

APP 1 RESPONSE TO TRUST ESCALATION IN NORMAL WORKING HOURS

EMS 1&2

- Risk of patients waiting more than 4 hours in ED.
- < 10% of elective and urgent inpatient work cancelled.
- Cubicles in A & E are 80 – 100% occupied.
- Additional bed capacity open and less than 80% occupied.
- Beds closed to admission due to infection control.
- Required Patient moves taking place.

Principles of good flow adhered to. These apply across all EMS levels and include:

- Providing each patient with an estimated date of discharge and reviewing it on a daily basis
- Daily MDT Board Rounds on each ward
- Facilitating early discharges
- Identifying and either resolving, or escalating, pathway blockages. This includes compliance with the R2G process.
- Ensuring safe staffing levels.
- Sending all appropriate patients to the Discharge Lounge
- Updating Ward Whiteboards in real time so that expected discharges are visible
- Re-using empty beds as quickly as possible.
- Compliance with infection prevention and control measures
- Supporting the Trust Capacity plan even when it overrides local priorities
- Chasing repatriations
- Adherence to policies such as the bed declaration policy, Professional Standards for accepting referrals from Assessment Areas and Critical Care and Site Escalation.
- Use of pre-assessment for elective patients.
- Reducing pre-op LOS by admitting/transferring patients on the day of surgery unless clinical workup is required.
- Reviewing and acting upon mismatches between forecast demand and forecast capacity.
- Developing robust plans for managing capacity out of hours.
- Supporting communication by answering telephones as quickly as possible.
- Utilising Hot Clinics and Assessment Areas to reduce demand on ED.
- TTO's and Discharge letters to be prepared in advance where clinically appropriate
- ED and CSM to discuss the plan for each patient when they get to 2 hours
- Maintain accurate and up to date records of available & future bed capacity at Hospital level.
- Ensure available capacity is maintained on Assessment Areas and Access Beds – as opposed to downstream wards.
- Patient transfers and swaps are made early in the day.
- EMS level to be updated at frequent intervals.
- Recovery at Home to be utilised where clinically appropriate.

EMS 3

Beds closed due to infection control.
Required Patient moves taking place.
100% Critical Care beds occupied.
planned overflow areas in use

- Patients waiting more than 5 hours in ED.
- 10% - 90% elective / urgent inpatient work cancelled
- All cubicles in A & E are full.
- Additional bed capacity open and more than 80% occupied.

Command & Control

- o Head of Operations coordinates activities with support from Clinical Site Team. This includes:
 - o Supervision of the Site Meetings to ensure bottlenecks/issues/priorities are identified and a mitigation plan agreed.
- o Escalating divisional issues to Divisional Senior Management Team
- o Requesting that capacity and resource is redirected from one division to another to support overall patient care and flow. Where a satisfactory mitigation plan cannot be identified the issue will be escalated to DCOO/COO.

Inpatient Specialities

Triumvirate team (TT)

- o Prioritise elective admissions and Inter Hospital Transfers.
- o Support Ward Managers identify and resolve any pathway blockages.

Clinical Site Team

- o Identify bottlenecks and issues affecting flow
- o Use the Site Meetings to agree an action plan that will mitigate the issue.
- o Allocate flex capacity to support overall patient care and flow.
- o Ensure empty beds are quickly filled to release capacity on Assessment Areas.
- o Enact the "1 up" policy
- o Ask Social Services to prioritise quick wins.

Divisional Management

Member of the SMT identified as the Divisional Capacity Lead.

- o Supervise the divisional capacity team,
- o liaise closely with the Head of Operations and Clinical Site Manager,
- o Ensure actions are being taken to maintain emergency and elective flow within the Division,
- o Presentation of a plan at 16:30 for managing Divisional flow overnight.
- o To review and act upon any capacity and demand mismatches predicted for the next 2-3 days.

Group Managers

- o Support clinical teams by chasing repatriation delays

Matrons

- o Ensure wards are conducting daily Board Rounds and are utilising the R2G process to review,
- o Resolve & escalate where necessary pathway delays.
- o Promote use of the Discharge Lounge.

DD or DDD

- o Utilise PICS to identify any ward areas that have not been reviewed by a Consultant.

Emergency Department

- o Consultant in charge and Nurse in charge to ensure EOU is fully utilised
- o Speciality doctors to be requested if time to be seen risks causing 4 hour breaches
- o Matron in ED or DHON/DDHON to ensure ED staff are moving patients into beds as soon as they are allocated.
- o Matron for CDU to support this process by overseeing flow into CDU.

Support Services

- o Imaging to prioritise tests required for patients that can be discharged.
- o Therapies: Associate Director for Therapy Services acts as primary point of contact for Site team escalations. Therapists to ensure AHP discharge status is accurate on PICS. Outreach assistants manage equipment delays

EMS 4

Patients waiting 8 hours or more in ED. More than 90% of elective cancelled.
All cubicles in A & E full / unplanned overflow areas.
All planned additional bed capacity open and full.
More than one ward closed due to infection control.
> 13% of the inpatient total are Medically fit for discharge
Critical Care as for 3 plus potential transfer identified unresolved.

Command & Control:

Single Incident Controller appointed to coordinate activities (COO/DCOO or DOPS). They will:

- o Chair Escalation Meetings,
- o Establishing an agreed site action plan (including for example a list of operational priorities, position on elective TC's & workforce deployment),
- o Delegate actions as required,
- o Track progress against actions,
- o Communicating with Execs,
- o Ensure the organisation is aware of the escalation status and the agreed action plan,
- o Reviewing and revise the action plan in line with progress throughout the day
- o Implementing a plan for the next 3 days.

Site Team:

- o Walk the wards to ensure all Ward managers are aware of the escalation level and are escalating pathway delays to Matrons/Divisional Management
- o Deploy team to areas of greatest needed – as agreed at the Site Escalation Meeting/Site Meeting
- o Enact the "1 over policy" where it is agreed by the Divisional SMT
- o Head of operations to liaise with Ambulance Control, UCIC

Inpatient Specialities:

CSL

- o Ensure Medical Team in the speciality are aware of the escalation status & site situation

Triumvirate Team

- o Identify discharges
- o Ensure all inpatients are progressing in line with their agreed treatment plan
- o Speciality medical staff are deployed to support these activities (this may require internal training to be cancelled and Consultant SPA time to be turned into DCC and repaid at a later stage)

Divisional Management:

DOPS/DD/DHON:

- o Attend Escalation Meetings chaired by Incident Controller.
- o Ensure Site Action Plan is communicated out to whole Division and that actions are being implemented.
- o Arrange and chair Divisional escalation meetings as required.
- o Ensure all inpatients are clinically reviewed and that discharges are prioritised.
- o Ensure Inpatient triumvirate teams meet to agree a speciality action plan.
- o Review staffing.

Matrons:

- o Attend Ward Board Rounds and Handover meetings.
- o Identify any pathway delays and support resolution., including escalation as required.
- o Review staffing and discuss cancelling training/non urgent meetings with the DHON.

Group Managers:

- o Meet with the Inpatient CSL's/Matrons to brief them on the Site situation and to agree a speciality action plan.
- o Make themselves available to the Divisional HON.
- o Deliver actions delegated from Divisional, Speciality and Site Escalation meetings as required.

Emergency Department:

- o Book locums/bank staff, request support from speciality doctors across the Trust, request support from off line nurses, where safe ask staff to start early or finish late (staying within working guidelines), Consultant SPA time to be converted into DCC and repaid at a later stage, on site training to be cancelled.
- o Ensure appropriate nursing is provided to care for patients waiting on the corridors
- o Safeguard patient dignity by actively using EOU to prevent patients waiting on the corridor – this may require additional staffing to be provided in EOU.
- o Consultant to be identified to provide RAT process for new arrivals.

Support Services

- o **Theatre** - work with specialities to ensure spare theatre time created by cancelled electives is reused for patients waiting for procedures. Provide the Ops Centre with a list of all inpatients waiting for theatre and the planned OP time/date.
- o **Pharmacy**: Principal Pharmacist instructs team to visit all wards and target identified discharges. PP will redirect staff to support Assessment Areas, and wards with higher identified discharges. PP will recall staff from non clinical areas to the dispensary to speed up TTO's.
- o **Imaging**
- o **Therapy**. Training cancelled and staff directed to attend the wards. Objective is to manage whole caseload and prioritise discharges.

Appendix 2

EMS 4 Action Cards

EMS 4: ACTION CARD

INCIDENT CONTROLLER

- Receive a situation report from the Head of Operations or Clinical Site Manager
- Establish a process & frequency for receiving further situation report updates.
- Arrange and chair a site escalation meeting (DOPS, DD's, Divisional Heads of Nursing, Head of Operations, Deputy Medical Director, Director of Nursing) to:
 - Ensure all of the issues are clearly identified
 - Determine available options
 - Agree a joint action plan
 - Agree a consistent approach for managing elective admissions and inter hospital transfers for the next 24 hours.
 - Agree a communications strategy
- Brief senior Execs including the Executive Chief Operating Officer, Chief Nurse and Medical Director
- Ensure that a forward look at predicted capacity and demand is undertaken, and that appropriate actions are taken as a result.
- Maintain contact with Divisional Senior Management Teams throughout incident
- Call further cross divisional escalation meetings as required.

EMS 4: ACTION CARD

HEAD OF OPERATIONS

- Will be based in the Ops Centre
- Maintain communication with the Chief Operating Officer and Deputy Chief Operating Officer, Divisional Directors of Operations and Heads of Nursing
- Provide situation report to include
 - ED position (wait to be seen, total number of patients, number waiting for beds, available space to cope with demand, staffing, number of expected ambulance conveyances on CAD)
 - Site available capacity and expected deficit
 - ITI bed booker (ability to progress,
 - Emergency Theatre position (number of cases listed, number planned to proceed, expected shortfall)
 - Community capacity
 - DTOC position, number of referrals to the Discharges Hub and update against case allocation and planned discharges
 - QEHB@Home availability, planned discharges and flex within service
 - NEPT case load, ability to respond to demand, review number of requests and prioritise allocation of crews to patients according to location within Trust in conjunction with the NEPT hospital based coordinators
- Collate divisional situation re number of patients waiting repatriation to other acute NHS providers
- Communicate site situation with the Urgent Care Intelligent Centre/ Regional Capacity Management team

EMS 4: ACTION CARD

DIRECTOR OF OPERATIONS

- Receive an update from Divisional Capacity Team
- Attend the Site Escalation Meeting
- Coordinate a Divisional Escalation Meeting (GM's & Matrons) to:
 - Feedback actions and decisions made at the Site Escalation Meeting
 - Review the list of inpatients in the Division waiting for theatre
 - Review the list of Divisional patients awaiting repatriation
 - Develop a plan for elective admissions/Inter Hospital Transfers in line with the approach agreed at the Site Escalation Meeting.
 - Staffing for the next 24 hours.
 - Develop a 6 hour, 24 hour, 48 hour divisional plan.
 - Ensure all of the principles of good flow are being adhered to within the Division.
- Ensure Triumvirate teams for inpatient specialities/support services that affect flow meet to agree local plan.
- Chair the Divisional R2G Meeting and ensure delays are all being followed up on appropriately.
- Track progress against the Divisional Action Plan and feedback progress to the Incident Controller.

EMS 4: ACTION CARD

DIVISIONAL DIRECTOR/DEPUTY DIVISIONAL DIRECTOR

- Maintain communication links with Director of Operations
- Attend the Site Escalation Meeting.
- Attend the Divisional Escalation Meeting and support the team to:
 - Review the list of inpatients in the Division waiting for theatre
 - Review the list of Divisional patients awaiting repatriation
 - Develop a plan for elective admissions/Inter Hospital Transfers in line with the approach agreed at the Site Escalation Meeting.
 - Staffing for the next 24 hours.
 - Develop a 6 hour, 24 hour, 48 hour divisional plan.
 - Ensure all of the principles of good flow are being adhered to within the Division
- Speak to all of the inpatient CSL's to ensure they are aware of the escalation status and are making appropriate additional plans to progress patients pathways/increase discharges. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
- Consider cancelling training scheduled for junior doctors whose roles and responsibilities impact on flow.
- Ensure Triumvirate teams for inpatient specialities/support services that affect flow meet to agree local plan.
- Review medical staff arrangements for the coming evening/night/weekend and support operational teams in developing an action plan to bolster rotas where required.

EMS 4: ACTION CARD

DIVISIONAL DIRECTOR

- Maintain communication links with Director of Operations
- Attend the Site Escalation Meeting.
- Attend the Divisional Escalation Meeting and support the team to:
 - Review the list of inpatients in the Division waiting for theatre
 - Review the list of Divisional patients awaiting repatriation
 - Develop a plan for elective admissions/Inter Hospital Transfers in line with the approach agreed at the Site Escalation Meeting.
 - Staffing for the next 24 hours.
 - Develop a 6 hour, 24 hour, 48 hour divisional plan.
 - Ensure all of the principles of good flow are being adhered to within the Division
- Speak to all of the inpatient CSL's to ensure they are aware of the escalation status and are making appropriate additional plans to progress patients pathways/increase discharges. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
- Consider cancelling training scheduled for junior doctors whose roles and responsibilities impact on flow.
- Ensure Triumvirate teams for inpatient specialities/support services that affect flow meet to agree local plan.
- Review medical staff arrangements for the coming evening/night/weekend and support operational teams in developing an action plan to bolster rotas where required.

EMS 4: ACTION CARD

DIVISIONAL HEAD OF NURSING/DEPUTY DIVISIONAL HEAD OF NURSING

- Maintain communication links with Director of Operations
- Attend the Site Escalation Meeting
- Attend the Divisional Escalation Meeting and support the team to:
 - Review the list of inpatients in the Division waiting for theatre
 - Review the list of Divisional patients awaiting repatriation
 - Develop a plan for elective admissions/Inter Hospital Transfers in line with the approach agreed at the Site Escalation Meeting.
 - Staffing for the next 24 hours.
 - Develop a 6 hour, 24 hour, 48 hour divisional plan.
 - Ensure all of the principles of good flow are being adhered to within the Division
- Walk around each of the Divisional wards to ensure staff are aware of the escalation status, that they are adhering to the principles of good flow and are prioritising discharges.
- Identify any training scheduled for nurses whose roles and responsibilities impact on flow and discuss benefit/impact of cancelling the training with Director of Operations.
- Ensure Triumvirate teams for inpatient specialities/support services that affect flow meet to agree local plan.
- Maintain close contact with the Matrons.
- Attend the Divisional R2G Meeting and facilitate actions that will progress patient pathways as required.
- Delegate suitable tasks to Group Managers

EMS 4: ACTION CARD

Group Manager

- Attend the Divisional Escalation Meeting and take actions away as required
- Arrange an urgent Triumvirate Meeting in all specialities that affect flow. Utilise this meeting to agree a speciality plan that will ensure:
 - Patients are progressing along their pathway and that discharges are being expedited.
 - All inpatients are reviewed by a consultant. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
 - Delays in patient pathways are identified and escalated appropriately.
 - Inpatients waiting for a procedure/operation are prioritised.
 - Robust staffing plans are in place for the next 24 hours.
 - Elective admissions and Inter Hospital Transfers are managed in line with the parameters agreed at the Site Escalation Meeting
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Re-organise elective admissions in line with the process agreed at the Site Escalation Meeting.
- Receive tasks allocated by the Divisional Head of Nursing that will help progress patients pathways – for example chasing repatriations.
- Ensure that a forward look at predicted capacity and demand is undertaken, and that appropriate actions are taken as a result.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

Inpatient Matrons (Div C, B & D)

- Attend the Divisional Escalation Meeting and take actions away as required
- Attend an urgent Triumvirate Meeting in all specialities that affect flow. Utilise this meeting to agree a speciality plan that will ensure:
 - Patients are progressing along their pathway and that discharges are being expedited.
 - All inpatients are reviewed by a consultant.
 - Delays in patient pathways are identified and escalated appropriately.
 - Inpatients waiting for a procedure/operation are prioritised.
 - Robust staffing plans are in place for the next 24 hours.
 - Elective admissions and Inter Hospital Transfers are managed in line with the parameters agreed at the Site Escalation Meeting
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Attend Red 2 Green Meetings, Ward Board Rounds and Handover meetings. Identify any pathway delays and support resolution, including escalation as required.
- Brief the Clinical Service Lead on any delays identified in the Red 2 Green Meeting, and ask for support as required.
- Review staffing and discuss cancelling training/non urgent meetings with the DHON.
- Ensure beds are being released for new admissions as quickly as possible by checking that wards are sitting patients out and/or using the discharge lounge.
- Support the Group Manager carry out a forward look at predicted capacity and demand and ensure that appropriate actions are taken as a result.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

CLINICAL SITE MANAGER

- To maintain accurate records identifying the necessary emergency demand required against division and speciality
- To maintain accurate information regarding 12 DTA and progress discharge from the ED department to achieve this
- Ensure that all future and current bed availability is tracked carefully to support allocation decisions.
- Keep an “issues list” and ensure that each issue is resolved either through discussions with Divisional Capacity Teams, at the Site Meetings or via escalation to the Head of Operations or Incident Controller.
- In the absence of the Head of Operations to provide the necessary site situation report
- To work alongside the Head of Operations (see action card)

EMS 4: ACTION CARD

Clinical Service Lead

- Ensure Speciality Medical teams are aware of the escalation status.
- Ensure all possible options are being taken to progress patients pathways/increase discharges. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
- Attend an urgent Triumvirate Meeting in all specialities that affect flow. Utilise this meeting to agree a speciality plan that will ensure:
 - Patients are progressing along their pathway and that discharges are being expedited.
 - All inpatients are reviewed by a consultant. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
 - Delays in patient pathways are identified and escalated appropriately.
 - Inpatients waiting for a procedure/operation are prioritised.
 - Robust staffing plans are in place for the next 24 hours.
 - Elective admissions and Inter Hospital Transfers are managed in line with the parameters agreed at the Site Escalation Meeting
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Support the Group Manager in carrying out a forward look at predicted capacity and demand, and ensure that appropriate actions are taken as a result.
- Receive an update on the Wards Red 2 Green Meetings from the Matron and help facilitate actions as required.
- Ensure senior medical input into each Wards Board Round.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

Matron : Emergency Department

- Attend the Divisional Escalation Meeting and take actions away as required
- Attend an urgent Emergency Department Triumvirate Meeting. Utilise this meeting to agree a speciality plan that will ensure:
 - Robust Emergency Department staffing plans are in place for the next 24 hours.
 - That plans are in place to maintain the maximum TTBS (time to be seen) at less than 2 hours.
 - All decisions to admit are reviewed by a consultant (SPR midnight to 8am).
 - Delays in patient pathways are identified and escalated appropriately.
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Attend the Department Board Rounds and support with actions as required.
- Explore the possibility of organising additional nursing staff and discuss cancelling training/non urgent meetings with the DHON.
- Request support from off line nurses as required
- Support the Group Manager to carry out a forward look at predicted capacity and demand and ensure that appropriate actions are taken as a result.
- Ensure staffing is deployed to care for patients waiting on the corridor.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

Group Manager: Emergency Department

- Attend the Divisional Escalation Meeting and take actions away as required
- Arrange an urgent Triumvirate Meeting. Utilise this meeting to agree a speciality plan that will ensure:
 - Robust Emergency Department staffing plans are in place for the next 24 hours.
 - That plans are in place to maintain the maximum TTBS (time to be seen) at less than 2 hours. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
 - All decisions to admit are reviewed by a consultant (SPR midnight to 8am).
 - Delays in patient pathways are identified and escalated appropriately.
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Receive tasks allocated by the Divisional Head of Nursing that will help progress patients pathways.
- Carry out a forward look at capacity and demand and ensure appropriate actions are taken as a result.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

CSL: Emergency Department

- Attend an urgent Triumvirate Meeting. Utilise this meeting to agree a speciality plan that will ensure:
 - Robust Emergency Department staffing plans are in place for the next 24 hours.
 - That plans are in place to maintain the maximum TTBS (time to be seen) at less than 2 hours. This may include asking consultants to change their Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
 - All decisions to admit are reviewed by a consultant (SPR midnight to 8am).
 - Delays in patient pathways are identified and escalated appropriately.
 - All clinical staff in the Speciality are aware of the escalation status, any specific issues and the Speciality Action Plan.
- Ensure the medical team is aware of the escalation status.
- Ensure there are sufficient clinical staff in See & Treat to prevent flow delays out of Majors affecting waiting times in See & Treat.
- Assign a consultant to Rapidly Assess and Triage new attendances
- Ensure EOU is being actively used (where clinically appropriate) to prevent patients waiting on the corridor – this may require additional staffing to be provided in EOU.
- Carry out a forward look at capacity and demand and ensure appropriate actions are taken as a result.
- Maintain contact with Divisional Senior Management Teams throughout incident

EMS 4: ACTION CARD

Theatres: Group Manager/Matron

- Provide the Ops Centre with a list of all inpatients waiting for theatre and the planned op time/date
- Liaise with GM's in Div B, C and D to determine which electives are being cancelled (next 72 hrs).
- Develop a plan to ensure all available theatre space is used to reduce the list of inpatients waiting for theatre

EMS 4: ACTION CARD

Pharmacy: Principal Pharmacist

- Attend the Divisional Escalation Meeting and take actions away as required
- Ensure that the whole team are aware of the escalation status.
- Instruct team to visit all wards and target identified discharges
- Ensure sufficient resource is provided to support Assessment Areas and wards with higher predicted discharges
- Recall staff from non- clinical areas to speed up the dispensary.

EMS 4: ACTION CARD

Lead Therapist

- Attend the Divisional Escalation Meeting and take actions away as required
- Ensure that the whole team are aware of the escalation status.
- Instruct team to visit all wards and target identified discharges
- Ensure sufficient resource is provided to support Assessment Areas and wards with higher predicted discharges
- Cancel training and direct staff to attend the wards as required.

EMS 4: ACTION CARD

Imaging: Group Manager

- Attend the Divisional Escalation Meeting and take actions away as required
- Ensure that the whole team are aware of the escalation status.
- Review waiting times for imaging in ED and redirect staffing if required.
- Report the waiting times for imaging modalities to the Ops Centre.
- Consider options to reduce waiting times for imaging/reporting where necessary/appropriate. This may include:
 - Cancelling training
 - Asking consultants to change there Direct Clinical Care (DCC) commitments, or converting Supporting Professional Activity (SPA) time into DCC.
- Ensure that Imaging requests critical for a discharge are identified and prioritised alongside urgent clinical requests.