

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**25 November 2013**

**WINTER PREPAREDNESS AND ASSURANCE UPDATE 2013/14**

**Report of David Gallagher, Chief Officer NHS Sunderland CCG**

**1. Purpose of the Report**

To provide an update on the work carried out by the Sunderland Unscheduled Care Board on the review of provider winter plans in respect of preparing the whole system for winter 2013/14.

**2. Background**

Each year, winter brings a number of challenges that affect the NHS around service delivery. Increased urgent activity, flow of patients through the urgent and intermediate care system, severe weather, Norovirus and festive holidays all place increased pressure on the health and social care system and often coincide, which significantly increases the burden on services.

In order to mitigate the risks and pressures, providers are required to produce a Winter Plan to ensure proactive management of patient pathways during times of pressure e.g. maintaining flow, facilitating safe and timely discharge and, for acute providers, make efficient use of inpatient capacity.

As this is the first winter for the new commissioning system, with new relationships and newly formed Urgent/Unscheduled Care Boards, it is important that the whole health system is prepared for winter in 2013/14.

NHS England Area Teams have been asked to facilitate the winter planning process across health communities by working in partnership with CCGs, providers and local authorities to ensure that reporting and escalation processes are robust. As part of this process, the Unscheduled Care Programme Board is required to review winter plans and provide system wide assurance to the Area Team regarding integrity of plans and processes.

**3. Assurance Process**

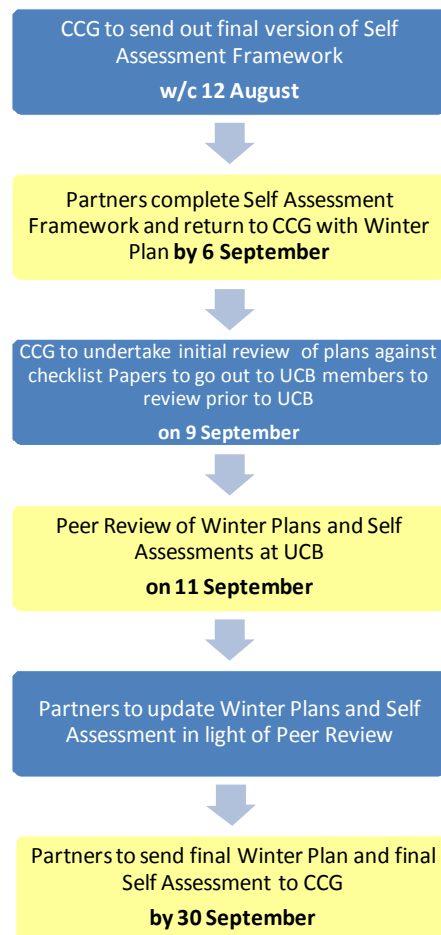
Area Teams are asked to facilitate an assurance process of Urgent/Unscheduled Care Boards in respect of winter preparedness and complete an assurance template. Once Area Teams have collated the assurance from each Board, the Regional Team is responsible for providing a regional overview which is aimed to provide assurance to the National Support Team. A national timetable has been shared which is as follows:

Date	Action	Responsible
30 August 13	Final Winter Checklist shared with CCGs / Urgent Care Boards	NHS England North
30 August 13	Final Assurance Template agreed with Area Teams	NHS England North
	Resilience Table top exercises to be completed	CCG / Area Teams
30 September 13	Winter Capacity and escalation plans signed off by Urgent Care Boards	CCG
	Refreshed UCB Assurance	CCG / Area Team
15 October 2013	Area Team Peer Review of Assurance Process	Area Team & ECIST
18 October 13	Winter Capacity and escalation plans agreed with area teams	Area Teams
21 October 13	Final Area Team Assurance Template to Region	Area Teams
1 November 13	Moderation of Assurance Plans Complete?	NHS England North
November 13	Winter Assurance shared with NHS England Centre	NHS England North

A range of checklists and supporting documentation were provided by NHS England to allow Urgent/Unscheduled Care Boards to review winter plans against set criteria. These checklists were not mandatory for CCGs, but it was agreed by the Sunderland Unscheduled Care Programme Board (UCPB) that these should be used in order to assess winter plans and to ensure consistency so that system wide assurance can be gained.

Due to national timescales (detailed above), a local timetable was produced to ensure that the UCPB could carry out the peer review of winter plans and provide system wide assurance by 30<sup>th</sup> September 2013. Due to the timing of the national process, Providers highlighted very early on that only draft winter plans could be shared, as plans still had to be ratified by respective Executive/Governing Bodies.

The local timetable was agreed and is as follows:



Consequently, Providers were asked to share draft winter plans and complete the self-assessment checklist. This submission would be used to produce a consolidated checklist which would inform the UCPB of any risks across the healthcare system.

The following providers shared winter plans and completed the self-assessment checklist:

- City Hospitals Sunderland NHS Foundation Trust (CHS)
- South Tyneside NHS Foundation Trust (Community Services) (STFT)
- Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
- Sunderland City Council
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Primecare
- Gateshead Health NHS Foundation Trust (in relation to the Intermediate Care Assessment and Rehabilitation Unit (ICAR) at Houghton Primary Care Centre)

An extraordinary UCPB was called to allow providers and board members to peer review each organisation's winter plan and self-assessment checklist. This process

allowed Providers to detail the content of their respective plans and allowed partner agencies to seek clarity regarding any issues/interdependencies identified. Consequently the UCPB was able to provide “qualified” assurance with regard to the content and integrity of all key stakeholder plans.

The completed provider checklist can be found in Appendix One for all the organisations identified above.

#### 4. Peer Review Process

After peer review of winter plans and the self assessment checklists, a number of specific gaps were identified and subsequent Provider actions were agreed to mitigate them. A narrative of the peer review for each provider can be found in Appendix Two, along with provider specific actions.

As part of the overall assurance process, the UCPB was also required to produce an additional checklist for the Area Team, detailed below is the checklist for “system-wide” assurance;

Area for Assurance	Example Criteria	Status	Comments
Review	Reviewed and learnt lessons from Winter 2012/13	Assured	All winter plans detail lessons learnt from winter 2012/13. Providers have reported that a number of kaizen's have taken place to develop system wide improvement
Risk Management	Identification of risks and mitigating actions	Assured	Peer review of Winter Plans complete and number of actions agreed. Winter Funds process in place to review bids and fund specific gaps in service
Governance	Identification of individuals	Assured	

	responsible for overseeing operational response to surge and winter pressures		
<b>Partnership Working</b>	Stakeholder identification and clear roles in UCB and stakeholder alignment	Assured	Unscheduled Care Board in place with agreed ToR
<b>Safety</b>	Do plans uphold recommendations in Francis report and understand when patient safety can be compromised and identifying mitigating actions	Assured	
<b>Monitoring and Communication</b>	Named executive leads for each organisation for escalation and are there good communication plans including metrics across the system to monitor pressures	Assured	All winter plans detail operational leads and levels of escalation
<b>Plan Alignment</b>	Has peer review taken place and are plans aligned?	Assured	<p>Detailed peer review process and checklists completed by members of the UCB</p> <p>Gaps clearly identified and actions ongoing to mitigate risks</p>
<b>Demand and Capacity Analysis</b>	Detailed analysis of previous winters taken place and predictive modelling techniques in place. Planned activity profiling.	Assured	Winter plans detail analysis and providers have demonstrated use of predictive modelling across the health economy to identify points of surge, high risk patients and need

			to re-profile elective activity etc
<b>Escalation</b>	Are there system wide triggers and a consistent approach across all stakeholders? Agreed process for de-escalation and clarity around stakeholders role in the system	Assured	Sunderland City Council and CHS aligned in terms of triggers and escalation.
<b>Finance</b>	Have organisations agreed contingency funds for additional pressures and has local analysis taken place on previously funded winter schemes. Use of the 70/30 marginal rate monies.	Assured	70/30 marginal rate not applicable for Sunderland. Winter Funds in place and process for agreeing schemes in place.
<b>Links to Other Policies</b>	Are links to other policies up to date and have they been tested and are in use? Plans such as cold weather, flu vaccinations and contingency plans.	Assured	Detailed peer review process and checklists completed by members of the UCB

In terms of providing additional rigour to the assurance process “up the chain” a desktop exercise was convened across the North East. This exercise brought together Providers in relevant “footprints” (e.g. Sunderland, South Tyneside and Durham) to test out escalation processes and the inter-agency response to “surge” scenarios. This exercise provided additional assurance that the agreed plans dovetailed and also formed the basis of some additional actions to further improve resilience.

## 5. Escalation and Reporting

There are two complimentary escalation frameworks in place within the Sunderland Health Economy. The first is for health and social care as a whole (i.e. the North East Escalation Protocol (NEEP)) which is in use across the region. The second is local to Sunderland and is aimed at providing additional intelligence from across Primary Care to support other frontline services in their planning for surge.

Appendix 3 details the escalation frameworks for the North East and Primary Care in Sunderland.

The North East Commissioning Support Unit (NECS) will be providing operational winter management support throughout winter to ensure coordination across the health economy. NECS will coordinate the reporting of daily SitRep information, facilitating teleconferencing between providers, CCGs and Area Teams and will also liaising with providers to ensure compliance with winter plans and winter escalation frameworks. They will also monitor system wide surge and escalation and facilitate discussions with stakeholders including the CCG throughout periods of escalation and de-escalation.

Foundation Trusts are statutorily responsible for submitting a daily SitRep nationally which will be reported each weekday for the previous day. Daily SitRep commences 4<sup>th</sup> November 2013 with the first report being available 5<sup>th</sup> November 2013 with the following information reported:

- A&E Closures
- A&E Diverts
- Trolley Waits
- Cancelled Operations
- Critical Care Transfers
- Ambulance Delays
- Bed Availability and Occupancy
- Number of beds closed due to D&V
- Delayed discharges

As well as daily SitRep, providers will also be reporting a NEEP level and both of these will be made available to stakeholders via a secure website. Generic organisation accounts have been requested and are in the process of being created in order to facilitate discussions between providers and stakeholders.

Teleconferencing will take place at different points during escalation with weekly calls taking place between Providers, CCGs and the Area Team on a weekly basis during NEEP levels 1 and 2. The regional escalation plan dictates that if providers are at NEEP 3, CCGs are required to have daily teleconferences with the Area Team.

There are no formal reporting requirements of non foundation trusts but other stakeholders such as Local Authorities are encouraged to report by exception during times or pressure. Winter 2013 will see for the first time in Sunderland the reporting of pressures in Primary Care via a Local Enhanced Service (LES) using the escalation levels detailed previously. Each day, a report will be produced at Locality

and CCG level such that the CCG and wider health economy may understand the pressures that are being experienced in primary care and where possible, prepare for them accordingly.

## 6. Winter Pressures Fund

During the winter preparedness assurance and peer review process, providers were asked to provide the details of any services which could be funded from the winter pressures fund which could make an impact during winter 2013/14. Due to the tight timescales a pragmatic review process was put in place in order to ensure that schemes could be mobilised quickly. Bids totalling £2.4m (including funding of Pallion) were approved via the CCG Executive in October were as follows:

Organisation	Proposal
South Tyneside NHS FT	Ambulatory care - urgent care team to work across divisions as appropriate
South Tyneside NHS FT	Expansion of specialist palliative care OOH nursing services across the patient pathway to facilitate face to face 7 day assessment
City Hospitals Sunderland NHS FT	<p>Bid 1 - To provide therapy services to winter escalation beds. 15 beds on D40 &amp; 15 beds on C32</p> <p>Bid 2 – To provide a weekend Physiotherapy service</p>
City Hospitals Sunderland NHS FT	<p>Bid 1 - Additional pharmacy staff to support discharges over the weekend</p> <p>Bid 2 – To provide therapy provision to the escalation beds</p>
City Hospitals Sunderland NHS FT	REM/ Patient access & discharge. Increase capacity of the FCNU as part of CHS winter plan
City Hospitals Sunderland NHS FT	Escalation bed nursing resource – to provide additional bed capacity to meet surge demand
City Hospitals Sunderland NHS FT	Provide 2 social workers on Saturday and Sunday to bring forward MSW assessment and facilitate weekend discharge.
East Locality (Sunderland)	Provide GP OOH service – Increase access to primary care in



CCG)	<p>the East locality to:</p> <ul style="list-style-type: none"> <li>• Reduce emergency admissions</li> <li>• Support the achievement of A&amp;E 4 hour waits</li> <li>• Reduce emergency readmissions</li> </ul>
North East Ambulance Service NHS FT	Additional Double Crewed Stretcher vehicle for winter
North East Ambulance Service NHS FT	Additional single crewed multi purpose vehicle for winter
North East Ambulance Service NHS FT	Dedicated End of Life Care and Mental Health Transport
North East Ambulance Service NHS FT	Injury and Illness Pathways (Green Man) – Refresh of the injuries and illness pathways and aligning with the Directory of Services to maximise the use of alternative pathways in Sunderland
North East Ambulance Service NHS FT	Medical Advisory Service to allow paramedics attending the scene of emergency incidents to hold video consultations with GPs via mobile communication devices
Sunderland CCG	Primary Care Daily Sitrep Reporting – Local Enhanced Service to provide a daily Sitrep position for each practice such that the CCG and wider health economy may understand pressures in primary care and potential impact on other services.

Various work streams relating to the development and implementation of Pallion were also funded via the Winter Fund.

## 7. Conclusion and Recommendations

In Summary, the Sunderland UCPB has undertaken a robust and detailed peer review process of winter plans and has agreed to fund a number of schemes which will come on line during winter to help manage surge. Therefore, the Sunderland UCPB can provide full assurance around the preparedness of the urgent care system in Sunderland to manage winter and surge.

The Health and Wellbeing Board is asked to note the contents of this paper.



## Appendix 1

### Completed Self Assessment – Provider Specific

			Acute	Community	LA	Ambulance	OOH	MH	ICAR
Assurance Check			Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Review	Has the organisation reviewed last winter and incorporated any lessons learned into the 13/14 winter plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Business Continuity	Are risks to business continuity over the winter period clearly identified with mitigating actions in place?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are robust arrangements in place to cover the Christmas/New year period?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are there contingency plans in place to maintain performance of services during extreme weather?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are there contingency plans in place to address staff shortages relating to outbreaks in infection or related to poor weather (e.g. school closures, transport disruption)?		Yes	Yes	Yes	No	Yes	Yes	Yes
	Does the organisation have a coordinated pro-active campaign for flu vaccination of staff with arrangements in place to ensure high uptake?		Yes	Yes	Yes	Yes	No	Yes	Yes
Capacity & Demand	Has expected service capacity and demand been reviewed using predictive tools and systems?		Yes	Yes	Yes	Yes	Yes	No	Yes
	Are planned levels of capacity sufficient to meet forecast demand for the winter period?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Is there sufficient overall capacity for both average local winter increases in activity and higher than usual winter increases in activity?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Has elective activity been profiled across the week in line with expected A&E peaks? (e.g. not front loaded at the start of the week)		Yes	Yes	Yes	No	Yes	No	No
Demand management	Do residents in Care Homes have care plans and are there agreed processes in place to avoid admissions?		No	Yes	Yes	No	No	Yes	No
	Has adequate training and support is provided to Care Home staff around looking after patients with flu, and infectious diseases (e.g. norovirus)?		No	Yes	Yes	No	No	Yes	No
	Have vulnerable people been identified and is support available to look after them in their own home?		No	Yes	Yes	No		Yes	No
	Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital (e.g. respiratory patients)?		No	Yes	No	No		No	No
	Are effective arrangements in place to liaise with and support Care Homes to avoid hospital admissions?		No	Yes	Yes	No	Yes	No	No
	Are arrangements in place to support patients using home oxygen?		Yes	Yes	No	No	Yes	No	Yes
Flex Capacity	Are there robust plans in place to ensure at risk patient groups receive flu vaccinations?		No	Yes	Yes	No	No	Yes	No
	Are contingency plans in place to flex capacity/staffing as required to meet peaks and troughs of unscheduled demand?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are arrangements in place to ensure the availability of additional staffing resources that can work flexibly across disciplines to meet demand?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Do plans include flex for diagnostic services and the reporting of results?		Yes	Yes	Yes	No	No	No	No
	Is rapid response available in A&Es 24/7 to support mental health patients?		Yes	No	Yes	No	No	Yes	No
	Is there enhanced out of hours cover during winter?		Yes		Yes	Yes	Yes	No	No
	Is there a defined process to coordinate patient discharge across partners?		Yes	Yes	Yes	No	No	Yes	Yes
	Is appropriate/timely support for the discharge of patients from hospital available?		Yes	Yes	Yes	Yes	No	Yes	Yes
	Are plans in place to allow the discharge of patients over the weekend and festive holiday period?		Yes	Yes	Yes	Yes	No	Yes	Yes
	Are protocols in place to ensure rapid turnaround of ambulances at hospital sites? (for emergencies coming in and discharges home)		Yes	Yes	No	Yes	No	No	No
Escalation	Is there an agreed mechanism between health and social care for the quick resolution of any issues arising from agreeing care packages?		Yes	No	Yes	No	No	Yes	Yes
	Have discharge transport arrangements been agreed with each hospital?		Yes	No	No	No	No	Yes	Yes
Monitoring and Communication	Have escalation trigger levels, actions and responsibilities been clearly defined?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Have escalation trigger levels, actions and responsibilities been shared with key clinical and managerial staff within the organisation and partners, and is there a common understanding of what they entail?		Yes		Yes	Yes	Yes	Yes	Yes
Monitoring and Communication	Are there internal communication plans to ensure staff and the public are fully informed on the preparations for winter?		Yes	Yes	Yes	Yes	No	Yes	Yes
	Are there defined metric to monitor pressure levels and clear communication routes to share this information both internally and with partner organisations?		Yes	Yes	Yes	Yes	Yes	Yes	Yes

Please note that any items flagged as No or are unanswered are either not applicable and/or actions have been included within the original document to mitigate risks.



## Peer Review of Winter Plans and Checklist

Provider	Assurance Check	Response	Other Comments	Actions
CHS NHS FT	<ul style="list-style-type: none"> <li>Has the expected service capacity and demand been reviewed using predictive tools and systems</li> <li>Extra clarity around additional beds needed as measures in place to minimise the need for additional beds in community and need to encourage use of Intermediate Care Assessment and Rehabilitation Unit</li> <li>Further work needs to be done around Pallion and need to review operational plan</li> <li>Query around original assessment of use of Risk Stratification tools. AH stated that this is being used but not included within the checklist and will be updated</li> <li>No reference to the Readmissions Avoidance Team which is being worked through now. Likely that this team will bring significant benefits and need to reference it within the winter plan to provide greater assurance</li> </ul>	<ul style="list-style-type: none"> <li>The modelling has been done as part of CHS Business continuity planning</li> </ul>	<ul style="list-style-type: none"> <li>CCG need to fully understand rationale for the need to open additional beds in Farmborough Court, , given recent initiatives and other resources in the community</li> <li>Panel requires assurance around acute beds</li> <li>Need to remember there is additional capacity in Intermediate Care Assessment and Rehabilitation Unit and discussions have already taken place regarding the potential for ICAR to flex capacity</li> </ul>	<ul style="list-style-type: none"> <li>Anna Hargrave to make amendments to checklist and plan updating the CCG accordingly</li> <li>Outputs of RPIW need to be shared</li> </ul>
STFT	<ul style="list-style-type: none"> <li>Is there enhanced out of hours cover during winter</li> <li>Have escalation trigger</li> </ul>	<ul style="list-style-type: none"> <li>Internal session to conclude</li> </ul>	<ul style="list-style-type: none"> <li>Narrative required for the capacity</li> </ul>	<ul style="list-style-type: none"> <li>Marie Herring to amend</li> </ul>

	<p>levels, actions and responsibilities been shared with key clinical and managerial staff within the organisation and partners, and is there a common understanding of what they entail</p>	<p>plans 19.09.13</p>	<p>and demand</p> <ul style="list-style-type: none"> <li>• Need narrative regarding care homes in Sunderland</li> <li>• A meeting is planned outside of this meeting to discuss urgent care provision during reconfiguration of services (CHS/Pallion/Primecare/Gri ndon Lane)</li> <li>• Historically STFT have never been in a situation to escalate thus using their winter plan</li> </ul>	<p>paper/checklist and update CCG accordingly</p>
<p><b>Sunderl and City Council</b></p>	<ul style="list-style-type: none"> <li>• Has the expected service capacity and demand been reviewed using predictive tools and systems</li> <li>• Has elective activity been profiled across the week in line with expected A&amp;E peaks?</li> <li>• Are there robust plans in place to ensure at risk patient groups receive flu vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• No capacity and demand tool used however policies and procedures are in place and are flexible</li> <li>• Triggers and surge in place</li> <li>• CHS &amp; LA to agree forms of words re: predictive rush and elective activity</li> <li>• 111 will trigger any issues with primary care capacity</li> <li>• Outputs of RPIW needs</li> </ul>	<ul style="list-style-type: none"> <li>• Looking at implementing 'weekly snapshot'</li> <li>• Social worker on site during the week and weekends, otherwise on call as usual</li> </ul>	<ul style="list-style-type: none"> <li>• Dave Young to amend checklist and update CCG accordingly</li> </ul>

		to be shared <ul style="list-style-type: none"> <li>Flu campaign to clients and providers</li> </ul>		
NEAS NHS FT	<ul style="list-style-type: none"> <li>Are risks to business continuity over winter period clearly identified with mitigating actions in place</li> <li>Are robust arrangements in place to cover the Christmas/ New Year period</li> <li>Are there contingency plans in place to maintain performance of services during extreme weather</li> <li>Are there contingency plans in place to address staff shortages relating to outbreaks in infection or related to poor weather</li> <li>Has elective activity been profiled across the week in line with expected A&amp;E peaks</li> <li>Do residents in Care Homes have plans and are there agreed processes in place to avoid admissions</li> <li>Has adequate training and support provided to Care Homes staff around looking after patients with flu and infectious diseases</li> <li>Have vulnerable people been identified and is support available to look after them in their own home</li> <li>Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital</li> <li>Are effective</li> </ul>	<ul style="list-style-type: none"> <li>Need update on version 8 on winter Plan</li> <li>Business plan is 'light' but is under review next week</li> <li>Elective activity – N/A</li> <li>Care home training successful (QRG)</li> <li>Safeguarding process in place and is currently under review</li> </ul>	<ul style="list-style-type: none"> <li>Defined process to coordinate patient transport</li> <li>NEAS staff trained to request care plans</li> <li>Refresh 'Green Man' (ICAR/Pallion/ Social Care Services/CHS 'on call' consultant)</li> <li>Special notes for vulnerable patients</li> <li>Social Service problems with transport for mental health patients. Social Service Staff tied up with patient until transport arrives</li> <li>CHS establishing 'on cal' consultant for NEAS crews – Link into ambulatory care</li> <li>Wider discussions are needed re: 'Place of safety'</li> <li>Require something 'non-</li> </ul>	<ul style="list-style-type: none"> <li>Jo Baxter to update plan and checklist, updating CCG accordingly</li> </ul>

	<p>arrangements in place to liaise with and support Care Homes to avoid hospital admissions</p> <ul style="list-style-type: none"> <li>• Are arrangements in place to support patients using home oxygen</li> <li>• Are there robust plans in place to ensure at risk patient groups receive flu vaccination</li> <li>• Do plans include flex for diagnostic services and the reporting of results</li> <li>• Is rapid response available in A&amp;E 24/7 to support mental health patients</li> <li>• Is there a defined process to coordinate patient discharge across partners</li> <li>• Is there agreed mechanism between health and social care for the quick resolution of any issues arising from agreeing care packages</li> <li>• Have discharge treatment arrangements been agreed with each hospital</li> </ul>		<p>recurrently' to get over winter</p> <ul style="list-style-type: none"> <li>• Transport issues across the board</li> <li>• Discussions with NEAS and police</li> <li>• Provider to have adequate transport arrangements in place – surge activity</li> </ul>	
<b>GP OOH</b>	<ul style="list-style-type: none"> <li>• Have vulnerable people been identified and is support available to look after them in their own home</li> <li>• Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding policies are in place</li> </ul>	<ul style="list-style-type: none"> <li>• Primecare ongoing problems with ICE system. Responding to blood results with no patient contact details (telephone number). Communication with the FT is used as an alternative source of patient information.</li> <li>• Primecare good working</li> </ul>	<ul style="list-style-type: none"> <li>• No actions for Primecare, plan complete.</li> </ul>



			relationships with STFT	
NTW	<ul style="list-style-type: none"> <li>Is there enhanced out of hours cover during winter</li> <li>Have discharge transport arrangements been agreed with each hospital</li> </ul>	<ul style="list-style-type: none"> <li>On call systems invoke additional staffing as appropriate if required as part of contingency planning</li> <li>Transport arrangements not applicable – would use taxi's</li> </ul>	<ul style="list-style-type: none"> <li>Nothing specific commissioned for patient transport</li> <li>'Clinical Hub' – fast response may be required but not necessarily requires a paramedic</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
ICAR	<ul style="list-style-type: none"> <li>Has adequate training and support is provided to Care Home staff looking after patients with flu, and infectious diseases</li> <li>Have vulnerable people been identified and is support available to look after them in their own home</li> <li>Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital</li> <li>Are there robust plans in place to ensure at risk patient groups receive flu vaccinations</li> <li>Do plans include flex for diagnostic services and the reporting of results</li> </ul>	<ul style="list-style-type: none"> <li>The 'reds' have been declared as non-applicable – therefore change to green</li> </ul>		No actions from checklist; still awaiting GHFT winter plan overall



## North East and Primary Care Escalation Framework

### Health and Social Care

North East Escalation Plan (NEEP) Framework		
Level	Trigger	Description
NEEP 1	Normal Service (White)	NHS organisations are operating at 'normal service'.
NEEP 2	Concern (Green)	Evidence of increasing activity or poor weather which is challenging services.
NEEP 3	Pressure (Amber)	<ul style="list-style-type: none"> <li>- Activity is placing real pressure on organisations.</li> <li>- Deterioration in weather conditions.</li> </ul>
NEEP 4	Severe Pressure (Red)	<ul style="list-style-type: none"> <li>- Evidence of significantly increased activity which is placing severe pressure on services.</li> <li>- Actions taken at NEEP level 3 have not reduced pressure.</li> <li>- Extended period of severe weather.</li> </ul>
NEEP 5	Critical (Purple)	<ul style="list-style-type: none"> <li>- Extreme activity within the North East is having a critical impact on NHS services across the region.</li> <li>- Actions taken at NEEP level 4 have not reduced pressure on organisations.</li> <li>- Severe weather disruption.</li> </ul>
NEEP 6	Potential Service Failure (Black)	The impact of very significantly increased activity is placing severe pressure on organisations.

### Primary Care

Level	Trigger	Description
Normal (1)	Normal Service	<ul style="list-style-type: none"> <li>- No pressure</li> <li>- Meeting targets</li> <li>- Routine planned clinics</li> </ul>
Green (2)	Concern	<ul style="list-style-type: none"> <li>- Normal for season</li> <li>- Available appointments</li> <li>- Flu incidence although normal seasonal rate</li> </ul>
Amber (3)	Pressure	<ul style="list-style-type: none"> <li>- Increased number of requests for appointments beyond expectation for season but practice coping</li> <li>- 25% increased number of request for home visits and/or for urgent appointments</li> <li>- Flu incidence above normal seasonal rate</li> </ul>
Red (4)	Severe Pressure	<ul style="list-style-type: none"> <li>- Demand outstripping availability of appointments</li> <li>- Reduced services available due to staff shortages</li> <li>- 50% increased number of request for home visits and/or for urgent appointments</li> </ul>

		- Flu rates exceptional
Purple (5)	Critical	- Unable to meet demand
Black (6)	Potential Service Failure	- Unable to provide service