

Surge Planning

Trust Board	Item: 10
Date: 29th November 2017	Enclosure: F
Purpose of the Report: To provide the Board with an update on the management of emergency adult and paediatric patients 2017/18.	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Strategic Objective 1
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	Strategic Objective 1
Document Previously Considered By:	Executive Management Committee A&E Delivery Board for Kingston, Richmond and Surrey Downs
Recommendations: The Board is asked to note the contents of the paper and to approve the principles upon which the surge plan is based.	

Surge Planning

Introduction

In 2016, the Trust developed a surge plan to provide staff within the Hospital and the community with guidance on how to respond to high levels of activity, thereby ensuring that the Trust could maintain patient safety and efficient flow. This plan has now been developed further to support the Winter Plan (previously discussed at Trust Board) for 2017/18. This report details the principles upon which the plan has been based and seeks approval from the Trust Board for these principles.

The plan has been approved by EMC and by the A&E Delivery Board for Kingston, Richmond and Surrey Downs.

Principles

- Patient safety and experience are the highest priority in the development and implementation of the surge plan.
- Staff experience and effective patient flow are high priorities in the development and implementation of the surge plan.
- The plan is inclusive in that it includes key actions for partner organisations including local authorities, CCGs, and community health providers and relies on close collaboration with these organisations.
- The Operational Pressures Escalation Levels (OPEL) national framework, which was published by NHS Improvement in 2016 and which remains unchanged, is used to underpin the escalation process. See below for details

Level		Triggers
OPEL One	Low levels of pressure across A&E Delivery Board area, relevant actions taken in response if deemed necessary no support required	Daily performance above 95% No unplaced patients in the morning Empty bed capacity available in the morning Trust generally on green or amber on CMS
OPEL Two	Moderate pressure across A&E Delivery Board area, performance deterioration, escalation actions taken in response support required	Daily performance 90%-95% / within agreed local trajectory Less than 5 unplaced patients in the morning Less than 5 beds available in the morning Additional escalation capacity still available
OPEL Three	Severe pressure across A&E Delivery Board area, significant deterioration in performance and quality, majority of escalation actions available are taken in response increased support required	Daily performance below 90% 5-10 unplaced DTAs in the morning No beds available in the morning No AMU capacity available in the morning Less than 5 additional escalation beds available Over 15 beds lost due to infection control Weather warning/alert in place

OPEL Four	<p>Extreme pressure across A&E Delivery Board area, risk of service failure, all available escalation actions taken and potentially exhausted</p> <p>extensive support and intervention required</p>	<p>Daily performance below 85%</p> <p>10+ unplaced DTAs in the morning</p> <p>No beds available in the morning</p> <p>No additional escalation capacity</p> <p>No AMU capacity available in the morning</p> <p>Over 20 beds lost to infection control</p> <p>Cold weather alert in place</p>
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- The plan is based on the existence of an established set of meetings/forums where the status of the Hospital can be assessed and actions taken accordingly. These include the 3 daily bed meetings, ED board rounds and daily conference calls including community, CCG and CSU representatives. .
- The plan is tested and those required to manage the surge plan are trained in the use of the plan.
- The authorisation process for actions in the plan is clear, with approval from the Chief Operating Officer and Chief Executive required for the implementation of actions in OPEL four.
- The roles of managers and directors in and out of hours are clear.
- The actions detailed in the action cards are clear, have identified owners and ensure that actions in OPEL four are only authorised once a series of detailed actions have already been implemented.
- The full capacity protocol and the internal critical incident are only considered and implemented once all actions in Opels 1 – 3 have been implemented.
- The plan to have available escalation capacity available is based on an increase in activity and an occupancy of 92%
- Appropriate policies are referenced – e.g. infection control guidance
- All necessary actions are completed to ensure the safe opening of any escalation beds. This includes the recruitment of staff – nurses, doctors, AHPS – and the provision of equipment and consummables.
- All escalation contacts are kept up to date, including email addresses and telephone numbers.

Recommendation

The Trust Board is asked to approve the above principles and to note the agreement of the Executive Management Committee that this plan should now be shared across the organisation and implemented as appropriate.