

SOUTH WEST ESSEX
HEALTH AND SOCIAL CARE SYSTEM
ESCALATION PLAN
2014/15

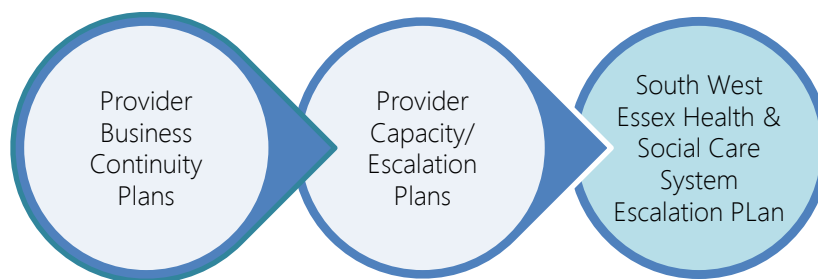
Approved by SW Essex System
Resilience Group, 21/11/14

1. South West Essex Health and Social Care System

Introduction

This plan identifies the processes agreed by the key stakeholders across the South West Essex Health and Social Care System to manage day to day variations in demand and capacity. This Plan builds on individual provider business continuity and capacity/escalation plans and identifies a consistent and coordinated approach for the management of escalation across the South West Essex system where local escalation triggers have already been applied and yet the pressure on an individual provider(s) is not alleviated. The Plan describes how the system will respond to mitigate the possibility of compromising patient care and coordinate additional support from other service providers.

The Plan is designed for managers and clinicians involved in managing capacity and patient flow. It identifies how, under the leadership of Basildon & Brentwood Clinical Commissioning Group (BBCCG) all providers will work together to proactively respond to capacity pressures and return the system to "Green" status at the earliest opportunity.



Organisations within the scope of this plan are as follows:

- Basildon and Thurrock Hospital (BTUH): acute adult bed capacity excluding those services identified below
- North East London Foundation Trust (NELFT): particularly Intermediate Care Beds, Integrated Community Teams, Community Treatment Teams
- South Essex Partnership University NHS Foundation Trust (SEPT): mental health services
- Essex and Thurrock Social Services (adult)
- East of England Ambulance Service Trust (EEAST)
- Out of Hours GP Providers
- NHS 111 Provider

The scope of this plan excludes paediatric, maternity and intensive care capacity.

2. Arrangements for Management of Demand/Capacity Issues Across the System

Expectations of each Provider

- Each provider organisation within South West Essex will have a robust, up-to-date escalation plan, which has been signed off at Board level.
- Each individual plan will have clearly defined escalation triggers pertinent to the organisation, with actions to be taken to avoid the need for further escalation and to enable de-escalation as quickly as possible.
- Where pressures are experienced, named senior managers/executives in each organisation are responsible for ensuring that all appropriate escalation actions are undertaken and reviewed
- Provider Chief Executive (or deputy) involvement is required for individual organisations to escalate to Black status.
- BTUH will update the CAMS system after each capacity meeting [0800, 1200, 1400, 1700, 2000, 2200 0000]
- All providers will declare a daily RAG status (BTUH via text message to key stakeholders, all other providers via the defined process (see appendix 1)

Principles for the System

- BBCCG will take leadership where actions are required by more than one provider in South West Essex in order to avoid or mitigate pressure, and where external support might be required.
- South West Essex will operate a policy which uses the current highest RAG rating for BTUH, along with the highest RAG rating of one other provider, to determine the overall system RAG status from Green to Black (see section x, below).
- System wide engagement and involvement is automatically triggered at the system Amber stage with the intention of returning the system to Green as soon as possible. Initially this may take the form of a system-wide teleconference at operational level or provider-to-provider conversations facilitated by BBCCG. An Aide Memoire for system wide teleconferences is provided at Appendix 3, although the specific discussion will much depend on the specific circumstance of the raised escalation status.
- If system de-escalation at Amber is not possible, then senior management escalation will be triggered at system Red status. This will require senior management involvement in system-wide teleconferences and in ensuring actions identified are undertaken.
- Escalation to system Black alert will be taken at Executive level within BBCCG.
- During the out-of-hours period, the South West Essex CCG director on-call will take responsibility for all BBCCG actions. BBCCG will take responsibility for ensuring the on-call director is kept apprised of system capacity issues.

3. Defining System RAG Status

South West Essex will operate a policy which uses the current highest RAG rating for BTUH, along the highest RAG from one other Provider to determine the overall system status from Green to Black. The following schema describes the system but the combinations are not exhaustive and much will depend on the detail of specific circumstances:





The table, below provides a high level description of “system health” and possible actions to be taken by BBCCG. Note: this is not an exhaustive list of actions.

System RAG Status	Description	BBCCG Action
GREEN	Low risk to performance with sufficient capacity. The system is able to meet anticipated demand within existing resources.	Monitor the system through daily RAG rating.
AMBER	Pressures are increasing and the predicted or actual capacity across the system may not meet demand. Focused actions are required to mitigate further escalation. Enhanced co-ordination will alert the whole system to take action to return to green status as quickly as possible.	Contact providers under pressure and identify actions that may be required to alleviate. If required, consider calling system-wide teleconference involving operational staff.
RED	Despite measures undertaken, pressures continue to increase. Providers have sustained pressures on capacity. The acute trust ED is unable to provide care in line with national standards and some planned elective admissions may need to be cancelled.	Call and chair system-wide teleconference involving operational and senior managers. Ensure actions clearly identified and followed up. Alert Area Team colleagues.
BLACK	System gridlock. No beds available across sub economy. The acute trust is unable to cope with demand, resulting in ambulances unable to off-load, non-urgent elective work cancelled. The ED is unable to safely provide care services and there is a risk of 12 hr trolley waits.	Executive decision to escalate system to Black status. Call and chair teleconference/meeting with senior managers and executives. Call and chair teleconference/meeting with senior and operational managers if required. Involve Area Team colleagues. Ensure actions clearly identified and followed up.

4. Action Cards for System "Green" Status

This action card outlines the minimum expected levels of action for when the South West Essex System is at "Green" Status. It is not exhaustive and will be dependent on the situation.

Organisation	Action
BBCCG	<ul style="list-style-type: none"> No actions required beyond continued monitoring of system.
BTUH	<ul style="list-style-type: none"> Bed meetings held 3 times a day Ensure adequate capacity is available to manage planned and unplanned demand for the day. Highlight any shortfalls in capacity to the Deputy COO/COO as a matter of urgency. Ensure request for ambulance transport are booked before 12:00 to avoid delayed discharges and transfers. Alert system partners through text messaging service.
NELFT	<ul style="list-style-type: none"> No actions required beyond normal community hospital bed management, community nursing and intermediate care capacity management and liaison with Acute Trusts and Social Care.
SEPT	<ul style="list-style-type: none"> No actions required beyond normal mental health bed management.
Social Services	<ul style="list-style-type: none"> No actions required beyond normal, on-going responses to section 2's and 5's in accordance with agreed time frames.
OOH GP	<ul style="list-style-type: none"> No actions required beyond normal service
EEAST	<ul style="list-style-type: none"> No actions required beyond normal management of service.
NHS 111	<ul style="list-style-type: none"> No actions required beyond normal service

5. Action Cards for System “Amber” Status

This action card outlines the minimum expected levels of action for when the South West Essex System is at “Amber” Status. It is not exhaustive and will be dependent on the situation. It is expected that all organisations will fulfil actions identified while at “green”.

Organisation	Action
BBCCG	<ul style="list-style-type: none"> • Consider calling and chairing a system-wide teleconference with operational managers. • Consider increasing patient transport provision to support discharges • Consider any actions with significant funding implications
BTUH	<ul style="list-style-type: none"> • Inform system partners of alert status through text messaging service. • Ensure that General Managers have accurately reviewed bed capacity and confirm that all patients have been reviewed by a senior physician. • Ensure all ward managers are actively identifying patients who may be eligible for early discharge and reporting requests for intermediate care or social care intervention to relevant service leads • Activate the hospital business continuity plan and amend routine working practices to accommodate excessive demands on service. • Produce and manage consolidated list of all planned discharges for following 72 hours (including weekends) and delayed transfers of care (health and social). • Ensure instructions for admissions and transfers from wards are only accepted via the Site Management Office. • Ensure that Trust policy on patient choice is being actively followed led by a designated senior manager. • Pharmacy instructed to prioritise TTOs to support discharge, ensuring drugs are taken to wards immediately. • Consider increased provision of therapy staff to support discharge process
NELFT	<ul style="list-style-type: none"> • Oversee the call on resources by all feeder acute trusts (BTUH, BHRT, MEHT and SUHT) and primary care. Prioritise admissions on need and the escalation status of the referring organisation. • Increase to 3 times a day bed state report to BTUH from normal 2 a day. • Consider increasing DTOC meetings for Intermediate Care Beds (ensuring all CHC, Social or other health delays are implemented) • Ensure that Dementia Crisis Support Service is fully staffed and consider redeploying across the hospital to support discharges • Ensure that patient choice policy is adhered to within all community beds. • Ensure admission avoidance service is fully staffed and functioning at maximum capacity. • Ensure that resources are protected within CTT and other rapid response community services to aid admission avoidance and acute discharge, Heads of service to review case lists and prioritise admission avoidance and discharges.

SEPT	<ul style="list-style-type: none"> • Consider increasing capacity for psychiatric assessments in ED and inpatient areas if demand requires. • Consider flexing criteria for challenging behaviour beds (ie. one to one nursing) and Mountnessing Court
Social Services	<ul style="list-style-type: none"> • Ensure representation at bed meetings • Consider increasing capacity within the hospital/community hospital on the basis increased demand for services • Expedite social care delays in both acute and intermediate care inpatient settings.
OOH GP	<ul style="list-style-type: none"> • Make preparations to support community hospitals if required in the out of hours period.
EEAST	<ul style="list-style-type: none"> • Acknowledge alert status • Work with NELFT to deflect patients into community services where appropriate.
NHS 111	<ul style="list-style-type: none"> • No actions required beyond normal service

6. Action Cards for System "Red" Status

This action card outlines the minimum expected levels of action for when the South West Essex System is at "Red" Status. It is not exhaustive and will be dependent on the situation. It is expected that all organisations will have fulfilled actions identified at "Amber".

De-escalation

Should escalation to a System Red status be 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. The lead organisation will do this in liaison with BBCCG. Formal notification of de-escalation will be sent by BBCCG to all providers via email. Actions relevant to the lowered escalation status will continue.

Organisation	Action
BBCCG	<ul style="list-style-type: none"> • Call and chair system-wide teleconference with operational managers and senior managers. • Consider increasing patient transport provision to support discharges • Consider any actions with significant funding implications • Consider informing GP practices of system Red status and ask to consider alternatives to hospital where clinically appropriate. • Inform Thurrock CCG and Area Team colleagues of system status. • Ensure communication with CCG on-call directors is maintained.
BTUH	<ul style="list-style-type: none"> • Inform system partners of alert status through text messaging service. • Ensure that all patients receive a Consultant or senior registrar review to support discharge processes • Liaise with neighbouring acute trust to understand potential to divert if required. • Consider opening escalation areas • Participate in system wide telephone conferences to manage red status. • Consider deflecting ED attendances to walk in centre or Minor Injuries Unit • Consider increasing the operational hours of the GP in ED scheme • Implement process of transferring patients to available intermediate beds (i.e. limit choice)
NELFT	<ul style="list-style-type: none"> • Participate in system wide teleconferences to manager red status • Implement process of transferring patients to available intermediate beds (i.e. limit choice) • Consider increasing the capacity of admission avoidance services (particularly at weekends and Mondays) • Ensure that Dementia Crisis Support Service is fully staffed and consider redeploying across the hospital to support discharges • Ensure that all service heads are aware of Red status and are prioritising admission avoidance and discharges. • Undertake additional ward rounds and review admission and discharge thresholds to create capacity where possible

	<ul style="list-style-type: none"> • Ensure that resources are protected within Integrated Teams and other rapid response community services to aid admission avoidance and acute discharge, Heads of service to review case lists and prioritise admission avoidance and discharges
SEPT	<ul style="list-style-type: none"> • Consider increasing capacity for psychiatric assessments in ED and inpatient areas if demand requires. • Consider flexing criteria for challenging behaviour beds (ie. one to one nursing) and Mounnessing Court
Social Services	<ul style="list-style-type: none"> • Participate in system wide teleconferences to manage red status • Provide additional resource to liaison service in ED to support admissions avoidance process. • Consider increasing capacity within the hospital/community hospital on the basis increased demand for services • Notify care providers of red status • Obtain details of capacity from contracts and commissioning (Thurrock) and Service Placement Team (Essex); identify with CCG where additional resources out of area might be required. • Essex and Thurrock to prioritise and work jointly to ensure the optimal use of available resources
OOH GP	<ul style="list-style-type: none"> • Participate in system wide teleconferences to manage red status. • Consider whether additional GP capacity will be required • Make necessary capacity adjustments where higher activity is predicted due to stretched community services • Make preparations to support community hospitals if required in the out of hours period.
EEAST	<ul style="list-style-type: none"> • Participate in system wide teleconferences to manage red status • Consider transporting patients to Minor Injuries Unit or Darzi Walk in centre if appropriate
NHS 111	<ul style="list-style-type: none"> • No actions required beyond normal service

7. Action Cards for System "Black" Status

This action card outlines the minimum expected levels of action for when the South West Essex System is at "Black" Status. It is not exhaustive and will be dependent on the situation.

Principles for managing actions at system "black" status.

- It is expected that all organisations will have fulfilled actions identified at "Red".
- During Black level status all system wide communication between organisations will be led by Executives so as to ensure decisions can be agreed in a timely manner.
- Declaration of Black status in any particular provider is undertaken by the Chief Executive (or deputy) of that organisation.
- Declaration of whole system Black status is undertaken by the Chief Officer/Deputy of BBCCG.
- Support from the Area Team to be accessed as required

De-escalation

Should escalation to a System Black status be 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. The lead organisation will do this in liaison with BBCCG. Formal notification of de-escalation will be sent by BBCCG to all providers via email. Actions relevant to the lowered escalation status will continue.

Organisation	Action
BBCCG	<ul style="list-style-type: none"> • Call and chair system-wide teleconference involving operational, senior and executive managers within provider organisations. • Inform Thurrock CCG and Area Team colleagues of system status. • Ensure communication with CCG on-call directors is maintained. • Inform GP practices of system Red status and ask to consider alternatives to hospital where clinically appropriate. • Consider any actions with significant funding implications (escalation beds, out of area placements, alternative community bed capacity. etc) • Work with BTUH regarding the need for ambulance divert • Lead a root cause analysis post de-escalation
BTUH	<ul style="list-style-type: none"> • Ensure senior and executive managers participate in system wide teleconferences to manage Black status • All available BTUH clinical staff will prioritise clinical patient activity. SPA's/routine meetings and 1:1 reviews will therefore cease. BTUH Consultants will be instructed to leave SPA sessions and support direct clinical care. • Agree with CCG need for ambulance diverts and work with CCG to coordinate this • Give consideration to cancelling non cancer and non-urgent elective surgery to create bed space • Where staffing concerns exist, review the skill matrix of Essex and Thurrock

	SS to see if any staff can support key areas.
NELFT	<ul style="list-style-type: none"> • Ensure senior and executive managers participate in system wide teleconferences to manage Black status • Consider flexing bed criteria on <ul style="list-style-type: none"> a. DSSA b. Stroke to intermediate or vice versa c. CHC (for patients at the start of the assessment process) <p>To best meet current waiting list and forecast bed requirements. This will be undertaken through the telecon process.</p> <ul style="list-style-type: none"> • Consider (and implement if approved) opening of escalation beds • Consider implementing a task force of senior nurses to work within the acute setting to support expedited discharge into the community setting. • Ensure that Dementia Crisis Support Service is fully staffed and consider redeploying across the hospital to support discharges • Consider extending specialist nursing operating hours to support discharges • Ensure all heads of services are reprioritising caseloads • Consider extending the operating hours of the Minor Injuries Unit • Implement business continuity plan cancelling low priority clinics to protect essential services
SEPT	<ul style="list-style-type: none"> • Consider increasing capacity for psychiatric assessments in ED and inpatient areas if demand requires. • Consider flexing criteria for challenging behaviour beds (ie. one to one nursing) and Mounnessing Court
Social Services	<ul style="list-style-type: none"> • Ensure senior and executive managers participate in system wide teleconferences to manage Black status • Ensure sufficient resource is prioritised to support social care discharges from intermediate care beds • Senior manager to be accessible and in regular attendance at BTUH
OOH GP	<ul style="list-style-type: none"> • Ensure senior and executive managers participate in system wide teleconferences to manage Black status • Consider whether additional GP capacity will be required • Make necessary capacity adjustments where higher activity is predicted due to stretched community services • Make preparations to support community hospitals if required in the out of hours period. • Consider diverting some activity to the Southend or Canvey centres (protocol already established) • Consider using NELFT nurses to support low acuity presenting patients
EEAST	<ul style="list-style-type: none"> • Ensure senior and executive managers participate in system wide teleconferences to manage Black status • Implement ambulance divert if approved.
NHS 111	<ul style="list-style-type: none"> • No actions required beyond normal service

Appendix 1: Process for Reporting of Provider RAG Status

BTUH

BTUH will provide a daily capacity report via the text messaging service.

All Other Providers

All other providers will notify their status daily (Mon-Fri) by 10am to BBCCG. Each status will be recorded on BBCCGs website [<http://www.basildonandbrentwoodccg.nhs.uk/rag-ratings>] for all registered providers to see.

During normal working hours (Mon-Fri, 08.00 -17.00), BBCCG will use individual status reports to decide whether pressures require a move to system-wide escalation (see section 3, above).

Where required, BBCCG will alert the CCG on-call director of system status throughout the day and handover any on-going issues at the end of the day/weekend.

Appendix 2: Key Contacts for Capacity Issues

The following table provides the names and roles of the operational managers responsible for managing capacity issues and senior managers/executives for escalation

Organisation	Operational Manager	Senior Manager	Executive
BTUH	Kelly French, Head of Site Management	Gavin MacDonald, Deputy Chief Operating Officer	Nigel Kee, Chief Operating Officer
Thurrock Social Services	Linda King, Team Manager	Tania Sitch, Strategic Lead Prevention and Independence	Les Billingham, Head of Adult Social Care
Essex Social Services	Tanya Hano, Acting Operational Team Manager	Krista Levy, Head of Adult Operations	Mike Boyle, Executive Director of Adult Operations
North East London Foundation Trust (NELFT)	Nicola Walpole, Acute/Community Services Interface Manager	Gill Burns, Assistant Director for Inpatient Beds and Unplanned Care	Brid Johnston, Integrated Care Director
South Essex Partnership Trust (SEPT)	Obi McKay	Sue Waterhouse, Director of Mental Health	Sue Waterhouse, Director of Mental Health
East of England Ambulance Service (EEAST)	Alan Whitehead, Senior Locality Manager	Alan Whitehead, Senior Locality Manager	Gold Command
Basildon & Brentwood CCG	Jo Cripps, Associate Director, Delivery	Tom Abell, Chief Officer	Tom Abell, Chief Officer

Appendix 3: Teleconference Aide Memoire

South West Essex System RAG Status:	
Teleconference Date/Time	
Chairperson	
Attendees	

BTUH	
Escalation Status	
Beds now	
Confirmed discharges	
Predicted admissions	
Number of patients in ED:	
	Minors
	Majors
	Resus
	Paeds
Number of patients with decision to admit (DTA)	
Patients with DTA >8 hours without a plan	
Number of electives cancelled	
Number of escalation beds open	
Number of beds closed? Reason?	
Ambulance delays?	
Staffing issues?	
NELFT	
Escalation Status:	
Beds available now	
Confirmed discharges	
No. patients on waiting list	
Number of beds closed?	
Staffing issues?	
SEPT:	
Escalation Status:	
Beds available now	
Confirmed discharges	
No. patients on waiting list	
Number of beds closed?	
Staffing issues?	
Essex & Thurrock Social Care	
Escalation Status:	

Assessment delays	
Nursing/Residential/Home Care Capacity	
Beds closed?	
Reablement Capacity	
Staffing issues?	

Actions Required as a Result of Teleconference	
Action	By Whom/By When