan submitted to Area Team 29 May 2013, currently being revised.

Lead Contact: Joe.Croombs@hampshire.nhs.uk

- **Frimley System Emergency Preparedness Resilience Response**

This plan provides a framework by which North East Hampshire and Farnham Clinical Commissioning Group and Surrey Heath Clinical Commissioning Group will prepare for and undertake their role in a major incident.

Plan revised August 2013.

Lead Contact: Alison.Huggett@hampshire.nhs.uk

- **Organisational winter checklist self-assessments (see Appendix 12)**

Lead Contact: Joe.Croombs@hampshire.nhs.uk

- **Frimley Park Hospital Winter Pressures Plan**

Plan revised May 2013

Lead Contact: Helen.coe@fph-tr.nhs.uk

- **Business Continuity Plans**

Available at individual organisational levels.

- **Management of Outbreak of Infection Control**

Each Clinical Commissioning Group is currently developing revised Infection Control policies.

The Director of Nursing and Quality at North East Hampshire and Farnham and Surrey Heath Clinical Commissioning Groups will ensure alignment of these policies.

Lead Contact: Alison.Huggett@hampshire.nhs.uk

- **Ambulance Handover Plan**

This document was revised in April 2013.

Lead Contact: fiona.gildea@fph-tr.nhs.uk

2. System Management

2.1. System Overview

The Surge and Escalation Plan's methodology is based upon local organisational and regional escalation policies over 4 levels, as briefly outlined here and detailed further in section 3.

Green	Amber	Red	Black
Business as usual.	Pressure above expected levels or capacity below expected levels. Some contingencies deployed.	Pressure significantly raised or capacity significantly reduced. Most contingencies deployed.	Major incident – all contingencies deployed – system requires external support.

In order to maintain the system as near to “business as usual” as possible, local organisational teams have well established processes for managing the changes in demand. These include daily patient flow discussions within individual organisations and clear escalation triggers which identify the need for system wide conversations.

The lead commissioner, North East Hants and Farnham Clinical Commissioning Group plays a key role in receiving individual organisational feedback on demand and capacity pressures and hold the system wide overview of pressures on a daily basis during peak surges. Any of the system's organisations can request a system wide teleconference which will be co-ordinated by North East Hampshire and Farnham Clinical Commissioning Group.

Additionally the local health and social care economy also operate a collaborative approach to planning and delivery focused around the Frimley System Urgent Care Board who in turn, inform and provide leadership to a number of service redesign projects, managing any risks and support decision making during periods of heightened demand.

Finally, should local action not suffice and in the most exceptional circumstances where the system is declaring **BLACK**, escalation through the NHS England Area Team would occur to request support from beyond system boundaries.

2.2. Roles and Responsibilities

Clinical Commissioning Groups, through Urgent Care Boards, are required to produce a surge and escalation plan for 2013/14 and beyond, to ensure a consistent approach across the health and social care system in terms of escalation. See Appendix 3 for organisational leads, contact details, roles and responsibilities.

Clinical Commissioning Groups have also sought assurance from NHS England Area Teams and NHS 111 services that escalation plans are in place for NHS 111, primary care and specialist commissioning. Further detail from these co-commissioners will be added once received.

2.2.1. NHS 111

NHS 111 is itself a single point of access which can be rapidly flexed to change service configuration, switch on new services and redirect cases. Close working with local commissioners, clinical leads and Directory of Service Managers should enable the services to work in a more coordinated and proactive way than has been possible in previous years.

To date Frimley System NHS 111 services do not have a document in a publishable format (see Appendix 12 for detailed self assessment), however initial thinking on proposed plans include:

1. Staffing plans will be put in place to ensure there is adequate call handler capacity. It is envisaged that the service will need to cater for approximately a third more calls during the winter months.
2. Contingency procedures will enable extra capacity to be available in other 111 call centres unless they themselves are stretched.
3. Where snow conditions require it, staff may be provided with transport and hotel accommodation close to the call centres.
4. All staff will be offered influenza vaccination.
5. Bypass numbers to NHS 111 will continue to be available for nursing and residential homes, and clinical staff.
6. NHS 111 has been planning closely with the ambulance service to ensure that their surge plans are synchronised and we will do similar with the out-of-hours services.
7. Winter clinical leads have been identified within NHS 111.
8. Internal communications have been strengthened.
9. There is a national plan for pandemic flu which will put in place a triage system using an automated telephone message and which will enable transfer of calls to NHS 111 services which are less severely affected (i.e. in other parts of the UK).

2.2.2. NHS England Surrey and Sussex Area Team (Specialist Commissioning)

The Area Team have confirmed that network plans and service specification will be in place from October 2013 to ensure network wide support for surges in specialist commissioned activity. It is the pressure on adult and paediatric (SCBU) critical areas at Frimley Park Hospital and flows through our Mental Health Trusts that are most likely to be affected within the local system.

2.2.3. NHS England Area Teams (Primary Care Commissioning)

Although requested no details on surge and escalation plans have yet been received from primary care commissioners. Advised that draft plans have been shared with Clinical Commissioning Group primary care leads for discussion at Primary Care Forum [25 September 2013]. These will then undergo Area Team consultation with the Local Medical Council before release. The primary care commissioner have highlighted that assurance will not be provided about every GP practice, as a provider, as that is their responsibility, however sharing the system by which we will gain assurance and intelligence and monitor response.

The Frimley Urgent Care Board has GP's as providers within its membership.

2.3. System wide reporting

In the complex Frimley System, information sharing is critical to the effective management of demand, capacity and patient flow through the system. The following tools and processes are used to support this process:

- **Daily Sitrep Monitoring.** Awaiting guidance from NHS England. In previous years, when winter pressures reporting commences, Acute Trusts and Ambulance Trusts will be expected to provide a daily sitrep return via STEIS by 11 a.m.
- **Frimley System Surge and Escalation Daily Status Reporting.** When surges are expected (e.g. Winter - November to February) or occur (sudden unexpected change in weather, e.g. heat wave), the Frimley System Organisations will undertake daily reporting. When reporting commences, each organisation to provide a daily status report via email to the surge and escalation email (NECCGsystemresilience@hampshire.nhs.uk) by 9.30 a.m. This report will outline: organisational status RAG rating (Green, Amber, Red or Black), brief commentary on key risks/actions taken and if a system teleconference is requested, rationale for requesting a teleconference. North East Hampshire and Farnham Clinical Commissioning Group will coordinate returns and provide a system overview, instigating a teleconferences, where required. See Appendix 4 for process overview.
- **Frimley Park Hospital Bed Meetings.** Frimley Park Hospital undertake daily bed meetings at 8.30am, 11am and 4.30pm for Frimley Park Hospital staff to discuss current internal issues and pressure and the actions taken to address. This information is to be shared with colleagues to assist with understanding of system pressures. See appendix 15/16 for an example of daily report and additional capacity FPH have made available for winter 2013/14.
- **Frimley Park Hospital Predictive Discharge System -** Frimley Park Hospital are implementing a new system that will enable predictive discharge information to be shared internally and with social care colleagues to aid with resourcing and forward planning.
- **Frimley System Urgent Care Board Dashboard** (see appendix 14 for FPH dashboard which will be used whilst the system wide dashboard is developed) – in development, will aid understanding of system pressures and assist in targeting areas of concern for system wide action.
- **Single Point of Access** – a triage and signposting referral process to the range of community and social care services by both primary and acute care to promote discharge and provision of alternative care for patients who would otherwise be at risk of an acute hospital admission.

2.4. Infection Control & Vaccinations

2.4.1. Pandemic Flu

NHS England Area Teams have responsibility for Pandemic Influenza planning via their public health teams. These plans covers all issues from internal business continuity arrangements, multi-agency command and control, and the provision and coordination of antiviral collection points, to procedures detailing the vaccination of staff and vulnerable groups.

2.4.2. Infection Control & Norovirus

Frimley Park Hospital sits within the Surrey and Sussex Health Protection Unit Outbreak Plan, and upon the requirement for an NHS response we would deploy the NHS Sussex Major Outbreak Plan (this is within the NHS Sussex Emergency Plan) for all infectious outbreaks including Norovirus, Influenza, MRSA and Clostridium Difficile.

Work is also underway with Public Health Departments to sign off a specific Norovirus Plan which is based upon the NHS South East Coast Norovirus Toolkit.

Frimley Park Hospital and other provider organisations also have Infection and Prevention Control Policies and Outbreak Plans which will be used to manage any localised outbreak. Each Trust has a Director of Infection and Prevention Control who is responsible for the management and reduction of infectious outbreaks within their trust. Trusts also have to report cases of infectious diseases on a daily basis inline with national reporting requirements.

2.4.3. Seasonal Flu Vaccinations

NHS England Area Teams take the lead role in ensuring the seasonal flu vaccination programme is delivered through primary care and NHS Occupational Health departments. Clinical Commissioning Group Medicines Management departments are responsible for updating and communicating the Patient Group Directive and antiviral use to all practices. Primary Care Practices are responsible for achieving the Department of Health uptake targets for at-risk population groups and the Public Health departments are responsible for reporting this uptake.

However, the Clinical Commissioning Groups within the Frimley System also recognise the role they play in asking for assurance that local providers have plans in place to improve staff flu vaccination uptake rates and these have been sought. They have also used the opportunity of their close relationships with their local communities to encourage flu uptake via their website and through the local media.

2.5. Business Continuity

All providers have been asked via the assurance checklist to share their business continuity plans and these are available on request.

The Clinical Commissioning Groups will ensure that adequate business continuity assurance is built into all SLAs and Contracts with commissioned services that are required to maintain service delivery.

Providers have been encouraged to build their surge and escalation plans on their existing Business Continuity Plans as far as possible to aid a seamless transition from everyday business continuity. The lead Clinical Commissioning Group will hold copies of all provider business continuity plans and winter plans but the onus is on the provider to update and maintain them. These plans will be refreshed and provided to the Clinical Commissioning Group on an annual basis as part of this plans refresh.

The plans are drafted in accordance with BS25999, the British Standard for Business Continuity.

2.6. Communications

2.6.1. Communications Plan

The Civil Contingencies Act 2004 places a duty on public bodies including NHS commissioners to communicate with the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency; this duty is performed where it is thought to be advantageous for the public to know any arrangements which might mitigate the effects of the emergency upon them. As a result, NHS South of England communications team will ensure that there is adequate information for the public, staff and partner agencies to support the mitigation of the effects of increased demand on services on the health of the community.

2.6.2. Communications plans for accessing services

As lead Commissioner, North East Hampshire and Farnham Clinical Commissioning Group, in conjunction with Surrey Heath and Bracknell and Ascot, are responsible for leading on communication across the Frimley System, working with NHS England (Wessex) communications team to ensure a coordinated and consistent approach to communications at times of peak demand. This will include using a range of channels such as; NHS and council websites, materials such as leaflets, partners' newsletters and publications, local community groups, the local media and social media to communicate key messages around how the public should access services and where to access information and advice, this will often be based on the Choose Well concept. During winter we will ensure that messages are consistent with these developed nationally through the 'Get Ready for Winter campaign led by the Cabinet Office.

All campaigns will be supported by established mechanisms to ensure that changes to operational aspects of services, including change of opening hours or restrictions on services, are widely communicated across local areas. It is the responsibility of each Clinical Commissioning Group to ensure that this information is available and disseminated within their local area.

A Frimley System Communications Plan will be developed upon final sign off of this plan (see Appendix 13).

This work will be developed by the Commissioning Support Unit.

Lead Contact: Mel.McKeown@SouthCSU.nhs.uk

2.6.3. Internal (staff) communications

Commissioner and provider communication teams within the Frimley System will use established internal communications systems, including newsletters, and email, to ensure staff and stakeholders are aware of any changes in the current status of services, how it is being responded to and what they are able to do to help.

This also ensures the ability to respond rapidly to a changing situation, such as adverse weather conditions which could lead to office or site closures or changes to working hours. Local NHS intranet and extranets will be used to host information and advice regarding possible staff redeployment to different Trusts and/or sites according to need.

2.6.4. Situation specific communications, for example:

2.6.4.1. Seasonal Flu

The Clinical Commissioning Groups will coordinate (with Public Health) the annual communications activity to support the seasonal flu vaccination campaign. This will include providing practices with access to the national patient leaflet, supporting practices with communications to patients, publicity for the campaign via local media, content on websites, and work with our partners in the wider health economy including local authorities to endorse and support the key messages, particularly around encouraging the 'at-risk' groups to get the vaccination.

2.6.4.2. Heatwave

The Clinical Commissioning Groups communications team will coordinate local communications activity relating to the annual Heatwave campaign including media activity work with NHS and local authorise partners, and promotion of campaign materials. The aim is to ensure patients and the wider public are informed of the key messages and how to use services appropriately, how to stay safe and where to get further advice and information.

3. Escalation

3.1. Overview

As outlined briefly in Section 2 and again below, organisations within the Frimley System - health and social care - operates 4 escalation levels.

Green	Amber	Red	Black
Business as usual	Pressure above expected levels or capacity below expected levels. Some contingencies deployed.	Pressure significantly raised or capacity significantly reduced. Most contingencies deployed.	Major incident – all contingencies deployed – system requires external support

The Frimley System will operate a policy which uses the current highest rating for the Acute Trust in combination with the judgement of the three Clinical Commissioning Groups leads on all organisations status to determine the overall system status from **Green to Black**.

System wide engagement and involvement is automatically triggered at the **Amber** stage and those involved will seek to return the system to **Green**. If this is not possible senior management escalation will be triggered at the **Red** status. Escalation to **Black** alert will require a Director level decision to be taken in conjunction with the Frimley System Directors on Call. Following the Frimley System Desk Top Review, it was agreed that organisations wished to specific their triggers and actions that would be taken to address at this triggers, see appendix 5.

The commissioner will also utilise the NHS South of England escalation framework (May 2013) to guide system-wide actions across all levels of escalation. However, organisational level escalation actions will be deployed as the primary response in all scenarios from **Green** to **Red**.

Appendix 6 - 8 outlines the minimum expected levels of action that organisations will undertake at the relevant RAG status.

Should escalation to **Red** or Black status has been reached, de-escalation will take place once the *lead* organisation (the organisation at highest escalation status) is satisfied there is no requirement for further action or intervention, they will do this by email and verbal notification to the lead commissioner who will then to restate the overall system escalation status. Actions relevant to the lowered escalation status will continue.

3.2. South of England Escalation (Black status)

Escalation to **Black** status will be using the triggers and prerequisite mandatory procedures set out in the NHS England escalation framework (currently utilising the NHS South of England policy until local Area Team triggers are published). This framework,

“provides a consistent and co-ordinated approach to the management of pressures in NHS South of England’s acute and emergency care systems, where local escalation triggers have already been applied and yet the pressure on capacity and the need to mitigate against the possibility of compromising patient care, require additional support from other service providers, including those which cross Clinical Commissioning Group (CCG) boundaries.”

3.3. Implementation of a Divert

Where there are extraordinary pressures faced by Frimley Park Hospital and all internal and local escalation measures are exhausted, implementation of a Divert may be declared.

The Frimley System will adopt NHS England South Escalation Framework, Implementation of a Divert. See Appendix 9.

3.4. Conference Calls

As outlined in Section 2.3, at times of increased pressure, it may be appropriate to hold system wide teleconference. A conference call will be the initial means by which providers and commissioners will discuss and agree appropriate adjustments to services in line with any early warning signs.

Although co-ordinated and chaired by North East Hampshire and Farnham Clinical Commissioning Group any of the organisations within the Frimley System can request a conference call.

If a conference call is required, an email will be sent out from NEHFCCGsystemresilience@hampshire.nhs.uk advising time, dial in details and attaching status report for the system.

During these calls, providers would agree with the commissioner what resources would be available to be disposed once the magnitude of the surge has been assessed.

Appendix 10 provides a list of suggested questions to explore during the conference calls.

4. Risk assessment

The system has identified the following as the key risks to the delivery of its surge and escalation plan.

Risk	Mitigation
1. Communication within a complex health economy.	<ul style="list-style-type: none"> - Clarity around the role of the Area Teams around the interface between the local surge and escalation plan and area team EPRR plans and category 1 responders will be sought. - A more detailed local communication plan will be produced. - Organisations within the system will participate in desk top exercises to test plans - Communication around infections and outbreaks and the role of NHS England and local authority public health teams will be tested.
2. Capacity issues are experienced by all providers at the same (e.g. flu or D&V outbreak)	<ul style="list-style-type: none"> - All organisation to have clear plans for reducing/ceasing routine/non essential activities within their plans
3. The NHS has been through a major re-structuring with organisations still in development and expertise in emergency planning diluted.	<ul style="list-style-type: none"> - Clarity around the surge and escalation plans for specialist commissioning and primary care commissioning will be sought. - Regular reviews and refreshes of the plan will take place within year 1 - Opportunities will be sought via Area Teams to train key staff on emergency planning.

Appendices

Appendix 1 - Lessons Learnt Overview	 Appendix 1 Lessons Learnt Overview.DOC
Appendix 2 - Escalation and Surge Planning – Table Top Exercise Overview	 Appendix 2 Escalation and Surge
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Appendix 4 - Frimley System Escalation Process	 Appendix 4 Frimley System Escalation Prc
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Appendix 7 - Actions taken at Red (level 3)	 Appendix 7 Actions taken at Red Level.dc
Appendix 8 - Actions taken at Black (level 4)	 Appendix 8 Actions taken at Black Level.c
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