APPENDIX III Capacity Management Directors Pack for Escalation Processes

Commented [OP1]: Udates included from T&W Council - Shrops Council

Telford and Wrekin, Shropshire, Powys Local Health Economy Capacity Management — LEVEL 1 Action Card

Actions required by Local Authority Social Care Services

T&W LA

1. Facilitate safe and timely discharges in the normal way by liaising with Discharge Liaison Teams on both SaTH sites.
2. Be in receipt of the occupancy levels in the Block purchase beds. Aware of availability of Residential, Nursing and Domiciliary Care Provision, to support safe and timely assessment and transfer from acute hospitals.
3. Conference calls and Management at this level by Team Leader or appointed deputy
4. Normal working with Brokerage, who will inform Team Leader of any issues in the system

Shropshire LA

1. Facilitate safe and timely discharges for patients requiring social care support in the normal way by liaising with hospital staff at both sites.
2. Prioritise activity relating to 'work-list' (those medically fit for transfer) and delayed transfers of care.
3. Update the DLN responsible for DTOC daily on the actions relating to those patients on the 'work-list'

Be aware of acute, and community hospitals escalation levels and address transfer issues as they arise.

Level 1: Normal Working Management & On-site Manager (No negative triggers applicable)

LEVEL 1

RCMT

1. Ensure that EMS has been updated during the mandatory times of 07:30-09:30 and 14:30-16:30
2. Request Front door attendances from the previous day if not received for the Acute Trusts
3. Monitor daily activity
4. Produce a 'Sit Rep' to provide the region with a snap shot view of escalation levels and areas of concern.
5. Contact the SOC for divert or deflect information and the SOC commander for the day
6. Provide additional sit reps if required.
7. Monitor EMS and CAD on line for activity levels and changes in the escalation level of organisations
8. Respond to calls from Health Economies, WMAS and Major incident alerts 24/7.
9. Record all actions on RCMT data base Salesforce

Actions required by CCG Commissioners

1. Be aware of the acute and community hospitals escalation levels addressing any transfer issues.
2. Commissioners are aware of the situation via twice daily EMS and daily Fit to Transfer and DTOC lists

Management – CCG Lead Commissioners

Actions required by Community Trust

a) Community hospitals

1. Continuous review of patient length of stay - CH
2. Continuous review of Delayed Transfers Of Care
3. Reviews against expected Date of discharge
4. Twice daily capacity reports; hospital & community
5. Demand matches resource for the rest of the working day

b) Community Services

1. Maximising patient numbers and acuity against resources available
2. Community Teams to review at least twice weekly patients on community hospital wards to facilitate discharge to community teams, liaising with the Discharge Liaison Nurses within each community hospital.
3. Training, Doppler and continence work being fitted in within workloads.

c) Integrated Care Services

1. Facilitate safe and timely discharges in liaison with discharge liaison teams
2. In all hospital sites.
3. Prioritise activity relating to 'work-list' (those medically fit for transfer) and delayed transfers of care

Operational responsibility Locality Managers

Actions required by Powys Health and LA

1. Normal operating as per bed management tool kit

Actions required by Acute Trust (SaTH)
Refer SaTH's Level 1 Action Card

Action Required by RJAH

1. Complete and return daily capacity report
2. Review delay transfer of care patient's

Actions Level One			
Duty Manager - Role to maintain patient through the specialty 1. Be aware of escalation levels 2. Attend bed meetings	**Diagnostics & Therapies - Role to Support patient flow** 1. Be aware of escalation levels 2. Be aware of predicted activity	**Pharmacy Role - To Support patient flow** 1. Be aware of escalation levels - communication via email to senior Operational Pharmacies at each site 2. Be aware of predicted activity	**Director On Call Role - To maintain Patient Flow through the Specialty Area.** 1. Be aware of escalation levels 2. Be aware of predicted activity
Medical Response Role - To maintain Patient Flow through the Specialty Area. 1. Be aware of escalation levels 2. Normal Working	**WMAS** 1. Monitor amount of crews at hospital 2. Check activity across all departments 3. Contact Nurse in charge if delays develop 4. Appraise Local Bronze Commander 5. Monitor subsequent hospital activity and advise Duty Officer accordingly	**A&E / MAU - SaTH Ambulance Handover within 15 minutes** 1. On arrival ambulance crews to be greeted and patient registered greeted by designated ambulance triage nurse ATN wearing red armband. 2. Standard operational reports should report no unnecessary patient delays at accident and emergency or any other receiving area in the hospital 3. Ambulance Triage Nurse to click "Pat Release" on CD Screen once a bed has been allocated to the crew and transfer is complete. 4. Communicate with CSM regularly and as necessary. 5. Ensure that all patients have a plan at 3 hours for either admission or discharge. 6. Any patients without a plan or who are expected to breach (e.g. Mental Health) to be escalated to CSM and ED Ops Mgt as soon as they come apparent	**Working with Local Authorities** 1. Be aware of SaTH escalation levels 2. Facilitate safe and timely discharges in the normal way liaising with the integrated case management teams (ICMT) on both sites and discharge liaison nurses in Community Hospitals. 3. Address any transfer issues, particularly focusing on DTOCs 4. Give accurate information twice a day to CMSs regarding bed states. Use a pull approach from the acute trust to Community Hospitals 5. Use the live database to record bed states 6. Participate in the daily conference call at 10.30am 7. Normal community hospital bed management, community services, capacity management and liaison with Acute Trusts and Social Care

Telford & Wrekin, Shropshire and Powys Local Health Economy Capacity Management **LEVEL 2 Action Card**

Actions required by Local Authority Social Care Service

T&W LA
As Level 1 plus

a. Brokerage work to discharge medically fit within 24 hours where safe to do so.
b. Identify and work to plan complex discharges, not yet identified as Medically Fit for Discharge.
c. Plan for discharges over next 3-5 days.
d. Senior Broker to highlight any capacity issues to Team Leader Procurement and Commissioning who will work to expedite resolution.
e. Team Leader to ensure flow through all admission avoidance and enablement facilities are optimized.

Shropshire LA
As Level 1 Plus:

a. With brokerage facilitate discharges today
b. Plan discharges 3-5 days in advance
c. Liaise with lead commissioner to highlight any issues with capacity or blocks to expedite resolution.

Actions for Powys

- Identify issues and constraints and take all necessary actions to prevent potential risk to patients
- Utilise predictive data/information to routinely monitor discharge and patient flow, including discharge rates against those predicted and transport delays. Take the most appropriate action. For example:
- Senior nursing: review all inpatients with the MDT
- Additional Ward Rounds
- Review staffing levels/resources and requirements (including use of over contract, agency, skill mix and staff redeployment)
- Assess Community Resource
- Open short-term surge

Level 2 Early / Prolonged Pressure (Four Triggers Applicable)

LEVEL 2

RCMT

1. Ensure that WMAS are providing crews with messages to use the alternative pathways.
2. Inform SOC of potential pressure points and actions taken
3. Participate in any conference calls when invited to do so

Actions required by CCG Commissioners

1. Be aware of the acute and community hospitals escalation levels addressing any transfer issues.
2. Consider communications to GPs if predicting escalation to level 3, to request support by the use of alternative pathways
3. Consider requests for spot purchase beds

RJAH

1. Review delay in transfers of care patients
2. Team Leaders proactive management of team resource to maintain balance of demand and staff resources

SATH

Actions require by Community Trust

a) **Community Hospitals**

1. DTOCs requiring funding escalated for a decision to CCGs and Councils. Prioritise patients for Social Care support.
2. MDT check, chase and challenge
3. Consider call in GP's to review Community Hospital in-patients for those requiring medical review to progress discharge.
4. Discharge planning to include lead times for actions

b) **Community Services**

1. Team Leaders proactive prioritisation and management of team resource to maintain balance of demand and staff resources.
2. Review in-reach resources for DAART and Elderly and Frail
3. Considered cancelling routine reviews and/or provide in a clinic setting where possible.

c) Integrated Care Service

1. Participation in Self Directed Support Brokerage
2. Identify capacity in Intermediate Care, Reablement and Independent Sector Care Providers.
3. Expedite planned discharges to same day, where safe and appropriate to do so.
4. Review PM version of 'work list when supplied. to identify any patients who are medically fit for transfer who are not allocated and allocate a worker to progress discharge planning

Operational responsibility: Deputy Director of Operations / Senior Manager On Call.

SCHT Director on call Role – To maintain Patient Flow through the Community Hospital and Community services

1. Be aware of escalation levels

▪ Appropriate local actions to be initiated / Divert internal resources to areas of greatest risk - to expedite discharge and support flow ▪ Consider purchasing additional capacity through interim beds / Consider authorising packages out of panel and hospice provision ▪ Consider authorising additional urgent domiciliary Response (PURSH) ▪ Consider authorising additional community nursing / therapy Services **WMAS** **1.** Monitor the delays to see if any impact is being had on performance. **2.** Inform Silver Commander who will liaise with Bronze and remain in contact, attending hospital if necessary (e.g. if no bronze available] **3.** Maintain resource overview **4.** Contact the on Call Silver (Ops) to keep them appraised if delays continue past the estimated time agreed **5.** Complete an SUl for all category 'A' and 'B' calls that we were unable to attend in standard due to delays at hospital **6.** Record delays in status reports 0930, 1330, 1730, 2130	1. Duty Manager liaise with external LHE Duty Managers 2. If the Trust is moving from a 2 to 3, the Heads of Capacity to advise CSM/Out of Hours Duty Manager that all actions have been undertaken and escalate any actions that have not been taken, and, request assistance with resolution 3. Diagnostics, Therapies & Pharmacy Review prioritisation of requests for services according to acuity of patient and urgency of discharge 4. Diagnostics, Therapies & Pharmacy liaise with Heads of Capacity (in hours)/CSM (out of hours) to establish actions needed 5. Clinicians who discuss and assess predicted capacity with the CSM and Doctor 6. Medics to prioritise workload for discharge tomorrow by: • Expediting investigations, discharge decision to admit patients already in the hospital • Ensure discharge medications and letters are completed • Dispense TTOs • Identify patients that can be out lied. **A&E / MAU - SaTH Ambulance Handover Between 15 and 45 minutes** 1. Breach report complete for each incident by team on duty capturing all elements of delays. 2. CSM to ensure 'Handover Escalation Plan' is followed. 3. Record length of handover duration and ensure that the number per day and week are included in any required local or national reporting. 4. Clinical Commissioners notified via weekly management process patient delays. 5. Ensure CAD Screen is updated as crews are released. 6. Ensure online EMS Escalation is accurately reported and updated regularly.	2. Be aware of patient flow through community hospitals 3. Be aware of community service/capacity pressures 4. Maintain contact with Duty Manager if Level 2 is reached **SCHT Manager on Call Role – To maintain Patient flow through the Community Hospitals and Community Services** 1. Be aware of escalation levels 2. Review actions required for patients on Community Hospital and SaTH FTT list 3. Discuss patient flow through community hospitals to facilitate discharge 4. Be aware of community service capacity/pressures and provide support 5. Consider cancellation of non-essential meetings and training to provide additional resource targeted against need 6. Monitor and provide support with workforce requests 7. Maintain contact with Duty Director if level 2 is reached

Telford & Wrekin, Shropshire and Powys Local Health Economy Capacity Management **LEVEL 3 Action Card**

Actions required by Local Authority Social Care Services As level 1 and 2 plus:

T&W

a) TICAT staffing to be utilized to the areas of high need.
b) Expedite any discharges from SaTH that can be brought forward.
c) Expedite any discharges from Block Beds that can be brought forward.
d) Commission Leads to liaise with providers to increase capacity.

Daily Conference Call at this level will be at delegated responsibility of the Team Leader. Extraordinary Conference call will be at Service Delivery Manager level

Shropshire LA

a) Brief Service Manager on status and Service Manager will attend conference call when requested to agree extraordinary actions.
b) Service Mgr. will notify Director of Adult Services.
c) Divert all social workers to discharge activity that will free up immediate capacity only.
d) Increase capacity of SW team where necessary.
e) Divert Community Social Work teams to expedite discharges wherever possible from Community Hospital settings to create capacity.

LEVEL 3

- **Capacity and/or resources not meeting current demand**
- **No flow potential or anticipated**
- **Acute Bed capacity 100%**
- **Patient care environment not optimal in many areas**
- **Clinical safety being compromised**

OBJECTIVE: Senior Managers and Consultants agree actions required to increase capacity and flow to ensure patient care environment optimal and safe.

RCMT

1. Verify trigger points if required
2. Participate in any conference calls when invited to do so
3. Be available to discuss plans with representatives of the Health economy and provide advice and assistance if required.
4. Advise of the position of neighbouring organisations and whether a deflect or divert is worth consideration – contact WMAS to see if they are in a position to assist
5. Advise WMAS (SOC) of potential level 4

Options considered by Community Trust

a) **Community Hospitals**

1. Escalate patients still requiring funding for short term care packages / care home / intermediate care to commissioners to ascertain requirements to open surge beds , additional staffing and seek commissioner agreement
2. Review options for interim placements unable to access long term placements
3. Ensure MIUs staffed to support patients out of acute care
4. Review options and resources available to staff all hospital beds and where temporary beds can be established
5. Consider cancellation of out-patient rehabilitation and redeployment of staff to bed based or community services.

b) **Community**

1. Review and re-plan routine visits
2. Enhanced in reach to SATH/Community Hospitals by ICS/Rapid Response
3. Review and prioritise all visits for urgency, for example, dressings
4. Defer routine Catheter management
5. Resourcing Palliative / EOL & diabetics
6. Work with Ambulance Service to support patients where possible in the community using ICS/IDTs and Rapid Response
7. Check chase and challenge Community service caseload and maximise capacity for urgent patients and for in reach to community hospitals and SaTH to facilitate discharge from a bed and the front door.

c) Integrated Care Service

f) Review planned discharges and consider alternative discharge plans that will expedite discharge if safe and appropriate to do so. g) Liaise with commissioning teams to identify potential additional capacity and help to identify appropriate patients to transfer **WMAS** 1. As Level 2, plus- 2. Maintain cover in affected area were possible 3. Contact oncoming & off going crews to negotiate an extension of shift 4. Divisional / Silver Commander to liaise with the Chief Operating Officer in the Acute Trust to jointly authorise escalation to Level 3 to participate in the health economy conference call 5. Confirm the call signs delayed with Bronze Commander	**RJAH** 6. Involvement at Deputy Director/assistant Director of Nursing level with teleconference 7. Review delayed discharges and possible discharges from Elderly rehabilitation ward 8. Liaise with Community services to support discharges 9. Identify numbers of beds available for transfer to elderly rehab beds 10. Consider clinical transfer of hand patients to RJAH **Actions required by CCG Commissioners** **As level 2, plus –** 1. CCG Director to participate in health economy urgent conference call, agreeing appropriate actions to assist in agreeing recovery plan (de-escalation) and action plans required to restore capacity balance, **Management**: CCG Director on call **SATH Actions**	1. Team Leader will work with Enablement Team to provide increased assessment resources to Home from Hospital Team. 2. Create capacity, where possible by transferring, if safe to do so, residents of Enablement / Interim Beds into community with Domiciliary Care Packages. 3. Review any outstanding funding decisions. 4. As level 2 with SDS + escalate to commissioning service delivery manager prioritise workload and liaise with SPIC 5. Divert all social workers to discharge activity that will free up immediate capacity only. 6. Increase capacity of SW team where necessary 7. Divert Community Social Work teams to expedite discharges wherever possible from Community Hospital settings to create capacity. 8. Review planned discharges, consider alternative discharge plans that will expedite discharge if safe and appropriate to do so. 9. Liaise with commissioning teams to identify potential additional capacity and help to identify appropriate patients to transfer **e) Organisation Wide** 1. Consider cancelling non-clinically critical and essential visits.

Actions required by Powys Health and LA 1. The following actions which MUST be considered. Non implementation will need to be justified and alternative solutions determined to address the constraints and maintain patient safety. 2. Open surge capacity 3. Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. 4. Identify interim placements for medically fit (patient choice) 5. Appropriate local actions to be initiated 6. Divert internal resources to areas of greatest risk – to expedite discharge and support flow 7. Appropriate local actions to be initiated **8.** Assess & advise timeframe for recovery/de-escalation (max 24 hours)	1. Duty Manager to escalate to COO/Exec Director/on call consultants any issues with actions that remain unresolved 2. Diagnostics, Therapies and Pharmacy to attend site safety meeting 3. Out of service hours, Diagnostics, Therapies and Pharmacy staff to assess demand on service and attend site if appropriate 4. Head of Capacity to arrange an LHSE Executive Level conference call for 11am and 3pm if either site is starting the day on EMS level 3 and circulate by 9.30am via email the SITREP for each site to all system partners together with details of any specific actions that are required of external partners to support de-escalation. 5. Head of Capacity to arrange an LHSE conference call within an hour of a declared EMS level 3 after 11am. 6. On Call Director to arrange an LHSE conference call at 12:00 at weekends and Bank Holidays 7. Consultants undertake additional ward rounds in hours and out of hours 8. AMU, ED and Surgeon on call to attend site safety meetings at 08:45 and 15:45	2. Identify with acute trust what staff resources could be required to support inpatient care 3. Scope and prepare resources available if leave cancelled 4. Release available bank staff following funding agreement Director (or deputy) /on call Director and Clinical Services Manager/on-call manager, to participate in health economy urgent conference call, agreeing appropriate actions to assist in recovering the situation. Open Trust Operational Coordination Centre **Operational responsibility: Assistant Director of Operations** Locality Manager and Director on Call SCHT Director On Call Role – To maintain Patient Flow through the Community Hospitals and Community Services 1. Be aware of escalation levels 2. Be aware of patient flow through community hospitals and support on-call manager to progress actions including Director to Director escalation to agree funding arrangements. 3. Be aware of community service capacity/pressures and support Director dialogue to progress actions. 4. Maintain contact with Duty Manager it no return to level 2 **SCHT Manager On Call Role – To maintain Patient Flow through the Community Hospitals and Community Services** 1. Be aware of escalation levels 2. Review actions required for patients on SaTH and Community FTT list 3. Check, chase hase and challenge community service caseload **4.** Ensure sufficient workforce available to meet demands **5.** Maintain contact with duty director if no return to level 2

Telford & Wrekin, Shropshire and Powys Local Health Economy Capacity Management **LEVEL 4 Action Card**

LEVEL 4

- **Capacity and/or resources not meeting current demand**
- **No flow anticipated for next 24 to 48hrs**
- **System bed capacity >100%**
- **Patient's safety and clinical risk compromised in many in-patient areas areas.**

OBJECTIVE: In addition to agreed actions at level 4 Executive Directors and Medical Directors to agree extraordinary interventions and actions to increase bed capacity and review access to health care required to accommodate patients and collectively accept risks associated with those actions and interventions.

Actions required by Local Authority Social Care Service

T&W

a) Service Delivery Manager to work with Team Leader and report to Assistant Directors at this level.
b) Stop all noncritical social work, meetings and training and divert resource to Hospital discharge and admission avoidance in TICAT
c) Maximize all available beds in the community
d) Ensure full utilization of all Block beds.
e) Commission the use of other beds
f) Service Delivery Manager Procurement and Commissioning will work with Brokerage to manage market and brokerage Senior to manage team resource to cope with demand

Shropshire LA

As per level 3, plus -

a) Brief Director of ASC on status and Director will attend

RJAH

1. Executive involvement in meetings / teleconference
2. Review all possible discharges from Elderly rehab ward
3. Liaise with community services to support early discharge and address delayed discharges
4. Liaise re: appropriate transfers from SATH meeting RJAH criteria
5. Liaise re: Providing clinical support outreach
6. Arrange on site review by Senior Nurse of possible trauma/spinal disorders transfers. Review current admissions in line with 18 weeks

RCMT

1. Inform SOC of all actions and assist with co-ordination across the Region
2. Participate in any conference calls as required
3. Ensure that all organisations involved are informed of de-escalation and gain a position statement from them to ensure that they have coped with any additional activity
4. Contact Welsh Ambulance Service to advise of pressures and request communication with crews to use alternative pathways and where possible utilise Welsh acute trusts

Actions required by CCG Commissioners

1. CCG Accountable Officer / On call executive to agree extraordinary interventions actions to rapidly increase the level of support to the health economy.
2. Ensure Executive presence on LHE conference call as soon as possible with Executive Directors from Health and Social Care, Ambulance Divisional Commander and CCG Director on call where a Level 4 situation is likely to last longer than 4 hours. This group is

Operational Actions required by Community Trust

Implement Business Continuity Plan

a) Community Hospitals

1. Open all beds in this context and review safe staffing levels consider non-trust employees to perform non-clinical roles. Staff up MIUs and extend hours to support patients away from ED consider temporally housing patients in MIU
2. Interim funding for delays agreed between partners
3. Cancel outpatients to support patients at home

b) Community

1. Risk assessment complete for patients requiring non urgent care to identify review period.
2. Consider requesting insulin and tinzaparin patients be managed by carers/ GPs / Practice Nurses / Independent care sector.
3. Consider bank HCA staff for rural domiciliary care
4. Consider shared care for provision of packages of care to support admissions avoidance and discharge pathways
5. Community HCAs used to support low level POC
6. Review staffing support to take unplanned low-level activity on locality basis

c) Integrated Care Service

1. Stop all noncritical social work, into the community; divert resource to Home from Hospital Team.
2. Maximize all available beds in the community liaising with CQC over flexibility of admission process to homes
3. Ensure full utilization of all LA beds.
4. Commission the use of other beds e.g. hotels if necessary.

	responsible for taking tactical control and providing a health economy wide response to resolving the situation 3. CCG on call to notify NHS E if de-escalation is not expected within 2-3hours. 4. Debrief report is on Local Health economy basis. Management CCG Director on call NHS E Director on Call only on level	**c) Organisation wide** 1. Trust establishes an Incident Control Room to centralise resource / demand co-ordination — consider Central clinical advice line for staff. 2. Consider Risk stratification being applied throughout the system (Director/ Clinician led). 3. Consider cancellation of all routine work and deploy all staff to patients' highest critical need/priority both in the community and community hospitals. 4. Establish resource requirements for extreme Business Continuity Management measures. 5. Consider providing clinical and non -clinical support to Shropdoc for care coordination/call handling. 6. Consider cancellation of all Day cases and redeploy nurses 7. Consider cancellation all Trust outpatients 8. Re-deploy all clinically qualified staff in management positions to patient care duties. 9. Consider commissioning extra child care to extend staff resource availability. 10. Director Of Operations to work with community team managers and agree extraordinary interventions / actions to rapidly increase the level of support, e.g. community & hospitals to identify patients for discharge where no care package or community beds are available and liaise with commissioners to assist. 11. Communications to the Public and staff concerning the pressures and advise of where to seek advice on health care matters 12. Review of demands on the workforce e.g. number of hours worked, sufficient breaks/meal times **Operational responsibility: Chief Executive and Directors. Director. On call Senior Manager** **SCHT Director On call and SCHT Manager On Call Role** **To continue with Organisation wide actions**
	Actions required by Powys Health and LA ▪ Escalated to Chief Executive ▪ Divert options (if in place) to be reviewed every 2 hours ▪ Appropriate local actions to be initiated ▪ Fully consider a cross-organisation response to maximise out of area capacity ▪ Detailed action plan and risk log in place to achieve de-escalation within 12 hours and avoid the need to declare a BCI ▪ Ensure key decisions are made through effective and timely clinical engagement	

SATH Actions Level Four

Duty Manager Role – To maintain patient flow through the specialty area

1. Maintain communications with the Director on call
2. Ensure that actions by others at this level are functioning
3. Ensure that there is a clear plan to de-escalate using figure 2

Director On Call Role - To maintain patient flow through the specialty area.

1. Maintain communications with the Director of CCG/Local Authority/ Surrounding Acute Trusts as appropriate.
2. Ensure that resources are appropriately identified for the Trust to function at this level.
3. Ensure that communication from the external organisations is communicated as appropriate
4. SATH Executive on-call to request diversions with the Ambulance Service and in the process secure approval from the receiving organisation

Diagnostics & Therapies Role – To Support patient flow and the process if rapid de-escalation back to Level 3

1. Ensure level 1, 2 & 3 actions have been exhausted.
2. In hours, prioritise workload to match urgency/acuity requests. Suspend routine working.
3. Out of hours - on call therapists, diagnostics to be on site in order to action requests

A&E / MAU - SaTH Ambulance Handover over 45 minutes

1. Acute Trust Executive Lead / Breech Manager will contact ambulance executive lead and agree next steps via the Ambulance Hospital Desk, 01384 246373.
2. Seek to provide additional operational capacity escalation beds to alleviate pressure.
3. Over 45 minutes individual case by case 'local exception' reports to CCG commissioners / SHA, LAT
4. Any exceptional delays (as locally determined) to be reported personally by NHS Trust Chief Executive to the CCG Chief Executive within next working day
5. Ensure CAD Screen is updated as crews are released from the corridor.
6. Ensure online EMS Escalation is Accurately reported and updated regularly.

Working with Local Authorities

1. As Level 3, plus-
2. Director / Director On Call to brief service managers and agree extraordinary interventions actions to rapidly increase the level of support
3. Join the health economy conference call, attending meetings if required.
4. Agree and implement further actions to assist in the recovery of the situation
5. CCG Chief Executive / On call executive to agree extraordinary interventions actions to rapidly increase the level of support to the health economy.
6. Attend the Control Group meeting, agree further extraordinary actions to assist in recovering the situation or confirm that a local resolution is not possible.
7. Convene a LHE conference call as soon as possible with Operations Directors from Health and Social Care, Ambulance Divisional Commander and PCT Director on call where a Level 4 situation is likely to last longer than 4 hours. This group is responsible for taking tactical control and providing a health economy wide response to resolving the situation
8. 0n call Community Trust Director to brief community team managers and agree extraordinary interventions actions to rapidly increase the level of support, e.g. community & hospitals to identify patients for discharge where no care package or community beds available, and liaise with commissioners to assist

pharmacy Role - To Support patient flow and the process if rapid de-escalation back to Level 3

1. Ensure level 1,2 & 3 actions have been exhausted.
2. In hours, prioritise work load to match urgency/acuity of requests. Suspend routine working.

Working with Ambulance Crews

1. As Level 3, plus-
2. Maintain cover in affected area were possible
3. Confirm the call signs delayed with Bronze Commander
4. Contact oncoming 8 off going crews to negotiate an extension of shift

Medical Response Role – To maintain patient flow through speciality area

1. In hours: Medical Director, Clinical Leads and all consultants informed of capacity pressures and directed to identify any potential discharges and suitable patients who could be out lied to escalation areas if necessary.
2. Out of hours: On- Call Consultants informed of capacity pressures and asked to review potential discharges identified by medical and senior nursing team
3. Operational Senior Centre Manager, Duty Medical Consultant, Consultant Acute Physician(s) and A&E Consultant to re-assess A& E MAU demand and throughput every hour

3. Out of hours - on call pharmacists to be on site in order to action requests and call in other pharmacy staff if appropriate	5. Divisional Commander / On Call Silver to participate in the health economy conference call, provide tactical support and brief the Gold Commander. 6. Operate from Silver Cell if 2 or more sites reach Level 4	4. In association with relevant Consultants consider reducing all category B1 elective admissions for the following day. Consider discharging category B1 elective patients admitted for Surgery that day 5. On Call Consultants to lead on identifying and prioritising patients for discharge. CSMs to confirm all community beds have been utilised. 6. On call Consultants to attend and initiate additional patient discharge ward rounds