OP48

EMERGENCY PRESSURES

ESCALATION PROCEDURES

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**Appendix 1**
- Escalation triggers

**Appendix 2**
- Action cards – “What does escalation mean to me?”

**Appendix 3**
- Level 4 management action log
1. PURPOSE

The purpose of this Escalation Procedure is to provide an operational approach to the effective management of capacity and escalation across all areas within Cwm Taf University Health Board. This includes all acute and community sites, mental health and CAMHS and primary care including the GP out of hours service.

2. POLICY STATEMENT

The Health Board will work with its partners to meet safely the needs of the local population for hospital based in care at each level of demand / pressure within the policy framework set by the Welsh Government. Whilst doing this, the Health Board will communicate clearly, both internally and with key partners, to ensure a whole system response to managing emergency pressures.

3. PRINCIPLES

This procedure covers the principles and procedures for managing beds and pressures at different levels of demand both within and outside “normal” working hours. It applies also at times of exceptional demand when a major incident or potential major incident is declared.

Specifically the procedure includes: -

- the different levels of alert (SITREPS reporting levels);
- conference call arrangements;
- escalation at different levels of alert, including the triggers for action;
- a series of ‘What Does Escalation Mean to Me’ action cards
- Escalation management action log for use at level 4

It is important to note that the responsibility for transferring patients from one speciality to another is a clinical matter, determined between the respective consultant teams and based upon robust clinical assessment.

4. LEGISLATIVE AND NHS REQUIREMENTS

This procedure is set within the framework laid down by the Welsh Government and the Cwm Taf Unscheduled Care Delivery Plan for the management of emergency and elective admissions, including the requirements to: -

- Effectively and safely manage emergency admissions;
- Calculate and report Staff, Acuity, Physical Capacity, Time and Environment (SAPhTE) scores and SITREPS;
- Co-ordinate the response to pressures across the region;
• Ensure that capacity is available to meet waiting time targets for elective care; and
• Ensure that Mental Health legislative requirements for admission are prioritised.

5. ESCALATION LEVELS

The procedures are designed to enhance the effectiveness of patient flow and maintain patient safety through the implementation of local actions that support best practice through proactive management of increased emergency pressures.

In order to achieve this it is essential that escalation commences at the earliest opportunity and follows the recommendations made within this document. The following table provides an overview of the escalation levels:

| Level 1 | Steady State | Ensure all standard operating processes are functioning as efficiently as possible in order to maintain patient flow |
| Level 2 Amber Low | Moderate Pressure | Respond quickly to manage and resolve emerging pressures that have the potential to inhibit patient flow. Initiate contingencies and de-escalate when appropriate |
| Level 3 Amber High | Severe Pressure | Prioritise available capacity in order to meet immediate pressures. Put contingencies into action to bring pressures back in to organisational control. De-escalate when appropriate |
| Level 4 | Extreme Pressure | Ensure all contingencies are fully operational to recover the situation. Executive command and control of the situation. De-escalation when appropriate. |

The escalation levels for each of the following service areas are displayed on the SharePoint site and are updated / reviewed at least once per day:

• CAMHS (Ty Llidiard)
• CAMHS community services (Abertawe Bro Morgannwg)
• CAMHS community services (Cardiff & Vale)
• CAMHS community services (Cwm Taf)
• GP out of hours service
• Mental health adult community
• Mental health adult inpatients
• Mental health older persons assessment
• Mental health older persons community
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- Mental health older persons specialist dementia
- PCH Emergency Care Centre
- PCH neonatal services
- PCH paediatrics
- PCH wards
- RGH A&E department
- RGH neonatal services
- RGH paediatrics
- RGH wards
- Ysbyty Cwm Cynon
- Ysbyty Cwm Rhondda

All staff within the Health Board should use the SharePoint site as a key communication tool and should consider the need to change their approach / actions as levels of escalation increase.

6. OPERATIONAL MANAGEMENT OF ESCALATION

Conference call facilities are to be used for internal coordination of the escalation levels. The Directorate Manager for Acute Medicine and A&E will ensure that conference calls take place at 10.45am daily including weekends and bank holidays. As the escalation level increases the frequency of the conference calls will be determined by the lead coordinator and agreed with all parties at the 10.45am call. Details are as follows:

- Telephone – 01633 461995
- Conference ID – 3187#
- Chair person pass code – 572365#

Level 1 – Green – Steady State

- Head of nursing (acute site) – lead
- Senior nurses (in hours)
- Bed managers for each acute site

Level 2 – Amber Low – Moderate Pressure

- Head of nursing (acute site) – lead
- Senior nurses (in hours)
- Bed managers for each acute site
- On call senior manager
- Specific directorate managers

Level 3 – Amber High – Severe Pressure

- Head of nursing (acute site)
- Senior nurses (in hours)
- Bed managers for each acute site
- On call senior manager
- Specific directorate managers
- Assistant Director of Operations (Unscheduled Care) – **Lead**
- Executive Director informed of escalation status and actions taken (Chief Operating Officer / On Call Executive)

**Level 4 – Red – Extreme Pressure**

- Head of nursing (acute site)
- Senior nurses (in hours)
- Bed managers for each acute site
- On call senior manager
- Specific directorate managers
- Assistant Director of Operations (Unscheduled Care) – **Lead**
- On call Executive Director
  - Chief Operating Officer
  - Chief Executive fully informed of status and actions
- All actions and risks maintained in a log held by the bed managers

The overall Health Board and DGH escalation level will be determined on the local conference call by the lead officer.

When two Health Boards in Wales declare a level 3 escalation the Executive conference call will be convened at 11.00 am by the Welsh Government / Welsh Ambulance Services Trust. Details as follows:

  Telephone number – **01633 461995**, access code **3053#**

The following plan provides the required actions to deliver the overarching principles of escalation as emergency pressures increase. Maintaining patient flow is the responsibility of all clinical staff and efficient practice should be maintained at all times. Action throughout the system should prevent overall acute hospital escalation levels reaching level 4.

It is important to recognise that in order to formally escalate through each level a number of triggers need to be met. However, operationally it is vital that each individual trigger is met with an action to prevent further progression of escalation. Therefore robust procedures are required by each department / specialty lead to ensure that the most proactive approach to patient flow becomes normal practice.

De-escalation and debrief are as equally important as escalation and the Assistant Director of Operations will lead this process when required.

The tables included at **Appendix 1** illustrate the escalation triggers that can be activated within Cwm Taf.
7. SHORT TERM SURGE CAPACITY

During times of extreme pressure (level 4) when there are delays and the capacity in the Emergency Departments is severely compromised, the Assistant Directors of Operations (Unscheduled Care / Scheduled Care / Mental Health / Nursing), or in their absence the Head of Nursing on the DGH site, will support the wards in taking an additional patient into the clinical areas where appropriate. Decisions will be based on the clinical risk across the site.

On the Prince Charles Hospital (PCH) site this will involve the care of additional patients in the Clinical Decisions Unit and the use of treatment rooms on certain wards. This approach will introduce 9 additional beds to the PCH site and the associated staffing issues will be managed by the Head of Nursing on the site.

On the Royal Glamorgan Hospital (RGH) site this will involve the care of patients in the Acute Emergency Care Unit and the waiting rooms on wards 2 & 8. This approach will introduce 8 additional beds to the RGH site the associated staffing issues will be managed by the Head of Nursing on the site.

All decisions will be based on accurate and timely information and the potential / real risk to the organisation as a whole. This decision making process will be supported by bed management meetings on each site.

The nurse in charge of the receiving ward will be responsible for making the decision on the most suitable placement of an additional patient and this may involve sitting a patient awaiting discharge out of their bed.

8. MEDIUM AND LONGER TERM SURGE CAPACITY

During periods of continued high activity the number of patients allocated to inappropriate inpatient settings increases and this can result in increased risk from a patient care perspective whilst making the task of senior clinical review difficult. The Health Board has therefore identified surge capacity areas on the DGH sites as follows: -

- Ward 34 at Prince Charles Hospital – 12 beds
- Ward 9 at the Royal Glamorgan Hospital – 8 beds

These beds will provide additional short stay capacity to maintain day case activity during peaks in emergency demand. This surge capacity has recently been tested and has been proven to increase day case activity and improve RTT performance.

The introduction of additional capacity will provide the opportunity to cohort patients appropriately, reduce the numbers of medical outliers and
improve medical efficiency and productivity. The Heads of Nursing will ensure that the area is robustly managed to ensure that appropriate flow is maintained within the system. The Head of Nursing will also develop plans to ensure that the surge capacity can be opened quickly to respond to pressures on the system and this may include the recall of staff on annual leave. It is however acknowledged that the ability to ensure the appropriate level of staffing in the surge capacity areas is a significant risk to the organisation.

The Head of Nursing for the community hospitals, and in their absence the senior nurse, will identify an area that can be utilised to increase the inpatient capacity on the Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon sites, this may be a treatment room or day room dependant on the facilities available. The Head of Nursing in conjunction with the Senior Nurse will also be responsible for identifying the most suitable patients for this environment to minimise the risk and maintain patient safety. The use of non commissioned areas will be risk managed on a daily basis by the Senior Nurse / Head of Nursing and areas will be decommissioned at the earliest opportunity in response to a decrease in escalation levels across the acute and community sites.

The decision to open the identified additional surge capacity will rest with the Assistant Director of Operations (Unscheduled Care) / Assistant Director of Nursing and this decision making process will be supported by bed management meetings on the site.

9. WHAT DOES ESCALATION MEAN TO ME – ACTION CARDS

It is the expectation of the Health Board that ALL members of staff respond to the process of escalation and are accountable for their actions. In order to facilitate this approach a series of ‘What Does Escalation Mean to Me’ Cards has been developed for each clinical area and key staff group and these can be found at Appendix 2.

Information provided at all times needs to support accurate decision making in the best interests of patient care and safety.

10. LEVEL 4 – MANAGEMENT ACTION LOG

At level 4 escalation a log of all actions is to be maintained by the Bed Managers – see Appendix 3. This can be used to debrief, inform the Board and understand the impact the actions taken at this level had on resolving the crisis situation.

11. TRAINING IMPLICATIONS

An important part of the implementation of this procedure is the need to ensure that awareness is maintained across key staff groups. Each
Directorate Manager must ensure that appropriate staff have a continued awareness of this procedure. This includes awareness of the escalation levels displayed via the SharePoint site.

12. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

The operation of this procedure will be monitored and reviewed by the Chief Operating Officer and the ongoing management of emergency and elective admissions, as outlined in this procedure, will be considered at appropriate meetings, with a formal review of the full policy taking place every three years or before if changes occur.

13. MANAGERIAL RESPONSIBILITIES

The formal managerial responsibility for the effective implementation and management of this procedure lies with the Chief Operating Officer and the individual officers as set out in the associated action cards.

14. RETENTION OR ARCHIVING

In cases of complaints / claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident. The Chief Operating Officer will therefore ensure that copies of this procedure are archived and stored in line with the Records Management Policy and are made available for reference purposes should the situation arise.

15. NON CONFORMANCE

Where non-conformance is identified under management or monitoring arrangements, corrective action will be identified, taken and reported to the appropriate level as necessary.

16. EQUALITY IMPACT ASSESSMENT STATEMENT

Following assessment, this procedure is not felt to be discriminatory or detrimental in any way with regard to the following equity strands - gender; race; disability; age; sexual orientation; religion or belief; Welsh language or human rights.

17. REFERENCES

- Cwm Taf Health Board Unscheduled Care Delivery Plan;
- Cwm Taf Hospital Discharge Policy and associated documents;
- Freedom of Information Act 2000
- Mental Health Act (1983)