

Title:	COMMUNITY HOSPITAL ESCALATION POLICY	Ref No: 1914 Version: 2 Classification: Policy
Directorate:	Care and Clinical Community	
Responsible for review:	Interim Assistant Director of Community Hospitals	Due for Review: 13-10-2020 Document Control
Ratified by:	Care and Clinical Policies Group	
Applicability:	All patients as indicated	

Contents

1.	Introduction	Page 1
2.	Statement Objective	Page 1
3.	Roles and Responsibilities	Page 2
4.	Process	Page 2
5.	Monitoring and Auditing	Page 4
6.	References	Page 4
7.	Distribution	Page 4
8.	Appendices	Page 4
	Appendix 1 - Community Hospital Acuity ~ Daily Monitoring & Escalation Plan	Page 5
	Appendix 2 - Decision Making Process leading to a Temporary Reduction Relocation or closure of beds	Page 7
	Appendix 3 - Community Hospital Capacity	Page 8
	Appendix 4 - Action Cards	Page 9

1. Introduction

This policy relates to the Community Hospitals across Torbay and South Devon NHS Foundation 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.

2. 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 patient's 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

3. 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:-

- Ø 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.
- Ø 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.
- Ø 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. Will review the available information and will support or authorise decisions.
- Ø Divisional General Manager (DGM) will support decisions and assist with the removal of blocks in in the system. The DGM will authorise significant financial decisions and will escalate and report to the Executive team as required.
- Ø The Chief Operating Officer – will assume overall responsibility for patient flow throughout the Trust

4. 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:-

- Ø A range of information relating to their bed occupancy.
- Ø Expected admissions, transfers and discharges.
- Ø Information relating to patient complexity.
- Ø SAFER staffing indicators including the adequacy of meeting patient's 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 as:

- 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 produces 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.

4.8 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 are particular problems associated with the:-

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

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

4.10 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.

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

5. Monitoring, Auditing, Reviewing & Evaluation

The current systems and processes will be evaluated on an ongoing basis but more formally every April and will be updated iteratively as may be required.

6. References

Detailed on document cover sheet.

7. Distribution

Community Hospital Matrons
Community Hospitals Operational Management Team
Executive Team
Community Services Delivery Unit Management Team
Locality Clinical Directors

8. Appendices

[Appendix 1](#) ~ Community Hospital Acuity

[Appendix 2](#) ~ Community Hospital Decision Making Process

[Appendix 3](#) ~ Community Hospital Capacity

[Appendix 4](#) ~ Action Cards

Community Hospital Acuity ~ Daily Monitoring & Escalation plan

As part of the Torbay and South Devon NHS Foundation 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 Locality 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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.</p> <p>The Monthly QuESTT and Bed audit tools will be reviewed to evidence any possible trends occurring.</p>	Deputy Assistant Director for Community Hospitals/Operational Lead/Hospital Matron/On call Manager
RED	<ul style="list-style-type: none"> • Capacity is being compromised and patient flow to and from Community Hospitals is restricted due to the complexity of patients, domiciliary care limitations, staffing limitations resulting in discharge delays and concerns for patient and staff safety. • Overall Community Hospital's daily 	<p>If it is agreed that the likelihood of increased risk is moderate or severe and staffing levels are compromised, then further action is required.</p> <p>The Assistant Director liaises with the Operational lead and appropriate Matron to gather a whole service position including specific patient acuity needs and will support, authorise or deploy staff as may be needed.</p> <p>Operational MDT reviews will be held daily. Community Service AD's and the Chief Operating Officer will be briefed.</p>	Assistant Director for Community Hospitals/ Deputy Assistant Director for Community Hospitals/ Operational Lead/Hospital Matron/On call

	<p>Acuity RAG Status.</p> <ul style="list-style-type: none"> · QuESTT Tool level at 3. · Safer Staffing information. 	<p>Escalation Calls with colleague organisations (Social Care, Acute Services, the CCG etc) will be arranged.</p> <p>All available information sources will be reviewed including QuESTT, Bed Audit, staffing rota's, Community Services, status, Domiciliary care position etc.</p> <p>All necessary operational and escalation actions will be taken in line with the Trust's Business Continuity plan.</p>	<p>Manager</p>
--	--	---	----------------

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

Appendix 2

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

- A. Matron will brief the Assistant Director 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 options 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*

- C. 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 Trust wide Business Continuity Plan if required.*

- D. Communications Team to prepare and share all necessary information with key internal and external stakeholders.
- E. 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
Brixham Hospital	16 Medical 4 Intermediate Care
Dawlish Hospital	16 Medical
Newton Abbot Hospital <ul style="list-style-type: none"> · Teign Ward · Templar Ward 	30 30
Totnes Hospital	16 Medical

Action Cards

GREEN ACTION CARD

Actions by TSDFT ~ No negative Triggers Applicable	
Required Actions ~ Management at OPEL 1 is by Matrons and 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	

AMBER ACTION CARD

Actions by TSDFT ~ 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 Opel 2 & 3 ~ levels reviewed through daily Operational Escalation Conference Call.
 Predicted capacity is showing signs of exceeding demand.

Required Actions ~ Management at **OPEL 2 & 3** is by Assistant Director of Community Hospitals, Matrons and Ward Managers.

Action	By whom
Update Hospitals and Community Services capacity status through Conference Call, 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 and Director on call.	

RED ACTION CARD

Actions by TSDFT ~ 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 OPEL 3 & 4 is by Assistant Director of Community Hospitals and/or Divisional General Manager.

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 and 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	

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:	1914		
Document title:	Community Hospital Escalation Policy		
Purpose of document:			
Date of issue:	13 October 2017	Next review date:	13 October 2020
Version:	2	Last review date:	
Author:	Interim Assistant Director of Community Hospitals		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	20 September 2017		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Have you considered using Equality Impact Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
June 2015	1	New	Interim Assistant Director of Community Hospitals
13 October 2017	2	Revised	Care and Clinical Policies Group
19 February 2018	2	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.