

# Welsh Government, Health Boards and Welsh Ambulance Service Trust



Llywodraeth Cymru  
Welsh Government



NHS  
WALES  
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## NATIONAL EMERGENCY PRESSURES ESCALATION AND DE-ESCALATION ACTION PLAN

**March 2014 (v1.3)**

**FOREWORD:**

Increased pressure on the Emergency Care system can occur throughout the year and NHS Wales must be ready to respond to them.

This Emergency Pressures Escalation and De-escalation Action Plan represents the first National document of its kind, and aims to ensure that essential health care needs are met effectively when services become overloaded, restricted or non-operational.

The plan, which is fully endorsed by the National Programme for Unscheduled Care Board provides a basis for effective management and delivery of emergency healthcare services when 'normal' operating functions are challenged.

The procedures outlined in this document are aimed at providing consistency across Wales with a structured set of arrangements, triggers and responsibilities which NHS Wales' personnel will need to be prepared to interpret and apply as circumstances dictate.

We are confident that in setting out a co-ordinated and uniform all Wales approach to planning for emergency pressures we can continue to deliver effective, efficient and safe services to patients during the most challenging of periods.



**Richard Bowen**  
**Director of Operations**  
**Welsh Government**



**Trevor Purt**  
**Chief Executive Officer**  
**Hywel Dda Local Health Board**

## **INTRODUCTION:**

The NHS all-Wales Seasonal Planning Task Force commissioned a task and finish group to develop an operational multi-agency approach to the effective management of capacity and escalation processes across Wales. The outcome of this work is a National Emergency Pressures Escalation and De-escalation Action Plan which is sanctioned by the National Unscheduled Care Programme Board.

The purpose of the plan is to implement a formal structure to the approach taken with the management and coordination of responding to emergency pressures experienced throughout the year.

It is designed to enhance the effectiveness of patient flow and maintain patient safety through implementation of procedures that support best practice through proactive management. In order to achieve this it is vital that escalation and de-escalation commences at the earliest opportunity and follows the recommendations outlined within this plan. Communication of decisions made through the appropriate channels is the key to successful collaborative working.

The plan has four levels of escalation and de-escalation for Health Boards and six levels for the Welsh Ambulance Service Trust (WAST) with quantifiable trigger factors that aim to standardise practice, identify responsibilities and the required actions and communications.

***In times of escalation each Health Board will endeavour to manage demand within their boundaries.***

***However, it is accepted that where patients require immediate life saving interventions that are above the clinical competencies of a Paramedic, then the patient will be conveyed to the nearest hospital able to provide such treatment.***

**REVIEW OF PLAN:**

In the original version of the plan (published in November 2012) there was a commitment to review the plan annually, in order to ensure lessons learnt and any changes to service delivery were continually maintained and updated.

The plan will continue to be reviewed as part of the Unscheduled Care Improvement Programme.

**LEVELS OF ESCALATION:**

Table 1 below defines the main four escalation status levels for Health Boards and WAST. These levels and the triggers which support them will be used to determine the appropriate response to escalating and de-escalating emergency pressures and the actions necessary to protect core services, in order to supply the best possible level of service with the resources available.

**Table 1: Escalation status levels**

<b>Level 1</b>	<b>Steady State</b>	Ensure all standard operating processes are functioning as efficiently as possible in order to maintain flow.
<b>Level 2</b> Amber Low	<b>Moderate Pressure</b>	Respond quickly to manage and resolve emerging pressures that have the potential to inhibit flow. Initiate contingencies. De-escalate when applicable.
<b>Level 3</b> Amber High	<b>Severe Pressure</b>	Prioritise available capacity in order to meet immediate pressures. Put contingencies into action to bring pressures back within organisational control. De-escalate when applicable.
<b>Level 4</b>	<b>Extreme Pressure</b>	Ensure all contingencies are fully operational to recover the situation. Executive command and control of the situation. De-escalate when applicable.

Table 2 below defines the additional two escalation status levels that are relevant only to WAST. They are based on the Resource Escalatory Action Policy (REAP) levels recognised by all UK ambulance services.

**Table 2: REAP escalation status levels (WAST)**

<b>Level 5</b>	<b>Critical ( Major Incident or Business Continuity Incident)</b>	Escalate when applicable. Take immediate action to limit risk and prioritise resources. Implement business continuity plans or major incident plan. De-escalate when applicable.
<b>Level 6</b>	<b>Potential Service Failure (Enduring or sustained business continuity incident or pandemic)</b>	Prioritise risk mitigation. Implement business continuity plans or major incident plan. De-escalate when applicable.

## ESCALATION PLAN – LEVEL 1 – STEADY STATE

TRIGGERS	ACTIONS
<p><b>HEALTH BOARD - 4 CORE TRIGGERS APPLICABLE:</b></p> <ul style="list-style-type: none"> <li>Emergency admissions are within predicted levels and match available capacity</li> <li>Emergency Access performance 95% being maintained</li> <li>Available resus and trolley capacity in A&amp;E</li> <li>Ambulance patients – transfer of care within 15 minutes</li> <li>Beds available in assessment units</li> <li>Predicted and known capacity to accommodate emergency and elective admissions (including community beds)</li> <li>Available CCU &amp; ITU capacity</li> <li>No additional beds opened</li> <li>Elective lists proceeding as scheduled</li> <li>No assistance being provided to other sites/health boards</li> <li>No known external factors to impact upon capacity</li> <li><b>Consider 24 and 48 hour weather forecasts (hot and cold)</b></li> </ul>	<p><b>HEALTH BOARD:</b></p> <ul style="list-style-type: none"> <li>Bed meetings must be held in line with Health Board procedures</li> <li>Daily telephone call between WAST and A&amp;E to communicate any potential issues that may arise</li> <li>Normal Health Board communications apply</li> <li>Any potential shortfalls in capacity to be highlighted to the operational and bed managers as a matter of urgency</li> <li>Identification of potential suitable outliers</li> <li>Ward managers to highlight any delays for packages of care/LA funding</li> <li>Ensure that on the day requests for ambulance transport are booked before 12.00 noon to avoid delayed discharges and transfers</li> <li>Ring-fenced capacity identified</li> <li>Bed managers/Escalation leads to physically check the hospital bed occupancy by visiting all wards and determine how many patients have not been reviewed by a senior doctor so far today. Ensure that all patients are scheduled to receive a medical review as soon as possible</li> <li>Expedite discharges through links with ward managers, pharmacy, social services, WAST and community teams. When booking ambulance transport ensure mobility requested is accurate in order to prevent delays</li> <li>Identify elective admissions for next 24 hrs and ensure they are clinically prioritised to protect as much elective activity as possible.</li> </ul>
<p><b>WAST Triggers:</b>  <b>Clinical and severe weather triggers in blue bold are weighted as 2</b></p> <p style="margin-left: 20px;"> <b>All National performance indicators exceeded on a daily basis and MTD performance for Red 8 minute performance exceeds 65%</b>  <b>Handover not exceeding 15 minutes at any site</b>  <b>Green 3 calls are being triaged by nurse within 10 minutes</b>  <b>There is no Clinical Risk in the community impacting on WAST's ability to respond</b> </p> <ul style="list-style-type: none"> <li>No significant events are planned in next 24 hours</li> <li>Demand is at expected levels</li> <li>There are no foreseeable adverse weather forecasts</li> <li>Staffing &gt;95% of predicted levels required</li> </ul>	
<p><b>WAST Actions:</b>  <b>Clinical Contact Centre (CCC) Actions:</b></p> <ul style="list-style-type: none"> <li>Green 3 calls transferred for nurse triage as per CRM</li> <li>Participation in daily routine bronze teleconferences</li> <li>Clinicians to ensure utilisation of alternative clinical pathways</li> <li>Monitor and manage mobilisation times</li> </ul>	<ul style="list-style-type: none"> <li>Duty Control Manager</li> <li>Locality Managers, Duty Control Managers, Resource Team</li> <li>Duty Control Manager, Clinical Desk staff, Consultant Paramedic</li> <li>Duty Control Manager, Allocators</li> </ul>

<p>Monitor and manage job cycle times  Monitor and manage compliance with deployment plan  Ensure Clinical Contact Centre occurrence log is updated  Daily missed Red report to be completed and reviewed  Ensure handover to clear targets met  Ensure all crews showing unavailable are challenged appropriately  When Trust is de-escalating to level 1 ensure there is a group call broadcast to all crews</p>	<p>Duty Control Manager, Allocators  Duty Control Manager, Allocators  Duty Control Manager  Duty Control Manager, Utilisation Managers  Duty Control Manager, Locality Managers, Utilisation Managers  Duty Control Manager, Locality Managers, Utilisation Managers  Allocators</p>
<p><b>Operational Actions:</b>  Refer patients as required to alternative pathways  Ensure compliance with absence policy  Monitor and manage hours provided  Monitor and manage availability of fleet  Ensure maximum cover of RRVs and EAs to meet demand  Ensure appropriate use of Datix and SAI processes to capture and report risks/events through all levels of escalation</p>	<p>Clinical staff, CTLs, Clinical desk, Locality Managers  Line Managers  Head of Resourcing, Resource Teams, Heads of Service  Head of Resourcing, Fleet Managers, Locality Managers  Head of Resourcing, Resource Teams, Heads of Service  Line Managers</p>
<p><b>COMMUNICATIONS: Health Board:</b> On-Call Managers; Operational Managers; Senior A&amp;E Nurses; Bed Managers; Ward Managers; Clinical take teams; OOHs site managers; Primary Care locality teams; OOHs; social services.  <b>WAST:</b> Duty Manager; Senior Nurse Adviser; Ambulance Liaison Officers; PCS Customer Services Manager; Locality Managers; Heads of Service ; Staff side; HR; Training; On call team; Communications team; Executive Team; Resource Team; CCC management team</p>	

**ESCALATION PLAN – LEVEL 2 – AMBER LOW: MODERATE PRESSURE**

<p><b>TRIGGERS</b></p>	<p><b>ACTIONS – IN ADDITION TO LEVEL 1, THE FOLLOWING ARE REQUIRED:</b></p>
<p><b>HEALTH BOARD - 4 CORE TRIGGERS APPLICABLE:</b></p> <ul style="list-style-type: none"> <li>Emergency admissions are likely to exceed predicted levels and available capacity</li> <li>&gt;4 hour breaches have occurred (excluding clinical exceptions)</li> <li>Ambulance patients – transfer of care &gt;15 minutes but less than 30 minutes</li> <li>Patients waiting more than 1hour for first contact with assessing clinician (majors &amp; minors)</li> <li>Ability to provide resuscitation capacity</li> <li>No acute beds available within the next 30 minutes</li> <li>CCU &amp; ITU delayed transfers of care identified</li> <li>Patients being admitted or transferred to an outlying speciality</li> <li>Unplanned bed closures i.e. infection outbreak</li> <li>Routine electives under review</li> <li>Midday status remains at Yellow</li> </ul>	<p><b>HEALTH BOARD:</b></p> <ul style="list-style-type: none"> <li>WAST Duty Officer and Site Operational Manager to discuss issues</li> <li>Additional transport to be provided if available.</li> <li>Review elective admissions and prioritise potential cancellations</li> <li>Review opportunity of accessing additional capacity across the health board</li> <li>Pre-emptive transfers to wards where there are confirmed discharges</li> <li>Consider option to divert to another hospital within the health board</li> <li>Risk assess infection areas outside of normal operating arrangements</li> <li>Ensure bed capacity has been accurately reviewed</li> <li>Ensure that every patient has received a medical review by a senior doctor</li> <li>Communications to primary care and GPs through locality management team</li> </ul> <p><b>DE-ESCALATE WHEN APPLICABLE</b></p>
<p><b>WAST Triggers:</b></p> <p><b>Clinical and severe weather triggers in blue bold are weighted as 2</b></p> <ul style="list-style-type: none"> <li><b>Red performance falls below 65% month to date or for three consecutive days</b></li> <li><b>19 minute backup standard falls below 95% month to date</b></li> <li><b>Ambulance handover delays are reaching 30 minutes in any given hospital</b></li> <li><b>Calls being answered &lt;6 seconds &lt; 90%</b></li> <li><b>20% of Green 3 calls waiting continually in excess of 10 minutes standard for nurse telephone assessment</b></li> <li><b>Hospital diverts are in place within LHB areas</b></li> <li>CCC staffing is &lt;95%</li> <li>NHSD staffing &lt; 95% of planned</li> <li>Significant event expected to impact on demand is planned in next 48 hours</li> <li><b>Severe weather forecast within next 7 days</b></li> <li>Activity is &gt; 5% above forecast</li> <li>Staffing &lt;95% of UH Requirement</li> </ul>	
<p><b>WAST CCC Actions:</b></p> <ul style="list-style-type: none"> <li>Maximise use of Helimed for transfers or 999 calls</li> <li>Alert CFR and co responder schemes for support</li> <li>Match allocator knowledge and capacity to desks with highest demand</li> <li>Review clinical desk staffing</li> <li>Clinical desk and NHSDW nurse to transfer suitable Green 1 calls for nurse telephone</li> </ul>	<ul style="list-style-type: none"> <li>Duty Control Manager</li> <li>CFR Managers</li> <li>Duty Control Manager</li> <li>Consultant Paramedic, Resource Team, Duty Control Manager</li> <li>Senior Nurse Advisor, Duty Control Manager, Consultant Paramedic</li> </ul>

<p>assessment (allocator must continue to dispatch available resources to Green 1 calls until nurse confirms alternative disposition) Alert GPs to potential delays in response to CARD 35 (1-4 hrs) requests Offer overtime for any vacant shifts North and C&amp;W CCC consider implementation of remote stack monitoring</p>	<p>Call takers, Duty Control Manager Resource Teams, Heads of Service Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p>
<p><b>Operational Actions:</b> Contact local EDs to discuss handover plans for next 24 hours Robust management of all vehicles reporting unavailable Ensure vehicle availability for all crews for next two shifts Contact and pair up all single staff pre-shift Consider the cancellation of all external meetings Review availability of all response capable managers Any short notice leave must be approved by HoS /Gold On Call Review non essential training and consider rescheduling Review abstractions and recall non essential Contact St. John for additional support for patient transport or high dependency crews Offer overtime for any vacant shifts in line with forecast demand</p>	<p>Locality Managers Allocators, Duty Control Managers Head of Resourcing, Fleet Managers Head of Resourcing, Resource Team, Locality Managers Heads of Service, Executive Team, Directorate Management Teams Directorate Management Teams, Resource Teams, Heads of Service, Staff side Heads of Service, Gold on call Heads of Service, Training Team, Resource Teams Heads of service, Head of Resourcing, Resource Teams Head of Resourcing, Resource Teams Head of Resourcing, Resource Teams</p>
<p><b>COMMUNICATIONS:</b> <b>Health Board:</b> On-Call Managers; Operational Managers; Senior A&amp;E Nurses; Bed Managers; Ward Managers; Clinical take teams; OOHs site managers; Primary Care locality teams; OOHs; social services. <b>WAST:</b> Duty Manager; Senior Nurse Adviser; Ambulance Liaison Officers; PCS Customer Services Manager; Locality Managers; Heads of Service ; Staff side; HR; Training; On call team; Communications team; Executive Team; Resource Team; CCC management team</p>	

**ESCALATION PLAN – LEVEL 3 – AMBER HIGH: SEVERE PRESSURE**

TRIGGERS	ACTIONS – IN ADDITION TO LEVELS 1 AND 2 THE FOLLOWING ARE REQUIRED
<p><b>HEALTH BOARD - 4 CORE TRIGGERS APPLICABLE:</b></p> <ul style="list-style-type: none"> <li>Emergency admissions are exceeding predicted levels and available capacity</li> <li>&gt;8hour breaches have occurred</li> <li>Unable to provide resuscitation facility</li> <li>Ambulance patients – transfers of care &gt; 30 minutes but less than 60 minutes</li> <li>Patients waiting more than 2 hours for first contact with assessing clinician (majors &amp; minors)</li> <li>Limited ability to create additional CCU and ITU capacity (refer to Critical Care Escalation protocol)</li> <li>Discharges and transfers less than predicted and will impact significantly on capacity</li> <li>All available staffed adult bed capacity in use, including ring fenced beds</li> <li>Planned commissioned additional capacity in use</li> <li>Routine electives cancelled</li> <li>Divert within health board in place</li> </ul>	<p><b>HEALTH BOARD:</b></p> <ul style="list-style-type: none"> <li>Executive Lead to be informed of situation</li> <li>Additional capacity accessed, including ring fenced beds and an ongoing staffing plan in place</li> <li>Consider divert to another health board</li> <li>Request WAST officer to mobilise to hospital site</li> <li>Emergency planning meeting convened (to include Executive Lead and other key staff as determined locally). Verify the issues and immediate requirements then agree a series of extraordinary actions to recover the situation. <u>De-escalation criteria must be agreed and used as a measure of recovery</u></li> <li>Executive lead to contact Executive leads at neighbouring health boards to discuss and agree support, including de-escalation criteria</li> <li>Communications Team to be kept informed to ensure right messages are delivered</li> <li>CEO briefed by Executive lead</li> <li>Executive lead to contact LA Executives to seek support for expediting discharges/transfers/packages of care</li> <li>GP admissions to MAU /SAU to be staggered</li> <li>Additional nursing and medical staff to attend and support A&amp;E Department</li> <li>Maintain a record of events and actions taken to inform future learning</li> </ul>

**WAST Triggers:**  
**Clinical and severe weather triggers in blue bold are weighted as 2**

- Red performance is below 65% for four weeks or <60% for three consecutive days**
- 19 minute backup standard <95% for 8 weeks**
- > 20% of Green 3 calls waiting continually in excess of 20 minutes**
- Activity is >15% above forecast per Health Board(s) area**
- Ambulance handover delays are reaching 45 minutes in any given hospital**
- 999 calls being answered < 6 seconds < 75%**
- Request to provide mutual aid to other ambulance services
- Failure of critical system CAD, CAS, GRS, MDT, phone, radio for more than 2 hours
- Severe weather forecast within next 24 – 48 hours**
- Unit hours provided are <90% against requirement
- CCC staffing is < 90% against requirement
- NHSD staffing < 90% of planned
- Significant event or incident expected to impact on demand is planned in next 24 hours

<p><b>WAST CCC Actions:</b></p> <p>Clinical desk or NHSDW nurse to transfer suitable Green 1 calls for nurse telephone assessment</p> <p>Clinical desk or NHSDW nurse to consider advising allocator to stop dispatch of individual ambulance resources prior to Green 1 calls reaching a final disposition</p> <p>Clinical desk or NHSDW nurse to transfer suitable local Red 2 calls for nurse telephone assessment (VPH only) (Allocator must continue to dispatch available resources to Red 2 calls until nurse confirms alternative disposition)</p> <p>Consider reducing flow of 0845 calls into WAST and ensure demand management processes are appropriately implemented</p> <p>Task PCS crews where possible to support discharges, transfers and routine work</p> <p>Consider deployment of LM/CTL/On Call Manager to affected A&amp;E departments</p> <p>Report all unplanned mid shift finishes to LM and CTLs</p>	<p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Senior Nurse Advisor, Assistant Nurse Director, Medical Director</p> <p>Duty Control Managers, Allocators, PCS allocators, Utilisation Managers, Clinical Desk Staff</p> <p>Duty Control Managers, Allocators</p> <p>Duty Control Managers, Allocators</p>
<p><b>Operational Actions:</b></p> <p>Review all CTL out of rota time</p> <p>Consider increasing operational performance meetings to two per day</p> <p>Consider withdrawal and utilisation of event cover and passing work to VAS</p> <p>Consider rescheduling training and impact on compliance with statutory and mandatory trajectory</p> <p>Contact staff for additional overtime shifts</p> <p>Offer overtime to UCS and PCS crews to support hospital discharges / hospital transfers / routine work</p> <p>Consider offering extended hours for fleet and support services</p> <p>Consider extended use of VAS</p> <p>Consider providing fleet assistants and dynamic support at hospitals for cleaning and stock replenishment</p> <p>Cancel non essential study days</p> <p>Retask trainers to provide operational support where training courses are rescheduled</p> <p>Review availability of all RCMs</p>	<p>Head of Resourcing, Heads of Service</p> <p>Heads of Service, Head of CCC, Head of Resourcing</p> <p>Heads of Service, Director of Service Delivery, Head of Resilience</p> <p>Heads of Service, Head of Training, Director of HR and OD</p> <p>Head of Resourcing, Resource Teams</p> <p>Head of Resourcing, Resource Teams</p> <p>Head of Resourcing, Executive Team</p> <p>Head of Resourcing, Heads of Service, Director of Service Delivery</p> <p>Head of Resourcing, Head of Training, Director of HR &amp; OD</p> <p>Head of Resourcing, Head of Training, Director of HR &amp; OD</p> <p>Executive team, Heads of Service</p>
<p><b>COMMUNICATIONS: Health Board:</b> Executive Lead; General Managers; On-Call Managers; Operational Managers; Senior A&amp;E Team; Bed Managers; Ward Managers; Clinical teams; OOHs site managers; Primary Care locality teams; OOHs providers; local authority Chief Executives; Welsh Government (Director of Operations)</p> <p><b>WAST:</b> Duty Manager; Senior Nurse Adviser; Ambulance Liaison Officers; PCS Customer Services Manager; Locality Managers; Heads of Service ; Staff side; HR; Training; On call team; Communications team; Executive Team; Resource Team; CCC management team; PCS Control Managers</p>	

**ESCALATION LEVEL 4 – RED: EXTREME PRESSURE**

TRIGGERS	ACTIONS – IN ADDITION TO LEVELS 1, 2 AND 3, THE FOLLOWING ARE REQUIRED
<p><b>HEALTH BOARD - 4 CORE TRIGGERS APPLICABLE:</b></p> <ul style="list-style-type: none"> <li>Emergency admissions have significantly exceeded predicted levels and available capacity</li> <li>&gt;12hour breaches have occurred</li> <li>A&amp;E capacity unable to meet further demand</li> <li>Ambulance patients – transfer of care &gt; 60 minutes</li> <li>Patients waiting more than 4 hours for first contact with assessing clinician (majors &amp; minors)</li> <li>No transfers or discharges taking place</li> <li>No CCU or ITU capacity available</li> <li>All planned admissions have been cancelled</li> <li>Unplanned uncommissioned additional capacity in use</li> <li>No divert to neighbouring Health Boards in place</li> </ul>	<p><b>HEALTH BOARD:</b></p> <ul style="list-style-type: none"> <li>The situation has been escalated to the Chief Executive / Director of Operational Planning.</li> <li>Welsh Government colleagues advised of situation</li> <li>Executive Lead is now managing the situation.</li> <li>Activate agreed divert options to neighbouring health boards (To be reviewed in 2hrs);</li> <li>All admitted electives who have not undergone surgery to be cancelled and sent home;</li> <li>Cancel elective activity for the next 24 hours;</li> <li>Set up an onsite Situation Control Group to take tactical control and address significant issues through a series of extraordinary actions over and above those contained in the normal business continuity plans;</li> <li>Maintain a record of events and actions taken to inform future learning.</li> </ul>
<p><b>WAST Triggers:</b>  <b>Clinical and severe weather triggers in bold are weighted as 2</b></p> <ul style="list-style-type: none"> <li><b>Red performance falls below 65% for at least eight weeks, or 55% for three consecutive days</b></li> <li><b>Ambulance handover delays are reaching 60 minutes in any given hospital</b></li> <li><b>Hospital 'diverts' are in place across LHB areas (as per National definition)</b></li> <li><b>Extended period of severe weather causing widespread disruption</b></li> <li><b>Waiting times for nurse triage of calls continuing to rise, 20% of Green 3 calls waiting continually in excess of 30 minutes standard for Nurse telephone assessment</b></li> <li><b>Activity is &gt;20% above predicted volume</b></li> <li><b>CCC calls answered within 6 sec is &lt; 70%</b></li> <li>Providing extensive (more than twenty vehicles) or prolonged mutual aid to another service</li> <li>2 or more critical systems not available at the same time ;CAD, CAS, GRS, telephony, MDT or radion</li> <li>Defect(s) identified in fleet requiring large number of vehicles to be immediately withdrawn from service for a prolonged period</li> <li>Prolonged notable incident lasting over 24 hours</li> <li><b>Forecast severe weather conditions impacting on ability to respond</b></li> <li>EMS Staffing &lt;85% of requirement</li> <li>CCC staffing &lt; 85% of requirement</li> <li>NHSDW staffing &lt; 85% of planned</li> <li>Significant event expected to impact on demand is happening now</li> </ul>	

<p><b>WAST:</b></p> <p><b>CCC Actions:</b></p> <p>Director of Service Delivery/Head of Service to host immediate Senior Team Meeting</p> <p>All inter hospital transfer activity to be transferred to PCS, UCS or VAS</p> <p>Maximise use of PCS for transport of appropriate green calls</p> <p>Maximise use of taxis to move patients and staff</p> <p>Consider nurse support in C&amp;W and N control rooms</p> <p>Clinical desk or NHSDW nurse to transfer suitable Green 1 calls for nurse telephone assessment</p> <p>All NHSDW pass backs to remain 1 – 4 hour response</p> <p>Allocator to stop routine dispatch of ambulance resources to Green 1 calls where on site nurse support is available</p> <p>Clinical desk or NHSDW nurse to transfer suitable Red 2 calls for nurse telephone assessment where on site nurse support is available</p> <p>Clinical desk or NHSDW nurse to consider advising allocator to stop dispatch of individual ambulance resources prior to a Red 2 call reaching a final disposition where on site nurse support is available (Allocator must continue to dispatch available resources to Red 2 calls unless nurse confirms an individual resource may be stopped)</p> <p>All GP Green 3 calls time to be extended to 4hrs minimum</p> <p>Consider cancelling all AS3 (hospital transfers), unless they are essential critical care requests by lead clinicians</p> <p>Consider Quality Support team to be established in Clinical Contact Centre</p> <p>Appropriately trained staff to be available to answer calls</p> <p>Contact all relevant external stakeholders to inform of level</p>	<p>Director of Service Delivery, Heads of Service</p> <p>Head of CCCs, Consultant Paramedic, Medical Director, Allocators, Head of Resourcing, Clinical Desk staff</p> <p>Head of CCCs, Utilisation Managers, Duty Control Managers, Clinical Desk Staff, Consultant Paramedic</p> <p>Duty Control Managers, PCS allocators, Utilisation Managers, Clinical Desk Staff, Consultant Paramedic, Locality Managers</p> <p>Head of CCC, Senior Nurse Advisor, Assistant Nurse Director</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Head of CCC, Utilisation Managers, Duty Control Managers, Allocators</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Clinical desk staff, Consultant Paramedic, Duty Control Manager, Head of CCC, Senior Nurse Advisor, Medical Director</p> <p>Duty Control Managers, Call takers, Head of CCC, Medical Director</p> <p>Head of CCC, Utilisation Managers, Duty Control Managers</p> <p>Director of Service Delivery, Heads of Service</p> <p>Head of CCCs, Utilisation Managers, Directorate Management Teams</p> <p>Duty Control Managers</p>
<p><b>Operational Actions:</b></p> <p>Consider contacting staff of duty to request support</p> <p>Review opportunity of accessing additional capacity across the Trust, including HART Team</p> <p>Consider cancelling all meetings other than those called by Directors</p> <p>Media campaign to highlight situation both externally and internally</p> <p>Consider cancellation of all event cover</p> <p>Reduce PCS work being undertaken</p> <p>Offer out all shifts on overtime</p> <p>Review planned leave and negotiate rescheduling with staff</p> <p>Consider rescheduling of some/all training</p>	<p>Head of Resourcing, Resource Teams</p> <p>Head of CCC, Heads of Service, HART Manager, Medical Director, Director of Service Delivery</p> <p>Executive Team, Heads of Service</p> <p>Head of Communications</p> <p>Heads of Service, Head of Resilience, Head of Resourcing, Director of Service Delivery</p> <p>Heads of Service, Customer Service Managers, PCS Allocators</p> <p>Head of Resourcing, Resource Teams</p> <p>Head of Resourcing, Resource Teams, Heads of Service, Line Managers</p> <p>Head of Resourcing, Heads of Service, Director of OD &amp; HR, Head of Training</p>

<p>Consider recall of all seconded staff          Ensure drivers available to support vehicle moves          Consider cancellation of PCS non urgent out patient work and prioritisation of discharges to support EMS</p>	<p>Directors, Heads of Service          Head of Resourcing, Directorate Management Teams          Head of Resourcing, Fleet Managers          Heads of Service, Utilisation Managers, PCS Allocators, Customer Service Managers</p>
<p><b>COMMUNICATIONS: Health Board:</b> Executive Lead; General Managers; On-Call Managers; Operational Managers; Senior A&amp;E Team; Bed Managers; Ward Managers; Clinical teams; OOHs site managers; Primary Care locality teams; OOHs providers; local authority Chief Executives; Welsh Government (Director of Operations)  <b>WAST:</b> Duty Manager; Senior Nurse Adviser; Ambulance Liaison Officers; PCS Customer Services Manager; Locality Managers; Heads of Service ; Staff side; HR; Training; On call team; Communications team; Executive Team; Resource Team; CCC management team</p>	

*LEVEL 5 – CRITICAL –(i.e. MAJOR INCIDENT/BUSINESS  
CONTINUITY INCIDENT)*

**WAST Trigger**

Where the delivery of business as usual is disrupted due to a critical incident, major incident or business continuity incident:-

A business continuity incident is an internal threat or occurrence, or an external one which has a serious impact on the ability of the Trust to continue its business activities.

A major incident is a large scale incident for which normally available resources are insufficient to manage the incident without significant additional resources or mutual aid and involving significant multi-agency co-operation.

A critical incident is any incident where the effect of response is likely to have a significant impact on the confidence of patients or their families

In order to move to this level a BCI or MI must be formally declared by WAST. Where another agency or stakeholder i.e. LHB declares a BCI or MI and the Trust is supporting or impacted on by the incident movement to this level may also be considered

**WAST ACTIONS:****In addition to the actions taken at Levels 1, 2, 3 and 4, the following are required:**

- The situation has been escalated to the Chief Executive and Chair
- The situation has been escalated to the Trust Board
- Consider implementation of Major Incident or Business Continuity Plan
- Ensure access to the resources required to respond and support staff flexibly

**Field Ops:**

- Use non operational managers to provide WAST presence at hospitals
- Response capable staff to support operational response
- Consider suspension of all training/secondments and projects

- Consider providing refreshments to staff on duty in all areas
- Reschedule all non incident or critical meetings
- Consider 24/7 leadership and support structure

**Demand:**

- Prioritise a response to Red 1 and 2 calls only, all remaining 999 calls will only be allocated a response following clinical assessment
- Consider stopping all PCS activity except Renal, Oncology and Discharges

- Review all current leave and negotiate rescheduling with staff
- Develop media campaign to highlight immediate situation both externally and internally

**CCC:**

- Consider suspension of all training/secondments and projects
- Request support from VAS for transport to hospital for patients assessed by WAST Clinicians
- Consider suspension of automatic compulsory stand down facility in rest break policy and implement revised appropriate break arrangements
- Consider prioritising 999 over 0845 activity and temporary suspension of 0845 service

**Clinician in CCC:**

- Determine response priorities of "polling" calls. Clinical safety or workload transfer to other agencies where appropriate

- Director of Service Delivery, CEO
- Corporate Secretary
- Director of Service Delivery
- All Directors

- Executive Team, Directorate Management Teams
- Heads of service, Directorate Management Teams, Head of Resourcing, Resource Teams
- Head of Resourcing, Head of Training, Director of HR & OD, Heads of Service
- Director of Service Delivery, Heads of Service, Staff side
- All Directors and senior managers
- All Directors and senior managers
- Heads of Service, Directors

- Head of CCC, Medical Director, Assistant Nurse Director, Consultant Paramedic, Clinical Desk Staff
- Medical Director, Consultant Paramedic, Assistant Nurse Director, Head of CCC, Heads of Service, Customer Service Managers, PCS Allocators
- Head of Resourcing, Resource Team, Heads of Service, Locality Managers, Line Managers
- Head of Communications

- Head of Resourcing, Head of Training, Director of HR & OD, Head of CCC
- Director of Service Delivery, Director of HR & OD, Staff side
- Head of Resourcing, Medical Director, Consultant Paramedic
- Director of Service Delivery, Head of CCC, Staff side

- Medical Director, Nurse Director, Assistant Nurse Director, Consultant Paramedic, Senior Nurse NHSDW

- Medical Director, Assistant Nurse Director, Clinical Desk staff, Consultant Paramedic, Head of CCCs

**WAST COMMUNICATIONS:**

**Welsh Ambulance Service:**

- Chief Executive
- Trust Board
- Executive Team
- Medical Director
- Director of Service Delivery
- Senior Management Team
- Resource
- On call teams
- Ambulance Liaison Officer
- PCS Customer Services Manager
- Locality Managers
- Heads of Service

**Welsh Ambulance Service to engage with and inform:**

- Welsh Government
- LHBs
- GPs
- Other UK ambulance Trusts
- Other emergency services
- LRFs

**Media**

Provide information and media support

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**LEVEL 6 – POTENTIAL SERVICE FAILURE (i.e.  
Enduring and sustained BCI or pandemic)**

**WAST Trigger**

Enduring or sustained Major Incident, Business Continuity Incident, critical incident which is not likely to cease having an impact on the delivery of the service in the next 48 hours

**WAST ACTIONS**

**In addition to the actions taken at all previous levels, the following are required: -**

**Field Ops:**

- Consider deployment of clinical staff with a non clinical driver (PCS VAS etc.)
- Review HART/HEMS deployment
- Use UCS staff as First Responder on solo vehicles on a voluntary basis
- Consult with staff and staff side on the management and allocation of annual leave booked over the coming weeks
- Consider outsource fleet servicing
- Consider access to locum agencies for paramedic and other clinical staff
- Consider redeployment of all staff to secondary roles to support protracted incident or event
- Consider geographical location of all staff and resources to support protracted incident or event

**Demand:**

- Prioritise a response to Red 1 and 2 calls only, all remaining 999 calls will only be allocated a response following clinical assessment
- Consider stopping all PCS activity except Renal, Oncology and Discharges
- Review all current leave and negotiate rescheduling with staff
- Develop media campaign to highlight immediate situation both externally and internally

**Control:**

- Request additional clinical support from LHBs to assist with the clinical assessment and prioritisation
- Implement recorded message advice where possible
- Recall all relevant secondments
- Identify staff for national ambulance co-ordination centre
- Consider joint working opportunities with other emergency service staff

- Medical Director, Consultant Paramedic, Head of CCC
- Medical Director, Consultant Paramedic, HART Manager
- Medical Director, Consultant Paramedic, Head of CCC
- Director of HR & OD, Head of Resourcing, Director of Service Delivery, Staff side
- Head of Resourcing, Fleet Managers
- Medical Director, Director of Workforce and OD
- All Directors and senior managers
- All Directors and senior managers
- Head of CCC, Medical Director, Assistant Nurse Director, Consultant Paramedic, Clinical Desk Staff
- Medical Director, Consultant Paramedic, Assistant Nurse Director, Head of CCC, Heads of Service, Customer Service Managers, PCS Allocators
- Head of Resourcing, Resource Team, Heads of Service, Locality Managers, Line Managers
- Head of Communications
- Medical Director, Consultant Paramedic, Head of CCC
- Director of Service Delivery, Head of CCC, Medical Director, Consultant Paramedic
- Head of Resourcing, Resource Team, Directorate Management Teams, Executive Team
- Director of Service Delivery, Director of HR & OD

<p><b>Clinician in Control:</b> Use non clinical staff to support clinicians in CCCs</p>	<p>Directorate Management Teams, Executive Team Medical Director, Consultant Paramedic, Head of CCC</p>
<p><b>COMMUNICATIONS:</b> <b>Welsh Ambulance Service:</b> Chief Executive Trust Board Executive Team Director of Service Delivery Heads of Service / Assistant Directors Senior Management Team Resource Duty Officer Ambulance Liaison Officer PCS Customer Services Manager <b>Welsh Ambulance Service to engage with and inform:</b> Welsh Government GPs Other UK ambulance services Other emergency services LRFs</p>	