South East Coast Ambulance Service
NHS Foundation Trust

Surge Management Plan

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Contents

1. Statement of Aims and Objectives

1.1 The purpose of this plan is to provide South East Coast Ambulance Service NHS Foundation Trust (the Trust) with a structured framework to ensure that in times when the Trust is unable to meet operational demand, or is likely to experience operational challenges, they prioritise their resources to address those patients with the greatest clinical need.

1.2 The Trust takes an overview of the whole of Kent, Surrey, Sussex and North East Hampshire, and provides multiple services to their patients; acknowledging the interdependencies between call handling, dispatch and clinical escalation, and the impact that one element of their services has on another part of the Trust and the wider system.

1.3 The aim of this plan is to demonstrate how the Trust can manage demand effectively, whilst remaining safe and effective for their patients and service users in relation to those of the highest acuity, through to the lowest acuity in priority of need but to meet the safety of all patients. Assessment should consider the risk and/or likelihood of clinical deterioration in all patients, especially those where the initial telephone triage disposition is not Category 1 or Category 2.

1.4 The Trust's plan to meet surges in demand identifies three key areas that contribute towards escalation:

- Call Handling
- Dispatch
- Clinical

1.5 This Surge Management Plan (SMP) focuses on Dispatch escalation. Call handling escalation will be dealt with dynamically by the Emergency Operations Centre (EOC) Managers and Emergency Medical Advisor (EMA) Team Leaders. Clinical escalation will be dealt with dynamically by EOC Clinical Safety Navigators, in line with the following:

- EOC Call Handling Procedure
- Clinical Safety Navigator Guidelines

1.6 Implementation of the SMP will release additional resources from normal operational duties and allow surges in demand to be managed in a manner which continues to enable the highest acuity patients to be responded to promptly and provide the safest possible management of all patients.

1.7 Additionally, the Trust's Resource Escalatory Action Plan (REAP) is a strategic plan that allows for escalatory measures from the whole Trust to support performance during disruptive events that are assessed as high risk to service delivery. SMP is designed to be more flexible and dynamic than REAP, in response to surges in demand and activity that are likely to be for short durations. Whilst separate plans both with a variance of focus, SMP and REAP should be used alongside each other to support service delivery and patient safety.

1.8 The plan takes into account predicted shortfalls and high activity forecasts, this will proactively reflect predictive times of pressure or in a more reactive way i.e. erratic call profiles, higher staff non-attendance, surge in demand because of a significant external event etc.

2. Principles

2.1 There are three stages of escalation beyond Business as Usual (Level 1) reflecting how demand is affecting the Trust's ability to respond to patients. The escalation of SMP levels is in response to specified triggers from Level 2 through to Level 4 respectively:

- **Level 1** - Business as Usual
- **Level 2**
- **Level 3**
- **Level 4**

2.2 Each of the levels may be entered either as a part of an escalated/de-escalated process from the preceding level or as an entry level related to the triggers identified within the respective area

2.3 The Trust's SMP aims to align with NHS England's Operational Pressures Escalation Levels (OPEL) framework, which is used across other parts of the healthcare system. SMP and OPEL are however separate escalation plans, in recognition of the unique factors relating to SECAmb during surges in demand.

3. Surge Management Plan Levels

Level 1

The Trust's capacity is such that the organisation is able to maintain patient care and are able to meet anticipated demand with available resources. The Trust will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.

Level 2

The Trust is starting to experience signs of pressure. Operational Commanders will be required to take focused action in the organisation to mitigate the need for further escalation. Enhanced co-ordination and communication will allow the organisation to take appropriate and timely actions to reduce the level of pressure as quickly as possible. EOC Operational Commanders will keep other Operational and Tactical Commanders at a local Operating Unit (OU) level informed of any pressures.

Level 3

The Trust is experiencing major pressures which continues to increase, compromising patient care. Actions taken in SMP Level 2 have not succeeded in returning the organisation to SMP Level 1. Further urgent actions are now required across the whole organisation and increased external support may be required. Tactical Commanders from all Operating Units (OUs) will be made aware of rising pressure, providing additional support as deemed appropriate and agreed locally. Tactical Commanders will inform Strategic Commanders of the increasing pressure.

Level 4

Pressure in the organisation continues to escalate, leaving the Trust unable to deliver comprehensive care. There is an increased potential for patient care and safety to be compromised. Decisive action must be taken by the Trust's Strategic Commander to recover capacity and ensure patient safety. All available local (OU) escalation actions taken, external extensive support and intervention required. Regional teams in NHS England (NHSE) and NHS Improvement (NHSI) will be informed of continuing rising pressure within the Trust, providing additional support as deemed appropriate and agreed locally. NHSE and NHSI will be actively involved in conversations with the Trust. Where multiple Operating Unit localities across the organisation are experiencing sustained periods of increased pressure, the Trust will consider initiation of internal Business Continuity Incident (BCI) plans to recover capacity and ensure patient safety.

4. Governance

4.1 The SMP for dispatch is highly inter-linked and it is highly probable that if this element of the service is challenged, there will be impact elsewhere across the 999 service (i.e. call handling and EOC clinical). Furthermore, it is important to consider that if this element of the 999 service is within SMP escalation, there is likely to be impact across the wider healthcare service; including Emergency Departments, Urgent Treatment Centres, NHS111, Community and Out of Hours GP services.

4.2 Authority to move through the SMP process has been designed to allow key roles within the Trust's Operational, Tactical and Strategic Command structure to make efficient and informed decisions to support patient care and safety.

4.3 The SMP tables define accountability and responsibilities within the Trust's command structure, across the Emergency Operations Centre (EOC) and front-line Operating Units (OUs).

5. Dispatch

5.1 SMP escalation supports Resource Dispatcher (RD) processes in how they manage incidents requiring an operational response by prioritising those calls with the highest clinical acuity and need for face-to-face clinical assessment/intervention.

5.2 SMP operates at a regional level. Although the increased demand on the Trust may be caused by factors within individual geographical regions, SMP actions are implemented across all Operating Units and both Emergency Operations Centres.

5.3 During SMP escalation the duty EOC Clinical Safety Navigator (CSN) will provide support to the EOC dispatch functions. The CSN is an NHS Pathways certified, registered Health Care Professional, who provides regional clinical oversight across the Trust's EOCs. Any advice given or decision-making undertaken by the CSN must be documented (as per best clinical practice) within the Computer Aided Dispatch (CAD) system.

6. Patient Welfare Call Backs

6.1 Patient welfare call backs are undertaken regardless of the SMP status. For the clarity of this plan, the actions around this are outlined below.

6.2 Welfare call backs are undertaken for incidents within the CAD 'pending dispatch list' that have breached their identified disposition timeframe. They will be carried out in line with the Trust's Welfare Procedure.

6.3 Welfare call backs become even more crucial during escalation of surge management as patients are waiting longer for an ambulance response.

7. Surge Management Plan Triggers

7.1 Initiation and escalation of SMP measures is guided by the criteria below. If any of the triggers within an SMP level are met, the appropriate Operational, Tactical or Strategic Commander should be notified so they can make a decision whether to declare that level of SMP and initiate respective actions. Escalation to the appropriate SMP level should be considered when the triggers are met, however the decision to declare an SMP level is made by the appropriate Operational, Tactical or Strategic Commander. All decisions regarding SMP should be clearly and clearly documented with the Trust's SMP reporting mechanism.

7.2 SMP triggers are defined as follows:

Surge Management Plan Triggers	
Level 1	Business as Usual (BAU) Ability to dispatch and respond to meet patient needs as identified within Ambulance Response Programme (ARP) metrics
Level 2	**Any of the triggers below:** • 2x Category 1 unassigned for >7 Minutes **or** • 8x Category 2 unassigned for >9 Minutes **or** • 20x Category 3 unassigned for >60 Minutes **or** • 20x Category 4 unassigned for >120 Minutes **or** • 20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 30 from any of the above triggers**

Level 3	**Any of the triggers below:** • 5x Category 1 unassigned for >7 Minutes **or** • 15x Category 2 unassigned for >9 Minutes **or** • 35 x Category 3 unassigned for >60 Minutes **or** • 35 x Category 4 unassigned for >120 Minutes **or** • 35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 45 from any of the above triggers**
Level 4	**Any of the triggers below:** • 10x Category 1 unassigned for >7 Minutes **or** • 30x Category 2 unassigned for >9 Minutes **or** • 60 x Category 3 unassigned for >60 Minutes **or** • 60 x Category 4 unassigned for >120 Minutes **or** • 60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 80 from any of the above triggers**

7.3 Upon declaration of a new SMP level, the associated Surge Management Plan action card (Appendix 1) must be initiated. Each of the actions within the SMP action cards are to be considered at the discretion of the implementing Operational, Tactical or Strategic Commander. Any decisions not to implement individual actions must be documented within the SMP report.

8. SMP Review, Escalation, De-escalation & Stand Down

8.1 Once an SMP level has been enacted, a review must be carried out by the authorising manager, using the following parameters as guidance for escalation and de-escalation.

	Period in trigger to escalate	Period below trigger to de-escalate	Minimum implementation authority
Level 2	30 Minutes	60 Minutes	EOC Operational Commander
Level 3	60 Minutes	90 Minutes	EOC Tactical Commander
Level 4	60 Minutes	120 Minutes	Strategic Commander

8.2 Unless in exceptional circumstances, escalation and de-escalation of levels should follow these parameters in order to give the measures time to take effect.

9. Audit and Review

9.1 Initially, this version of SMP will be reviewed at one week, one month and three months of its introduction by the Trust. Thereafter it will be reviewed annually by the Trust's Senior Operations Leadership Team or an appropriate working group, assigned by the directorate lead; or earlier if required due to change in local/national legislation/guidance, if any Serious Incident (SI) arises as a direct result of the SMP not being effective or if any significant concerns are formally raised.

9.2 For any trigger of SMP Level 4, where a Business Continuity Incident (BCI) is declared, a debrief should be requested by the Strategic Commander, to take place within seven days. This is to be led by the Trust's Contingency Planning & Resilience team who will determine staff required to be involved.

10. Associated Documentation

10.1 The following Trust documents should be used in conjunction with this plan:

- EOC Call Handling Procedure
- Clinical Safety Navigator Guidelines
- Welfare Call Back Procedure
- EMA surge scripts
- EMA call closure scripts
- No-Send exception criteria (Appendix 2)
- Incident Resource and Deployment Policy
- Non-Emergency Transport Vehicle Policy

10.2 Other associated documentation includes:

- SECAmb Business Continuity Management Policy
- SECAmb Major Incident Plan
- SECAmb Resource Escalatory Action Plan

Appendix 1: Surge Management Plan - Action Cards

SMP Level 2 Action Card

Period in trigger to escalate	Period below trigger to de-escalate	Minimum implementation authority
30 Minutes	60 Minutes	EOC Operational Commander

	Role	Action	Impact	Ref
LEVEL 2	Lead EOCM	Update Surge reporting mechanism.	1	L2.1
	Lead EOCM	Send a notification of SMP Level 2 to Response Capable Managers and Community First Responders (via SMS), operational resources (via MDT) and to partner agencies (via email) – Appendix 3	2	L2.2
	Lead EOCM	Ensure minimum required staff are assigned to undertake patient welfare call-backs, in line with the Welfare Call Back Procedure	3	L2.3
	Lead EOCM	If there is not already a Tactical Commander (TC) already within either ICH, the Lead EOCM is to consider contacting an available/ICH trained TC with the intention to have one TC to provide East/West divisional liaison with on-scene crews and review delays.	4	L2.4
	ICH Tactical	Liaise with the Clinical Site Manager at any relevant hospital that is holding resources outside of the handover triggers – in collaboration with local duty Operational Commanders.	3	L2.5
	CSN	Outstanding PP Emergency Visits to receive a clinical review (by EOC clinician) to consider alternative arrangements – this could include signposting to another community provider or attendance by a paramedic crew	2	L2.6
	ICH	All grade 3 back-up requests to be reviewed by ICH. ICH Tactical Commander to discuss with SRV on scene whether patient can/is appropriate to make own way or convey in SRV. Paramedic grade SRVs to consider Grade 4 delayed conveyance by Non-Emergency Transport (NET). ICH to work in collaboration with duty CSN to arrange call-back (for non-paramedic grade SRVs) from an EOC clinician to discuss patient's that may be suitable for delayed-conveyance	3	L2.7
	ICH	Review incidents with crew on scene >1 hour and contact them (if appropriate) to offer clinical support from an EOC clinician	2	L2.8
	ICH	To review incidents that have more than one resource on scene and stand down where possible	2	L2.9

	ICH	Remind crews at hospital (via airwave) to start completing 'Delayed Handover' form if handover >15 minutes	3	L2.10
	EMATL	Ensure all requests for new PP Emergency Visits are transferred to an EOC clinician (ideally PP desk) to discuss suitability and ensure there is a PP available to attend, prior to accepting booking	2	L2.11
	RD	For incidents outside of SECAmb locality, only Category 1 calls are to be resourced.	2	L2.12
	RD	No Single Response Vehicle (SRV) back-up to be allocated prior to the resource having assessed the patient on scene, unless confirmed Category 1	3	L2.13
	RD	SRVs to be cleared of incident/booked available by RD 15 minutes after back-up arrives on scene. The only exception is if prior contact is made by the SRV with EOC, providing an appropriate clinical reason. Escalation to ICH Tactical Commander (or local duty OTL if ICH not available) any issues with non-compliance	4	L2.14
	RD	All resources at hospital to be booked clear/available by RD 15 minutes post-patient handover, unless prior contact is made by the resource with EOC, providing an appropriate reason. Escalation to ICH Tactical Commander (or local duty OTL if ICH not available) any issues with non-compliance	4	L2.15
	RD	Identify Paramedic Practitioner (PP) SRVs to be taken out of deployment plan (except Category 1 calls) to only attend PP referrals and incidents identified as 'PP suitable' by an EOC clinician. PP SRVs to actively screen waiting incidents and self-task to ones they believe are PP suitable	4	L2.16
	RD	To continue to despatch to all Category calls without review from clinical team.	2	L2.17
Continue to monitor the live situation and be prepared to escalate or de-escalate to the appropriate SMP level. Remember to log and communicate any change in the escalation level.				

SMP Level 3 Action Card

Maximum Period in Trigger before Escalation	Maximum Period in Trigger before De-Escalate	Minimum Implementation Authority
60 Minutes	90 Minutes	EOC Tactical Commander

The actions below are for implementation by the role described, unless the EOC Tactical (S3) decides not to proceed or continue with the implementation. All decisions not to proceed must be recorded with appropriate justification.

	Role	Action	Impact	Ref
LEVEL 3	EOCM	Non-essential staff must be asked to leave EOC	2	L3.1
	Lead EOCM	Update Surge reporting mechanism	1	L3.2
	Lead EOCM	Send a notification of SMP Level 3 to Response Capable Managers and Community First Responders (via SMS), operational resources (via MDT) and to partner agencies (via email) – Appendix 3	2	L3.3
	Lead EOCM	Ensure and review completion of all appropriate Level 2 actions and document those actions which were not completed with a valid reason as to why not completed	3	L3.4
	Lead EOCM	Consider identification of dual role EMA/RDs (on the road and/or off duty) and asking them to come into EOC, in collaboration with ICH Tactical Commander	3	L3.5
	Lead EOCM	If there is not a Tactical Commander (TC) already within both ICHs, the Lead EOCM is to consider contacting an available/ICH trained TC with the intention to have one TC in each ICH – to provide East/West divisional liaison with on-scene crews and review delays.	4	L3.6
	Lead EOCM	Ask scheduling managers to send SMS notification – offering overtime to cover vacancies	2	L3.7
	Lead EOCM	Ask scheduling managers to contact all Private Ambulance Providers (PAP) to request support	2	L3.8
	Lead EOCM	SECAmb on-call Communications Team to be notified of increasing Surge. Communications Team will advise any further actions and frequency of further contact.	2	L3.9
	Lead EOCM	Ask staff on-duty working short shifts (e.g. 8 and 10 hours) to extend	3	L3.10
	Lead EOCM	Review minimum staffing assigned to undertake patient welfare call-backs to meet increasing surge, in line with the Welfare Call Back Procedure	3	L3.11
	EOC Tactical	Notify Strategic on-call that Level 3 escalation has been implemented	3	L3.12

	EOC Tactical	EOC Tactical to consider initial conference call, if not required then Lead EOCM to hold internal conference call every 2 hours with Clinical Safety Navigator, ICH's and other EOCM's. To be chaired by Lead SMP EOCM (0300 336 0528 Chair: 746258 Participant: 317741). EOCM to escalate to EOC Tactical as required whilst in Level 3 – see appendix 4.	3	L3.13
	ICH Tactical	Review incidents with crew on scene >45 mins and contact them (if appropriate) to offer clinical support from an EOC clinician	3	L3.14
	ICH Tactical	Request local duty Operational Commanders to attend hospitals that are experiencing handover delays - to ensure crews are completing 'Delayed Handover' form if handover >15 minutes and considering leaving patient at 45 minutes	4	L3.15
	CSN	Identify dual role Paramedics on the road (or HQ/regional offices) with Clinical Decision Support System (CDSS) training and consider asking them to come into EOC, in collaboration with ICH Tactical Commander	4	L3.17
	CSN	Ensure clinical review (by EOC clinician) of 'no-send incidents' are completed within 60 minutes	4	L3.18
	CSN	Ensure any clinical 'no-send overrides' are reported as IRW1	4	L3.19
	CSN	Consider identification of dual role Paramedics on the road (or HQ/regional offices) with Clinical Decision Support System (CDSS) training and asking them to come into EOC, in collaboration with ICH Tactical Commander.	4	L3.20
	Duty OTLs	Identify OTLs on administrative duties, via GRS, and consider signposting them to support operational flow e.g. at hospitals.	3	L3.21
	EMATL	No new PP Emergency Visit bookings. Must either be a Category 2, or transfer to Clinical Supervisor (CS) to discuss suitability for Category 3. Requesting HCP should be made aware of Surge escalation and asked if GP can accommodate urgent home visit or arrange for an alternative service to support	3	L3.22
	EMATL	All inter-hospital transfers (excluding C1 and C2) to receive a clinical review, by EMA obtaining in-line support from an EOC clinician, prior to accepting. EOC clinician may request warm transfer so they can discuss with HCP making booking (NB. Consider suitability for NET to undertake transport)	3	L3.23
	EMATL	All 2 and 4-hour HCP admissions to receive a clinical review, by EMA obtaining in-line support from an EOC clinician, prior to accepting. EOC clinician may request warm transfer so they can discuss with HCP making booking (NB. Consider suitability for NET to undertake transport)	3	L3.24
	EMATL	Implement 'Level 3 no-send' to all incidents that are not categorised as Category 1 or Category 2, except those that meet the Level 3 exception criteria (Appendix 2)	4	L3.25

	RD	General broadcast requesting Response Capable Managers book on-duty for C1 calls only.	2	L3.26
	RD	Request resources on scene of Category 3 or Category 4 calls to split to attend local Category 1 calls (if nearest)	2	L3.27
	RD	Community First Responders and Fire & Rescue Service co-responders to attend C1 and C2 incidents only.	2	L3.28
Continue to monitor the live situation and be prepared to escalate or de-escalate to the appropriate escalation level. Remember to log and communicate any change in the escalation level.				

SMP Level 4 Action Card

Maximum Period in Trigger before Escalation	Maximum Period in Trigger before De-Escalate	Minimum Implementation Authority
60 Minutes	120 Minutes	Strategic

The actions below are for implementation by the role described, unless the Strategic Commander (S4) decides not to proceed or continue with the implementation. All decisions not to proceed must be recorded with appropriate justification.

	Role	Action	Impact	Ref
	Lead EOCM	Contact EOC Tactical		
LEVEL 4	Lead EOCM	Update Surge reporting mechanism	1	L4.1
	Lead EOCM	Send a notification of SMP Level 4 to Response Capable Managers and Community First Responders (via SMS), operational resources (via MDT) and to partner agencies (via email) – Appendix 3	3	L4.2
	Lead EOCM	Consider identification of dual role EMA/RDs (on the road and/or off duty) and asking them to come into EOC, in collaboration with ICH Tactical Commander	3	L4.3
	Lead EOCM	Notify SECAmb on-call Communications Team of increasing Surge - for public facing media, request to consider alternatives to 999 for non-life threatening issues	3	L4.4
	Lead EOCM	Ask scheduling managers to send further SMS notifications – offering overtime for additional support	3	L4.5
	Lead EOCM	Ensure sufficient staff are assigned to undertake patient welfare call-backs to meet increasing surge, in line with the Welfare Call Back Procedure	3	L4.6
	Lead EOCM	Ensure that there are Tactical Commanders on site both East and West EOC, ICH. Aim to have one TC in each ICH – to provide East/West divisional liaison with on-scene crews and review delays. If more appropriate consider locating two TCs in same EOC however with East/West divisional oversight.	3	L4.7
	Strategic	Ensure and review completion of all appropriate Level 3 actions and document those actions which were not completed with a valid reason as to why not completed	3	L4.8
	Strategic	Where multiple OUs are experiencing sustained periods of increased pressure, consider initiation of internal Business Continuity Incident (BCI) plans	3	L4.9
	Strategic	Inform Trust Executive Director on-call that Level 4 escalation has been implemented.	3	L4.10
	Strategic	Ensure internal conference call every 2-hours with relevant duty and on-call managers/EOCMs to review changes in the situation. To be chaired by Strategic (0300 336 0528 Chair: 746258 Participant: 317741) – see appendix 4.	3	L4.11

	Strategic	Consider recalling all on-call staff to duty, as instructed on internal conference call.	3	L4.12
	Strategic	Consider establishing a Strategic Command Hub.	3	L4.13
	Strategic	Strategic on-call to consider chairing a system-wide conference call. Invitation to include call details/agenda, with all on-call Executive Directors for Acute Trusts within the affected area - informing them that immediate handover procedure is being implemented.	4	L4.14
	Strategic	Update on-call commissioners, NHS England (NHSE) and NHS Improvement (NHSI) of continuing rise in surge – requesting additional support as required.	4	L4.15
	Strategic	Consider allowing double ECSW crews or equivalent PAP crews (i.e. NET) to be allocated to all categories of call with clinical oversight, where they can convey C2, C3 & C4 calls without back-up if none available (must continue to be backed up immediately on all C1 calls). NB - Consider impact of this action if NET is not available to undertake HCP workload.	3	L4.16
	ICH Tactical	Ensure local duty Operational Commanders, at hospitals that are experiencing handover delays, are implementing 'Immediate Handover' for patients that are not handed over at 45 minutes.	4	L4.17
	CSN	Identify dual role Paramedics on the road (or HQ/regional offices) with Clinical Decision Support System (CDSS) training and ask them to come into EOC, in collaboration with ICH Tactical Commander. Identify and utilise non-CDSS trained registered clinicians (e.g. HQ staff, operational PPs/CCPs and OTLs) to come into EOC to support clinical functions.	4	L4.18
	ICH	Ensure all available Response Capable Managers are booked on-duty for C1 calls.	3	L4.19
	ICH	Review incidents with crew on scene >30 mins and contact them (if appropriate) to offer clinical support from an EOC clinician	4	L4.20
	Duty OTL	Identify OTLs on administrative duties, via GRS, and signpost / deploy them to support operations e.g. at hospitals, attend outlying or long wait patients.	4	L4.21
	EMATL	All inter-hospital transfers (excluding C1) to receive a clinical review, by EMA obtaining in-line support from an EOC clinician, prior to accepting. EOC clinician may request warm transfer so they can discuss with HCP making booking (NB. Consider suitability for NET to undertake transport).	3	L4.22

	EMATL	Implement 'Level 4 no-send' to all incidents that are not categorised as Category 1 or Category 2, except those that meet the Level 4 exception criteria (Appendix 2)	4	L4.23
	RD	Community First Responders and Fire & Rescue Service co-responders to attend C1 incidents only.	2	L4.24
	On-call Comms	Consider liaising with Police and Fire Services to discuss joint external communications	2	L4.25
Continue to monitor the live situation and be prepared to escalate or de-escalate to the appropriate escalation level. Remember to log and communicate any change in the escalation level.				

Impact
Low = 1
Medium =2
High = 3
Very High = 4

Appendix 2: No-Send Exception Criteria

SECAmb 'No Send' Exception Criteria – SMP Level 3

The following are not included within the C3 & C4 'no-send' at SMP **Level 3**, and therefore should be given the ambulance disposition as normal.

Any patient:

- under the age of 2 years
- aged 75 years and above
- who is on the floor following a fall and is alone (any age)
- exposed to adverse weather (e.g. extremes of hot/cold, heavy rain or snow)
- where you are unable to assess them first or second party
- with a particular course of action
- who has been advised to call 999 by a Health Care Professional
- with Addison's Disease, adrenal insufficiency or steroid dependent
- who has undergone chemotherapy treatment within 4 months
- with a Patient Specific Instruction (PSI) as indicated on a CAD At-Risk marker
- experiencing an apparent acute psychiatric/mental health illness
- chest and upper back pain

ANY PATIENT NOT INCLUDED WITHIN THE ABOVE EXCEPTION CRITERIA SHOULD BE ADVISED TO SELF-CONVEY TO THEIR NEAREST EMERGENCY DEPARTMENT.
IF REFUSED OR UNABLE – TRANSFER TO CLINICAL DESK FOR CALL BACK

The following should be transferred to the clinical desk for further assessment at SMP Level 3.

Any patient:

- who is on the floor following a fall, however is not alone (**under the age of 75 years**)
- seen face-to-face within the previous 2 hours by a HCP or member of SECAmb staff.

SECAmb 'No Send' Exception Criteria – SMP Level 4

The following are not included within the C3 & C4 'no-send' at SMP **Level 4**, and therefore should be given the ambulance disposition as normal.

Any patient:

- Under the age of 1 year
- Aged 80 years and above
- who is on the floor following a fall and is alone (any age)
- exposed to adverse weather (e.g. extremes of hot/cold, heavy rain or snow)
- where you are unable to assess them first or second party
- who is actively harming themselves or has an intent to harm themselves.

ANY PATIENT NOT INCLUDED WITHIN THE ABOVE EXCEPTION CRITERIA SHOULD BE ADVISED TO SELF-CONVEY TO THEIR NEAREST EMERGENCY DEPARTMENT.
IF REFUSED OR UNABLE – TRANSFER TO CLINICAL DESK FOR CALL BACK

The following should be transferred to the clinical desk for further assessment at SMP **Level 4**.

Any patient:

- aged 1 year, and under 2 years
- aged 75 to 79 years
- who is on the floor following a fall, however is not alone (**any age**)
- with a particular course of action
- who has been advised to call 999 by a Health Care Professional
- with Addison's Disease, adrenal insufficiency or steroid dependent
- who has undergone chemotherapy treatment within 4 months
- with a Patient Specific Instruction (PSI) as indicated on a CAD At-Risk marker
- experiencing an apparent acute psychiatric/mental health illness
- chest and upper pain

CLINICAL CALL BACK SHOULD BE UNDERTAKEN WITHIN 1 HOUR. CSN TO MONITOR. IF CALL BACKS ARE EXCEDING >1 HOUR – THESE CRITERIA TO GO BACK INTO EXCEPTIONS.

Appendix 3: Surge Escalation/De-escalation Email Notification

The EOC Operational Commander will email the smpnotifications@secamb.nhs.uk circulation list to inform of any escalation or de-escalation of surge levels and include the table below in the body of the email.

Subject: SECAmb escalation/de-escalation* to SMP Level 1/2/3/4*

Message: SECAmb has escalated/de-escalated* to Surge Management Plan (SMP) Level 1/2/3/4* please refer to the table below for explanation of SMP levels.

*Delete as appropriate

South East Coast Ambulance Service – Surge Management Plan Levels		
Level	**Trust Internal Description**	**Stakeholder Information**
One	The Trust's capacity is such that the organisation is able to maintain patient care and are able to meet anticipated demand with available resources. The Trust will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.	Response times are within normal parameters for all categories of call, however there may be localised delays to some lower priority calls.
Two	The Trust is starting to show signs of pressure. Operational Commanders will be required to take focused action in the organisation to mitigate the need for further escalation. Enhanced co-ordination and communication will allow the organisation to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Operational Commanders will keep Tactical Commanders at a local Operating Unit (OU) level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed at local OU level if needed.	Response times to Category 1 & 2 calls will generally be unaffected, however response times to Category 3 & 4 calls and non-emergency Health Care Professional calls will be delayed. The Trust will be taking internal actions to increase response capacity and manage risk to waiting patients by undertaking welfare calls. New category 4 calls will not be allocated an ambulance until reviewed by a clinician in the Emergency Operations Centre (EOC).
Three	The Trust is experiencing major pressures, compromising patient care, which continues to increase. Actions taken in SMP Level 2 have not succeeded in returning the organisation to SMP Level 1. Further urgent actions are now required across the whole organisation and increased external support may be required. Tactical Commanders from all Operating Units (OUs) will be made aware of rising pressure, providing additional support as deemed appropriate and agreed locally. Tactical Commanders will inform Strategic Commanders of the increasing pressure.	Response times to Category 1 calls will generally be unaffected, however some response times to Category 2 calls may be extended. Response times to Category 3 & 4 calls and non-emergency Health Care Professional calls will be significantly delayed. In addition to previous actions, the Trust will implement a 'no-send' to all new incidents not prioritised as Category 1 or 2 (subject to exclusion criteria). All inter-facility transfer requests not prioritised as Category 1 or 2 will be referred for a clinical review prior to sending an ambulance.
Four	Pressure in the organisation continues to escalate, leaving the Trust unable to deliver comprehensive care. There is an increased potential for patient care and safety to be compromised. Decisive action must be taken by the Trust's Strategic Commander to recover capacity and ensure patient safety. All available local (OU) escalation actions taken, external extensive support and intervention required. Regional teams in NHS England (NHSE) and NHS Improvement (NHSI) will be informed of rising pressure within the Trust, providing additional support as deemed appropriate and agreed locally. NHSE and NHSI will be actively involved in conversations with the Trust. Where multiple Operating Unit localities across the organisation are experiencing sustained periods of increased pressure, the Trust will consider initiation of Business Continuity Incident (BCI) plans to recover capacity and ensure patient safety.	Response times to all categories of calls will experience significant delays. The Trust will consider implementing its Business Continuity Incident (BCI) plans and will establish a Strategic Command Hub to manage the ongoing situation. An increased number of new incidents will receive a 'no-send' if not prioritised as Category 1 or 2 (subject to exclusion criteria). All inter-facility transfer requests not prioritised as Category 1 will be referred for a clinical review prior to sending an ambulance.

Appendix 3: Level 3 Conference Call Agenda

Level 3 Conference Call (Chaired by EOC Tactical)

Agenda Item	Lead
1. Urgent Items	EOC Tactical
2. SMP Overview • ARP Performance • SMP level review • Hourly call review	Lead EOCM
3. East Update • Longest C1/C2/C3/C4/HCP • Meal break compliance	EOCM East
4. West Update • Longest C1/C2/C3/C4/HCP • Meal break compliance	EOCM West
5. Clinical Update • Review of pending incidents • Review of Clinical Supervisor activity • Review of welfare call backs • Review of NOALLOC • Review Crew call-backs	Clinical Safety Navigator
6. East Hub Update • Hospital Update • Protracted Incidents • Protracted Scene Times	East Hub/EOCM
7. West Hub Update • Hospital Update • Protracted Incidents • Protracted Scene Times	West Hub/EOCM

Conference Tel: 0330 336 0582 Participant Pin: 317741 Chair: 746258

(Please remember to press #8 to start recording)

EOCM Level 3 Review Conference Call

Agenda Item	Lead
1. EOC Update a. Longest C1/C2/C3/C4/HCP b. Meal break compliance	Lead EOCM for SMP
2. Clinical Update a. Review of pending incidents b. Review of Clinical Supervisor activity c. Review of welfare call backs d. Review of NOALLOC e. Review Crew call-backs	Clinical Safety Navigator
3. East Hub Update a. Hospital Update b. Protracted Incidents c. Protracted Scene Times	East Hub/EOCM
4. West Hub Update a. Hospital Update b. Protracted Incidents c. Protracted Scene Times	West Hub/EOCM

Conference Tel: 0330 336 0582 Participant Pin: 317741 Chair: 746258

(Please remember to press #8 to start recording)

Appendix 4: Level 4 Conference Call Agenda

SMP Level 4 Conference Call (Chaired by Strategic)

Agenda Item	Lead
1. Urgent Items	Chair
2. SMP Overview • ARP Performance • SMP level review • Hourly call review	EOC Tactical
3. East Update • Longest C1/C2/C3/C4/HCP • Meal break compliance	EOCM East
4. West Update • Longest C1/C2/C3/C4/HCP • Meal break compliance	EOCM West
5. 111 Update	111 On Call
6. Clinical Update • Review of pending incidents • Review of Clinical Supervisor activity • Review of welfare call backs • Review of NOALLOC • Review Crew call-backs	Clinical Safety Navigator
7. East Hub Update • Hospital Update • Protracted Incidents • Protracted Scene Times	East Hub/EOCM
8. West Hub Update • Hospital Update • Protracted Incidents • Protracted Scene Times	West Hub/EOCM
Considerations for Conference Call (Required for 1st Conference Call Only)	
9. Tactical Update • Any significant update	Tactical Advisor on call
10. Communications • Media coverage	Communications on call
11. Scheduling • Scheduling update	Scheduling on call

Conference Tel: 0330 336 0582 Participant Pin: 317741 Chair: 746258

(Please remember to press #8 to start recording)

11. Document Control

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation given (reviewed and support, approved, reject)**	**Rationale**
V1.01	Surge Management Working Group	30/08/2017	Submission	Submission to SECAmb Medical Director for review prior to submission for Clinical Standards Sub-Group
V1.01	Fionna Moore	15/09/2017	Recommendations to SMP Working Group	Directed back to working group with recommendations
V1.02	Surge Management Working Group	22/09/2017	Submission	Submission to SECAmb Medical Director for review prior to submission for Clinical Standards Sub-Group
V1.03	Surge Management Plan Medical Director Review	28/09/2017	Recommendations	Review and Recommendations
V1.04	Surge Management Plan Medical Director/Operations Directorate Review	17/10/2017	Recommendations	Review and subsequent revisions based on discussions/actions
V1.05	Surge Management Plan Medical Director/Operations Directorate Review	17/10/2017	Recommendations	Review and subsequent revisions based on discussions/actions
V1.06	Appendices Reviewed and Amended EOC Governance Group, Trevor Hubbard Deputy Clinical Director & Andy Collen, Head of Clinical Development	09/11/2017	Recommendations	Reviewed and revised with amendments updated and included
V1.06	Union JPF	14/11/2017	Shared for Comments and approval	Approved
V1.07	SECAmb Trust SMP Table Top review	28/11/2017	Recommendations	Reviewed and revised with amendments updated and included

V1.08	SECAmb Trust Executive	7/12/2017	Review and Final Approval	Approved
V1.08.1	SECAmb SMP Working Group	27/02/2018	Amendment to Appendix 5 Purple and Black Call handling Scripts	Approved
V2.0	System Oversight Group Approval	16/03/2018	Approval	Approved
V2.01	SMP Review Working Group	28/03/2018	Review and amendments	Approved / Updated
V2.20	SMP Review Working Group Recommendations	18/04/2018	Draft update for sharing to SMP Review group	Review and Recommendations
V2.21	Anne Harvey	08/05/2018	Review and Amendments	Reviewed and revised with amendments updated and included
V2.21	SMP Review Working Group	11/05/2018	Updated plan for sharing and discussion at SMP Review group	Reviewed, Plan agreed subject to the addition of amendments as discussed.
V2.22	Anne Harvey	12/05/18	Amendments	Updated with agreed amendments
V2.22	Teams A – Senior Operations Leadership Team	04/06/18	Submitted for Approval	Approval of Document and onward submission to the EMB for final sign off.
V2.22	EMB	13/06/18	Submitted for Approval	
V3.0	EMB	13/06/18	Approved	Subject to further review Sept /end Q2 2018
V3.01	SMP Review Working Group	05/07/2018	Minor amendments as per tracked changes	Identified at SMP lookback 2 month implementation
V3.02	SMP Review Working Group	28/08/2018	Change from 5x colours to 4x levels	To bring in-line with OPEL
V3.03	SMP Review Working Group	08/10/2018	Comments and recommendations on changes	Updated and re-circulate
V3.04	SMP Review Working Group	23/10/2018	Submitted for Approval	Approved
V4.0	Fionna Moore – Medical Director	30/10/2018	Review	Approved
V4.01	SECAmb Executive Management Board	14/11/2018	Submitted for Approval	Approved
V5.01	SMP Review Working Group	21/01/19	Comments considered and reviewed	Updated and re-circulate

V5.02	Fionna Moore – Medical Director	18/02/19	Submitted for Review & approval	Amends regarding “no send” on Chest Pains, ICH to be manned 24/7, for approval at Teams A. If agreed then SMP approved.
V5.03	Teams A	18/02/19	ICH Action to be reviewed	ICH at Level 2 to be manned overnight.
V5.03	Fionna Moore	18/02/19	ICH update to be reviewed	Approved
V5.03	EMB	20/02/19	Table Top Exercise & Approval	Approved