

## MENTAL HEALTH ESCALATION CARDS

ESCALATION PLAN – LEVEL 1 – STEADY STATE Capacity available			
TRIGGERS	WHAT THIS MEANS LOCALLY	LOCAL ACTIONS	SUPPORT REQUIRED
<ul style="list-style-type: none"> <li>• Appropriate staffing to provide care to meet activity and patient acuity /dependency requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity across all areas</li> <li>• 2 admission beds available</li> <li>• No patients out of area as a result of bed pressures</li> </ul>		
<ul style="list-style-type: none"> <li>• admissions are within predicted levels and match available capacity</li> </ul>	<ul style="list-style-type: none"> <li>• We have available beds</li> </ul>	<ul style="list-style-type: none"> <li>• MH representative at UHL 8.30 Hub meeting</li> <li>• Maintain Bed Management lists (MHSOP)</li> <li>• Attend weekly DTOC meetings</li> <li>• Bed Management discussed daily M-F</li> </ul>	Nil
<ul style="list-style-type: none"> <li>• Out of Area placements are within agreed levels with plans to repatriate or discharge in timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• We have planned capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Repatriation plans agreed</li> <li>• Daily review of patients out of area and plans agreed</li> </ul>	
<ul style="list-style-type: none"> <li>• Available PICU capacity</li> </ul>	<ul style="list-style-type: none"> <li>• All admissions accommodated</li> <li>• Beds available</li> <li>• Staffing available</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• No additional beds opened</li> </ul>	<ul style="list-style-type: none"> <li>• No outliers</li> <li>• No 'flexing' to open additional beds</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Infection outbreak</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot admit to all areas</li> <li>• All demand can be accommodated on reduced admitting capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Follow IP&amp;C guidance</li> <li>• Cohort or isolate patients</li> <li>• Close infected wards to admissions</li> </ul>	
<ul style="list-style-type: none"> <li>• No assistance being provided to other Clinical Boards/sites/health boards</li> </ul>			
<ul style="list-style-type: none"> <li>• No known external factors to impact upon capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal DTOCs</li> </ul>	<ul style="list-style-type: none"> <li>• Review opportunities to get patients repatriated / discharged</li> </ul>	
<b>COMMUNICATIONS:</b>			

**MENTAL HEALTH ESCALATION CARDS**

**The Escalation Level will be declared at Monday and Friday Bed Management meetings  
Shift Coordinators / SOC aware of plans**

## MENTAL HEALTH ESCALATION CARDS

<b>ESCALATION PLAN – LEVEL 2 – AMBER LOW: MODERATE PRESSURE</b>			
<b>Assessment and treatment currently available and service are able to meet most capacity requirements with some potential impact on other services</b>			
<b>TRIGGERS</b>	<b>WHAT THIS MEANS LOCALLY</b>	<b>LOCAL ACTIONS</b>	<b>SUPPORT REQUIRED</b>
<ul style="list-style-type: none"> <li>• Appropriate staffing to provide care to meet activity and patient acuity /dependency requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Risks have been mitigated by movement of staff</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all B&amp;A requests are out</li> <li>• Rosters balanced across the service</li> <li>• Pool allocated</li> <li>• All staff contacted &amp; offered overtime</li> </ul>	
<ul style="list-style-type: none"> <li>• Emergency admissions can be accommodated</li> </ul>	<ul style="list-style-type: none"> <li>• We are able to flex the number of beds, or use leave beds to accommodate in the short term</li> </ul>	<ul style="list-style-type: none"> <li>• Staff attend/provide info to 8.30 UHL Hub</li> <li>• Maintain Bed Management lists</li> <li>• Attend weekly DTOC meetings</li> <li>• Bed Management discussed daily M-F</li> <li>• Patients assessed for discharge in weekly ward rounds</li> <li>• Plan to flex bed numbers or use leave beds on a short-term basis if demand exceeds capacity</li> <li>• Expedite discharges and transfers</li> </ul>	
<ul style="list-style-type: none"> <li>• Limited opportunity to repatriate or discharge Out of Area placements in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Patients will have to wait for assessment bed</li> <li>• Affected continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>	
<ul style="list-style-type: none"> <li>• Lack of available PICU capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate placement: outliers on other wards</li> <li>• Explore OOA options</li> <li>• Staffing levels not safe to manage PICU</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> <li>• Authorise out of area as required</li> <li>• Consider enhanced overtime</li> </ul>	

## MENTAL HEALTH ESCALATION CARDS

<ul style="list-style-type: none"> <li>Limited bed capacity</li> </ul>	<ul style="list-style-type: none"> <li>All admissions to be negotiated with senior management (MHSOP)</li> <li>Outliers within other wards</li> <li>Out of area placements</li> <li>Flexed bed numbers</li> </ul>	<ul style="list-style-type: none"> <li>Inform daily UHL Hub meeting</li> <li>Maintain Bed Management lists (MHSOP)</li> <li>Attend weekly DTOC meetings</li> <li>Bed Management discussed daily M-F</li> <li>Out of area patients discussed daily M-F</li> <li>Patients assessed for discharge in weekly ward rounds</li> <li>Locality Medics to cancel clinics and attend HyC for discharge reviews</li> <li>Plan to flex bed numbers or use leave beds on a short-term basis if demand exceeds capacity</li> <li>Expedite discharges and transfers</li> <li>Crisis teams to explore early discharge</li> </ul>	
<ul style="list-style-type: none"> <li>Bed closures &amp; reduced capacity due to infection outbreak</li> </ul>	<ul style="list-style-type: none"> <li>Cannot admit to all areas</li> <li>All demand can be accommodated on reduced admitting capacity</li> </ul>	<ul style="list-style-type: none"> <li>Cohort or isolate patients</li> <li>Follow IP&amp;C guidance</li> </ul>	

**COMMUNICATIONS:**

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 Level 2 or above notified to Clinical Board each day  
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## MENTAL HEALTH ESCALATION CARDS

### ESCALATION PLAN – LEVEL 3 – AMBER HIGH: SEVERE PRESSURE

**Assessment and treatment available but in limited supply. Capacity may soon be exceeded if demand increases further. Decisions about treatment will be influenced by the need to prioritise**

TRIGGERS	WHAT THIS MEANS LOCALLY	LOCAL ACTIONS	SUPPORT REQUIRED
<ul style="list-style-type: none"> <li>Rising staffing pressures with gaps in the roster which are not easily covered, increasing patient activity and acuity, increasing risk of ability to provide safe patient care.</li> </ul>	<ul style="list-style-type: none"> <li>All risks mitigated where possible.</li> <li>Increasing risk of falling below national standards of care</li> <li>Potential risk of not delivering optimal care</li> <li>Elective activity compromised</li> </ul>	<ul style="list-style-type: none"> <li>As Level 2</li> <li>Staff moved to support safety and admissions, where possible.</li> <li>All non-patient facing clinical staff (including Ward Sisters) working on the wards. (MHSOP)</li> <li>See actions below for each area</li> </ul>	<ul style="list-style-type: none"> <li>Contingency plans consulted, eg senior managers and non-urgent staff re-deployed</li> </ul>
<ul style="list-style-type: none"> <li>Emergency admissions are exceeding predicted levels and available capacity</li> </ul>	<ul style="list-style-type: none"> <li>No beds available</li> <li>Lack of staffing to flex up any areas</li> </ul>	<ul style="list-style-type: none"> <li>Staff attend/provide info to 8.30 UHL Hub</li> <li>All patients assessed for discharge / home leave / early discharge.</li> <li>Plan to overflow patients to other wards overnight if demand exceed capacity</li> <li>Use leave beds</li> <li>Expedite discharges and transfers</li> <li>Plan additional shifts over prolonged period bank and potentially agency</li> <li>Review Planned ECT</li> <li>Review Activities team &amp; SIMA staffing</li> <li>Review respite bookings</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Board discussion</li> </ul>
<ul style="list-style-type: none"> <li>No opportunity to repatriate or discharge Out of Area placements in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Patients will have to wait for assessment bed</li> <li>Affected continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>

## MENTAL HEALTH ESCALATION CARDS

<ul style="list-style-type: none"> <li>• No PICU capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate placement: outliers on other wards</li> <li>• Staffing levels not safe to manage PICU</li> </ul>	<ul style="list-style-type: none"> <li>• Patient flow co-ordinator informed of current status</li> <li>• Escalated to Directorate Management Team. Member of DMT present on unit.</li> <li>• Escalation to Clinical Board</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>
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## MENTAL HEALTH ESCALATION CARDS

### ESCALATION LEVEL 4 – RED: EXTREME PRESSURE

**Assessment and treatment at capacity utilising all available treatment of last resort beds. Prioritisation is essential**

TRIGGERS	WHAT THIS MEANS LOCALLY	LOCAL ACTIONS	SUPPORT REQUIRED
<ul style="list-style-type: none"> <li>Numerous staffing gaps across the whole Clinical Board, which are not able to be covered. All mitigation exhausted, resulting in safe care being compromised.</li> </ul>	<ul style="list-style-type: none"> <li>Unacceptable levels of care</li> <li>Potential for gross failure of patient safety level 3</li> <li>Non delivery of key services affecting out patient clinics and specialist nursing services</li> </ul>	<ul style="list-style-type: none"> <li>As level 3</li> <li>Redirect staff according to escalation plan</li> </ul>	<ul style="list-style-type: none"> <li>As level 3</li> <li>Request Clinical Board to assess risk across all Clinical board</li> </ul>
<ul style="list-style-type: none"> <li>Admissions have significantly exceeded predicted levels and available capacity</li> </ul>	<ul style="list-style-type: none"> <li>Over capacity on all wards</li> <li>All nonpatient facing clinical staff working on the wards</li> </ul>	<ul style="list-style-type: none"> <li>As Level 3</li> <li>No respite</li> <li>Assess to extend home leave or expedite discharge</li> <li>All clinical staff in numbers</li> </ul>	<ul style="list-style-type: none"> <li>As level 3</li> <li>All teams review threshold for emergency admission and discharge</li> </ul>
<ul style="list-style-type: none"> <li>PICU capacity unable to meet further demand</li> </ul>	<ul style="list-style-type: none"> <li>PICU unable to cope with demand</li> <li>Over 8 patients in the unit</li> <li>High number of patients requiring bed</li> </ul>	<ul style="list-style-type: none"> <li>As level 3</li> </ul>	<ul style="list-style-type: none"> <li>As level 3</li> </ul>
<ul style="list-style-type: none"> <li>No transfers or discharges taking place</li> </ul>	<ul style="list-style-type: none"> <li>Outliers in multiple areas</li> <li>Out of Area placements above agree levels</li> </ul>	<ul style="list-style-type: none"> <li>Ensure all outlying patients have been reviewed by appropriate clinical teams</li> </ul>	
<ul style="list-style-type: none"> <li></li> </ul>			
<ul style="list-style-type: none"> <li></li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Emergencies considered.</li> </ul>

## MENTAL HEALTH ESCALATION CARDS

<ul style="list-style-type: none"> <li>• No admissions can be accommodated</li> </ul>	<ul style="list-style-type: none"> <li>• All beds full with no movement</li> <li>• No admissions possible</li> <li>• Unable to accept transfers</li> <li>• Emergency work only in non-frontline teams</li> </ul>	<ul style="list-style-type: none"> <li>• Implement early discharge of any clinically appropriate patients</li> <li>• Consider moving appropriate secondary care patients to other CB beds where clinically appropriate</li> </ul>	<p>Health Board Exec approval and support with other HBs</p>
<p><b>COMMUNICATIONS:</b>  <b>The Escalation Level will be declared at Monday and Friday Bed Management meetings</b>  <b>Level 2 or above notified to Clinical Board each day</b>  <b>Shift Coordinators / SOC aware of plans</b>  <b>Escalation by Clinical Board to Execs (and WHSSC for Neuropsychiatry)</b></p>			