GIG CYMRU NHS WALES

NHS Wales Guidance

A Framework for Urgent and Emergency Care System Escalation

2024/25

Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng

Six Goals for Urgent and Emergency Care

Contents

Introduction: Why is this important?

Urgent and emergency care is under extreme sustained pressure. NHS Wales organisations have local escalation plans that are implemented when demand on services is high. These plans are locally owned and delivered, limiting whole system actions and potentially increasing risk in particular areas of the system as an unintended consequence.

The purpose of the framework is to enable NHS Wales organisations to consistently respond to urgent and emergency care pressures, considering the system as a whole, aligned to the ***Six Goals for Urgent and Emergency Care***.

It aims to join up the component parts of the health and social care system to facilitate a whole system perspective and understanding and introduces effective de-escalation actions that can be applied system wide which equalise risk and support sustainable change.

Context: How does this fit with wider policy?

The Six Goals for Urgent and Emergency Care span the urgent and emergency care pathway and reflect the ***Programme for Government 2021–2026*** priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration.

The proposal for an all Wales urgent and emergency care escalation framework and associated supporting structures has been the subject of wide engagement. It has been welcomed across the health and social care community in Wales as an enabler for delivery of ***the right care, in the right place, first time*** for better outcomes and experiences for people who need to access care in minutes and hours.

The framework is principally written for health boards and NHS trusts, with actions to communicate and collaborate with tertiary, secondary, primary care and community services including mental health services. However, it also impacts local authorities; acknowledging the interdependence of these services as they all play an important role in ensuring delivery of the six policy goals.

Approach: How has this been developed?

A robust clinically led programme of engagement was undertaken to develop the principles underpinning this national framework. These have been approved and endorsed by the NHS Leadership Board.

The framework approach encourages system collaboration and allows for local interpretation. It includes suggested triggers aligned to the six policy goals which should be evaluated and reviewed, clinically and operationally, to ensure that they are and remain fit for purpose.

National principles are set out under each escalation level. NHS Wales health boards and trusts will be required to assign their own specific actions to the escalation levels as it is recognised there are regional and local nuances that need to be accounted for in delivery of this framework.

A focus on shared risk

This framework sets out an escalation process designed to highlight and respond to areas of greatest clinical risk within the system. It describes the supporting structures to ensure actions are consistently implemented to de-escalate and equalise risk across the system; bringing actions forward to prevent and mitigate risk at the earliest opportunity.

It is intended to describe escalation responses which minimise risk, by:

- Maximising the resources for acute triage, primary and secondary care assessment and discharge/step down.
- Releasing bed capacity.
- Maintaining elective care activity that would otherwise result in increased risk – for example, cancer and other urgent specialist surgery, preventative outpatient activity and immunisations.
- Supporting regional and tertiary urgent and emergency service delivery.
- Minimising ambulance patient handover times.

Any escalation action must be in line with the statutory responsibilities for NHS Wales organisations and local authorities.

Maintaining quality

The Duty of Quality applied to all NHS bodies (clinical and non-clinical services) and Welsh Ministers with regards to their health-related functions. The duty incorporates delivery of a system-wide approach to improved quality across all services.

This framework has been developed in the context of and in conjunction with the health and care quality standards, supporting a person-centred approach to safe dignified care in the most appropriate setting, to drive quality-driven decision making:

Safety is prioritised through early identification and monitoring of system risks with clear responses to reduce or remove risks.

Structures are in place throughout the system to enable timely urgent and emergency care provision based on identified clinical priority.

Effective, evidence-based approaches are utilised to enable best possible outcomes for people within the urgent and emergency care system.

Escalation is considered across the system and aligned with primary and community care services to make the most efficient use of resources and reduce waste.

The national framework approach seeks to support equitable opportunities and outcomes which do not vary in quality by organisation

providing care, location where care is delivered or personal characteristics.

Local interpretation is guided by person-centred decision making, considering the well-being of individuals, their families, carers and staff which work within the services.

Focused and skilled leadership is provided at all levels to minimise risk and initiate appropriate de-escalation actions.

Local and national workforce have the right knowledge, skills, tools, systems and environments to identify and confidently act on triggers.

A collaborative culture is actively supported to nurture and encourage quality and system safety.

Information is readily available and is shared across the system to support escalation and de-escalation decision making and improve understanding of their impact.

Annual framework reviews will support learning, improvement and research across the system in the context of our strategic aims for urgent and emergency care.

Driving a whole system approach, looking beyond organisational boundaries to meet the evolving demands, is the fundamental basis of this framework.

Agreed terminology

To support development of this framework, a working group reviewed terminology and developed a set of definitions to ensure there is a consistency of use and understanding across Wales.

This work was led by the Executive Directors of Nursing Peer Group with support from the national six goals programme goals team.

The agreed definitions will be subject to the data standards process but have been set out below to support national understanding and consistency. Use of care in alternative environments should be risk assessed and time limited at levels of high escalation where system risk is evaluated as requiring these extra ordinary actions.

Boarding: Temporarily exceeding the commissioned working capacity of a ward/unit, utilising a non-configured space in anticipation of an upcoming discharge/transfer and is time limited.

Surge capacity: Implementation of additional bed spaces, that is carried out on a risk assessed basis, in response to an anticipated and discrete episode of increased demand.

Outliers: An admitted patient receiving care in a hospital bed that is not intended for their designated speciality/treatment.

Ensuring alignment

In December 2021, the Strategic Programme for Primary Care launched a Primary and Community Care Escalation Framework to support the reporting of system wide pressures in relation to primary and community care services.

A copy of the Primary and Community Care Escalation Framework can be found at **Annex 1**. The future aspiration is that these frameworks will be brought together to have a fully integrated whole system response.

In developing local urgent and emergency care escalation action plans consideration should be given to the interdependencies between primary, community and secondary care at cluster and regional levels.

Delivery: What is expected of NHS organisations?

The following are some of the key requirements for an integrated escalation response to effectively function, of which some will already be in place across our health and social care economies:

- Formalised communication routes at operational level between health and social care.
- Integrated health and social care model that connects acute and community services that is available as a minimum 12 hours a day 7 days a week, 365 days a year.
- Senior clinical and managerial ownership of local system decision making.
- Clinically agreed plans for areas of the system that can be operationalised in a timely manner when needed.
- Cultural change across the system to engender trust, psychological safety, mutual understanding and shared vision.
- A learning culture that is embedded in transparency, reliability of response, measurement for improvement and continuous learning.
- Local decision-making feeding into regional and national adult and paediatric responses which have as their primary driving forces: reducing risk, equity, mutual aid and reciprocity.
- Everybody who delivers any kind of service within the urgent and emergency care system understands their role in improving the safety of the whole system, not just for the individual person who may be in front of them.

Local supporting structures

Any escalation plan has to be system-wide otherwise it may unwittingly increase risk in other parts of the system.

The integrated local plan will require health and social care responses and should be owned by operational teams in each health board. NHS organisations will want to consider how they structure their organisational team to delivery this framework, recognising the need to:

- Oversee and monitor the integrated local urgent and emergency care system on a day-to-day basis.
- Co-ordinate and ensure implementation of escalation responses across health and social care.
- Represent all the services that are operational in a geographic area – both local and national, including the Welsh Ambulance Service Truist and NHS 111 Wales.
- Review the local outcomes of escalation actions and advise on amendments to local actions in health and social care, based on outcome data.
- Have direct access to executives as outlined in the stages of the escalation plan.
- Input to the daily urgent and emergency care conference calls ('the 11am call').
- Undertake local review of escalation responses supported by data analytics in order to ensure the actions taken are appropriate and effective and to support modification of the local escalation actions as required.

It is recommended that local teams comprise of individuals with operational and analytical experience, led by senior clinicians from across primary, secondary and social care and will have experience in both adult and paediatric service delivery.

Further detail on the standards for hospital operational management, aligned to goal five of the national programme can be found in **Annex 2**.

National supporting structures

The introduction of this framework will strengthen the governance at local (health board) and regional/national levels and will support the operational (day-to-day), tactical (week-to-week) and strategic (month-by-month) decision making.

Bronze level

The national day-to-day system oversight is co-ordinated through the Operational Delivery Unit (ODU) and coordinated at Silver level via the national 11am call. Each health board has accountability and responsibility to partake in this process with membership aligned to the level of system risk e.g. high levels of escalation and system risk requires a proportionate level of seniority with decision making powers.

Annex 3 outlines the role of the ODU in supporting implementation of this framework, including a proposed structure for the 11am call and mechanisms to report and escalate on system delivery.

The introduction of this framework and its supporting structures within each health board would provide regular data and dedicated local leadership to the joint regional escalation process with the Welsh Ambulance Services University NHS Trust (WAST). This would revolutionise the provision of

mutual aid between health boards, by facilitating the deployment of regional decision making through pre-agreed and targeted action plans under the ODU role.

Silver level

The National Programme for 6 goals will lead implementation and consistent delivery of the framework supported by the principles of mutual responsibility.

This will:

- Assist with the assessment of risk within the actions proposed by each health board in their underpinning escalation plans, and recommend actions needed to ensure risk is equitable across the system.
- Review outcomes and the effects on the whole system when escalation actions are implemented, making recommendations for change in order to enable whole system learning.
- Peer review the local investigations of any serious incidents that occur as a consequence of escalation measures and decide if further action/review of the escalation actions is needed.

Gold level

National strategic oversight will be provided through the Welsh Government on-call executive rota.

Underpinning local plans

The escalation levels and principles that follow within this framework are reliant on underpinning plans that will need to be written by health boards and owned locally.

All plans should be aiming to balance clinical risk across the system. They will need to include any work being undertaken on a local basis with voluntary sector organisations which may happen as business as usual but which might also be a de-escalation action in response to specific pressures.

Plans will also need to be developed to maintain critical tertiary services which may include displacing local core activity from the tertiary centres to a neighbouring secondary care setting to rebalance the risk in both adult and paediatric secondary and tertiary care services.

Suggested triggers

NHS Wales organisations each currently have escalation policies which include some triggers, but these are not consistent across Wales and do not routinely include measures of patient length of stay or discharge effectiveness, concentrating largely on front door metrics.

The suggested measures below have been aligned to the six goals approach. It is intended that further work to develop this framework will include national standardisation of triggers for each measure and the use of trend analysis, local benchmarking

and modelling to anticipate changes to escalation levels.

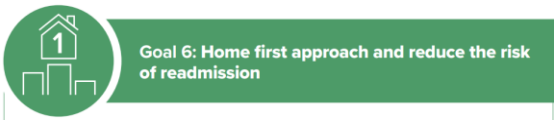
- Available general residential / nursing capacity
- Available mental health residential and nursing capacity

- NHS 111 Wales call volume
- Abandonment rate

- Primary care same day activity / capacity
- GP OOHs call volume
- GP OOHs planned capacity v available capacity

- ED activity: minors, majors
- 4-hour performance
- 12-hour performance
- No. handover delays > 45 mins
- No. displaced patients (i.e. in ED escalation spaces)
- ED staffing v agreed staffing levels

- No. of predicted discharges
- No. of 12-hour bed delays
- No. cancelled elective procedures due to lack of beds
- No. of beds closed for infection control
- Critical care available capacity
- No. of repatriations awaiting transfer in
- % of patients who had a red day (*when available*)



- Local Authority referrals per day (previous day)
- % of referrals acted upon in 2 hours / 48 hours (previous day)
- No. of previous day discharges
- No. of predicted current day discharges
- No. of pathway of care delays

Escalation levels

The four levels described on the pages overleaf are designed to work in collaboration with the WAST Clinical Safety Plan and Primary and Community Care Escalation Framework.

When all level four (red) actions have been exhausted and system pressure continues to increase risk then organisations would need to consider business continuity planning arrangements and actions.

Triggers will be consistent across Wales, but health boards will be required to develop their own action plan that detail the actions specific to their requirements.

As we gain more information on measurement and triggers and their relationship to risk faced by individuals using urgent and emergency care services the definitions of the triggers for levels of escalation will be able to be refined.

ESCALATION LEVEL 1 GREEN

Ability to see, treat and admit and discharge predicted demand for the day (determined by predictive analytics by site), in a timely manner.

EMERGENCY DEPARTMENT (ED) AND PRE-ED ACTIONS

- All opportunities to redirect suitable service users from first point of contact including emergency departments must be considered at this level of escalation – this would include directing or streaming* of low acuity conditions that can safely be managed by other services, including but not limited to:
    - In-hours GMS and urgent primary care centres
    - NHS 111 Wales / GP out of hours services
    - Minor injury units
    - Same day emergency care services (SDEC)
    - Community pharmacy
    - Community support and assessment services
    - Optometry
    - Dental

**Escalation level of appropriate receiving services will need to be taken into account and clear escalation triggers will therefore need to be described and agreed for each service area, such that an emergency department on escalation level 1-3 would not automatically redirect patients into a GP out of hours service on level 4.*

INPATIENT ACTIONS

- Daily board rounds on all acute wards and critical care areas following the optimal hospital patient flow framework, including the principles of SAFER, Red 2 Green, preventing deconditioning and D2RA.
- Clear escalation protocols for any pathway of care delays; utilising board rounds to ensure zero tolerance to any such delays including factors within health board control (i.e. diagnostics or therapies), as well as factors under regional control (i.e. step down for paediatric or neonatal critical care).
- Ensure that all people with significant frailty (a Rockwood Clinical Frailty Score Level 5+) and those in receipt of an existing package of care are prioritised for acute assessment by at home team or equivalent service as part of comprehensive geriatric assessment, within 48 hours of admission.

RESPONSIBLE OFFICER

Senior Site Management lead (In Hours) / On-call manager (Out of hours)

ESCALATION LEVEL 2 YELLOW

Ability to see, treat and admit demand for the day is expected to be exceeded, determined by predictive analytics across the local healthcare system as defined by the local operational team.

ENSURE ALL LEVEL 1 ACTIONS ARE IN PLACE AND IDENTIFY THE PRIMARY ISSUE

Front Door Demand

- Potential transfers from care homes to an acute site should have a clinical conversation and / or face-to-face clinical review where appropriate.
- GP referrals should be supported by consultant connect or alternative clinician to clinician discussion prior to admission with consideration of alternative to front door or possible assessment tomorrow.
- Local centralised approach to reviewing ambulance stack and consideration of direct streaming opportunities (e.g. via single point of access where available).

Bed Capacity

- Ensure all board round escalation issues have been resolved.
- All adult and paediatric patients awaiting repatriation must be transferred within 24-hours.
- Activate pharmacy escalation response plan to support readiness for discharge.
- Liaise with Local Authorities in order to receive their response to the current situation and expedite movement of delayed patients.
- Ensure discharge lounge capacity is available and fully utilised, reviewing criteria if not able to fully utilise regularly.
- Allied Health Professionals (AHP) to review those on a rehabilitation pathway to identify possible discharges and community transfers and to liaise with community senior decision makers to facilitate early supported discharges.
- Ensure Trussed Assessors are available to support outstanding assessments.

RESPONSIBLE OFFICER

Senior Site Management lead (In Hours) / On-call manager (Out of hours)

ESCALATION LEVEL 3 AMBER

Ability to see, treat and admit demand for the day expected to be significantly exceeded, determined by predictive analytics across the local healthcare system as defined by the local operational team and aligned with level of clinical risk in the Welsh Ambulance Services NHS Trust and primary and community care.

ENSURE ALL LEVEL 1 AND 2 ACTIONS ARE IN PLACE

- Ensure all available rostered staff provide shop floor presence.
- If additional workforce required to de-escalate then consider cancellation of training activity of staff suitable for redeployment.
- All adult and paediatric service users awaiting repatriation to a centre at a lower level of escalation must be transferred within 12 hours.
- Maximise day case surgical lists and paediatric cases – short notice lists should be available.
- Consider redeployment of corporate staff to support agreed clinical areas in acute and community services.
- Provide senior decision-making support to acute sites to identify people who could be managed in the community and liaise with community services in order to receive their response to the current situation.
- Ensure SDEC service pulls all suitable patients – consider extending opening hours to support admission avoidance whilst ensuring SDEC areas are not utilised as bedded capacity.
- Create capacity via safe boarding/ surge areas.
- Liaise with Local Authorities to agree additional discharges per day per local authority over and above those already planned (to community or interim placements).
- Cancel minimum necessary agreed local planned care work to release clinicians and AHPs to de-escalation activity (i.e. consultant connect lines, board rounds, urgent patient specialty reviews, urgent interventions) where they can make a positive impact on patient care and safety.
- Target additional clinical activity to expedite potential discharges, considering availability of staff to undertake secondary care follow-up of people, as required.
- Direct paediatric access from emergency department triage to assessment unit for all non-trauma paediatric attendances.
- Ensure that paediatric services across a regional footprint allow for reciprocity of services between acute secondary and tertiary care providers.

RESPONSIBLE OFFICER

GOLD: out of hours executive on call / in hours senior operational lead

ESCALATION LEVEL 4 RED

Ability to see, treat and admit demand from the previous day is already affecting ability to plan for today's demand therefore ability to respond to high-risk community demand is significantly impeded.

ENSURE ALL LEVEL 1, 2 AND 3 ACTIONS ARE IN PLACE

- Review all planned cancer surgery for next 3 days to ensure specialist capacity available (i.e. critical care).
- Review all paediatric surgery for next 3 days to ensure resources are being used appropriately (including increasing paediatric cases if appropriate).
- Cancel pre-agreed planned care activities that will allow for the redeployment of appropriate staff to urgent and emergency care work both within medicine and surgery for the next 24 hours.
- Liaise with community services to consider curtailing support to low-risk clients to divert resources to higher risk discharges.
- Liaise with Local Authorities to consider curtailing support to low-risk clients to divert resources to those patients awaiting discharge.
- **Status reporting to ODU and relevant national on call rota**

RESPONSIBLE OFFICER

GOLD: out of hours executive on call / in hours senior operational lead

WHEN ALL LEVEL ACTIONS HAVE BEEN EXHAUSTED AND SYSTEM PRESSURE CONTINUES TO INCREASE RISK THEN ORGANISATIONS WOULD NEED TO CONSIDER BUSINESS CONTINUITY PLANNING ARRANGEMENTS AND ACTIONS

ANNEX 1

Primary and community care escalation framework

PRIMARY AND COMMUNITY CARE LEVELS OF ESCALATION

(Adapted from the National Emergency Pressures Escalation and De-Escalation Action Plan March 2014 v1.3)

Level	Headline Descriptor	Contractor/Service Escalation	Service Impact/Patient Risk
Level 1	Steady State	Ensure all **standard operating processes** are functioning as efficiently as possible in order to maintain flow.	**Business as Usual.** No additional service impact or patient risk attached.
Level 2	Moderate Pressure	Refer to Action cards for any communication requirements. Respond quickly to **manage and resolve emerging pressures** that may have the potential to inhibit flow. Initiate contingencies. De-escalate when applicable.	**Action Required.** Low risk of harm to patients on current caseload from delayed care.
Level 3	Severe Pressure	Refer to Action cards for any communication requirements. **Prioritise available capacity** in order to meet immediate pressures. Put contingencies into action to bring pressures back within organisational control. De-escalate when applicable.	**High Risk.** Moderate risk of harm to patients on current caseload from delayed care.
Level 4	Extreme Pressure	Refer to Action cards for any communication requirements. Ensure all contingencies are fully operational to recover the situation. **Executive command and control** of the situation. De-escalate when applicable.	**Very High Risk.** Significant risk of harm to patients on current caseload due to cancelled or delayed visits
Level 5	Business Continuity Incident	Refer to Action cards for communication requirements. **Business Continuity Escalation** declaration made from Health Board to Welsh Government. De-escalate when applicable.	**Highest Risk Possible.** Significant risk of Harm to patients due to service inability to provide care, resulting in avoidable harm

ANNEX 2

Principles for health board operational management

Each Health Board will already have a core operational management team that will support actions required at the different levels of escalation.

ROLE OF THE Operational management teams

The role and purpose of the local operational management team is to:

- Provide multi-agency (integrated) urgent and emergency care system leadership and support within the health board.
- Provide consistent and responsive information and support on a regional/national basis (via daily conference calls).
- Responsible to pre-empt, mitigate and respond to pressure in the local urgent and emergency care system.
- Responsible to communicate with WAST and neighbouring health boards, and assist as appropriate across the region.

The above will achieved through the following:

- Be a central hub and support network providing leadership and co-ordination across the local urgent and emergency care system on a daily basis.
- Identifying early, areas that are under pressure and implement actions to alleviate the situation.
- Responsible for communicating required actions across health and social care system.
- Escalate via approved escalation system when actions are not achieved or inadequate.
- Responsible for monitoring outcomes and reviewing effectiveness of local actions, allowing for continuous improvement.
- Responsible for maintaining action logs and any audits following implementation of local escalation plans (closing the loop).
- Responsible for declaring organisational escalation status.
- Responsible for link to daily regional / national calls.
- Responsible for continuously updating and improving local action plans.

ANNEX 3

Role of Operational Delivery Unit and 11am call

Purpose and function

The purpose of the 11am daily call is to provide a point in the day to review the operational situation of NHS Wales from a service delivery perspective.

This is a Tactical or Silver level call that is chaired by the Operational Delivery Unit (ODU) team. As a national provider organisation hosted by WAST, the ODU has the independence to review, facilitate and co-ordinate inputs and outputs is critical to improving service delivery.

The 11am call should be based on actions by exception based on current and projected risk.

Prior to the call organisations should provide the agreed template update to the ODU and update the national dashboard situation to ensure the view of their organisation is available for other partners.

In NHS Wales now the different parts of the system articulate service risk and system pressure is through escalation status. This includes the following areas:

- Primary Care – GMS
- Maternity and neonatal
- Care homes
- Critical care
- GP OOH

As part of the implementation of this framework the daily tactical call will enhance its role on system risk management updates.

Those services at high risk will be reported into the tactical call.

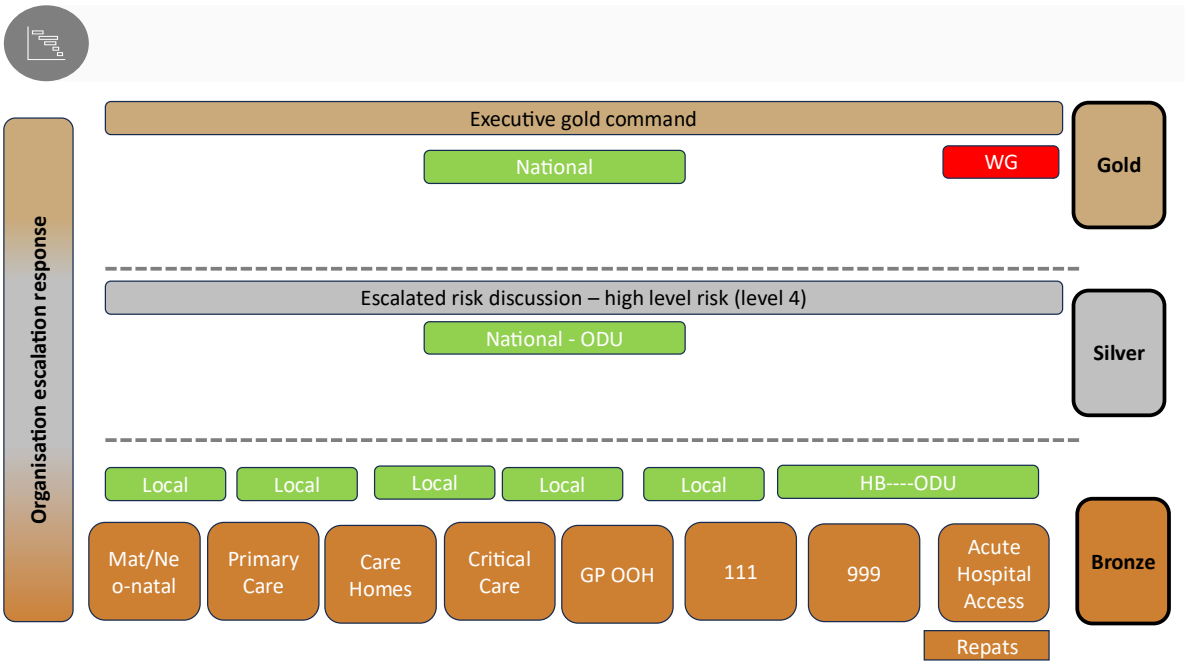
Reporting mechanisms

Operational issues at a bronze level are dealt with through local processes prior to the tactical call this incudes communication with partner organisations where relevant.

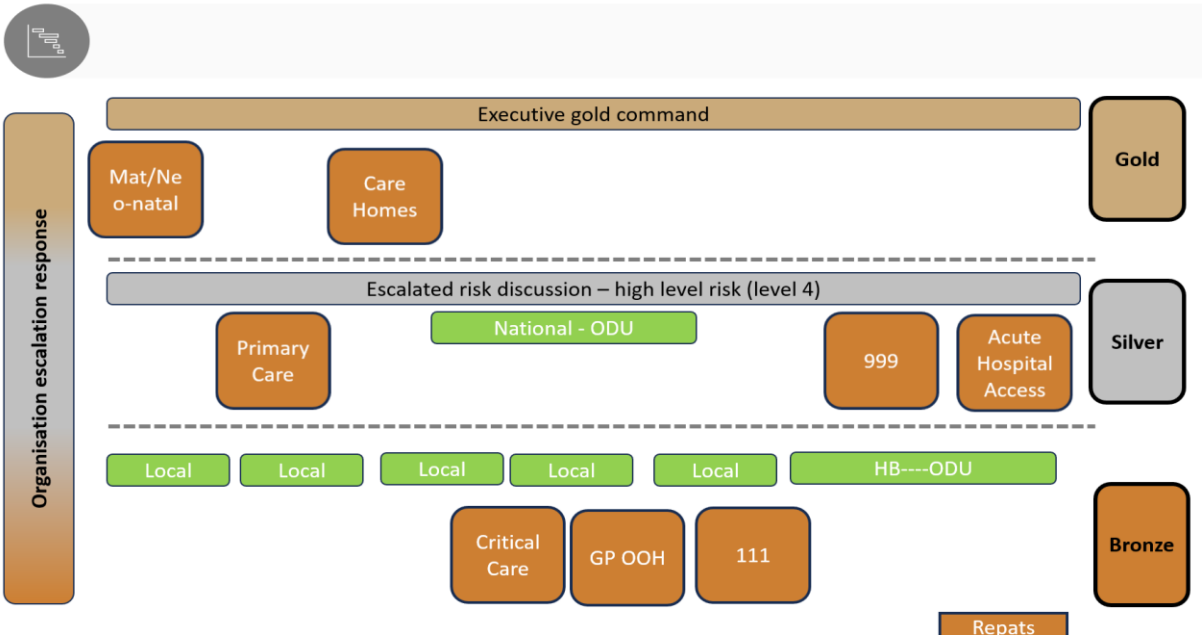
An escalation to a gold level call can be triggered by gold level officer (organisation executive on call) and this must be communicated to the ODU. Potential reasons (but not exhaustive) include the following:

- Internal Business Continuity – Increased risk prior and/or declaration
- Lack of progress on actions and escalating system risk where partner support is required (levels 1 to 4 actions would have to be completed).

The following diagrams provide an **example** of the series of situations.



Situation at level 3 or below managed at local level (bronze).



Primary Care; 999 response and community risk; Acute Hospital flow all at level 4 and require subsequent silver reporting through tactical call.

Potential risk greater than level 4 and organisations considering internal business continuity for care home issues and maternity/neonatal capacity. Trigger to contact ODU and organise Gold level call.

ANNEX 4

Oversight role of Welsh Government

Purpose and function

The Director General of Health, Social Care & Early Years Group and CEO of NHS Wales has oversight of NHS Wales. In relation to this NHS framework that oversight arrangement is delegated to officials in the group with scope to include the NHS Executive.

This is a GOLD level of responsibility communicating with peers operating at that level in NHS Wales.

Monday to Friday this is the responsibility of the Director of Operations NHS Wales or delegated officials in Welsh Government

On weekends and Bank Holidays a gold level national rota is in place to discharge this responsibility.

NHS Wales organisations are required to inform this GOLD level officer if they are going beyond level 4 with increased risk inclusive of the plan and further communication on de-escalation to level 4.

Desk Top Instructions

Awareness of system level risks either through receipt of the 11am call output or with increased system risk attendance at the 11am call (at weekends/bank holidays it is a requirement to attend the 11am call).

A point of contact to discuss Gold level decisions at the discretion of NHS Wales organisations.

A point of contact for the ODU if additional system calls are required.

Attendance at additional calls that any GOLD level officer has right to call if a system response is required.

Support organisations in their assurance process that all actions in their plan have been carried out. This could include receiving escalation plans.

Point of contact for WG communications related to NHS Wales immediate pressures.