Community Hospitals
Escalation Policy

Partners in Care

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.
On receipt of a new version, please destroy all previous versions.

Document Information

Date of Issue:	08.06.2015	Next Review Date:	30/05/2017
Version:	1	Last Review Date:	
Author:	Helen Ireland		
Owner:			
Directorate:	Operations – Community Hospitals		
Approval Route: Care and Clinical			
Approved By:		Date Approved:	
Care & Clinical		08.06.15	
Links or overlaps with other strategies/policies:			
Major Incident Plan			
Business Continuity Plan			
Escalation Framework			
TSDHCT Escalation Plan			
NICE guidance – Safe Staffing for nursing in adult inpatient wards in acute hospitals			

Amendment History

Issue	Status	Date	Reason for Change	Authorised

Contents

Introduction

This policy relates to the Community Hospitals across Torbay and Southern Devon Health and Care Trust. It describes the processes in place and the actions and measures that will be taken to support 'business as usual' at all times including those times when the services experience increasing capacity and demand pressures.

This policy enables the Trust to deal effectively with fluctuations in demand and capacity in order to ensure that clinical risks can be managed within safe and acceptable levels. It describes the day-to-day operational management of community hospitals, the actions and responsibilities required of individual team members on a daily basis and the processes to be followed to successfully and effectively manage increased demand, pressured capacity and required escalation in the system.

This policy links with a number of other key organisational policies and plans including the Major Incident plan, local Business Continuity plans and the Escalation framework. It is also cognisant of colleague organisation pressures and aims to be part of a whole system wide solution to these very pressures.

1   Statement/Objective

The key aims and objectives of this policy are to demonstrate that robust strategies and plans are in place that will:-

- Ensure that patient safety and experience is maintained by ensuring that care is delivered in the most appropriate place depending on clinical need.
- Manage increased demands for more capacity by ensuring discharge plans are organised in a safe, well managed and timely manner.
- Describe the leadership arrangements, roles and responsibilities, communications and reporting channels that are in place or necessary during times of increased demand on the service.
- Be based primarily on patients safety and complexity measures and assessed alongside the bed state information and other associated escalation measures**.**
- Evaluate the escalation status of each Community Hospital as well as providing an overall combined status level for the Community Hospitals as a whole.
- Contribute to the following:
    • Early identification of capacity pressures and problems.
    • Enable a timely proactive management response rather than a reactive one.
    • Concise and clear actions
- Facilitate a de-escalation process as required.

2   Roles & Responsibilities

3.1   Effective leadership is essential during times of increased demand in order to ensure that safe, appropriate and timely actions are taken to provide an effective response.
There are a number of key individuals who have specific responsibilities in the event of increased demand or escalation. These include:-

- Ward Managers – are responsible for ensuring that timely and accurate bed state information is collated daily and communicated appropriately using the Trust's internal iCare process.

- Matrons – are responsible for proactively managing patient flow within their areas of responsibility and to escalate any areas of concern/risk that they identify to their line manager. They are also responsible for providing clinical support and advice to their ward teams.

- Deputy Assistant Director for Community Hospitals/Operational lead – is responsible for supporting patient flow on a day to day basis and in supporting clinical teams in managing issues and risks when these are identified and by helping to coordinate information and escalation upwards whenever necessary.

- Assistant Director (AD) for Community Hospitals – will review the available information, will support or authorise decisions and remove obstacles and escalate and report to the Executive team as may be required. The AD will also deputise for the Chief Operating Officer as required.

- Chief Operating Officer – will assume overall responsibility for patient flow throughout the Trust.

3 Process

4.1   A number of triggers will be used to determine the escalation status and appropriate response required to ensure that adequate patient flow is achieved, maintained and balanced in favour of the safety and quality of patient care provided.

4.2   The escalation status for the Community Hospitals is determined by the Matron/Senior Nurse on duty on a twice daily basis through the completion of a risk matrix and numerical mechanism now known as the 'hospital bed state'. This is based on a system which incorporates the clinical risks criteria identified the NICE Guidelines Nine Safer Staffing indicators - Nursing Guidelines July 2014). These include:-

- ➢ a range of information relating to their bed occupancy
- ➢ expected admissions, transfers and discharges
- ➢ information relating to patient complexity >
- ➢ Safer Staffing indicators including the adequacy of meeting patients' nursing care needs, falls, pressure ulcers, medication administration errors, missed breaks, nursing overtime, planned, required and available nurses for each shift, high levels and/or ongoing reliance on temporary nursing, compliance with any mandatory training.

4.3   The patient complexity, clinical situations, the safer staffing data and allayed information is collected and shared both through formal mechanical methodologies and via formal senior clinical judgements. The Matrons utilise other sources of information to reach their clinical judgements such

- QuESTT scores
- Safer Staffing daily information
- Local ward information
- Review of Bank/Agency usage within the ward areas
- Safety thermometer information

4.4   The information and data is then analysed and produce a RAG rating for each in-patient ward. All the Community Hospital ratings are then combined and provide an overall RAG rating for the community hospitals as a whole.

4.5   The hospital bed state is a key source of information that provides twice daily intelligence which supports the Trust to calculate its capacity, to monitor patient flow and to plan ahead. In addition, an assessment of the complexity and acuity of patients in the hospitals can be made from the report produced. These include information referred to within the NICE guidance Safer Nursing indicators.

4.6   The Community Hospital capacity data is shared with key stakeholders/partner organisations.

4.7   Appendix 1 provides the overarching actions that are required when Matrons identify concerns. These are supported by the Action Cards (Appendix 4) that detail individual responsibilities required to ensure all potential actions have been taken and evidenced.

4.10   Operational decisions will also be based on the available intelligence and data. Consideration of options to manage the services safely may include the need to temporarily reduce or relocate staff or services particularly if there particular problems associated with the:-

- Availability of sufficient staff
- Infectious outbreaks
- Planned or unplanned loss of premises

4.11   Appendix 2 details the process that will be followed should it be necessary to consider temporary reductions, relocation or closure of services.

4.12   Appendix 3 provides information on the number of commissioned beds within the hospitals and the location of additional capacity which may need to be used during periods of higher than expected demand. In such instances, this should be done in a planned way ensuring that all necessary risks are identified and mitigated wherever possible.

4.13   A communication plan will be developed to ensure that all key stakeholders receive information in a timely manner.

4   Monitoring, Auditing, Reviewing & Evaluation
The current systems and proceses will be evaluated on an ongoing basis but more formally every April and will be updated iteratively as may be required.

5   References
Detailed on document cover sheet

6   Distribution
Community Hospital Matrons
Community Hospitals Operational Management Team
Executive Team

7   Appendices
Appendix 1 ~ Community Hospital Acuity ~ Daily Monitoring & Escalation Plan
Appendix 2 ~ Decision Making Process leading to a Temporary Reduction, Relocation or Closure of Beds
Appendix 3 ~ Community Hospital Capacity
Appendix 4 ~ Action Cards

Appendix 1
Community Hospital Acuity - Daily Monitoring & Escalation plan.

As part of the Torbay and Southern Devon Health and Care NHS Trust Capacity and Escalation Plan each community hospital is required to complete a daily return onto iCare and this is undertaken all year round. It is completed by 9am each morning and forms part of the overarching Daily Escalation Report which details the RAG status of teams and services across the whole organisation. The Community Hospital Escalation process assesses both the complexity of patients and the occupancy rate in each setting. This differs from the zone team Escalation process whose system is based on the ability of each team to meet existing demand and the ability to accept new work.
The following responses/actions are expected of the operational teams in response to the daily RAG status

Hospital RAG score	Description	Overarching Actions	Responsibility
GREEN	Patient flow is not compromised Patient acuity is manageable within 'normal' operational systems QuESTT tool at Level 0 Safer Staffing information	Normal operational work is undertaken and no extra action is required	Local Hospital Matron/ Clinician on call
AMBER	Patient flow is being maintained Patient acuity shows an increasing patient complexity Overall Community Hospital's daily Acuity RAG status. QuESTT tool level at 1 -2 Safer Staffing information	The Operational lead liaises with the appropriate Matron to discuss and review the situation. If it is agreed that the likelihood of increased risk is minimal or none and all staffing requirements are in place, then no further action is required. If a moderate risk exists, a review of all patients and an assessment of the staffing situation will be undertaken. All necessary operational, escalation and reporting actions will be taken in line with the Trust's Business Continuity plan. The Monthly QuESTT and Bed audit tools will be reviewed to evidence any possible trends occurring.	Deputy Assistant Director for Community Hospitals/Oper ational Lead/Hospital Matron/On call Manager
RED	Capacity is being compromised and patient flow to and from Community hospitals is restricted due to the	If it is agreed that the likelihood of increased risk is moderate or severe and staffing levels are compromised, then further action is required. The Assistant Director liaises with the Operational lead and appropriate Matron	Assistant Director for Community

complexity of patients, domiciliary care limitations, staffing limitations resulting in discharge delays and concerns for patient and staff safety. Overall Community Hospital's daily Acuity RAG status. QuESTT tool level at 3 Safer Staffing information	to gather a whole service position including specific patient acuity needs and will support, authorise or deploy staff as may be needed. Operational MDT reviews will be held daily. Community Service AD's and the Chief Operating Officer will be briefed. Escalation Calls with colleague organisations (Social Care, Acute Services, the CCG etc) will be arranged. All available information sources will be reviewed including QuESTT, Bed Audit, staffing rota's, Community Services, status, Domiciliary care position etc. All necessary operational and escalation actions will be taken in line with the Trust's Business Continuity plan.	Hospitals/ Deputy Assistant Director for Community Hospitals/ Operational Lead/Hospital Matron/On call Manager

RAG score is the combined result of the Bed Occupancy and Patients Health Complexity

TORBAY COUNCIL

Appendix 2

Decision Making Process leading to a Temporary Reduction, Relocation or Closure of Beds

A. Matron will brief the Deputy AD for Community Hospitals that there are concerns in a number of areas and the quality of care and safety of both patients and staff could be compromised.

B. Evidence will include information from a number of sources to provide complete overview of the situation.

---

1. QuESTT score at Level 1 or above for two consecutive months with no predicted improvements.
2. Recruitment issues – unable to recruit to RN posts, multiple adverts placed for same post, 2 or more RN vacancies in hospital having impact on cover required.
3. Workforce information – review of turnover, vacancies, training levels , etc.
4. Sickness information review – review all individuals sickness management plans.
5. Variety of resolution option explored – attempt to secure extra short term RN staff by deployment, via Temporary Staffing Bank or Agency or by offering part-time staff extra hours either ad-hoc or on a temporary basis
6. Review of Datix information to identify any patient safety concerns

---

D. A briefing paper will be prepared and presented to the Executive Team which will include a range of options including any need to temporarily reduce, relocate or close a number of beds.

---

1. Review options and risks including patient and staff safety issues, potential impact on patient flow, stakeholder & public reaction.
2. Deploy the Trustwide Business Continuity Plan if required.

E. Communications Team to prepare and share all necessary information with key internal and external stakeholders.

F. Perform a weekly operational review of the situation and monthly /every 3 months until return to normal.

Appendix 3

Community Hospital Capacity

Location	Commissioned bed numbers	Maximum surge Capacity
Ashburton Hospital	10	10
Bovey Tracey Hospital	9	9
Brixham Hospital	20	20
Dartmouth Hospital	18	18
Dawlish Hospital	18	18
Newton Abbot Hospital - Teign Ward - Templar Ward	 15 20	 30 30
Paignton Hospital	28	28
South Hams Hospital	12	13
Tavistock Hospital	15	15
Teignmouth Hospital	12	13
Totnes Hospital	18	18

Appendix 4

GREEN ACTION CARD

Actions by TSDHCT – No negative Triggers Applicable	
Required Actions – management at GREEN is by Matrons & Ward Managers	
Action	By whom
Ensure all wards and departments within Community Hospitals are staffed adequately	
Ensure all patients ready to be discharged do so with appropriate support.	
Utilise all opportunities for rehabilitation, Intermediate and ambulatory care.	
Ensure all patients have an Expected Date of Discharge	
Ensure all patients admitted are seen by a clinical decision maker (nurse/doctor)	
Keep the pressure up at all times to review and discharge.	
Ensure patients due for discharge and those causing clinical concern are identified at the Board/Ward Round	
Identify patients for discharge tomorrow or later in week (including weekend discharge planning) via Board Round	
Liaise with community interdisciplinary teams, discharge support teams to identify those suitable for move to social care/ care home or home.	
Ensure capacity summary and issues are provided to bed state twice daily.	
Identify early any rising issues which could affect an upward trend in escalation level – escalate as appropriate.	
Consider options to cancel training	

TORBAY COUNCIL

AMBER ACTION CARD

Actions by TSDHCT – Issues beginning to arise and actions required to prevent further problems
No immediate available beds in Community Hospitals. Limited capacity in Community Inter-Disciplinary Teams. Community teams able to deliver **routine**, essential and critical services within 6 hours. Staffing levels adequate to meet planned visits for that day. May have to ask other teams for support with new visits. Acute and community hospitals escalation levels at Level 2 – Levels reviewed through daily operational Escalation Conference Call. Predicted capacity is showing signs of exceeding demand.

Required Actions – management at AMBER is by Deputy Assistant Director of Community Hospitals, Matrons & Ward Managers	
Action	By whom
Update hospitals and community services capacity status on EMS, detailing specific pressures	
Ensure all actions from GREEN have been actioned and exhausted, ensuring that **all** information is timely and relevant in order to provide an update as required.	
Maintain normal staffing levels within community hospitals and community services. Utilise bank or agency as appropriate	
Expedite discharges/transfers of care with internal and external partners. Ensure early booking of transport to prevent delays.	
Relevant local service business continuity plans initiated where appropriate.	
Liaise with GPs, CCGs and Social Services to review and expedite early supported discharge, if appropriate, consider short term placements to maximise bed availability	
Utilise all opportunities in ambulatory and rehabilitative care where appropriate.	
Communicate current position to relevant Managers & Director on call.	

RED ACTION CARD

Actions by TSDHCT – Prolonged Pressure with on-going Local Health Economy experiencing sustained extreme pressure	
No available beds in Community Hospitals. Limited capacity in Community Inter-Disciplinary Teams. Levels reviewed through daily operational Escalation Conference Call. Predicted capacity is showing on-going signs of exceeding demand.	
Required Actions – management at RED is by Deputy Assistant Director of Community Hospitals, and/or Assistant Director	
Action	By whom
Ensure all actions from Level Green and Amber status have been exhausted and ensure information is available to provide accurate updates	
Relevant service business continuity plans initiated where appropriate.	
Communicate position urgently to Director on call.	
Ensure staffing is adequate with appropriate skill mix to manage in this situation – Utilise Bank & Agency where necessary. Also consider moving staff to critical areas of service delivery as per business continuity.	
All medical staff asked to re-review patients, risk stratify potential further discharges	
On call Exec may communicate with Commissioners	