Surge and Escalation Resilience Response Plan

2019/2020

Version 0.1

September 2019

Calderdale and Greater Huddersfield Health Economy

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1. PURPOSE

The Surge and Escalation plan describes the agreed local processes for ensuring a co-ordinated and planned response to circumstances where pressure in one or more parts of the system is impacting on the system's ability to ensure services are safe and of high quality. This plan has been developed through the Calderdale and Greater Huddersfield A&E Delivery Board (AEDB) structure by the following partners, all of whom have made a commitment to use the processes to support the system:

- Calderdale Clinical Commissioning Group (CCCG)
- Greater Huddersfield Clinical Commissioning Group (GHCCG)
- Calderdale & Huddersfield Foundation Trust (CHFT)
- Calderdale Council
- Kirklees Council
- Locala CIC
- Spire Hospital Elland
- BMI Hospital, Huddersfield
- Local Care Direct (LCD)
- Yorkshire Ambulance Service (YAS)
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Community Pharmacy West Yorkshire
- Voluntary Action Calderdale
- NHS England (NHSE)

This plan acknowledges that pressures in the health and social care system during times of winter escalation could impact on patients including their level of care and efficiency of discharge planning. The principle of this plan is to minimise the impact of system pressures on the quality of experience and safety of patients. Partners will ensure the patient is always central in any plans, processes and pathways.

2. OBJECTIVES

The objectives of the plan are to ensure there is clarity on:

- The commitment of partners to the approach which builds on current on-call arrangements and strengthens what currently exists.
- The need for partners to work together pragmatically and maturely.
- The need for partners to use their own individual Service/Business Continuity Plans to deal with situations which can be managed operationally within their own organisation.
- The need for each partner to complete their internal actions (from their action cards/plans) prior to any external escalation.
- The triggers identified by individual partners that signify that; either a circumstance has arisen which may impact negatively on other partners, and/or that the partner requires support from the system to help it mitigate risk.
- The system command and control processes which responds to system triggers and delivers a prudent and proportionate response.
- The OPEL (Operational Pressures Escalation Level) framework and its alignment to system level command and control approaches.
- The links to surge and escalation approaches led by NHS England.
- The need for AEDB to hold partners to account for delivery of the agreed approach and associated actions.
- The need for partners to ensure they have, and others have in them, confidence that necessary actions have been undertaken.

3. LOCAL CONTEXT

Using national good practice we have developed a Command and Control structure linked to; organisational triggers, escalation/OPEL levels and arrangements for command and control structures. The approach is supported by Emergency Planning leads within local councils. The approach builds on the on-call arrangements already in place in individual partner organisations, to create a system on-call structure.

4. OPERATIONAL PRESSURES ESCALATION LEVELS

The levels mirror the systems already in use around the country, and align with the National Resource Escalation Action Plan (REAP) used by Ambulance trusts.

Operational Pressures Escalation Levels (OPEL)	
OPEL 1	The local health and social care system capacity is such that partners are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated
OPEL 2	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in partners showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHSE and NHS Improvement (NHSI) colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub-regional teams through internal reporting mechanisms
OPEL 4	Pressure in the local health and social care system continues to escalate leaving partners unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board partners to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. 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. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

The AEDB will hold partners to account for delivery of the commitments made in this plan, and will oversee learning and agree ways in which the plan can be continuously strengthened in order to make the system as resilient as possible.

5. LEARNING FROM 2018/19

- Weekly system NHS England calls ran throughout the winter
- Flu whilst still being a major factor on pressures in the system appears to have peaked early (December) and was not as severe as in previous winters.
- The weather was considered moderate to mild over the winter period with limited snow days (3 episodes)
- CHFT deep cleaned wards at both hospital sights throughout the summer and up to the start of winter resulting in lower infection rates across the winter
- The established MADE calls and meetings continued over the winter supporting effective planning and discharge from CHFT.
- Only 2 system silver escalation calls were made over the winter period reflecting the effective use of MADE and partnership working
- The uptake of choice and recovery beds was low. These were purchased across three private homes in Kirklees. It is thought the reason for low uptake was in relation to patient's choice and having the beds available in three fixed locations
- Kirklees Local Authority improved internal planning to provide more responsive service, enabling better provision of staff resources at key pressure points.
- The trusted assessor role at HRI supported the smoother and quicker flow of patients into (or returning to) care homes and will be further funded through BCF for another year
- Non Weight bearing proof of concept was agreed to be continued into the winter. For the year 2018/19 421 patients were supported through this pathway with 1920 bed days in the acute trust saved.
- Locala reported that the community matron input into both acute trusts was a very effective way of managing the community beds pathway
- Locala Short Term Assessment Response Team (START) are working with YAS to create alternative pathways for patients in the community to transportation to hospital
- Locala acknowledge that participation in the Multi Agency Discharge Events (MADE) was instrumental in facilitating discharges from the acute trust into the community services.
- Multiple referral options are difficult for acute trusts to understand in relation to community intermediate care. In preparation for winter 2019/20 a Kirklees Independent Living Team (KILT) triage system, with one referral form and one point of referral for all Health and Social Care IMC services.
- Failure of a Kirklees framework home care provider (Allied) impacted on service provision and was managed with partners by escalating into Silver and coordinated by Kirklees Council.
- LCD Team – dynamic response planning to changing situations and commitment – management and staff working flexibly/additional hours at short notice – MDT able to flex as required.
- LCD report NHS111 support at key pressure points/managing patient expectations
- LCD effective triaging of potential Home Visits
- LCD report pharmacy and medication queries manageable throughout the winter period
- Extended Access support where a dedicated resource was agreed over the busy Christmas and New Year Bank Holiday weekends – Leeds, Huddersfield, Bradford
- "Red Bag" scheme for care homes rolled out across the system for care homes
- Capacity Tracker introduced to give a timely indication of vacancies in care homes across the district (and beyond)

6. LOCAL APPROACH

A table of some local OPEL escalation triggers, mitigations and de-escalations is included as appendix A.

Appendix B illustrates national OPEL triggers as developed by NHSE and NHS Improvement
The agreed local approach has the following four elements:

6.1. DATA

Through AEDB structures we have developed system dashboards such as DTOC and GP dashboard, which allows the system to see at an early stage pressure building across a range of settings. This is providing an opportunity for us to better predict where the pressure will land and the focus of mitigating actions needed to reduce pressure. The NHS England daily (Monday to Friday) reporting arrangements were run on a 7 day basis over the winter period 2018/19 with the following information provided to colleagues in the North and National teams.

- Number of ambulance handover delays +60 mins
- Bed Occupancy - General & Acute
- Urgent Operations Cancelled
- Elective Operations Cancelled
- Beds closed to norovirus as percentage of beds
- DTOC as a percentage of beds
- A&E diverts (ambulance diverts)
- A&E Performance
- 12 hour breaches

The majority of this data is available to NHS England through the UNIFY2 SitRep submitted by acute trusts daily.

6.2. OPEL LEVELS ONE AND TWO (BRONZE) - SERVICE/BUSINESS CONTINUITY

We have agreed with partners the need to refresh their internal Service/Business Continuity Plans in line with best practice. Whilst there are contractual requirements around the need for Business Continuity Plans to be in place, we have agreed that partners will ensure their plans are; strengthened, fit for purpose and aligned to this Surge & Escalation Plan. This approach has included the strengthening of plans in local GP practices.

As part of their approach to 'business as usual' and as pressures begin to increase, partners will use their own Business Continuity Plans (internal Bronze) to ensure their services are operationally resilient. Using their internal command and control structures they will maximise operations to enable them to manage periods of pressures due to capacity/demand. Partners are expected to use data to enable them to predict usual patterns of demand and capacity due to seasonal trends and mitigate predictable risk wherever possible, and to learn lessons from previous years.

Prior to escalating system wide each partner will be expected to resolve their internal operational issues. This will also include any conversations/communications needed with other partners, including those escalated to a senior manager or executive level.

These actions will be completed prior to requesting a silver system command Call. The level of actions to be completed is not specific to the OPEL level declared by partners. Completion of actions within a higher OPEL level can be used to mitigate escalation to the declared OPEL level.

Partner(s) requesting a silver command call will be expected to describe actions they have taken to mitigate issues and why a silver command call is needed.

Internal actions are expected to mitigate risk associated with internal OPEL levels:

OPEL One – business as usual, low levels of pressure across A&E Delivery Board area, relevant actions taken in response if deemed necessary, no support required

OPEL Two – Moderate pressure across A&E Delivery Board area performance deterioration, escalation actions taken in response, some support may be required.

Communication between partners will be through established channels (meetings and calls) however an informal partner call can be instigated by any partner to discuss pressures without having to escalate into OPEL 3 and the Silver Command process (see below)

6.3. SILVER COMMAND TRIGGERS

We have agreed with partners where particular circumstances in their own organisation is likely to result in pressure being felt in other parts of the system – these triggers are identified within this Plan (Appendix A). These triggers will initiate a Silver teleconference. The aim of the call is to share the situation details, confirm that all internal actions have been completed and to seek support from others as necessary.

Silver Command activity is usually expected to mitigate risk associated with OPEL level three:

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.

It is expected that partners will take a pragmatic approach and ensure that the call is initiated as quickly as possible, before it has reached a critical state. However, it is recognised that there may be instances where a critical state may develop which could not have been predicted. Using their own triggers as a guide, any partner can request a Silver Command telecom using the CCG's On-Call structures 24/7. The CCG's On-Call Manager should be contacted via CHFT Switchboard (01484 342000). The way in which calls will be initiated will differ dependent upon whether a call is needed in or out of hours:

- **In Hours (9am – 5pm Mon-Fri) -** The Silver Command representatives from each partner have been identified in advance, are of a Senior Manager level and have the authority to make decisions and agree courses of action at a tactical and strategic level.

  The CCG's On-Call Manager will contact the Sliver Command members by using a pre-populated email located at Appendix B below the contacts list. ***Each partner will be responsible for ensuring that the email is automatically directed to the relevant deputy to ensure that all Partners are effectively represented.***

- **Out of Hours (Weekends, Bank Holidays, Weekdays (5pm – 9am)**. The CCG On-Call Manager will contact the relevant partner(s) by phone (dependent upon the nature of the trigger) using the out-of-hours numbers listed on the Silver Command Contact List (Appendix C).

  A standard format for the Silver Command teleconference is attached as Appendix D. Action notes will be taken and circulated. The CCG On-Call Manager or nominated representative will chair the call using the set agenda. The aim of the call will be to:
  - Seek clarification from the partner(s) triggering the call about the current situation
  - Confirm what actions need to be taken
  - Agree the support required from other partners
  - Agree next steps and whether another call is needed

- Agree on any issues or messages which may require escalation to Executive leaders in partner organisations
- Consider de-escalation arrangements

Silver Command will expect assurance from individual partners that they have exhausted all the actions set out within their individual Business/Service Continuity Plans and that partner(s) have worked pragmatically and maturely together in order to deliver all possible mitigating actions. In addition, it will have the ability to agree courses of action which are outside those normally available to individual partners. This would take the form of:

- Agreeing to extend the hours or strengthening capacity of individual partners in order to provide support to the system.
- Facilitating support from one partner to another partner to provide mutual aid.
- Agreeing to escalate communications to inform the system of the risk and issues being faced, including public facing communications where needed.
- Providing a mandate to enable a provider to take an action to improve patient care without being penalised for failure of a performance target.

De-escalation is a joint decision and not one for one partner to make alone. All system partners will work together to facilitate de-escalation. This should include the review of all the recorded actions along with the review of any contingencies that have been implemented.
All partners within the health economy are to be informed of de-escalation and final stand-down. Also included within this document for reference are; triggers associated with weather and triggers associated with the delivery of critical care (Appendices E and F). This will enable partners to understand how scenarios associated with limited critical care capacity in other trusts or bad weather locally or nationally may affect the actions that need to be taken.

6.4. FURTHER ESCALATION AND COMMUNICATION (GOLD)

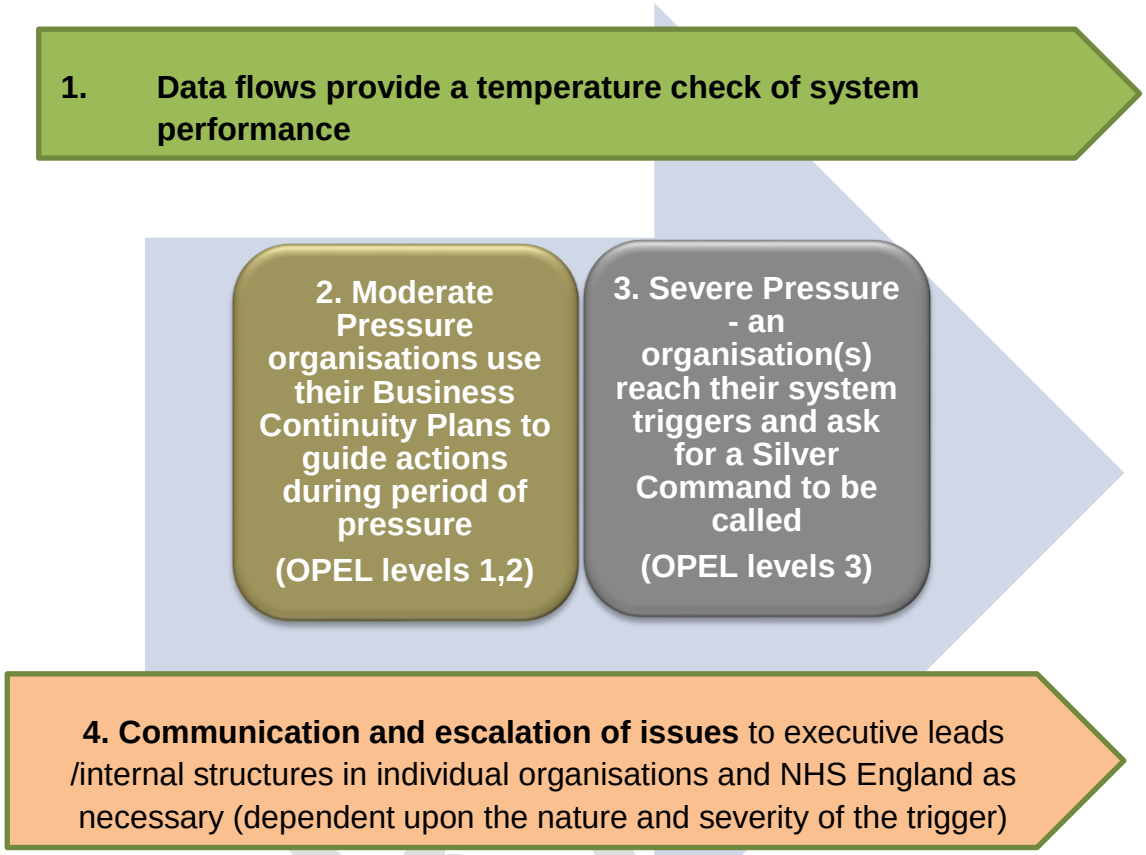
Members of Silver Command will be expected to take a prudent and proportionate view about how they escalate issues and information through their own organisations into executive level forums or other internal structures.

It is expected that, as a matter of course, Chief Officers across the system (and where appropriate NHS England - see below), will be informed by email regarding circumstances where a partner(s) in the system moves to OPEL levels two, or three. By exception OPEL level four could be declared locally and this will initiate a gold command call or meeting. it will be the responsibility of those heads of service/ directors detailed in the winter AEDB winter team to discuss options for mitigation of risks and actions all partners need to take for de-escalation NHSE need to be informed urgently when escalation to OPEL 4 and de-escalation has taken place .

Routine calls are in place between Calderdale CCG and CHFT at 8.30 on Monday mornings in order to ensure that all relevant information about the weekend is available. The CCG Manager On-Call will also ensure that any relevant information is fed to the appropriate CCG representatives in advance of the 12.00pm Yorkshire and Harrogate system call with NHSE. All partners should have processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response increased pressures within the system, critical incidents and major incidents. Existing Emergency Planning arrangements will not be affected by this Plan, and each partner will continue its commitment should a Major incident alert be initiated.

7. OVERVIEW OF PROCESS, OPEL ESCALATION AND MITIGATION

The full process is set out below



8. BREXIT PREPAREDNESS AND REPORTING AND INTEGRATION WITH THIS SURGE & ESCALATION PLAN

At the time of writing this plan the UK is set to leave the European Union on 31st October 2019. There is currently no ratified withdrawal deal approved by the UK Parliament and the European Union, meaning that the default option is for the UK to leave the European Union without a deal in place. Previously planning was focussed on the possibility that the UK may leave the EU without a deal on 29 March 2019 and 12 April 2019.

The CCGs have updated their internal risk assessment and have an internal task and finish group established to share intelligence from different work areas related to Brexit. It is not envisaged that there are any significant risks for the CCGs.

The CCGs continue to liaise with key provider organisations about the preparations they are making for a no-deal Brexit. This includes seeking assurance that they continue to follow the Department of Health and Social Care's EU Exit Operational Guidance.

The CCGs has attended a number of Workshops facilitated by NHSE/I throughout September and will continue to work closely with external organisations and partners.

The CCGs are anticipating that NHS England will require daily sitreps to be completed during October and for a number of months after the UK leaves the EU. The CCGs are making arrangements to comply with this anticipated request.

To ensure there is a link between this plan, the System Winter plan and any Brexit planning, calls and reporting; an additional task for the nominated week's Silver call lead a will be to attend any EU/Brexit West Yorkshire call. This is in addition to supporting a Silver call (if escalated) and attending the usual winter NHSE/I call on Monday at 12 noon. EPRR leads for the System will also be on the EU/Brexit call.

Currently it is envisaged these additional calls are to be at 4pm daily however further guidance is awaited from NHSE/I which may further change as the end of October nears.

EPRR leads will be included on the winter rota for the EU/Brexit call purposes only.

If escalation is required to Silver or Gold as a result of Brexit and the effects thereof for any reason then the escalation and de-escalation measures as detailed in this plan are to be applied.

APPENDIX A: OPEL ESCALATION LEVELS AND ACTIONS

These actions are a guide and partners are encouraged to use all actions available within the OPEL level. If escalation is required but the actions at a higher level are more likely to mitigate or resolve the issue or escalation then these are recommended to be completed. All partners are encouraged to communicate with the system on resources available and in the spirit of mutual aid for the system.

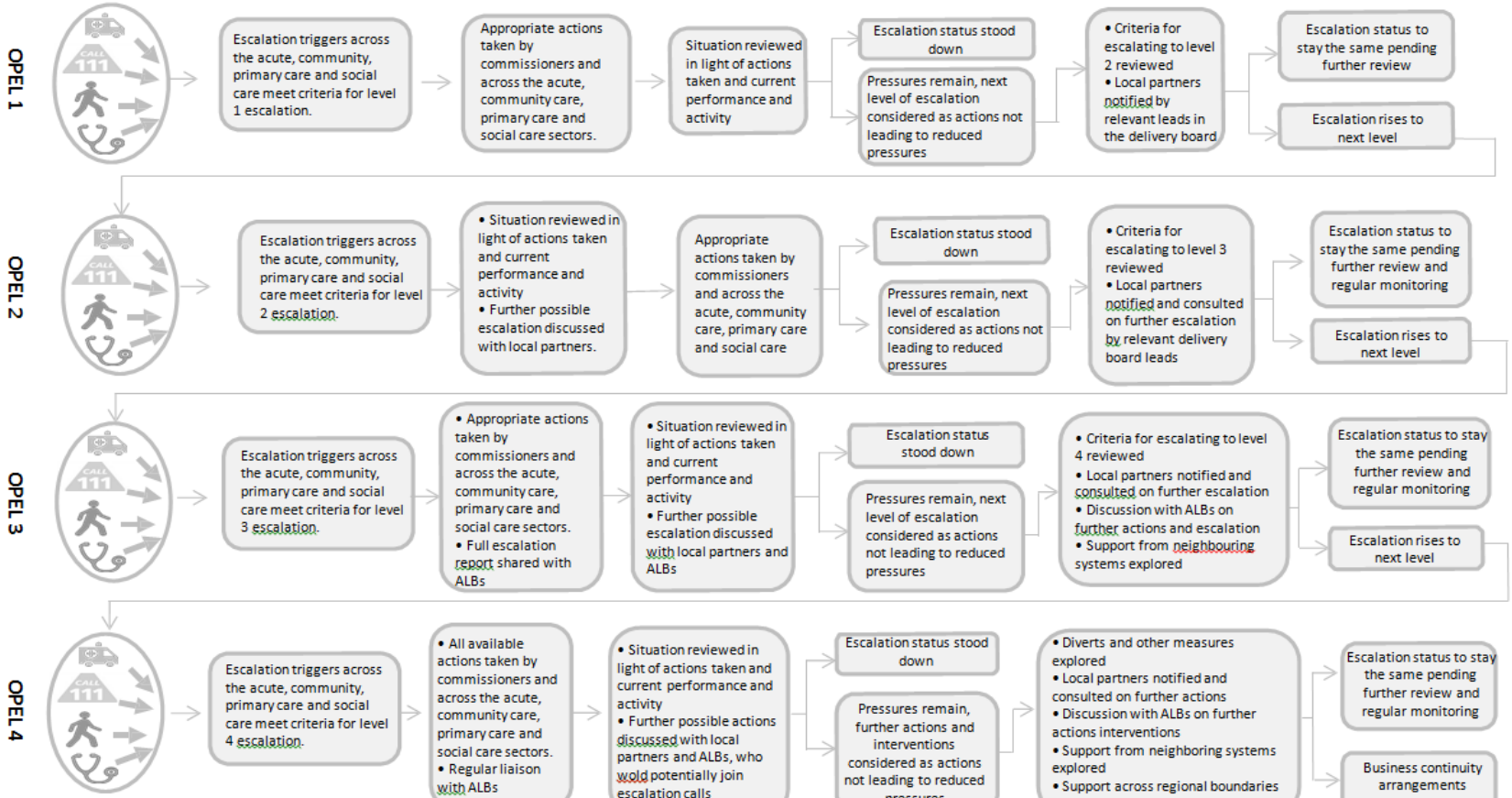
OPEL Level	OPEL Parameters (not specific to all partners)	Escalation required when OPEL Parameters are exceeded	Mitigations	De-escalation
OPEL 1	• Staffing levels are all within safe levels within organisations • No weather warning are in affect • 70 - 79 patients on the Transfer of Care list for 3 consecutive days • No more than 10 people waiting longer than 5 days beyond estimated discharge date • ED streaming and triage is fully staffed and operational	• Some unexpected reduction in staffing due to sickness or weather and unable to deliver care to patients without causing moderate risk of harm. • Cold weather / heatwave plan level 2 • 80 – 89 people on the Transfer of Care list for 3 consecutive days • 11 – 25 people waiting longer than 5 days beyond estimated discharge date • Single 12 hour trolley wait breach • Single department Business Continuity Plan invoked • Anticipated pressure in facilitating ambulance handovers (over 60 minutes) • Loss of single service (GP practice, community team, mental health support or professional group within an organisation) • Anticipated event or circumstances likely to impact on services • On day cancellation of non-urgent elective activity • Infection Control issues in >2 care homes • Safeguarding issues in >2 providers subject to whole service safeguarding • 8 escalation beds require opening	• Maintain whole system staffing capacity assessment • MADE and winter room meetings conducted as normal. • Maintain routine demand and capacity planning processes, including review of non-urgent elective inpatient cases • Active monitoring of infection control issues • Maintain timely updating of local information systems • Ensure all pressures are communicated regularly to all local partner organisations, and communicate all escalation actions taken • Proactive public communication strategy eg. Stay Well messages, Cold Weather alerts • Maintain routine active monitoring of external risk factors including Flu, Weather.	None Required

OPEL Level	OPEL Parameters (not specific to all partners)	Escalation required when OPEL Parameters are exceeded	Mitigations	De-escalation
OPEL 2	• Some unexpected reduction in staffing due to sickness or weather and unable to deliver care to patients without causing moderate risk of harm. • Cold weather/heatwave plan level 2 • 80 – 89 people on the Transfer of Care list for 3 consecutive days • 11 – 25 people waiting longer than 5 days beyond estimated discharge date • Single 12 hour trolley wait breach • Single department Business Continuity Plan invoked • Anticipated pressure in facilitating ambulance handovers (over 60 minutes) • Loss of single service (GP practice, community team, mental health support or professional group within an organisation) • Anticipated event or circumstances likely to impact on services • On day cancellation of non-urgent elective activity • Infection Control issues in >2 care homes • Safeguarding issues in >2 providers subject to whole service safeguarding • 8 escalation beds require opening	• Significant unexpected reduction in staffing due to sickness or weather • Cold weather/heatwave plan level 3 • 90 - 100 people on the Transfer of Care list for 3 consecutive days • 26 - 35 people waiting longer than 5 days beyond estimated discharge date • Care Home Provision – no residential or nursing care home capacity • GP demand unable to be met by ordinary increase in appointment availability for 48hrs • Actual or forecast loss of more than one service • Infection Control issues in >2 care homes • Safeguarding issues in >2 providers subject to whole service safeguarding • Major incident confirmed • Further escalation beds open to capacity/staffing limit	• Undertake additional ward rounds to maximise rapid discharge of patients • Clinicians to prioritise discharges and accept outliers from any ward as appropriate • Implement measures in line with trust Ambulance Service Handover Plan • Undertake criteria-led discharges at weekends • Commission or spot purchase additional capacity to meet rising demand. • Divert workforce to provide additional capacity to meet rising demand • Consider additional LCD GP streaming Capacity • Use the TOC list to facilitate MDTs. • Cascade all escalation plans to community providers to co-ordinate where pressures are within the system • Identify additional MADE and winter room activities to meet rising demand across particular areas or specialties. (E.g. IMC beds, stroke)	• To OPEL 1 when OPEL 2 Parameters are achieved through undertaking the mitigating actions for OPEL 2

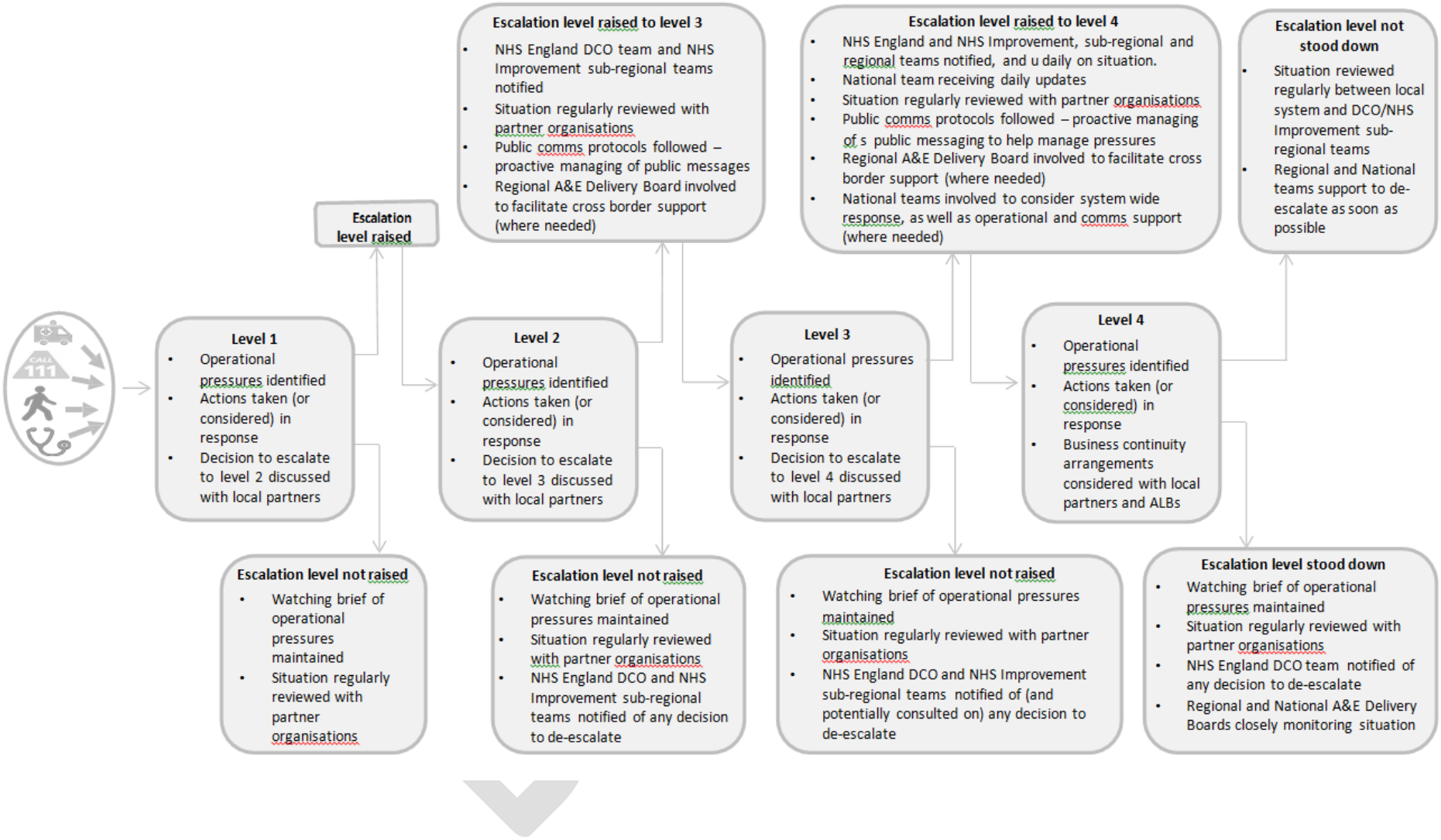
OPEL Level	OPEL Parameters (not specific to all partners)	Escalation required when OPEL Parameters are exceeded	Mitigations	De-escalation
OPEL 3	• Significant unexpected reduction in staffing due to sickness or weather • Cold weather/heatwave plan level 3 • 90 - 100 people on the Transfer of Care list for 3 consecutive days • 26 - 35 people waiting longer than 5 days beyond estimated discharge date • Care Home Provision – no residential or nursing care home capacity • GP demand unable to be met by ordinary increase in appointment availability for 48hrs • Actual or forecast loss of more than one service • Infection Control issues in >2 care homes • Safeguarding issues in >2 providers subject to whole service safeguarding • Major incident confirmed • Further escalation beds open to capacity/staffing limit	• Significant unexpected reduction in staffing due to sickness or weather and imminent risk of patient harm • Sustained and long-term heavy snowfall – level 4 • More than 100 people on the Transfer of Care list for 3 consecutive days • 36 - 45 people waiting longer than 5 days beyond estimated discharge date • No residential or nursing care home capacity • GP demand unable to be met by ordinary increase in appointment availability for 96hrs • Infection Control – major issues in the whole system, infectious illness, Norovirus • Potential for multiple full service closures • Emergency care pathway significantly compromised • Unable to offload ambulances within 120 minutes or a backlog of ambulances that is unsustainable • Severe pressures or no capacity on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Problems reported with support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 4 hours • No capacity to open or staff further beds	• Daily Silver calls replace operational MADE and winter room meetings • Contact on-take and ED on-call • Senior clinical decision makers support hospital staff and partners to ensure emergency patients are assessed rapidly • Prioritise elective surgical cases to release capacity • Commission or spot purchase further, additional capacity to meet rising demand; including out of area or off-framework • Seek agreement to utilise high cost agency staff in all organisations • Review referral to hospital criteria and send communications to all the system on situation. • Consider MoU request to gap shortage of staff and increase operational activities.	• To OPEL 2 when OPEL 3 Parameters are achieved through undertaking the mitigating actions for OPEL 3

OPEL Level	OPEL Parameters (not specific to all partners)	Escalation required when OPEL Parameters are exceeded	Mitigations	De-escalation
OPEL 4	• Significant unexpected reduction in staffing due to sickness or weather and imminent risk of patient harm • Sustained and long-term heavy snowfall – level 4 • More than 100 people on the Transfer of Care list for 3 consecutive days • 36 - 45 people waiting longer than 5 days beyond estimated discharge date • No residential or nursing care home capacity • GP demand unable to be met by ordinary increase in appointment availability for 96hrs • Infection Control – major issues in the whole system, infectious illness, Norovirus • Potential for multiple full service closures • Emergency care pathway significantly compromised • Unable to offload ambulances within 120 minutes or a backlog of ambulances that is unsustainable • Severe pressures or no capacity on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Problems reported with support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 4 hours • No capacity to open or staff further beds	Escalate to NHSE/I no further escalation possible, possible government inclusion due to major incident	• Daily silver calls continue • Contribute to system-wide communications to ensure all providers have clear communication on situations • ED senior clinical decision maker to be present in ED department 24/7 • Contact on-take and ED on-call • Consultant level decision makers to be present on wards, in theatre and in ED 24/7 • Executive directors to provide support to sites 24/7 • Consider cancelling all elective cancer cases to enhance capacity • Complete a full service review system wide with all providers • Primary Care support in hospital, ED and wards • Social care teams and wards proactively working on discharge • MoU is fully implemented across the system	• NHSE/I agree that the situation warrants OPEL 3 level • To OPEL 3 when OPEL 4 Parameters are achieved through undertaking the mitigating actions for OPEL 4

APPENDIX B LOCAL ESCALATION PROCESS



Escalation and Protocols with local providers, NHS England and NHS Improvement



APPENDIX C – SILVER COMMAND CONTACT LIST

(To be initiated through a call to the CCG Manager On-Call via CHFT switchboard 01484 342000)

Partner	Silver Command	Telephone Number
Calderdale CCG	debbie.graham@calderdaleccg.nhs.uk Debbie.Robinson@calderdaleccg.nhs.uk Matt.Walsh@calderdaleccg.nhs.uk CCG Manager On-Call (CHFT switchboard)	07795 825110 01484 342000
Greater Huddersfield CCG	Jon.Parnaby2@greaterhuddersfieldccg.nhs.uk Vicky.Dutchburn@greaterhuddersfieldccg.nhs.uk Carol.McKenna@greaterhuddersfieldccg.nhs.uk CCG Manager On-Call (CHFT switchboard)	07908787431 07852 245760 01484 342000
CHFT	helen.barker@cht.nhs.uk Bev.Walker@cht.nhs.uk Out of Hours - On-Call Director (CHFT Switchboard)	07825 833924 07795 540258 01484 342000
Calderdale Council	Lorraine.Andrew@calderdale.gov.uk iain.baines@calderdale.gov.uk Out of hours – Emergency Duty Service Office hours	07850299883 01422 288000 01422 393134
Kirklees Council	David MacDonald@kirklees.gov.uk Sally.Townend@kirklees.gov.uk Alistair.Paul@kirklees.gov.uk Out of Hours – Emergency Duty Service Out of Hours Emergency Planning Team (emergency.planning@kirklees.gov.uk)	 01484 221000 01484 414933 0777 333 4999
Locala	peter.horner@locala.org.uk Joanne.keeling@locala.org.uk rachel.foster@locala.org.uk Out of Hours – Manager On-Call (CHFT Switchboard)	07903 755665 01484 342000
SWYPFT	Stuart.bowdell@swyt.nhs.uk Gary.auckland@swyt.nhs.uk John.Keaveny@swyt.nhs.uk Out of Hours – Manager On-Call (CHFT Switchboard)	07824475722 07917132715 01484 342000
Local Care Direct	Carol.maudsley@lcdwestyorks.nhs.uk wendy.thompson@lcdwestyorks.nhs.uk Duty Manager, Contact Centre in Bradley, Huddersfield	07442 504682 07796 616634 01484 487272
YAS	Via the Regional Operations Centre (ROC – 24/7) ROC@yas.nhs.uk Darren.Lee@yas.nhs.uk	0300 3300299
NHS England	(In hours via email) england.yorkshire-oncall@nhs.net beverley.bray@nhs.net Out of Hours	 0333 012 4267
Spire	helen.atkinson@spirehealthcare.com	01422 324000
BMI	Sarah.Agnew@bmihealthcare .co.uk	01484 550467
Third Sector	soo.nevison@cvac.org.uk mandy.smith@ctcalderdale.co.uk	07854 228861 07799 483632

This is the draft email to initiate a Silver Call, to be sent to all those mentioned in Appendix C

This is a formal email initiating a C&GH System Silver Command. It will take place on:

Date:

Time:

The teleconference dial-in details are as follows;
Dial- in No: 01484 343310
Code – 23895# (for all other participants)

APPENDIX D: SILVER COMMAND STANDARD REPORTING FORMAT

Calderdale and Greater Huddersfield A&EDB
Surge and Escalation – Silver Command Action Notes

(Insert name of Chair)

Date and Time:

1. Attendance and apologies

Partner	Representation
CCCG	
GHCCG	
CHFT	
Locala	
KMC	
CMBC	
LCD	
Third sector	
YAS	
SWPFT	
NHSE	

2. Reason for Call

3. Partner updates
CHFT:

KMC:

CMBC:

LOCALA:

LCD:

SWYFT:

YAS:

Other:
Actions:

No	Owner	Action	Update	Conclusion
1				
2				
3				
4				
5				
6				
7				
8				

9				
10				
11				
12				

Next Call:

- TBC pending completion of actions

APPENDIX E - COLD WEATHER/HEATWAVE PLAN TRIGGERS

Cold Weather Plan UK https://www.gov.uk/government/collections/coldweather-plan-for-england

	Cold weather	Heatwave
Level 0	**Long-term planning** *All year*	**Long-term planning** ***All year***
Level 1	**Winter preparedness and action programme** *1 November to 31 March*	**Heatwave and Summer preparedness programme** ***1 June – 15 September***
Level 2	**Severe Winter weather is forecast – Alert and readiness** *Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence.*	**Heatwave is forecast – Alert and readiness** ***60% risk of heatwave in the next 2–3 days***
Level 3	**Response to severe Winter weather – Severe weather action** *Severe Winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.*	**Heatwave Action** ***Temperature reached in one or more Met Office National Severe Weather Warning Service regions***
Level 4	**Major incident – Emergency response** ***Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health***	**Major incident – Emergency response** ***Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health***

APPENDIX F - CRITICAL CARE TRIGGERS

Level	Summary	Trigger
1	**Normal Concern**	Business as usual - more than 4 beds available in each network, Low bed alert (LBA) activated - less than 4 beds available for 24 hours across one or more network
2	**Moderate Pressure**	All beds open in Unique Transfer Group (UTG – see appendix A) but none available for 48 hours and all level 1 delayed transfers discharged out of units
3	**Severe Pressure**	All beds across 3 WY networks open but none available for 24 hours and patients ventilated out of units, All beds across 3 WY networks open but none available for 48 hours Major incident involving large number of casualties requiring intensive care
4	**Extreme Pressure**	100% additional capacity achieved but level 4 triggers remain for 24 hours Regional or national pressure

Specialty areas: medicine, surgery, trauma, orthopaedics, paediatrics, maternity, adult or paediatric critical care, rehabilitation, nursing