

SECamb Surge Management Plan

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Version shared	Person and title or Committee	Date reviewed	Recommendation given (reviewed and support, approved, reject)	Rationale
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1.0. Statement of Aims and Objectives

- 1.1.** The purpose of this plan is to ensure that in times when South East Coast Ambulance Service (referred to from here on as SECAMB or the Trust) is unable to meet operational demand or is likely to experience operational challenges, the Trust prioritises its resources to address those patients with the greatest clinical need. The Trust takes an overview of the whole of Kent, Surrey and Sussex and provides multiple services to its patients; acknowledging the interdependency i.e. call handling, dispatch and clinical escalation, and the impact that one element of its services has on another part of the Trust and the wider system. The aim of this plan is to demonstrate how SECAMB can manage its demand effectively across the Trust, whilst remaining safe and effective for its 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.
- 1.2.** This SMP is proposed across 3 areas
- Call Handling Escalation
 - Dispatch Escalation
 - Clinical Escalation
- 1.3.** The Call Handling Surge Management Plan (SMP) is implemented when 999 calls that have yet to be answered become of a high clinical risk as they are likely to include patients with life-threatening symptoms or even cardiac arrest. Until the calls are answered, the Trust is unable to determine an appropriate response or provide instructions to help the patient. Implementation of the Call Handling SMP will reduce call-cycle time and target more resources towards answering 999 calls, thereby improving our call answer time and patient care
- 1.4.** Implementation of the Dispatch Surge Management Plan will release additional resources from normal operational duties and allow demand to be managed in a manner which continues to enable patients with symptoms of the highest acuity to be responded to in the quickest way and provide the safest possible management of all patients.
- 1.5.** The EOC Clinical Surge Management Plan ensures safe clinical oversight of EOC functions



2.0. Principles

2.1. There are four levels of escalation from Business as Usual (Green) affecting the ability to respond to patients that rise in relation to specified triggers from level 1 through to 4 respectively;

- **Level 0** - Green
- **Level 1** - Amber
- **Level 2** - Red
- **Level 3** - Purple
- **Level 4** - Black

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 Surge Management Plan levels

Surge Green

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

Surge Amber

The Service is starting to show signs of pressure. It is required to take focused actions and identify pressure to mitigate the need for further escalation. Enhanced co-ordination and communication supports to alert the Trust and local healthcare systems to take appropriate and timely actions to reduce the level of pressure as quickly as possible.

Surge Red

The Trust is experiencing major pressures compromising patient care. Actions taken in Surge Amber have not succeeded in returning the system to Green. Further urgent actions are now required across the Trust to be supported where possible by the local health care system and increased external support may be required. Regional teams in NHS E and NHS I will be notified and aware of rising system pressure, providing additional support as deemed appropriate and agreed locally.

Surge Purple

Pressure in the local health and social care system continues to escalate leaving the Trust challenged to deliver comprehensive care. There is increased potential for patient care and safety

to be compromised. Decisive action must be taken by the Trust Strategic Managers to recover capacity and ensure patient safety. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system.

Surge Black

The Trust initiates the Business Continuity plans in full to recover capacity and ensure patient safety, with regional teams in NHS E and NHS I, involved and aware of system pressure, providing additional support as deemed appropriate and agreed.

3.0. Governance

- 3.1. The SMP for dispatch, call handling and clinical are separate elements of the 999 service, however all three are inter-linked and it is highly probable that if one element of the service is challenged, there will be a “knock-on” impact elsewhere across the 999 service. As such, although they can trigger independently of each other depending on the nature and causation of the surge, it is important to consider the impact that one element of the 999 service in SMP escalation will have impact across the wider healthcare service, including Emergency Departments, Walk in Centres, 111 and Out of Hours etc.
- 3.2. Authority to move through this 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.
- 3.3. The SMP tables outline the accountability and responsibilities for the Emergency Operations Centre (EOC) and Operations command structure.

4.0. Call Handling

- 4.1. The Surge Plan for call handling affects the way in which NHS Pathways (NHSP) certified Emergency Medical Advisors (EMAs) deal with incoming calls and provide guidance, which may alter the way in which they appropriately close the call with relevant instructions and/or interim care advice. Specific changes are detailed within the table for appropriate levels which are located within Section 8.
- 4.2. Emergency call triage is a process by which the Trust determines the priority of patients' treatment and/or response, based on the severity of their presenting symptoms/condition. This is provided via NHS Pathways (NHSP) by Emergency Medical Advisors and Clinical Supervisors, supported by specialist clinicians where further clinical advice is required. Any advice given by these staff must be documented on individual call logs within the Computer Aided Dispatch (CAD) system.
- 4.3. NHS Pathways is a clinical decision support software algorithmic system used by both NHS 111 and 999 services which guides patients through an assessment; the purpose of which is not to diagnose, but to rule out symptoms until a point is reached where it is not

possible to progress the assessment without further clinical input, which is supported through the use of NHS Pathways accredited clinical supervisors. Examples of outcomes may include 'Home Management advice' or GP in/out of hour referrals.

- 4.4. The current telephony configuration offers the facility to support a single 'Front End Message' that has been activated to mitigate clinical risk by encouraging callers to the service to wait for their call to be answered and reduce abandoned calls.

Front end message for 999 system (Aim: to facilitate call to be handled appropriately, in recognition of potential KPI breach)

"You are connected to the Ambulance service. Do not hang up and redial 999 as this will extend your waiting time. We are currently receiving an exceptional number of calls to our 999 service. If your call is not an emergency, please hang up and contact 111 or your GP in hours, otherwise please hold and we will connect you as soon as possible".

- 5.0. This message will be on all the time and will be played after 3 rings/seconds.

6.0. Dispatch

- 6.1. The SMP Surge Plan for dispatch escalation supports the way Resource Dispatchers (RD) deal with incidents requiring an operational response by prioritising those calls with the highest clinical acuity and need for face to face clinical intervention.
- 6.2. SMP is trust wide and not linked to individual EOCs.
- 6.3. During SMP there will be a designated NHSP certified clinician - Clinical Reviewer, ring-fenced for this role, who will provide support to dispatch. Any advice given by the Clinical Reviewer, or any decision-making undertaken by these staff must be documented (as per best clinical practice) within the CAD. When SMP is implemented the Emergency Operations Centre Manager (EOCM) will identify who will undertake this role.

7.0. Call Backs

Welfare call backs are undertaken regardless of the SMP status. For the clarity of this plan the actions around this are outlined below.

Welfare Call Backs are determined as calls within the CAD dispatch list that have breached their identified timeframe and will be carried out in line with the Welfare Call Back Procedure ([Appendix 2](#)).

8.0. Service Surge Escalation Call Handling Surge Management Escalation Plan – Call Handling

The Call Handling element of the escalation plan is to ensure that 95% of incoming 999 calls are answered within 5 seconds (i.e. 2 telephone rings). The plan proactively takes into account



predicted performance shortfalls and high activity forecasts; this will reflect predictive times of pressure i.e. in advance of a public holiday, external event and also in a more reactive way i.e. elevated staff non-attendance, national disaster, IT failure etc.

Surge Management Escalation Plan Cards

7.1 Surge Management Escalation Plan - Call Handling **GREEN (BAU)**

Level	Rationale / Description
GREEN	Ability to answer incoming emergency calls is within service delivery performance standards where, 999 calls are answered in a timely fashion. Current target 95% within 5 seconds / 2 rings)



7.2 Surge Management Escalation Plan - Call Handling **AMBER**

Level	Rationale / Description				
Level	Trigger	Owner	Actions	Review	De-Escalation
AMBER	An existing >10% Regional shortfall in unit hour supply within EOC EMA's	Identified Clinical Scheduling Assistant And/or EOCM	Identify reasons for shortfall, and EOC affected Team Leaders to maximise any available resources in the room	Following day	Gap <10%
	An identified >10% Regional shortfall in unit hour supply within the next 24-hour to 7day period for EOC EMA's		Local Scheduling Manager to review planning with the aid of the planning spreadsheet to identify staff re-allocation, advertise overtime and review abstractions where there is advance notice of an anticipated surge in demand, or inability to meet demand		
			Make use of increasing overtime across both EOC's, utilising capacity of virtual network functionality to answer calls		
			Scheduling 24hrs before to notify EOCM group of shortfall and preparation on shift to mitigate		
			Use of Real Time Analyst to ensure schedule and call answering adherence by identifying prolonged calls to ensure EMA clearing call appropriately N.B. Although this role is not currently in place within EOC, it will be implemented at the earliest opportunity to ensure operational effectiveness		



7.3 Surge Management Escalation Plan - Call Handling **RED**

Level	Trigger	Owner	Actions	Review	De-Escalation
RED	5-10 Calls waiting	EMATL	Start CAD log (initiate log) Alert 111 services of the SMP level to ensure cross-site, intra-Trust awareness of the demand on EOC	No longer than 15 minutes	<p>"Zero" Calls waiting with 5 EMA staff available</p> <p><i>EMATL can make a judgement on capacity in room, i.e. staff about to go off duty/on duty that may impact on ability to sustain call answer</i></p>
			1 st EMATL to floor walk. Additional EMATL will take calls unless further floor walking needed due to clinical function in amber escalation		
			Consider break rota and non-essential absences (Possible delay of Rest Breaks)		
			Utilise all NHSP trained staff on duty and on site to log into phone queue (including audit staff and other functional support roles)		



7.4 Surge Management Escalation Plan - Call Handling **PURPLE**

Level	Trigger	Owner	Actions	Review	De-Escalation
PURPLE	11-20 calls waiting & longest call waiting is over 2 minutes	EMATL Clinical Supervisors (CS)	Complete red actions Advise Strategic Commander via text and e-mail of SMP status	10 minutes	=>5 Calls or less waiting. <i>EMATL can make a judgement on capacity in room, i.e. staff about to go off duty/on duty that may impact on ability to sustain call answer</i> ACTION – following de-escalation to Amber. EMATL to initiate IWR-1 within Datix
			Document within CAD log		
			Use of 111 Health Advisor Staffing where safe and appropriate to do so		
			Implement Surge Purple and Surge Black No Send Script (Appendix 5)		
			Implement Emergency Rule (Appendix 1) – (EMG_RULE to be placed in instruction field) either “SEND” or “Re-triage”)		



7.5 Surge Management Escalation Plan - Call Handling **BLACK**

Level	Trigger	Owner	Actions	Review	De-Escalation
BLACK	More than 20 calls waiting & longest call waiting is over 4 minutes	EOCM	Complete purple actions	30 minutes with view to de-escalate to Amber	10 Calls or less waiting.
			Document within CAD log		Move to appropriate level for calls waiting.
			To initiate conference call with EOC Operational Unit Manager (OUM) or out of hours EOC on call to liaise with strategic commander		<i>EOCM can make a judgement on capacity in room, i.e. staff about to go off duty/on duty that may impact on ability to sustain call answer.</i>
			Strategic commander considers Business Continuity Incident (BCI) and escalates to the executive on-call		
			If BCI declared - recall all staff from breaks		



8.0. Service Surge Dispatch / Operations Escalation **Surge Management**

Escalation Plan – Dispatch / Operations

The Surge Dispatch / Operations Escalation plan is to ensure that dispatch and response is able to meet patient needs as identified in the Ambulance Response Programme metrics. 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.

Surge Management Escalation Plan - Dispatch / Operations Escalation Action Cards

8.1 Surge Management Escalation Plan- Dispatch / Operations **GREEN (BAU)**

Level	Rationale / Description
GREEN	Ability to dispatch and respond to meet patient needs as identified in Ambulance Response Programme metrics

8.2 Surge Management Escalation Plan - Dispatch **AMBER (EOCM Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
AMBER	• 4x Category 1 unassigned for >5 Minutes	EOCM	Nominate Surge DTL (from the Incident Command Hub (ICH) where possible)	1	Every Hour Documented within CAD Call incident	EOCM Not meeting trigger
	• 6x Category 2 unassigned for >8 Minutes	EOCM	Identify Clinical Navigator role in the EOC	1		Not meeting trigger
	• 40 x Category 3 Unassigned for >90 Minutes	EOCM	Notification response capable managers (RCM) via SMS	1		Not meeting trigger
	• 40 x Category 4 unassigned for >150 Minutes	EOCM	Notify Ashford 111 to inform Surge level and ensure clinical review of all Category 3 and Category 4 incidents before sending to ambulance dispatch	1		Not meeting trigger



	• A combined total of 41 from any of the above Categories.	EOCM - EMA TL	Implement Surge Call Taking Amber script. (Appendix 3)	1		Not meeting trigger
		EOCM - EMA TL	Contact Police/Fire informing them of amber surge and no send to incident unless a response is on scene and has contacted EOC via 999 (exception to Category 1)	1		Not meeting trigger
		OM (Tactical)	To liaise with 'On-Call Director' at the relevant hospital with delayed resource availability to notify of escalation and assurance of 'Conveyance Handover and Transfer of Care Procedure'			
		EOCM	If no OM within Incident Command Hub, EOCM to contact the nearest OTL resource available to attend within EOC, to liaise with on scene crews and review delays on scene			
		EOCM	Non-essential staff to leave EOC	1		Not meeting trigger

8.3 Surge Management Escalation Plan - Dispatch [AMBER \(Dispatch Team Actions\)](#)

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
AMBER	• 4x Category 1	Dispatch Team	Start CAD log (initiate log)	1	DTL will review current	DTL



<ul style="list-style-type: none"> unassigned for >5 Minutes • 6x Category 2 unassigned for >8 Minutes • 40 x Category 3 Unassigned for >90 Minutes • 40 x Category 4 unassigned for >150 Minutes • A combined total of 41 from any of the above Categories. 	Leader (DTL)			pending dispatch cases continuously and initiate actions to escalate/de-escalate accordingly, once hourly	Not meeting trigger
	DTL	General broadcast on all talk groups informing operational crews of escalation - Thereafter alternate MDT/Airwave broadcasts every 30 minutes	1		Not meeting trigger
	Response Desk Coordinator	SMS all Community First Responders (CFR) to maximise support	2		Not meeting trigger
	Resource Dispatcher (RD)	No SRV back up to be allocated prior to arriving on scene unless confirmed Category 1	2		Not meeting trigger
	RD	OTLs/OMs not to be used for incidents except for Category 1, crew request or scene management	2		Not meeting trigger
	RD	SRVs will be booked available by EOC, 15 minutes after back up arrives. Only exception is if prior contact is made with an appropriate clinical reason overseen by the	2		Not meeting trigger



			Clinical Reviewer in EOC. Escalation to OTL/OM any issues with non-compliance			
		RD	All resources to be booked clear by EOC 15 minutes' post-handover. Non-compliance to be escalated to the OTL/OM	3		Not meeting trigger
		RD	Only Category 1 cross border calls to be allocated.	1		Not meeting trigger
		DTL/RD	Patients over the age of 75 who have fallen and remain on the floor that are a C3 or C4 must be manually upgraded to a C2 response when out of time.	1		

8.4 Surge Management Escalation Plan - Dispatch **AMBER (Operational Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
AMBER	<ul style="list-style-type: none"> 4x Category 1 unassigned for >5 Minutes 6x Category 2 unassigned for >8 Minutes 	Operational Team Leader (OTL) / Operations Manager (OM)	All grade 3 back up requests to be reviewed with on scene clinician and EOC Attending Operational Team Leader (As identified within EOCM Amber actions) (OTL)/Operational Manager (OM) to assess if patient can make own way or convey with SRV	2		OTL Not meeting trigger



	<ul style="list-style-type: none">• 40 x Category 3 Unassigned for >90 Minutes• 40 x Category 4 unassigned for >150 Minutes• A combined total of 41 from any of the above Categories.	OTL / OM	To review incidents that have more than one resource on scene and stand down where possible	2		Not meeting trigger
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8.5 Surge Management Escalation Plan - Dispatch **AMBER (Clinical Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
AMBER	<ul style="list-style-type: none"> • 4x Category 1 unassigned for >5 Minutes 	Clinical Navigator	Category 4 calls not to be allocated on prior to a clinical review and a decision to dispatch has been made	4		Clinical Navigator Not meeting trigger
	<ul style="list-style-type: none"> • 6x Category 2 unassigned for >8 Minutes 	Clinical Navigator	Incidents to be allocated dependent on clinical needs rather than time order as assessed by the Clinical Navigator	1		Not meeting trigger
	<ul style="list-style-type: none"> • 40 x Category 3 Unassigned for >90 Minutes • 40 x Category 4 unassigned for >150 Minutes • A combined total of 41 from any of the above Categories. 	Incident Command Hub (ICH)	PP emergency visits to be referred for clinical review	1		Not meeting trigger



Surge Management Escalation Plan - Dispatch – **RED (EOCM Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
RED	<ul style="list-style-type: none"> • 6x Category 1 unassigned for >5 Minutes • 14 x Category 2 unassigned for >8 Minutes • 64 x Category 3 Unassigned for >90 Minutes • 64 x Category 4 Unassigned for >150 Minutes • A combined total of 65 from any of the above Categories. 	EOCM	Ensure completion of all appropriate amber actions and Document of those actions which were not completed with a valid reason as to why.	0	EOCM in conjunction with the Clinical Reviewer and DTL review pending dispatch cases continuously and initiate actions to escalate/deescalate accordingly, once an hour	EOCM Not meeting trigger
		EOCM	Continue Escalation log from Amber to Red and note escalation, or create new log reflecting if straight to red escalation.	1	Every Hour Documented within CAD Call incident	Not meeting trigger
		EOCM	External communications to be sent relating to pressure on the Trust from EOCM to on-call communications team	1		Not meeting trigger
		EOCM - Production Managers	Scheduling managers to contact all Private Ambulance Services/Volunteer Ambulance Services to request support	1		Not meeting trigger



		EOCM / Clinical Navigator	Consider / Preparation in review of Ops to Identify and locate to the nearest EOC, available unassigned staff from front line crew/s that have extended practice skills, to include Paramedic Practitioners and Critical Care Practitioners that may be required support clinical functions of SMP			
		EOCM - EMATL	Implement Surge Call Taking Red+ script (Appendix 3)	1		Not meeting trigger

8.7 Surge Management Escalation Plan - Dispatch – **RED (Dispatch Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
RED	• 6x Category 1 unassigned for >5 Minutes	DTL	General broadcast and SMS to RCM/CFR groups to red escalation every half an hour	1	Every Hour Documented within CAD Call incident	DTL Not meeting trigger
	• 14 x Category 2 unassigned for >8 Minutes	RD	Category 3 and 4 calls not to be allocated on prior to a clinical review and a decision to dispatch has been made	4		Not meeting trigger
	• 64 x Category 3 Unassigned for >90 Minutes • 64 x Category 4 Unassigned	DTL	MDT type Message to Crew	1		Not meeting trigger



	for >150 Minutes • A combined total of 65 from any of the above Categories.					
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8.8 Surge Management Escalation Plan - Dispatch – **RED (Clinical Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
RED	• 6x Category 1 unassigned for >5 Minutes • 14 x Category 2 unassigned for >8 Minutes • 64 x Category 3 Unassigned for >90 Minutes • 64 x Category 4 Unassigned for >150 Minutes • A combined total of 65 from any of the above Categories.	Clinical Navigator	Clinical review of all Category 3 and Category 4 incidents before allocation by dispatcher	4	Every Hour Documented within CAD Call incident	Clinical Navigator Not meeting trigger
		Clinical Navigator	No send for 'routine' Inter-Hospital transfers (120 mins (Cat 3) or longer) without clinical review	2		Not meeting trigger

8.9 Surge Management Escalation Plan – Dispatch – **PURPLE (EOCM Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
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PURPLE	<ul style="list-style-type: none"> • 8x Category 1 unassigned for 5 Minutes • 22x Category 2 unassigned for >8 Minutes • 84 x Category 3 Unassigned for >90 Minutes • 84 x Category 4 unassigned for >150 Minutes • A Combined total of 85 or more from any of the above Categories 	EOCM	Ensure all appropriate Red actions are completed, changing log	0	EOC on call liaise with EOCM to update current situation Every 2-4 hours at discretion of EOC on-call	EOC on Call Not meeting trigger
		EOCM	Review Conveying Assets to include St John Ambulance, Red Cross and alternative services	1		Not meeting trigger
		EOCM	To contact EOC on call – informing of purple escalation	0		Not meeting trigger
		EOCM Liaison with Clinical Navigator	Review Ops to Identify and locate to the nearest EOC, available unassigned staff from front line crew/s that have extended practice skills, to include Paramedic Practitioners and Critical Care Practitioners to support clinical functions of SMP	4		
		EOC on call	To contact strategic on call informing of purple escalation	0		



8.10 Surge Management Escalation Plan – Dispatch – **PURPLE (Dispatch Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
PURPLE	• 8x Category 1 unassigned for 5 Minutes	DTL	General broadcast and SMS RCM / CFR groups to Purple escalation every half an hour	1	Every Hour Documented within CAD Call incident	DTL Not meeting trigger
	• 22x Category 2 unassigned for >8 Minutes	RD	Resources on scene with Category 3 or Category 4 calls will be requested to split if Category 1 local	2		Not meeting trigger
	• 84 x Category 3 Unassigned for >90 Minutes	DTL	Implement no send to all incidents that are not categorised as Category 1 or Category 2 except those that meet the exception criteria purple, Confirmed with Clinical EOC Support – (Appendix 4)	5		Not meeting trigger
	• 84 x Category 4 unassigned for >150 Minutes • A Combined total of 85 or more from any of the above Categories	RD	Emergency care support workers (ECSW) or equivalent private providers to convey patients without back up	2		Not meeting trigger



8.11 Surge Management Escalation Plan - Dispatch – **PURPLE (Strategic On-Call Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
PURPLE	<ul style="list-style-type: none"> • 8x Category 1 unassigned for 5 Minutes • 22x Category 2 unassigned for >8 Minutes • 84 x Category 3 Unassigned for >90 Minutes • 84 x Category 4 unassigned for >150 Minutes • A Combined total of 85 or more from any of the above Categories 	Strategic On-Call Commander	Conference call to be chaired by Strategic Commander with all on call managers/EOCM's	1	Every Hour Documented within CAD Call incident	Strategic On-Call Not meeting trigger
		Strategic On-Call Commander	All on calls should attend their requested workplace as instructed by the strategic on call via the conference call. A gold cell will also be established at EAST/WEST EOC.	2		Not meeting trigger

8.12 Surge Management Escalation Plan - Dispatch – **BLACK (EOCM Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
BLACK	Strategic on call to make the decision if and when escalating to black	Strategic on-call	Declaration BCI and support invoked plan	2	EOC on call liaise with strategic on-call to update current situation	Strategic On Call Not meeting trigger



		EOCM	Support to Ensure all partner agencies are informed for BCI	0		Not meeting trigger
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8.13 Surge Management Escalation Plan - Dispatch – **BLACK (Strategic On-Call Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
BLACK	Strategic on call to make the decision if and when escalating to black	Strategic on-call	Ensure all appropriate purple actions completed, changing log	0	EOC on call liaise with strategic on-call to update current situation	Strategic On Call Not meeting trigger
		Strategic on-call	Strategic on call to chair conference call, invitation to include call details/agenda, with all on call executives for the acute trusts, within the affected area informing them immediate handover is being implemented	1		Not meeting trigger
		Strategic on-call	Inform on call commissioners and NHS England and Trust Exec on -call	0		

8.14 Surge Management Escalation Plan – Dispatch – **BLACK (Dispatch Team Actions)**

Level	Trigger	Owner	Actions	Impact 0 = Low 5 = High	Review	De-Escalation
BLACK	Strategic on call to make the decision if and when escalating to black	DTL	General broadcast and SMS RCM/CFR groups to black escalation every hour	1	EOC on call liaise with strategic on-call to update current situation	Strategic On-Call Not meeting trigger



		DTL	Implement no send to all incidents that are not categorised as C1 and C2 except those that meet the exception criteria black	4		Not meeting trigger
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9.0. Surge Management Escalation Plan - Clinical EOC Escalation

The Clinical EOC Escalation plan is to ensure and maintain the capability in supporting EMA's in meeting NHS Pathways use and licence compliancy stipulations, to manage cases directed to the Clinical Team in the EOC within NHS Pathways and ARP national guidelines and to support the apposite dispatch of resources through active enhanced clinical triage.

Surge Management Escalation Plan - Clinical EOC Action Cards

9.1 Surge Management Escalation Plan - Clinical EOC **GREEN (BAU)**

Level	Rationale / Description
GREEN	EOC Clinical capability to support EMA's in meeting NHS Pathways use and licence compliancy stipulations and outcomes, as well as being able to manage cases directed to the Clinical Team within EOC

9.2 Surge Management Escalation Plan - Clinical EOC **AMBER**

Level	Trigger	Owner	Actions	Review	De-Escalation
AMBER	Staffing 1 clinician in one EOC and/or 3 or more in other EOC Or 0 clinician in one EOC and 4 in other EOC	Clinical Advice Manager (CAM)	Follow Scheduling Clinical Escalation Plan with Scheduling.	Start of shift or change in shift	Not meeting trigger (Minimum Clinical Staffing Requirements met)
		CAM	Arrange for one clinician to move from one EOC to another if appropriate		
		CAM	EMATL to floor walk leaving CS to manage workload/call backs in EOC with one clinician. EMATL to speak to CS in event of question they cannot safely manage		



		CAM	Review CS cover across EAST and WEST using remote cover if possible		
AMBER	Clinical Call Back's Twice the number of clinician call backs than there are clinicians across both EOCs. e.g. 4 clinicians across EOC – 8 clinical immediate cases	CAM	Review clinical immediate cases: Identify those that are likely to need operational response and upgrade without call back. Identify calls not needing operational response and ensure calls are marked to remain in clinical call back list	20mins	Not meeting trigger
		CAM	Consider identifying person for Welfare call back (as per procedure) while waiting for clinical input if clinically inappropriate to upgrade and call back time likely to be exceeded		
AMBER	Dispatch Support Clinical Navigator liaise with dispatch in EOC that has triggered surge	CAM	Clinical Supervisor to liaise - corresponding re-allocation of CS case load (ODAs)	Every Hour	Not meeting trigger
		CAM	Review CS cover as a result of allocation of Clinical Navigator		
		CAM	Take account of likely timeframe of SMP escalation		
		CAM	Use actions in Service Surge Escalation Clinician to make sure CS cover maximised		



9.3 Surge Management Escalation Plan - Clinical EOC **RED**

Level	Trigger	Owner	Actions	Review	De-Escalation
RED	Staffing 0 clinician in one EOC and/or 3 or less in other EOC or 1 clinician in one EOC and 2 in other EOC	Clinical Advice Manager (CAM) / EOCM	Review Ops to Identify and locate to the nearest EOC, available unassigned staff from front line crew/s that have extended practice skills, to include Paramedic Practitioners and Critical Care Practitioners to support clinical functions of SMP	Start of shift or change in shift	Not meeting trigger <i>(Minimum Clinical Staffing Requirements met)</i>
		CAM	Liaison with Agency to identify if staff available for EMA Clinical Floor support only roles		
RED	Clinical Call Back's Three times the number of clinician call backs than there are clinicians across both EOCs. e.g. 4 clinicians across EOC – 8 clinical immediate cases	CAM	Initiate Welfare Call procedure (Appendix 2)		
RED	Dispatch Support Clinical Navigator	Clinical Navigator	Clinical review of all Category 3 and Category 4 incidents before allocation by dispatcher		



	liaise with dispatch in EOC that has triggered surge	Clinical Navigator	No send for 'routine' Inter-Hospital transfers (120 mins (Cat 3)' or longer) without clinical review		
RED	Crew Call Back Support >12 crew call backs stacking across East and West May be a combination of assessment for PP referral and clinical discussion	EOCM	Make sure all Amber actions are being undertaken & Use OTL to support crew call backs		



9.4 Surge Management Escalation Plan - Clinical EOC **PURPLE**

Level	Trigger	Owner	Actions	Review	De-Escalation
PURPLE	Staffing 0 clinician in one EOC and/or 2 or less in other EOC Or 1 clinician in one EOC and 1 in other EOC Total Trust cover 2	Clinical Advice Manager (CAM) / EOCM	Operations Manager to identify clinical staff to support within EOC	Start of shift or change in shift	Not meeting trigger <i>(Minimum Clinical Staffing Requirements met)</i>
PURPLE	Clinical Call Back's Four times the number of clinician call backs than there are clinicians across both EOCs. e.g. 4 clinicians across EOC – 16 clinical immediate cases	CAM	Continue Welfare Call procedure - Identify further welfare callers if available <i>(Appendix 2)</i>	20mins	Not meeting trigger
PURPLE	Dispatch Support Clinical Navigator liaise with dispatch in EOC that has triggered surge	Clinical Navigator	No Send to Category 3 & 4 cases not within 'Exception Criteria' <i>(Appendix 4)</i>	20mins	Not meeting trigger



		Clinical Navigator	No send for Emergency Transfer without clinical review	20mins	Not meeting trigger
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9.5 Surge Management Escalation Plan - Clinical EOC **BLACK**

Level	Trigger	Owner	Actions	Review	De-Escalation
BLACK	Staffing No NHSP Clinician across any EOC (Not NHS Pathways Licence Compliant)	Clinical Advice Manager (CAM) / EOCM	Operations Manager to identify clinical staff to support within EOC – (Incident to be logged within Datix)	Every 60 minutes	Not meeting trigger (Minimum Clinical Staffing Requirements met)

10.0. Audit and Review

- 10.1.** Initially the SMP document will be reviewed within three months of its introduction by the Trust and/or if any significant Serious Incident arises as a direct result of the SMP not being effective or if significant concerns are formally raised by the Lead Commissioner for the 999 service.
- 10.2.** For any Incident triggering a Surge Black status, a debrief to take place within seven days of the incident, to be chaired by an objective senior manager who will determine staff who will be involved.



- 10.3.** The procedure document will be reviewed at least every year by appropriate working group assigned by the directorate lead; or earlier if required due to change in local/national guidance and/or policy; or as a result of an incident that requires a change in practice.
- 10.4.** The policy will be reviewed at least every year (or sooner if new legislation, national standards or working practices are introduced) by the Senior Operations Leadership Team (SOLT) in conjunction with other stakeholders to ensure compliance.

11.0. Associated Documentation

11.1. Associated Documentation Includes:

- 11.1.1. Welfare Call Back Procedure
- 11.1.2. Patient Call Handling and Pre-Dispatch Procedure
- 11.1.3. Response and Incident Resourcing Policy
- 11.1.4. Business Continuity Management Policy
- 11.1.5. SECamb Major Incident Plan
- 11.1.6. Emergency Call Compliance and Quality Assurance Procedure

12.1. Appendices

Appendix 1 – Emergency Rule



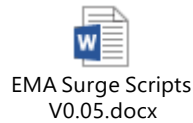
Emergency Rule
Action Card.pptx

Appendix 2 – Welfare Call Back Procedure



Patient Welfare
Procedure V0.09.doc

Appendix 3 – Call Taking Surge Scripts



Appendix 4 – Exception Criteria

Regarding the 'no send' element (dispatch/purple and black):

SECAmb No Send Exception Criteria Surge Purple

- <2 and > 74 (Age)
- 3rd party Stakeholder (caller not on scene) when first party contact is not possible
- Advised to call 999 by a HCP or a previously attended member of SECAMB crew staff
- Addison's disease
- Administered diazepam, midazolam or lorazepam or those who are steroid dependent (Any age)
- Back Pain aged over 55 years
- Clinical Review - Blood disorders including:
 - Haemophilia
 - Blood thinners (e.g. Warfarin)
- Currently undergoing Chemotherapy treatment (both during and between cycles / within 4 months of their last cycle)
- Exposed to the extremes of weather
- Fallers (any age) who are alone and confirmed as still on the floor
- Groin pain in males (between 12 and 55 years) where testicular torsion cannot be excluded
- Patients that have been seen by HCPs within the last 2 hours (add to call taking script)
- Calls referred by NHS 111 / integrated urgent care Clinicians
- Neutropenic patients
- Renal Dialysis patients
- Potassium levels (high or low)
- Clinical Review - Patients with a SCA (Specific Course of Action)
- Psychiatric event (presently threatening suicide, has taken overdose etc.)
- Safeguarding issues / concerns
- Clinical Review - Recent surgery including Tonsillectomy (Within the last 7 days) (< 72 hours / 3 days)
- Clinical Review - Patients with chronic neurological muscular conditions i.e. MS or Muscular Dystrophy
- Ante / Post-Partum complications



SECamb Non Send Exception Criteria Surge Black

- Chemotherapy patients
- Fallers who are alone and confirmed as still on the floor for more than 2 hours
- Addison's Disease – Needs a clinical review
- Administered Diazepam, Midazolam or Lorazepam or those who are steroid dependant (any age)
- Back Pain >55 years – Needs a clinical review
- Exposed to extremes of weather
- Renal Dialysis patients – Needs a clinical review

Appendix 5 – Surge Purple & Black Script



Surge Purple &
Black Script V1.0.do