

<b>Title</b>	Business Continuity - Winter Plan 2015/16		
<b>Meeting</b>	Board of Directors		
<b>Date</b>	1 December 2015		
<b>Executive Summary</b>			
<p>The South Tyneside Foundation Trust (STFT) Winter Plan is part of a wider health economy plan which has been produced by South Tyneside System Resilience Group (SRG). The SRG has input from all of our partner organisations including primary care, North of Tyne and Wear Mental Health Trust (NTW) North East Ambulance Service (NEAS) the Local Authority (LA) and the third (voluntary) sector. The STFT winter plan has been developed by reflecting and learning from the pressure which the Trust experienced last winter (2014/2015) and building on the strategies which were used to manage the pressure.</p> <p>The Trust has developed and implemented an Accident and Emergency (A &amp; E) and an organisational escalation framework. These frameworks can be used independently or together and give the organisation a North East Escalation Plan (NEEP) score. This will enable the Trust's NEEP level to be consistently calculated using evidence based rationale rather than a subjective opinion. The Organisational framework gives the Trust the ability to plan for a surge in activity and it describes the roles, responsibilities and actions to be taken at all levels of the organisation to mitigate the pressure and to maintain patient safety.</p> <p>The South Tyneside Health Economy Plan was tested on 14 October 2015 and the Trust tested its influenza pandemic plan on 30 September 2015.</p> <p><i>The STFT Winter Plan has been discussed at Executive Board where it was noted that the Trust is working further with partners on mental health pathways, patient transport and social services support to patients. In addition the Executive Board noted the schemes funded from the South Tyneside SRG and that additional schemes would have been implemented if further funding was available.</i></p>			
<b>Recommendation</b>			
The Board is asked to receive the Trust's Winter Plan and to acknowledge that the organisational escalation framework is a dynamic piece of work which is currently subject to wider consultation.			
<b>Report Author</b>	Julie Bloomfield – Emergency Planning Lead		
<b>Executive Director/ Sponsor</b>	Michelle Arrowsmith Chief Operating Officer Dr Bob Brown Director of Nursing and Patient Safety Irene Stables Divisional Director		
	<b>Information</b>	X	<b>Discussion</b>
	<b>Decision</b>		<b>Assurance</b> X
	<b>Specific action</b>		
<b>Implications</b>	<b>Staffing</b>		
	<b>Finance</b>		

Emergency Planning and Preparedness  
Business Continuity Plan

**WINTER PLAN 2015/2016**

*This plan will be subject to ongoing review by the Trust Resilience Forum in light of emerging national and regional evidence or guidance.*

Date Approved by Trust Board	Version	Issue Date	Review Date	Executive Lead	Information Asset Owner	Author
	4		May 2016	Chief Operating Officer	Emergency Planning Lead	Julie Bloomfield
<b>Procedure/Policy Number</b>						
<b>Procedure/Policy type</b>	Business Continuity Plan					
<b>Date Equality impact assessment completed:</b>					Outcome: Low	
<b>CQC Outcomes:</b>	4,6,7,8,13					

**Contents**  
**Page No**

1. Introduction .....	4
2. Aim and Objectives .....	4
3. Review of Winter 2014/15 .....	4
4. Themes for STFT Winter Plan 2015-2016 .....	6
5. Schemes to be funded for 2015/16 from SRG funds.....	8
6. Capacity and Demand.....	8
7. Preventing Admissions to hospital .....	8
8. Integrated Community Teams .....	9
9. Maximizing patient discharges .....	9
10. Staffing Plan.....	10
11. Contingency Bed Capacity (see the organisational escalation framework for detail) .....	10
12. Elective Activity (see Escalation framework).....	10
13. Management of outbreaks .....	11
14. Mental Health Services .....	11
15. Command and Control.....	12
16. Seasonal flu immunisation .....	13
17. Adverse Weather .....	13
18. Supplies and Logistics .....	14
19. External Monitoring Arrangements.....	14
Appendix 1 .....	20
Appendix 2 .....	20
Appendix 3 .....	20
Appendix 4 .....	20
Appendix 5 .....	20
Appendix 6 .....	20
Appendix 7 .....	20
Appendix 8 .....	20
Appendix 9 .....	20

## **1. Introduction**

This winter plan has been developed using the themes of learning from winter 2014/2015. An internal workshop led by the Director of Nursing and Patient Safety and the Chief Operating Officer took place on 27 April 2015. The NHS England area wide review was attended by the Divisional Director (ST) on 8 May 2015; this was followed by a South Tyneside multiagency review on 15 May 2015 which was led by South Tyneside Clinical Commissioning Group (CCG).

Partnership working is integral to delivering our services and this has been enhanced by the formation of the South Tyneside System Resilience Group (SRG). The SRG is responsible for the coordination and production of winter capacity and escalation plans for South Tyneside economy, to ensure the effective functioning and sustainability of urgent care systems, together with the delivery of NHS Constitution pledges and standards.

## **2. Aim and Objectives**

### **2.1. Aims**

The aim of this plan is to ensure that South Tyneside NHS Foundation Trust (STFT) responds effectively to periods of high predicted or unpredicted demand, adverse weather and the possibility of wide spread illness such as seasonal 'flu'.

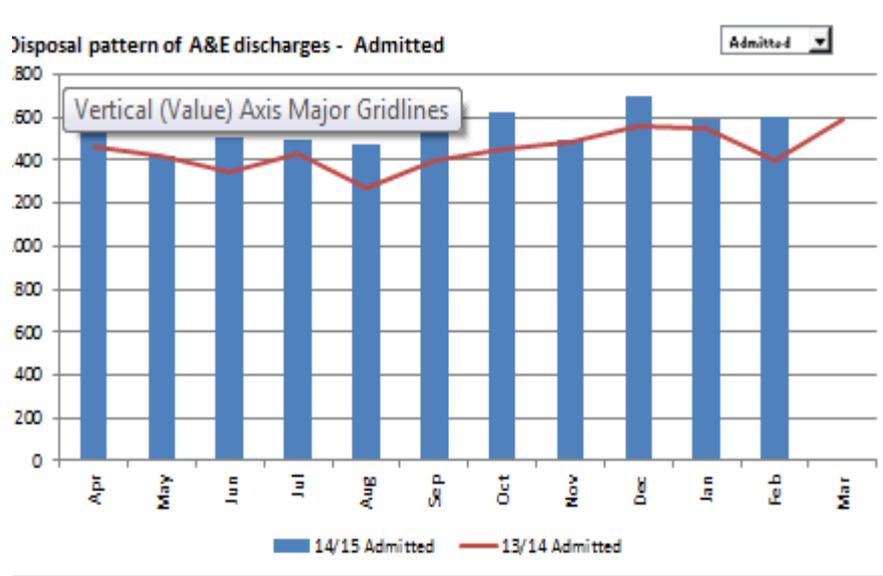
### **2.2. Related Plans**

The following plans set out detailed policies and procedures which relate to or are part of the Trusts response to winter pressures:

- ST Health Economy SRG Plan
- STFT SRG plan
- STFT Escalation Framework, including 4 hour breach avoidance and 12 hour trolley wait avoidance
- STFT Critical Care Escalation Plan
- Estates and Facilities Winter Maintenance Plan (2015)
- STFT Major Incident Plan
- PHE Infectious Disease Plan
- Discharge Policy
- South Tyneside SRG Whole System Escalation Plan (draft)

## **3. Review of Winter 2014/15**

There were no issues associated with adverse weather or flu epidemics during Winter 2014/15. Analysis of the activity over the past three years at STFT has shown no significant changes in terms of the number of A & E attendances to South Tyneside District Hospital (STDH) and the number of patients who were admitted. However, during 2014/15 the Trust reported high levels of escalation and consistently failed to achieve the A & E performance target. This has been attributed to an increase in age and acuity of the patients attending and being admitted to STDH.



During the winter reporting period, STFT recorded being at North East Escalation Plan (NEEP) Level 3 on 43 occasions (compared with 28 occasions during 2013/14) and NEEP level 4 on 30 occasions (compared with 0 occasions during 2013/14). The reason for being at NEEP Level 3 and 4 was due to pressure at the hospital and the need to implement business continuity plans such as opening additional bed capacity, rescheduling planned work in acute and community services and diverting patients to neighbouring Trusts.

During winter 2014/15, the Trust rescheduled 147 elective procedures compared with 14 in 2013/14.

The Trust supported other Foundation Trusts on 8 occasions by accepting diverted patients (compared with 17 during 2013/14)

Other Trusts supported STFT on 39 occasions (compared with 10 during 2013/14)

### What worked well?

- Additional staffing in A & E, a therapist in the discharge team and an extended portering service.
- Commissioning “Life Line” private transport to facilitate timely discharges
- The Trust’s enhanced surveillance and proactive approach to the control and prevention of infection was successful. There were no beds closed due to outbreaks in 2014/15 compared with high levels of bed closures in other local acute Trusts.
- The staff flu immunisation campaign achieved 65 % uptake.
- Communication - the effective use of the electronic bed alerts using the net notifier system, to remind all staff to be proactive in relation to discharge planning.
- The Clinical Site Management Team SITREP to key staff was effective to trigger an organisational escalation response.
- The response of the catering department to support patients in contingency areas
- Unplanned flexibility of corporate staff supporting clinical areas.

- Planned nursing agency staff
- Acute Care Team and Ambulatory Care Service prevented patients being admitted to the hospital services.
- Command and Control
- Teleconferencing between the on-call team at the weekend to support the operational staff.

## **Areas Identified for Improvement**

### **What didn't work so well?**

- Escalation bed capacity planning wasn't as effective as it could have been and the escalation plan frequently changed which was confusing for staff
- Gaps in staffing
- Accessing nursing home and Local Authority beds
- Not enough flexibility with staffing
- Timely access to the wall washers which resulted in access to beds and side rooms being delayed.
- Unavoidable delays in discharges due to transport, phlebotomy, mental health referrals, equipment, pharmacy, access to alternative beds such as nursing homes and Perth Green.
- Lack of access to Local Authority services to facilitate discharges at the weekend.
- The need to review and update e mail distribution lists.
- Training and standard working for the staff who participate in the on-call rota.
- Enhancing the links between the Discharge Team and the Site Management Team.

## **4. Themes for STFT Winter Plan 2015-2016**

Key themes have been identified in the STFT System Resilience Group SRG stream of the ST Health Economy plan. Each theme has a designated senior lead who is responsible for progressing the theme. The weekly A & E Performance and Review Group (chaired by the Divisional Director (ST)) has monitored the development of the winter plan 2015.

**A detailed action plan for the STFT SRG stream can be found at Appendix 1.**

	<b>Theme</b>	<b>Lead</b>	<b>Aim</b>
<b>1</b>	Expected date of discharge	Lee Whitfield and Anita Hagan	Ensure that 90% of expected discharge dates are accurate
<b>2</b>	The Perfect Week	Irene Stables	To implement the SAFER patient flow bundle and unblock issues associated with discharges
<b>3</b>	Forecasting capacity and demand triggers	Stephen Hoy	To Implement any learning from other organisations to enable STFT to predict and plan appropriately for surges in activity.
<b>4</b>	Full capacity escalation protocol	Marie Herring	To Implement an A & E and organisational escalation framework with appropriate actions at each level
<b>5</b>	Continuing resilience schemes	Irene Stables	To ensure that resilience funding is identified for schemes which are effective. Contract with Lifeline. Additional staffing at the weekend
<b>6</b>	Improved system of management and acuity based trigger mechanisms	Marie Herring	To have the correct skill mix across EAU/ A & E and Ambulatory Care
<b>7</b>	Improved utilisation of the Acute Care Team	Paul Cutler	For Urgent Care Team to review patients early in the morning and initiate treatment promptly, this may prevent attendance at A & E or get the patient to A & E early, reducing demand on the dept. later in day
<b>8</b>	Workforce	Louise Burn	To implement a rapid recruitment process and to refresh the clinical skills of corporate nurses. To agree a staffing escalation protocol
<b>9</b>	Preventing admissions	Angus McLellan	To maximise Primary Care and Community Services to manage patient at home as far as possible.

## **5. Schemes to be funded for 2015/16 from SRG funds**

- Lifeline ambulance to support patient discharge
- Agency nurses for escalation beds
- RATU - consultant cover for evenings and weekends
- Extra junior doctor in A & E overnight to support during peak times of activity
- Additional junior doctor weekend cover to support weekend cover
- Additional weekend consultant cover to facilitate back of house discharges and support SAFER care bundle
- Medical staff to cover escalation beds & outlier patients – junior and senior doctors
- Community ward team to support early discharge (nursing and therapy)
- Additional portering cover to support patient flow in busy periods (afternoon and evening)
- Additional pharmacy at weekends
- Additional therapy support at weekends

## **6. Capacity and Demand**

Predictive modelling will be in place for Winter 2015/16 this tool can predict activity up to several weeks in advance therefore enabling the Trust to be proactive rather than reactive to manage increased activity.

## **7. Preventing Admissions to hospital**

### **Urgent Care Hub**

The Urgent Care Hub is located at the hospital site in close proximity to Ambulatory Care and A & E. This service is ensuring that the patients presenting at the hospital are streamed and seen by the most appropriate member of the clinical team.

### **Telehealth**

Mylings, telehealth being implemented to support self-care, monitoring and consultation

### **Resilience Checks**

Community teams are contacting patients who were admitted last winter to undertake resilience checks and proactive condition management / prevention.

### **Frequent Flyers**

Frequent Flyers are being reviewed. MDT support has been provided to their GPs to produce robust support to prevent A & E attendances.

## **Consultant Telephone Advice (Medicine)**

Senior medical staff provide a support and advice telephone service to GPs in South Tyneside relation to managing chronic conditions to discuss whether a hospital admission is appropriate.

## **8. Integrated Community Teams**

5 locality based Community Integrated Teams have been established in Sunderland and 3 locality based Community Integrated Teams have been established in South Tyneside. The teams comprise district nurses, community matrons, urgent and intermediate care colleagues. The purpose of the integrated teams is to build capacity and avoid duplication of the services provide by the community nursing teams.

## **9. Maximizing patient discharges**

### **9.1. A week of Perfect Discharges / Safer Patient Flow Bundle**

The findings from this project have been embedded into the Trust's every day practice and will ensure that patients will be safely discharged on the date of their expected discharge.

- Allocating a named social worker to each ward
- Single point of contact for mental health referrals
- Clarification of the mental health referral criteria
- The mental health liaison worker attending the daily huddle in EAU
- Improving the process for ordering medication for patients going home (TTO) by introducing an electronic whiteboard and new process for prioritising TTOs
- A new referral pathway for patients waiting to be seen by a therapist
- Introducing an electronic system for section 2 and section 5 referrals
- Ensuring that discharge transport is booked in a timely way
- Reviewing the format, focus and membership of the "bed" meetings to "patient flow meetings" (the patient flow meeting now includes representatives from Age UK, mental health team, social work team)
- Additional Therapy, medical, pharmacy, social work staff at work over the weekends November 2015 – March 2016 (funded from SRG winter funding) to facilitate weekend discharges
- Ensuring that all patients receive a senior review daily

### **9.2. Discharge Lounge**

A designated discharge lounge will operate Monday to Friday. This will provide a safe environment for patients who are waiting for transport/pharmacy/families and carers prior to their discharge enabling their bed to be utilized in a timely way.

### **9.3. Nurse led discharges**

Six condition specific nurse led discharge protocols have been agreed

### **9.4. The Community Ward**

The Intermediate Care Team are proactively assessing in patients to identify those who can be managed in the community.

### **9.5. Recovery at Home**

In Sunderland a city wide community recovery at home service has been implemented

## **10. Staffing Plan**

The Deputy Director of Nursing and Patient Safety has led the workforce and staffing escalation theme of the winter plan. Three “one stop” recruitment days have taken place and 24 staff have been appointed to the organisation. An international recruitment plan aims to a further group of registered nurses January 2016.

Most rotas for nursing staff are developed using e roster. Annual leave requests, training and meetings are arranged to ensure that staff capacity is maximized. The E roster staff attend the patient flow meetings to ensure that any staffing gaps are actioned as quickly as possible.

During times of escalation workloads are re-prioritised part time staff or staff off duty can work additional hours. The Trust has access to temporary staff, bank staff and use of agency staff.

There are a number of nursing staff who are employed by the organisation who are registered but no longer use their clinical skills, these staff have been offered the opportunity to attend a “back to work” course to be aligned to a specific clinical area as part of the planed ward rota.

SRG funding has been allocated to fund a number of agency staff.

### **10.1. Support for Staff who are carers**

The Trust employs a Child Care and Carer Co-ordinator who supports staff in planned child care and emergency child care placements or schemes. The Care Co-ordinator also assists staff who are carers

## **11. Contingency Bed Capacity (see the organisational escalation framework for detail)**

The Trusts bed base has been reviewed and it is anticipated that an additional 12 winter pressure / escalation beds will be required. An additional 6 bedded bay will be operational on ward 5 in December 2015. An additional side room has been created by converting the pacing room on ward 6. A chair in EAU can be utilized for appropriate patients. The ambulatory care unit has the ability to convert to a five bedded in patient area.

Relocating the Primrose Unit onto the STDH main site in February 2015 has given the opportunity for up to 13 additional beds for elderly patients.

## **12. Elective Activity (see Escalation framework)**

At times of bed pressures / surge, the elective activity will be monitored on a day by day basis in order to balance the emergency and elective targets. The Clinical Business Manager (Surgery / Planned Care) will prioritise patients according to their clinical need in collaboration with the relevant clinicians should elective activity have to be cancelled or rescheduled. The Trust does not intend to phase the elective surgery.

If it is necessary to reschedule patients they will be offered an alternative date in accordance with Trust procedures. Rescheduled elective activity will be included on the SITREP and discussed at the daily SITREP meeting and teleconference

### **13. Management of outbreaks**

Policies and Procedures are in place for managing outbreaks of infectious illness.

The Trust's Infection Prevention and Control Team (IPCT) will undertake enhanced surveillance of diarrhoea and vomiting in all teams to ensure early detection and management of potential Norovirus outbreaks. Outbreak management advice will be available from the IPCT Monday to Sunday 9.00 am to 17.00pm. During an outbreak, a member of the IPCT will attend the patient flow meetings.

The IPCT will work with Public Health England (PHE) to monitor all areas affected by Norovirus both in the community and hospital. The number of cases and number of wards/departments closed within the hospital are captured and monitored as part of the daily SITREP reporting. The intelligence gathered from neighbouring Trusts during the teleconference is also used as a proactive tool to prepare staff for a potential outbreak.

In the event of an outbreak the Trust Infection Prevention and Control Policies will be implemented. Information from PHE will be cascaded via the IPCT to ward managers to advise of admission or discharge procedures for any care homes experiencing an outbreak.

The ICPT have planned specific training to all staff that participate in the call rota and to all ward / deputy ward managers to ensure that all staff understand the policies and procedures to ensure that outbreaks are contained and managed safely. A pandemic flu exercise (Corvus) was facilitated by the Strategic Lead (Control and Prevention of Infection) and the Emergency Planning Lead to key clinical staff on 30 September 2015.

### **14. Mental Health Services**

There is no mental health service unit within STFT. A Mental Health liaison service provided by Northumberland Tyne and Wear Mental Health Trust (NTW) is on site 7 days a week from 08:00 to 22:00. Referral processes, response times, referral criteria and working relationships and have been enhanced as an outcome of the Perfect week project.

## 15. Command and Control

### 15.1. Silver Command

STFT has set up a Silver Command Centre in the Harton Wing. When the Trust reports NEEP level 3 or above during the week a Senior Tactical Response Team (Silver Command) chaired by a Director following a standard agenda (see below) will convene at 10:00, 13:30 and 16:00 hrs to agree the action(s) required.

	Agenda	10.00	13.30	16.00
1	Introduction & Aim			
2	Current Situation <ul style="list-style-type: none"> <li>• A&amp;E</li> <li>• Overall bed state</li> <li>• Ward 4</li> <li>• Predicted discharges</li> <li>• Primrose/Perth Green / TTT</li> <li>• Other hospitals and NEAS</li> </ul>			
3	Options to improve flow <ul style="list-style-type: none"> <li>• Ward rounds</li> <li>• TTOs &amp; discharge medicines</li> <li>• Transport</li> <li>• Care Home criteria</li> <li>• Diagnostic results</li> <li>• Discharge coordination on wards</li> <li>• Porterage / cleaning etc.</li> </ul>			
4	Options to increase capacity			
5	Options to increase community capacity / change discharge criteria			
6	Additional staffing support to A&E and wards <ul style="list-style-type: none"> <li>• Nursing &amp; HCA</li> <li>• Level of staffing escalation</li> <li>• Patient experience</li> </ul>			
7	Support from partners <ul style="list-style-type: none"> <li>• CCG &amp; GPs</li> <li>• LA</li> <li>• NTW</li> <li>• Voluntary Organisations</li> <li>• NEAS / other FTs</li> <li>• Others</li> </ul>			
8	Communication <ul style="list-style-type: none"> <li>• Internal STFT</li> <li>• CCG and System</li> <li>• Public</li> </ul>			
9	Any other actions			
10	Trust alert / escalation state Flightdeck			

During escalation at the weekend the on call team (the Director on call, the Senior Manager on-call and the Community Manager on-call) the Clinical Site Manager and Senior Nurse will follow the agenda via a teleconference. The teleconference will be held at 10.00, 13.30 and 16.00 hrs. The details of the teleconference can be found are included in the STFT Escalation framework.

## **15.2. Bronze Command**

The Patient Flow meetings (Bronze Command) take place in Harton Wing in the command and control room; this becomes Silver Command in escalation. The patient flow meetings will take place at 10:00, 13:30 and 16:00 hrs. During escalation the frequency of these meetings may increase.

### **Membership**

Includes representation from the following:

- Urgent Care Senior Team (“Crisis Manager”- Chair)
- Discharge team
- Clinical operational Managers – surgery, medicine, care of the elderly
- E roster
- Control and Prevention of Infection (during an outbreak)
- Mental Health
- Social work
- Assurance Matron

## **16. Seasonal flu immunisation**

A dedicated flu team has been identified in each locality (Gateshead, South Tyneside and Sunderland) to ensure that the flu immunisation is administered efficiently and effectively to house bound patients and their carers.

The 2015/16 staff flu campaign was launched on 5 October 2015. The target is to immunise 75% of front line clinical staff. The Trust has a plan in place with regard to a proactive flu immunisation campaign for all staff employed at STFT. This includes a range of ways to support staff to protect themselves, their patients and their families. This campaign is led by the Director of Personnel and the Executive Director of Nursing and Patient Safety. The Occupational Health Team and Flu Champions work flexibly to ensure that the immunisation is available to all staff 24/7.

## **17. Adverse Weather**

The Trust works closely with the National and Local information sources to be aware of any weather or traffic conditions which may impact on business continuity. The Trust has an adverse weather policy which supports decision making and action in the Trust

During times of inclement weather the Trust has access to 4x4 cars for key community teams to maintain staff safety and support access to patients in all community settings.

Community staff are able to prioritise their work load safely using EMIS system which can quickly identify the vulnerable and highly dependent patients.

Guidance is available for staff on what to do in adverse weather when travel is not advisable or travel routes are closed or withdrawn (Inclement Weather Guidelines).

The Facilities and Estates departments have a Winter Maintenance Plan which has been tested. All Trust properties have access to road salt and the Estates Department works with the local authority to maintain access.

Pre-determined, proactive priority salt & gritting and snow clearing is carried out by the Estates Department ensuring safe patient and ambulance access is maintained.

## **18. Supplies and Logistics**

Most of the Trust routine consumables are supplied by NHS Supply Chain (NHSSC) and managed by the materials management team. Regular meetings are held with NHSSC to review & rectify supply issues. Strategic non stock products in key locations e.g. Intensive Care are reviewed on a regular basis to ensure continuity of supply. The Trust holds an emergency stock of routine consumables to cover a surge in demand.

## **19. External Monitoring Arrangements**

### **19.1. National SITREP**

The Trust is required to submit a daily National SITREP covering both hospital and community services. The National SITREP captures data at 9am each weekday of the activity from the previous 24 hours and includes:

- Bed availability
- Escalation beds open
- Bed closures and reasons why
- Outbreak information
- Critical Care Capacity
- Operational NEEP status
- Staffing issues
- AE closures or diverts
- Cancelled elective activity
- Ambulance waits (provided by NEAS)
- Any escalations within community based teams

This information must be uploaded before 11.00 am Monday – Friday onto the UNIFY system by the information department. The information uploaded on a Monday captures the weekend activity.

### **19.2. Local teleconferences**

The Trust will participate in teleconferences with South Tyneside, Sunderland and Gateshead local Authorities as required.

### **19.3. Weekly/Daily Regional Teleconference**

During the winter reporting period (4 November 2015– 31 March 2016) North of England Commissioning Support (NECS) co-ordinate a weekly/daily teleconference. The Emergency Planning Lead will ensure that an appropriate representative from the Trust participates in the teleconference. Notes from the teleconferences will be circulated via the winter surge e-mail distribution.

**APPENDIX**

**On call Teleconference Arrangements**

**Date:**

**Introduction**

A conference call will take place at **13.30pm and 18.00** on Saturday and Sunday between the following managers

1. Director
2. Clinical Business Manager / Senior Manager
3. Clinical Site Manager
4. Senior Nurse bleep holder

The purpose of the conference call is to understand the position across the organisation, identify any issues, agree and plan action required.

The Director will Chair the conference call using the standard agenda.

If the pressure is extreme (as highlighted in the Clinical Site Manager 07.00 am SITREP) the Director on call may decide that it is necessary to call a teleconference at 10.00 am. If this is the case, the Director on call will advise the rest of the on call team.

**Managers on call**

Date	Director	Clinical Business Manager	Community Manager	Clinical Site Manager	Senior Nurse Bleep holder
Saturday					
Sunday					

## **Role of the Clinical Site Manager (In relation to the teleconference)**

The conference call has to be set up from a phone in the hospital therefore the Clinical Site Manager will initiate the conference call which will involve phoning the mobile number above of

1. Divisional Director
2. Clinical Business Manager / Senior Manager on call

The Site manager will go to the ward of the Senior Nurse Bleep holder to hold the conference call together

## **Setting up the conference call**

Dial first Contact

Press ► twice

Press ✓ to Select Start conference

Dial second Contact

Press ✓ to add this contact to the conference

The system then asks if you want to add to the conference

To add more contacts Press ✓ and dial the next contact as above.

The system can add 20 contacts to an audio conference.  
Contacts.

Each contact can just hang up to remove themselves from the conference.

The last contact to join the conference can be removed from the conference by Pressing ► three times and then ✓

You can view members of the conference by Pressing ► twice  
And then ✓

The screen informs the user of how many members have joined the conference.

By pressing ✓ to view the Next conference party the name of each contact will be displayed on the handset screen

## Role of the Director on call (in relation to the teleconference)

The Director on call will chair the teleconference using the agenda outlined below:

	<b>Agenda</b>	<b>10.00 (optional)</b>	<b>13.30</b>	<b>18.00</b>
1	Introduction & Aims			
2	Current Situation <ul style="list-style-type: none"> <li>• A&amp;E</li> <li>• Overall bed state</li> <li>• Ward 4</li> <li>• Predicted discharges</li> <li>• Primrose/Perth Green / TTT</li> <li>• Other hospitals and NEAS</li> </ul>			
3	Options to improve flow <ul style="list-style-type: none"> <li>• Ward rounds</li> <li>• TTOs &amp; discharge medicines</li> <li>• Transport</li> <li>• Care Home criteria</li> <li>• Diagnostic results</li> <li>• Discharge coordination on wards</li> <li>• Portering / cleaning etc.</li> </ul>			
4	Options to increase capacity			
5	Options to increase community capacity / change discharge criteria			
6	Additional staffing support to A&E and wards <ul style="list-style-type: none"> <li>• Nursing &amp; HCA</li> <li>• Patient experience</li> </ul>			
7	Support from partners <ul style="list-style-type: none"> <li>• CCG &amp; GPs</li> <li>• ST Council</li> <li>• NTW</li> <li>• NEAS / other FTs</li> <li>• Others</li> </ul>			
8	Communication <ul style="list-style-type: none"> <li>• Internal STFT</li> <li>• CCG and System</li> <li>• Public</li> </ul>			
9	Any other action			
10	Trust alert / escalation state			
11	Flight deck information ( to be collated on the call and submitted by the Senior manager on call to <a href="mailto:neas.flightdeck@nhs.net">neas.flightdeck@nhs.net</a> )			

## **Role of the Manager on call (in relation to the teleconference)**

### **Flight Deck Information**

The Clinical Site Manager will submit the Flight Deck Information to NEAS at **11:00, 16:00 and 20:00**

[neas.flightdeck@nhs.net](mailto:neas.flightdeck@nhs.net).

## Appendix 1



South Tyneside SRG  
ACTION PLAN 21 10 :

## Appendix 2



Emergency  
Preparedness Respor

## Appendix 3



Escalation Process  
for Critical Care Beds

## Appendix 4



Estates Winter  
Conditions Policy.doc

## Appendix 5



NorthEastPHEATs ID  
Plan WORKING DRAF

## Appendix 6



North East Outbreak  
Control policy - 10 01

## Appendix 7



Proactive  
Management of Patie

## Appendix 8



Discharge Policy for  
Patients leaving Hosp

## Appendix 9



Viral Gastroenteritis  
Outbreak Policy revie

## Appendix 10



Escalation  
Framework October v

## Appendix 11



South Tyneside SRG  
Whole System Escalat