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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**CARDIFF AND VALE
UNIVERSITY HEALTH BOARD
EMERGENCY PRESSURES ESCALATION
AND DE-ESCALATION PLAN**

MAY 2012

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INTRODUCTION

FOREWORD:

INTRODUCTION:

The NHS All Wales Seasonal Planning Group commissioned a task and finish group to develop an operational multi-agency approach to the effective management of capacity and escalation processes across Wales. The outcome of this work is a National Emergency Pressures Escalation Action Plan which is sanctioned by the National Unscheduled Care Programme Board.

In conjunction with this work Cardiff and Vale University Health Board instigated a task and finish group to review current Escalation Plans to ensure a consistent approach in line with the National Emergency Pressures Escalation Action Plan. The approach was to develop an operational multidisciplinary plan which would provide the effective management of capacity and escalation processes across the Health Board.

MEMBERSHIP

The group was chaired by Head of Patient Access. Group membership comprised of a Senior Representative from each Division.

OUTCOME

Cardiff and Vale Emergency Pressures Escalation Plan should support the organisations operating policies and business continuity plans. This should ensure that across the Health Board there is a consistent and proactive approach taken during times of escalation.

REVIEW OF PLAN:

This plan will be reviewed annually in order to ensure any changes to service delivery are maintained and updated.

The first review will be undertaken in September 2012.

LEVELS OF ESCALATION:

Table 1 below defines the main four escalation status levels for Health Boards and WAST. These levels and the triggers which support them, will be used to determine the appropriate response to escalating emergency pressures, the actions necessary to protect core services in order to supply the best possible level of service with the resources available.

Table 1: Escalation status levels

Level 1	Steady State	Monitor situation and prepare to take action to prevent escalation
Level 2 Amber Low	Moderate Pressure	Take action to limit further escalation
Level 3 Amber High	Severe Pressure	Take action to limit further escalation and manage capacity
Level 4	Extreme Pressure	Take immediate action to reduce risk and prioritise capacity

Table 2 below defines the additional two escalation status levels that are relevant only to WAST. They are based on the Resource Escalatory Action Policy (REAP) levels recognised by all UK ambulance services.

Table 2: REAP escalation status levels (WAST)

Level 5	Critical	Take action to limit risk and prioritise resources
Level 6	Potential Service Failure	Prioritise risk mitigation

Priority Operating Processes

Primary Care	A&E/AU	IP Beds - 2 nd /3 ^o Acute	Diagnostics/Theatres
<ul style="list-style-type: none"> • Ability to see all patients on a face to face basis within 2 hours of receiving an urgent call, 24/7 • Provide out of Hours Service at EU during out of hours periods and weekends • Flex up the out of hours service as per escalation cards 	<ul style="list-style-type: none"> • See patients within 90 minutes of arrival • Patients with a DTA would be allocated an inpatient bed or assessment bed to prevent a breach of the four hour target • Achieve ambulance handover within 15 minutes • Receive Speciality review within 1 hour • Emergency Access Performance 95% maintained • Paeds and Minors performance 99% • 8 Hour performance 98% 	<ul style="list-style-type: none"> • Admission for electives as scheduled. • Achievement of PDD • 80% compliance with PDD • PDD set within 24-48hrs • CWS updated within 15mins patient admitted/transferred/discharged • Critical Care to be able to accept and discharge patients within 4 hours • Max Length Stay of 20 Days for medically fit patients or ability to discharge within 6 days post care plan determined • Provide and receive specialty assessment within 12 hours • Ability to accept Tertiary referrals • Am discharges. • Clinical Workstation compliance • Repatriation within 48 hours • Critical Care/CCU/PICU/NICU Capacity to accept admission 	<ul style="list-style-type: none"> • Diagnostic turnaround within 1 hour for A&E and O/P where scheduled, 4 hours for I/Ps • Radiology within 1 hour for A&E and 1 hour for O/P where scheduled, 4 hours for I/Ps. • Elective operations proceed as scheduled • Access to theatre for emergencies is in line with CEPOD and #NOFs guidelines

Community I/P / TCU	Mental Health	NH/RH/	Community & Locality Services
<ul style="list-style-type: none"> • Able to take Tx from acute sector by day 20 or within 6 days if medically fit. • Able to take from GP/A&E within 4 hours notice if bed available. • Achieve max length of stay of 42 days where medically appropriate. • PDD's set within 72 hours. • PDD's set within community beds at MDT • PDD's realised within 72 hours. • Morning Discharges Planned with Transport when required to support this • DLN's will assess patients for TCU within 3 days of request • Patients will be allocated to beds as they become available • Urgent cases can be 	<ul style="list-style-type: none"> • As per I/P beds. • Receive general mental health specialty in reach to I/P general hospital beds from adult acute liaison service within 24 hours of request. • Receive general mental health specialty in reach to I/P general hospital beds from MHSOP liaison service within 24 hours of request • Receive a general mental health assessment on request from the Emergency Unit within 4 hours. In hours this will be the general adult service liaison team and out of hours the on call • Psychiatric junior doctor. Subsequent admissions into acute mental health services via this emergency route will be 	<ul style="list-style-type: none"> • Able to take patients by day 20 from acute or within 6 days post determination of care plan • Able to take patients by day 42 from community. • Receive GP/CELT in reach within 2 hours of urgent call. • Patient will not be admitted unless seen by GP unless requiring emergency ambulance care. • If Patient from RH/NH and not admitted in Unscheduled Care, return to place of origin. • Nurse assessor will be the link to "pull" this patient out 	<ul style="list-style-type: none"> • Able to take all Tx from hospital within 20 days, 6 days from referral or 42 days from community. • District Nurse contact will be made within 2hrs of an urgent referral and a visit made if necessary within 4hrs. Non Urgent referrals contact will be made within 24hrs • CRT's – Referral accepting Mon – Fri (not BH's). Target response time for accepting patients into service 3 working days • ART – 1 Working day/Urgent referrals same day in hours. ART - Nursing 7 days, Therapies Mon – Fri.

<p>transferred same day should a bed be available</p>	<p>prioritized for emergency admission into the next available bed or within 6 hours.</p> <ul style="list-style-type: none"> • Non urgent referrals for secondary mental health care assessment into MHSOP will be considered within a weekly bed management process with appropriate prioritization based on risk assessment. 		
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Patient Access	Therapies	Patient Environment
<ul style="list-style-type: none"> • Ability to Admit Patient to the correct Speciality Bed first time • Transfer of Patients across Organisation within 48 hrs • Escalate identified constraints UHB wide • Proactively lead patient flow • Utilise Discharge Lounge to Capacity • Facilitate AM Discharge 	<ul style="list-style-type: none"> • EU / MAU–Physio. and OT target services to see patients within 1 hour where need identified. Dietetics see patients within 4 hours during standard hours . • Patients admitted 9am – 5pm Mon – Sun in EU are screened within 4 hours • Dietetics, OT, 	<ul style="list-style-type: none"> • Linen – Make use of fall back stock planned for next day and tie into contingency service from Cwm Taff. Make use of disposable curtains, although need to secure level of funding to purchase a stock of curtains. • Waste – Provide collection service and issue additional bins if

<ul style="list-style-type: none"> • Promote double loop learning to instil learning and reduce constraints 	<p>Physiotherapy and SALT see patients on Acute Admission Units within 8 – 24hrs and Inpatient wards 24 hours</p> <ul style="list-style-type: none"> • Dietetics provide a screening service for emergency stream patients during weekends • Physiotherapy provides extended day services in acute medicine, trauma, orthopaedics, cardio-thoracic, surgery and respiratory care and weekend respiratory, acute medicine, orthopaedics and trauma services. • Both Dietetics and Physiotherapy also provide on-call services 	<p>extra capacity opened. Divert resources from non clinical areas.</p> <ul style="list-style-type: none"> • Housekeeping – Pool available resources and direct to areas of highest risk, Pharmacy will need to ensure sufficient supplies of Actichlor plus. • Porters - Priority given to clinical transfers all other activity becomes secondary. • CPU – Fall back position is pull meals through from staff restaurants
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ESCALATION CARD FOR PATIENT ACCESS SERVICES

IN HOURS : 8:00 – 17:00 Monday - Friday

Actions/Triggers	Details	Who does this	Contact No.(s)	
Normal	<ul style="list-style-type: none"> • Chair Capacity Meetings • Provide Capacity Position Report and circulate UHB Wide • Ensure Emergency Access performance 95% being maintained • Promote patient flow throughout Unscheduled Care with the shift Navigator to ensure clinical space is maintained • Allocate Patients to the correct clinical environment first time • Ensure 30 Minute turnaround once a bed has been allocated • Maintain accurate and up to date patient information • Ensure Discharge Lounge is utilised • Facilitate Am Discharges • Work in partnership with Directorates to ensure optimum utilisation of bed capacity for emergency and elective patient streams • Action constraints to discharge • Work in conjunction and provide support to Specialist and Trauma Bed Managers Directorates 	<ul style="list-style-type: none"> • 09:00/12:00/15:00 Capacity Meetings – All Divisions represented • Email Report UHB wide Capacity and agreed actions following meetings • Monitor breach position on EU workstation • Check patients who have been allocated beds have been moved within 30 Minutes • Check patients medical notes throughout the shift for change in management plan, EU/MAU/SAU • Work in conjunction with NIC of each ward and department to identify constraints to patient flow/ discharge and assist in the resolution of constraints • Work in conjunction with NIC of each ward to review all patient who are medically fit with a LOS of 14 days to identify constraints to patient flow 	<p>Patient Access Nurse</p> <p>Operations Manager</p> <p>Head of Patient Access</p>	<p>Medicine Bleep 6204</p> <p>Surgery Bleep 6205</p> <p>Cardiology 9-5 Mon-Fri Bleep 6313</p> <p>Renal/Neuro/Heam 9-5 Mon-Fri Bleep 6590</p>

	Actions/Triggers	Details	Who does this	Contact No.(s)
	<ul style="list-style-type: none"> • Provide accurate UHB Wide capacity position for regional conference calls • Accommodate elective activity 	<ul style="list-style-type: none"> • Escalate all constraints to patient flow independently or with the assistance of the Operations Manager/Head of Patient Access • Work in conjunction with ward NIC and Directorate to review all patients who have exceeded their PDD • Create capacity additional capacity by prioritising transfers to community hospitals • Communicate with Specialist and Trauma Bed Managers to ensure sufficient capacity for their patient streams tertiary/ emergency and elective • Contact neighbouring UHB's to transfer patients waiting repatriation 		

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 2	<ul style="list-style-type: none"> • Emergency admission are likely to exceed predicted levels • >4 hour breaches have occurred (excluding clinical exceptions) • Ambulance patients – transfer of care >15 minutes but less than 30 minutes • Patients waiting more than 1hour for first contact with assessing clinician (majors & minors) • Ability to provide resuscitation capacity • No acute beds available within the next 30 minutes • No additional capacity available • CCU & ITU delayed transfers of care identified • Unable to accept Tertiary referrals • Patients being admitted or transferred to an outlying speciality • Unplanned bed closures ie infection outbreak • Midday status remains at Yellow • Review elective activity 	<ul style="list-style-type: none"> • As Normal Level • Continuous monitoring and escalation • Early recognition and communication of capacity issues to Divisional nominated representatives • Direct admit/ pre-emptive transfers of patients to wards • Identify and admit and transfer patients to an outlying speciality • Ensure all patients have received a medical review by a senior doctor • Communicate to nominated Locality Manager • Infection Control to advise Capacity Meetings with update on position and actions required • Escalate Repatriations to senior level at neighbouring UHB • Liaise with WAST • Divert Medical GP admissions across UHB • Review opportunity for assessing additional capacity across the UHB 	<p>Patient Access Nurse</p> <p>Operations Manager</p> <p>Head of Patient Access</p>	<p>Medicine Bleep 6204</p> <p>Surgery Bleep 6205</p> <p>Cardiology 9-5 Mon-Fri Bleep 6313</p> <p>Renal/Neuro/Heam 9-5 Mon-Fri Bleep 6590</p>

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 3	<ul style="list-style-type: none"> • Emergency admission are exceeding predicted levels • >8hour breaches have occurred • No capacity in USC • Unable to provide resuscitation facility • Ambulance patients – transfers of care > 30 minutes but less than 60 minutes • Patients waiting more than 2 hours for first contact with assessing clinician (majors & minors) • Limited ability to create CCU and ITU capacity (refer to Critical Care Escalation protocol) • Discharges and transfers less than predicted and will impact significantly on capacity • All available staffed bed capacity in use • Elective activity under review by the Divisional Director • GP/ 999 Medical Divert within Health Board in place • Uncommissioned Capacity open and full 	<ul style="list-style-type: none"> • As Level 2 • Chair additional Capacity Meetings • Divert Medical 999 across UHB (CP/Stroke/time critical exceptions) • Inform Executive Lead of position • Identify capacity across Health Board and divert appropriate 999 Medical intake accordingly (CVA/chest Pain/Time critical to appropriate site) • Additional Capacity Meeting convened to include Executive Lead, Senior Divisional Representation both Managerial and Clinical • Stagger GP admissions to SAU/MAU were advised by GP clinically safe to do so • Maintain a record of events and actions to inform future learning • Ensure sufficient discharge vehicles available to expedite discharges • Contact other Health Boards • to determine capacity and advise Executive Lead 	<p>Patient Access Nurse</p> <p>Operations Manager</p> <p>Head of Patient Access</p>	<p>Medicine Bleep 6204</p> <p>Surgery Bleep 6205</p> <p>Cardiology 9-5 Mon-Fri Bleep 6313</p> <p>Renal/Neuro/Heam 9-5 Mon-Fri Bleep 6590</p>

Actions/Triggers	Details	Who does this	Contact No.(s)
		<ul style="list-style-type: none"> • Escalate repatriations via Medical Director • Liaise with WAST • Provide Capacity Report UHB wide to inform Regional Executive Call 	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 4	<ul style="list-style-type: none"> • Emergency admission have significantly exceeded predicted levels • >12hour breaches have occurred • A&E majors patients exceed available capacity • USC capacity unable to meet further demand • Ambulance patients – transfer of care > 60 minutes • Patients waiting more than 4 hours for first contact with assessing clinician (majors & minors) • No transfers or discharges taking place • No CCU or ITU capacity available • All elective activity cancelled by Clinical Director • All Commissioned additional capacity open and full • All ring fenced capacity utilised • Seek external divert options 	<ul style="list-style-type: none"> • Chief Executive / Director of Operational Planning have been advised of situation • Medical Director to engage with clinicians to ensure discharge activity maximised • Welsh Government colleagues advised of situation • Executive Lead is now managing the situation. • Activate agreed divert options to neighbouring health boards (To be reviewed in 2hrs); • All admitted electives who have not undergone surgery to be cancelled and sent home • Cancel elective activity for the next 24 hours • Set up an onsite Situation Control Group to take tactical control and address significant issues through a series of extraordinary actions over and above those • contained in the normal business continuity plans; • Maintain a record of events 	<p>Head of Patient Access/Operation Manager</p> <p>Executive Lead</p> <p>Divisional Leads</p>	<p>Bleep 6470</p>

	Actions/Triggers	Details	Who does this	Contact No.(s)
		and actions taken to inform future learning		

**OUT OF HOURS : 17:00 - 8:00 Monday – Friday
17:00 – 8:00 Friday - Monday**

	Actions/Triggers	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none"> • As in Hours • Chair Capacity Meetings - and Patient Access Team • Action constraints • Promote Patient Flow • Identify Capacity Issues to Home Advisor • Liaise with WAST • Provide accurate and timely information for Conference Calls • Manage Elective activity 	<ul style="list-style-type: none"> • As in hours • Site Nurse Practitioner has overall responsibility for patient flow/ site management and will as such be fully briefed on the overall capacity position and the ability of the UHB to respond 	<p>Patient Access Nurse</p> <p>Clinical Site Manager</p>	<p>Bleep 6204/6205</p> <p>Bleep 5555</p>

	Actions/Triggers	Details	Who does this	Contact No.
Level 2	<ul style="list-style-type: none"> • As in Hours 	<ul style="list-style-type: none"> • As in hours • Site Nurse Practitioner work in conjunction with Patient Access Nurses to expedite patient flow • Communicate UHB position to Home Advisor at agreed intervals • Liaise with WAST with capacity position and contingency plans in place • Site Nurse Practitioner to liaise with on call Microbiologist with regards closed beds and possible cohort, reopening of closed bed 	Patient Access Nurse Clinical Site Manager	Bleep 6204/6205 Bleep 5555

<p style="text-align: center;">Level 3</p>	<ul style="list-style-type: none"> • As in Hours 	<ul style="list-style-type: none"> • As in hours • Inform Home Advisor/Executive on Call • Liaise with WAST • Provide Capacity Report UHB wide to inform Regional Executive Call • Inform Consultant on call in EU and Nurse in charge regards position 	<p>Patient Access Nurse</p> <p>Clinical Site Manager</p>	<p>Bleep 6204/6205</p> <p>Bleep 5555</p>
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<p style="text-align: center;">Level 4</p>	<ul style="list-style-type: none"> • As in Hours 	<ul style="list-style-type: none"> • As in hours • E Chief Executive / Director of Operational Planning have been advised of situation • Welsh Government colleagues advised of situation • Executive Lead is now managing the situation. • Activate agreed divert options to neighbouring health boards (To be reviewed in 2hrs); • All admitted electives who have not undergone surgery to be cancelled and sent home • Cancel elective activity for the next 24 hours • Set up an onsite Situation Control Group to take tactical control and address significant issues through a series of extraordinary actions over and above those contained in the normal business continuity plans; • Maintain a record of events and actions taken to inform future learning 	<p style="text-align: center;">Clinical Site Manager</p> <p style="text-align: center;">Executive Lead</p> <p style="text-align: center;">Hone Advisor</p>	<p style="text-align: center;">Bleep 5555</p>
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Date reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD UNSCHEDULED CARE DIRECTORATE

IN HOURS

	Triggers/Actions	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none"> • Resuscitation capacity available • EU performance is on target to deliver 95% • Paediatrics and Minors performance is 99% or above • Patients reviewed within 90 minutes by an EU clinician/ENP • Patients assessed by specialty teams within 60 min of referral • Patients allocated a bed to avoid a breach • Capacity is available within the Emergency Unit/MAU/SAU to deal with expected attendances (self presenters/GP expected/999) • Requests for beds in balance with available beds • Predicted capacity is in balance with predicted demand • < 15 minute ambulance handover achieved 	<ul style="list-style-type: none"> • Performance monitored • Escalation of pressure points throughout the day • Primary Assessment will be in place between 9am and 6pm • Delays in Specialty Team review will be escalated • Delays in Bed Movement will be escalated • Bed Management appraised of capacity within the Unit • Attend all Bed Meetings • Ambulance Handover compliance monitored 	<p>DM/ADM/SN MC</p> <p>CIC</p> <p>All Staff</p> <p>NIC/MC</p> <p>NIC NIC</p> <p>NIC/DM/LN/DDM</p>	Please see below

	Triggers/Actions	Details	Who does this	Contact No.
Level 2	<ul style="list-style-type: none"> • Emergency Admissions are likely to exceed predicted demand • Resuscitation capacity available • > four hour breaches have occurred (excluding clinical exceptions) • Ambulance patients-transfer of care>15 minutes but less than 30 minutes • Patients waiting more than 60 minutes for first contact with assessing clinical (majors and minors) • Ability to provide resuscitation capacity • No acute beds available within the next 30 minutes • No additional capacity available 	<ul style="list-style-type: none"> • Performance monitored • Attend all bed Meetings and escalate to Bed Management throughout the day constraints • Bleep SPR to queue bust in Minors/Paeds • Review status of Primary Streaming, if reduced capacity move suitable patients to the corridor to create capacity • Escalate Speciality delays • Escalate to Directorate Managers specialty review delays 	<p>ALL NIC NIC</p> <p>Minors Lead</p> <p>NIC/CIC</p> <p>All All</p>	

	Triggers/Actions	Details	Who does this	Contact No.
Level 3	<ul style="list-style-type: none"> • Emergency admissions are exceeding predicted levels • >8 hour breaches have occurred • Unable to provide Resuscitation capacity • Ambulance patients – transfer of care >30 minutes but less than 60 minutes • Patients waiting more than 120 minutes for first contact with assessing clinician (majors and minors) • hour for speciality review • No capacity within Unscheduled Care with major patients being managed in the corridor 	<ul style="list-style-type: none"> • Bed Management/Directorate Team/Site aware of deteriorating position • Attend all Bed Meetings • Directorate Team to review status of EU and check patient status, escalate review/create pit stop where possible • Directorate Team to escalate to Divisional team where appropriate • Request additional staff from within the hospital to support the corridor to ensure that minors isn't affected by majors stream. 	<p>NIC</p> <p>NIC/DM DM/LN/DDM</p> <p>DM/LN/DDM</p> <p>DM/LN/DDM</p>	

	Triggers/Actions	Details	Who does this	Contact No.
Level 4	<ul style="list-style-type: none"> • Emergency admissions have significantly exceeded predicted levels • >12 hour breaches have occurred • A&E major patients exceed available capacity • Unscheduled Care capacity unable to meet further demand from GP/999 • Ambulance patients –transfer of care > 60 minutes • Patients waiting more than 4 hours for first contact with assessing clinician (majors and minors) • No transfer or discharges taking place • Unable to provide Resuscitation capacity • No critical care capacity within the UHB 	<ul style="list-style-type: none"> • Directorate/Divisional team working with the NIC of EU to support the Unit • Attend the Bed Meetings • Communicate with all relevant Directorates to ensure actions agreed are being taken • Review and prioritise patients in Resus • Support the Unit with good clear communication with regard to the UHBs plan to reduce the pressure in the Unscheduled Care Directorate 	<p>DM/LN/DDM/DT</p> <p>DM/DT BM/DM/DD</p> <p>NIC/CIC</p> <p>BM/DM/DT/NIC/CIC</p>	

Contact Details

Nurse in Charge (NIC) Bleep 6106
 Directorate Manager (DM) Bleep 6550
 Lead Nurse (LN) Bleep 5734
 Deputy Directorate Manager Ext 8021
 Majors Coordinator (MC) Bleep 6480
 Consultant in Charge (CIC) via Reception ext 8025
 Divisional Team (DT)
 Divisional Director (DD)
 Divisional Manager (DM)
 Divisional Nurse (DN)

ESCALATION CARD UNSCHEDULED CARE DIRECTORATE

OUT OF HOURS

	Triggers/Actions	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none"> • Resuscitation capacity available • EU performance is on target to deliver 95% • Paediatrics and Minors performance is 99% or above • Patients reviewed within 90 minutes by an EU clinician/ENP • Patients assessed by specialty teams within 60 min of referral • Patients allocated a bed to avoid a breach • Capacity is available within the Emergency Unit/MAU/SAU to deal with expected attendances (self presenters/GP expected/999 • Requests for beds in balance with available beds • Predicted capacity is in balance with predicted demand • < 15 minute ambulance handover achieved 	<ul style="list-style-type: none"> • Performance monitored • Escalation of pressure points throughout the day • Delays in Specialty Team review will be escalated to Site • Delays in Bed Movement will be escalated • Bed Management appraised of capacity within the Unit • Attend all Bed Meetings • Ambulance Handover compliance monitored 	<p>NIC CIC/NIC</p> <p>NIC/MC</p> <p>NIC</p> <p>NIC</p> <p>NIC/MC</p> <p>NIC</p>	<p>Please see below</p>

<p>Level 2 Escalation</p>	<ul style="list-style-type: none"> • Emergency Admissions are likely to exceed predicted demand • Resuscitation capacity available • > four hour breaches have occurred (excluding clinical exceptions) • Ambulance patients-transfer of care>15 minutes but less than 30 minutes • Patients waiting more than 60 minutes for first contact with assessing clinical (majors and minors) • Ability to provide resuscitation capacity • No acute beds available within the next 30 minutes • No additional capacity available 	<ul style="list-style-type: none"> • Performance monitored • Attend all bed Meetings and escalate to Bed Management • Bleep SPR to queue bust in Minors/Paeds • Escalate to specialty team any delays in review 	<p>NIC/MC NIC/MC</p> <p>Minors Lead</p> <p>NIC/MC</p>	
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<p>Level 3 Escalation</p>	<ul style="list-style-type: none"> • Emergency admissions are exceeding predicted levels • >8 hour breaches have occurred • Unable to provide Resuscitation capacity • Ambulance patients – transfer of care >30 minutes but less than 60 minutes • Patients waiting more than 120 minutes for first contact with assessing clinician (majors and minors) • hour for speciality review • No capacity within Unscheduled Care with major patients being managed in the corridor 	<ul style="list-style-type: none"> • Site Manager aware of deteriorating position • Site Manager to inform the Home Advisor who in turn will update the Executive on Call • Attend all Bed Meetings • SM to inform CIC and NIC that Home Advisor and Executive on Call are aware of situation • Request additional staff from within the hospital to support the corridor to ensure that minors isn't affected by majors stream. 	<p>NIC</p> <p>SM</p> <p>NIC</p> <p>SM</p> <p>NIC</p>	
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Level 4 Escalation	<ul style="list-style-type: none"> • Emergency admissions have significantly exceeded predicted levels • >12 hour breaches have occurred • A&E major patients exceed available capacity • Unscheduled Care capacity unable to meet further demand from GP/999 • Ambulance patients –transfer of care > 60 minutes • Patients waiting more than 4 hours for first contact with assessing clinician (majors and minors) • No transfer or discharges taking place • Unable to provide Resuscitation capacity • No critical care capacity within the UHB 	<ul style="list-style-type: none"> • Site Manager to support Emergency Stream • SM to inform CIC/NIC of discussions at Executive Level • Attend the Bed Meetings • Communicate with all relevant specialty teams to ensure actions agreed are being taken • Review and prioritise patients in Resus • Support the Unit with good clear communication with regard to the UHBs plan to reduce the pressure in the Unscheduled Care Directorate 	SM	
			SM	
			NIC SM	
			NIC/CIC	
			SM	

Date Reviewed: March 2012 Reviewed by the Divisional Director

Contact Details

Nurse in Charge (NIC)	Bleep 6106
Directorate Manager (DM)	Bleep 6550
Lead Nurse (LN)	Bleep 5734
Deputy Directorate Manager	Ext 8021
Majors Coordinator (MC)	Bleep 6480
Consultant in Charge (CIC)	via Reception ext 8025
Site Manager (SM)	Bleep 5555

**Divisional Team (DT)
Divisional Director (DD)
Divisional Manager (DM)
Divisional Nurse (DN)**

	Actions/Triggers	Details	Who does this	Contact no.(s)
		<p>TCU/CELT/ECAS/ART/START/Reablement /CRTs etc and ensure referrals are in place</p> <ul style="list-style-type: none"> • Ensure UAs are up to date & complete • Identify Diagnostic delays and expedite • Ensure outliers are routinely reviewed and have a management plan – repatriate where possible • Maximum turnaround from discharge to accepting new patient to ward 20 minutes 		<p>available to advise on UHW 4698 or UHL 72 6807</p>

	Actions/Triggers	Details	Who does this	Contact no.(s)
Level 2	<p>More medical patients with a decision to admit than medical beds available.</p> <p>Less than 10 medical patients admitted to outlying specialities</p>	<ul style="list-style-type: none"> • All of the above • Inform Divisional Team and USC • Junior medical teams phone allocated 'buddy' wards to check their medical patients • Ensure all patients have been reviewed by at least an SHO and escalated to SpR/Consultant if necessary • Escalate constraints to discharge if necessary • Contact Consultant secretaries to ensure Consultant ward rounds and clinical reviews take place on each ward as early as possible. Prioritising those patients who are potential discharges • Escalate non resolved constraints to Patient Access 	Operational manager for day	<p>Directorate rota for Bed Management determines best contact for Medicine</p> <p>DM Jan Walker LN Cath Heath, SN Ruth Jenkins, SN Sarah Cornes Payne, SN Gareth Edgell ADM Gwynneth Trace</p> <p>Available on Rota watch</p> <p>Directorate Office is available to advise on W6807</p>

	Actions/Triggers	Details	Who does this	Contact no.(s)
Level 3 Escalation	<p>More than 10 medical patients admitted to outlying specialities</p> <p>Less than 15 medical patient discharges</p> <p>More than one member of staff on sick leave on a medical ward leading to reduced staffing on wards</p> <p>More than one junior Medical staff sickness in MAU or MEAU</p>	<ul style="list-style-type: none"> • All of the above • Contact Consultant secretaries to ensure every ward has at least a daily review • Contact Scheduled Pathways to consider reduction of clinic activity to front load the emergency stream and support outliers • Additional consultant reviews through the day to consider additional discharges • Reduce CNS activity to support wards • Allocate staff from wards to undertake retrieval from the EU/Assessment Units, to include offers to accept appropriate patients on trolleys • Ask clinicians to review threshold for admission and discharge • Identify suitable patients to outlie • Allocate CNS/non core nursing to support EU corridor, transfers and discharges 	<p>Directorate rota</p> <p>Clinical Director</p> <p>Divisional Director/ Divisional Team</p>	<p>See Level 1 & 2</p> <p>Via Jean Curtis at UHL extension 72 6423 or mobile via switchboard</p> <p>Via Divisional Office extension 2206 (UHW) or mobiles via switchboard</p>

	Actions/Triggers	Details	Who does this	Contact no.(s)
<p style="text-align: center;">Level 4 Escalation</p>	<p>Emergency admissions significantly exceed available medical capacity</p>	<ul style="list-style-type: none"> • All of the above • Contact Scheduled Pathways to consider cancellation or reduction of key clinics to support the emergency stream, support daily senior ward rounds and review. • Ensure Directorate team and Divisional representative are present at Patient Access meetings • Assess all wards/shifts daily and move staff accordingly to support Directorate/Division 	<p><i>Directorate Rota</i></p>	<p>See Level 1 & 2</p>
	<p>Less than 5 medical patients are being Discharged</p>		<p>Divisional Director/Divisional Team</p>	<p>Via Divisional Office extension 2206 (UHW) or mobiles via switchboard</p>
	<p>More than two nursing staff on sick leave on any one ward and/or two juniors in the emergency stream</p>		<p>Clinical Director</p>	<p>Via Jean Curtis at UHL extension 72 6423 or mobile via switchboard</p>
	<p>Significant increase in admissions presenting with influenza or diarrhoea and vomiting</p>			

OUT OF HOURS

**1730 – 0800 Mon-Fri
Weekend Fri 1730- Monday 0900**

	Actions	Details	Who does this	Contact No.
Normal	See in hours	See in hours		

	Actions	Details	Who does this	Contact No.
<p style="text-align: center;">Level 2</p>	<p style="text-align: center;">See in hours</p>	<p style="text-align: center;">See in hours</p>		

	Actions	Details	Who does this	Contact No.
<p>Level 3</p>	<p>As in hours</p>			

	Actions	Details	Who does this	Contact No.
<p>Level 4</p>	<p>As in hours</p>			

Date Reviewed March 2012

Reviewed by Divisional Director

ESCALATION CARD SURGERY – INPATIENT BEDS

IN HOURS Monday to Friday 08.00 -18.00

	Actions/Triggers	Details	Who does this	Contact No.(s)
Normal	Ensure patient flow from SAU and to and from theatre	<ul style="list-style-type: none"> • Admission for electives as scheduled. • Achievement of PDD. • PDD set within 24-48 hours. • Max Length Stay of 20 Days for medically fit patients or ability to discharge within 6 days post care plan determined. • Provide and receive specialty assessment within 12 -24 hours. • AM discharges. • Clinical Workstation compliance • Move patients to the discharge lounge • Directorate team members to walk wards twice daily with patient access team to expedite discharges, identify constraints and predict discharges for following day • Surgical registrar to be available for Surgical Assessment unit continuously when on in-take and escalate to directorate team if unavailable • TTH written in timely manner • Ensure all ward rounds carried out by consultant or registrar have taken place • Identify patients waiting CELT/ART/ECAS/Reablement/TCU/ST 	Ward based Nursing and medical teams	

	Actions/Triggers	Details	Who does this	Contact No.(s)
		ART <ul style="list-style-type: none"> • Identify Diagnostic constraints 		

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 2	<p>Ensure patients who are fit for discharge are actually discharged</p> <p>Commence prioritisation of patients who need to be bedded in the order of clinical need</p>	<ul style="list-style-type: none"> • Order of patients in terms of clinical need are; Emergency Cancer Urgent Routine • Sit patients out in chairs in day room or utilise discharge lounge • Consider patient transfers to SSSU if surgical stream blocked • Review PDD's 24- 48hrs - bring forward discharges • Ensure all patients reviewed • Escalate unresolved constraints to Patient Access • Manage suitable patients by DOSA • Identify suitable patients to outlie 	<p>Ward based Nursing teams</p> <p>Bleep holder in conjunction with DM or Lead/Senior Nurse and with patient access</p>	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 3	Consider patients who could be moved to another hospital site where there may be capacity	<ul style="list-style-type: none"> • Discuss patients fitness of transfer • Inform patient and families of impending transfer • Book transport • Review elective activity at this level Urgent/Routine • Review patients waiting for surgical procedure in ward beds • Review threshold for admission/discharge • Twice daily ward rounds • Divert clinical Teams to areas of most pressure, A2/SAU/SSSU 	Bleep holder in conjunction with DM or Lead/Senior Nurse and consultant	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 4	<p>Cancel patients for surgery in the following order;</p> <p>Routine Urgent Cancer Emergency</p>	<ul style="list-style-type: none"> • Identify which patients should be cancelled • Inform patients and families of cancellation • Let theatres know of cancellation 	<p>Bleep holder in conjunction with DM or Lead/Senior Nurse/consultant and with patient access</p>	

OUT OF HOURS 18.00-08.00 and 18.00 (Fri) to 08.00 (Mon or Tues for BH weekend)

	Actions/Triggers	Details	Who does this	Contact No.
Normal	Ensure patient flow from SAU and to and from theatre	<ul style="list-style-type: none"> • Admission for electives as scheduled. • Achievement of PDD. • PDD set within 72 hours. • Max Length Stay of 20 Days for medically fit patients or ability to discharge within 6 days post care plan determined. • Provide and receive specialty assessment within 12 hours. • AM discharges. • Clinical Workstation compliance • Identify patients waiting CELT/ART/ECAS/Reablement/TCU/ST ART • Identify Diagnostic constraints 	Ward based Nursing and medical teams	

	Actions/Triggers	Details	Who does this	Contact No.
Level 2	<p>Ensure patients who are fit for discharge are actually discharged</p> <p>Commence prioritisation of patients who need to be bedded in the order of clinical need</p>	<ul style="list-style-type: none"> • Sit patients out in chairs in day room or utilise discharge lounge <p>Order of patients in terms of clinical need are;</p> <p>Emergency Cancer Urgent Routine</p> <ul style="list-style-type: none"> • Consider patient transfers to SSSU if surgical stream blocked • Review PDD's 24- 48hrs - bring forward discharges • Ensure all patients reviewed • Escalate unresolved constraints to Patient Access • Manage suitable patients by DOSA • Identify suitable patients to outlie 	<p>Ward based Nursing teams with patient access</p>	

	Actions/Triggers	Details	Who does this	Contact No.
Level 3	Consider patients who could be moved to another hospital site where there may be capacity	<ul style="list-style-type: none"> • Discuss patients fitness of transfer • Inform patient and families of impending transfer • Book transport • Daily ward rounds • Divert clinical Teams to areas of most pressure, A2/SAU/SSSU 	Ward based Nursing teams with patient access and consultant/senior medical staff	

	Actions/Triggers	Details	Who does this	Contact No.
Level 4	<p>Cancel patients for surgery in the following order;</p> <p>Routine Urgent Cancer Emergency</p>	<ul style="list-style-type: none"> • Identify which patients should be cancelled • Inform patients and families of cancellation • Let theatres know of cancellation 	<p>Ward based Nursing teams with patient access and consultant/senior medical staff</p>	

Date Reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD CEPOD/TRAUMA DIRECTORATE

IN HOURS Monday to Friday 08.00 -18.00

	Actions/Trigger	Details	Who does this	Contact No.(s)
Normal	Ensure there is capacity for all patients listed to be operated on	<ul style="list-style-type: none"> • All patients are prioritised • Cons anaesthetist has seen patients and is happy with list order 	Consultant anaesthetist/practitioner in charge of theatre/duty manager	

<p style="text-align: center;">Level 2</p>	<p>Early indication that the number of patients to be operated on exceeds the capacity available</p>	<ul style="list-style-type: none"> • CEPOD and/or Trauma scrub practitioner with duty manager and Cons Anaesthetists review lists and where possible re-direct patients to; <ul style="list-style-type: none"> - Vacant lists - SSSU - Try and add patient to the end of appropriate elective lists. - Where elective operating lists look to be finishing early plan to do emergency cases to follow. 	<p>Consultant anaesthetist/practitioner in charge of theatre/duty manager</p>	
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Level 3	<p>The capacity available is insufficient to meet the number of patients available for the next 24 hours</p>	<p>As for level 2 PLUS</p> <ul style="list-style-type: none"> • Call an urgent capacity meeting in theatres and involve all bed holding directorates. • Check to see if with additional staffing an additional theatre which is empty (even if the next day including a weekend) can be utilised. If so mobilise staff from either hospital sites/units • Re-prioritise patients for surgery • Establish whether some patients can be sent home to return at a later date for surgery (e.g. Trauma, Max Fax patients). • Consider cancellation of an elective patient on an elective list and slot in emergency patient 	<p>Service manager/senior or lead nurse/Directorate management representatives/ Consultant Surgeons with patients on the lists affected/Consultant anaesthetists (CEPOD & Trauma)/practitioner in charge of CEPOD & Trauma theatre/duty manager</p>	
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		<ul style="list-style-type: none">• Order of patients in terms of clinical need are; Cancer Urgent Routine		
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<p style="text-align: center;">Level 4</p>	<p>The capacity available far exceeds the number of patients waiting that a backlog situation has occurred where patients are waiting >48 hours for urgent surgery</p>	<p>As for level 2 & 3 PLUS</p> <ul style="list-style-type: none"> Cancel elective operating to expand emergency capacity. Order of patients to be cancelled; Routine Urgent Cancer Think ahead - is a weekend occurring in the next 48 hours? If so plan to staff additional theatres for the weekend to cope with the additional capacity needed. 	<p>Service manager/senior or lead nurse/Directorate management representatives/ Consultant Surgeons with patients on the lists affected/Consultant anaesthetists (CEPOD & Trauma)/practitioner in charge of CEPOD & Trauma theatre/duty manager. Divisional Manager/Nurse/Director</p>	
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OUT OF HOURS 18.00-08.00 and 18.00 (Fri) to 08.00 (Mon or Tues for BH weekend)

	Actions/Trigger	Details	Who does this	Contact No.
Normal	Ensure there is capacity for all patients listed to be operated on	<ul style="list-style-type: none"> • All patients are prioritised • Cons anaesthetist has seen patients and is happy with list order 	Consultant anaesthetist/practitioner in charge of theatre suite	

Level 2	Early indication that the number of patients to be operated on exceeds the capacity available	<ul style="list-style-type: none">• Practitioner in charge of theatre suite and Consultant Anaesthetist review lists and where possible re-prioritise patients.	Consultant anaesthetist/ practitioner in charge of theatre suite	
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<p style="text-align: center;">Level 3</p>	<p>The capacity available is insufficient to meet the number of patients available for the next 24 hours</p>	<ul style="list-style-type: none"> • CEPOD and/or Trauma scrub practitioner with practitioner in charge of theatre suite and Cons Anaesthetist review lists and where possible re-prioritise patients. • Establish whether some patients can be sent home to return at a later date for surgery (e.g. Trauma, Max Fax patients). • Consider cancellation of an additional planned weekend elective list and slot in emergency patients 	<p>Consultant anaesthetist/practitioner in charge of theatre suite & CEPOD and/or Trauma scrub practitioner/Relevant consultant surgeons</p>	
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<p>Level 4</p>	<p>The capacity available far exceeds the number of patients waiting that a backlog situation has occurred where patients are waiting >48 hours for urgent surgery</p>	<ul style="list-style-type: none"> Practitioner in charge of the theatre suite to consult with Cons Anaes on call to consider mobilising additional teams to cover backlog by opening additional capacity 		
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Date Reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD SPECIALIST SERVICES DIRECTORATE

IN HOURS 08:00 – 17:00

	Triggers	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none"> • PDDs being set within 72 hours of admission • Predicted and actual capacity to accommodate emergency and elective admissions (local and tertiary referrals) • Available CCU & Critical Care capacity • Critical Care able to admit and discharge patients within 4 hours • Maximum length of stay of 20 days for medically fit patient being achieved • Inpatients receiving speciality assessment within 12 hours of referral • No additional beds opened • Elective activity proceeding as scheduled • No known external factors to impact upon capacity 	<ul style="list-style-type: none"> • Nominate representative to attend Capacity Meetings and SPOC for escalation • Ensure that at ward level efficient patient flow is maintained at all times • Proactively manage AM discharges • Utilise Discharge Lounge • Implement Predicted Date of Discharge for all patients within 72 hours • Achievement of PDD • Inform Patient Access Team of all confirmed or potential discharges • Update Clinical Workstation in a timely manner 	<p>Specialist Services Bed Managers</p> <p>Ward Sisters/attending Medical team</p>	<p>Bleep 6313</p>

	Triggers	Details	Who does this	Contact No.
<p style="text-align: center;">Level 2</p>	<ul style="list-style-type: none"> • Emergency admissions are likely to exceed available capacity • No inpatient beds available for elective admissions • Unable to accept tertiary referrals • No additional capacity available • CCU & Critical Care delayed transfers of care identified • Patients being admitted or transferred to an outlying speciality • Unplanned bed closures i.e. infection outbreak • Routine electives under review 	<ul style="list-style-type: none"> • Nominated Divisional representatives to cascade information regarding position with agreed relevant parties within their Division • Ensure all patients have had senior review • Expedite all discharges, manage constraints if unable to resolve escalate to Patient Access Service • Turn around on beds following discharge at 30 mins • Undertake specialist review within 60 minutes of referral • Risk Assess infection areas 	<p>Divisional Management Team Directorate Management Teams</p> <p>Ward MDT</p> <p>On call teams</p> <p>Infection Control</p>	<p>Bleep 6313</p>

	Triggers	Details	Who does this	Contact No.
Level 3	<ul style="list-style-type: none"> • Emergency admission are exceeding available capacity • Limited ability to create CCU and Critical Care capacity (refer to Critical Care Escalation protocol) • Discharges and transfers less than predicted and will impact significantly on capacity • All available staffed bed capacity in use • Urgent only elective activity being undertaken – Non urgent elective activity cancelled by Clinical Director 	<ul style="list-style-type: none"> • Mobilise additional medical and nursing staff to attend and support clinical areas • Consider cancelling clinics and mobilise Medical Teams to most at risk/high pressure area • All patients for discharge vacate beds • Review and prioritise elective admissions for following day's activity • Consider converting patient to day case where predicted discharges allow 	<p>Divisional Team</p> <p>Divisional Director</p> <p>Medical teams</p> <p>Directorate teams</p>	<p>Bleep 6313</p>

	Triggers	Details	Who does this	Contact No.
<p style="text-align: center;">Level 4</p>	<ul style="list-style-type: none"> • Emergency admissions have significantly exceeded available capacity • No transfers or discharges taking place • No CCU or Critical Care capacity available • All elective activity cancelled by Clinical Director • All commissioned additional capacity open and full • All ring fenced capacity utilised • Seek external tertiary divert options 	<ul style="list-style-type: none"> • Ward areas receiving patients to non commissioned areas to allow risk to be shared • Ward Manager to be responsible for maintaining the risk log of situation • Lead/Senior Nurses to assess requirements for additional resource 	<p>Divisional Team</p> <p>Ward team</p> <p>Lead/Senior Nurses</p>	<p>Bleep 6313</p>

OUT OF HOURS (Please enter times): 17:00 – 08:00

	Triggers	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none">• As In Hours	<ul style="list-style-type: none">• As In Hours	Nurse in Charge of Ward On Call Medical Team	

	Triggers	Details	Who does this	Contact No.
Level 2	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	<p>Nurse in Charge of Ward</p> <p>On Call Medical Team</p>	

	Triggers	Details	Who does this	Contact No.
Level 3	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Site Manager/Home Advisor/Executive On Call	

	Triggers	Details	Who does this	Contact No.
Level 4	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Executive On Call/Major Incident team	

Last reviewed on – January 2012

Signature of Divisional Director – Jonathan Kell

ESCALATION CARD CHILD HEALTH DIRECTORATE

IN HOURS: 8am-6pm

	Actions/Triggers	Details	Who does this	Contact No.(s)
Normal	Normal operational management	Steady state NICU/PICU capacity available Medical and surgical capacity available Nursing workforce flexible Ability to forecast next 24hours PDD's agreed and in place Future planning for long stay/CHC patients	Senior nurses and service managers	Sarah Lloyd Tel UHW 5742 Surgical Julie Allaway Tel UHW 8751 Medical Phil Barry Tel UHW 6309

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 2	<p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds. Staffing will not support demand/capacity required</p>	<p>Implement capacity review meeting as required (Paeds)</p> <p>Review bank / overtime / flexible working to maintain/increase capacity where appropriate.</p> <p>Review elective/usc capacity divert from medical into surgical beds or vice versa– plan for next 24 hours</p> <p>Check and expedite PDD/ discharge NICU/PICU on high alert – communicate with other areas/LHBs</p> <p>Department bed meetings daily</p> <p>Daily ward rounds.</p> <p>Ensure attendance at Bed Management meeting (Adult)</p>	<p>Senior nurses and service managers</p> <p>Alert Divisional Nurse and Manger</p>	<p>Philip Barry Tel UHW 6309</p>

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 3	<p>Emergencies likely to exceed capacity No elective bed capacity Staffing will not support capacity/demand</p>	<p>Implement daily bed meeting (Paeds) If no elective bed capacity- cancel all/part elective surgery next 24 hours Maximise unscheduled capacity Ensure twice daily ward rounds Consider additional capacity if environment and staffing allows.</p> <p>Review and escalate NICU and PICU capacity – alert LHB’s capacity full and need to seek support from England on a case by case basis.</p> <p>Where possible repatriate to Welsh LHBs where capacity available.</p> <p>Look to see if other units can take medical take</p>	<p>Senior Nurses Directorate Manager/Lead Nurse Alert Divisional nurse/manager</p> <p>Escalate to COO</p>	<p>Directorate Philip Barry Tel UHW 6309</p> <p>Wendy Herbert Tel 02920332634</p> <p>Division Gary Rix UHW4787 07773351857</p> <p>Bernie Steer UHW 4787</p>

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 4	<p>Emergency Admissions have exceeded capacity</p> <p>All planned activity ceased</p>	<p>As above consider need to cancel all elective IP surgery for 48 hour period.</p> <p>Communication with O&G in order to transfer women requiring NNU out to deliver in an appropriate neighbouring health boards/England and or delay elective CS</p> <p>Review twice daily and de-escalate when appropriate</p>	<p>Directorate manager/Lead Nurse</p> <p>Alert Divisional nurse/manager</p> <p>Escalate to COO</p>	<p>Directorate Philip Barry Tel UHW 6309</p> <p>Wendy Herbert Tel 02920332634</p> <p>Division Gary Rix UHW4787 07773351857</p> <p>Bernie Steer UHW 4787</p>

OUT OF HOURS (Please enter times) ___ 6 pm to 8 am _____

	Actions/Triggers	Details	Who does this	Contact No.
Normal	Steady state	No additional Actions	Clinical Co-ordinator.	Bleep 5134

	Actions/Triggers	Details	Who does this	Contact No.
Level 2	<p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds. Staffing will not support demand/capacity required</p>	<p>Receive bed state overview from last capacity review meeting (Paeds)</p> <p>Ensure bank staff are in work and wards are safe</p> <p>Maintain contact with EU and expedite any requests for admission</p> <p>If required OOH transfer patients from medical to surgical beds or vice versa.</p> <p>Expedite any outstanding PDD/ discharge that remain considering safety and appropriateness.</p>	<p>Clinical Co-ordinator.</p> <p>Alert Site</p>	<p>Bleep 5134</p>

	Actions/Triggers	Details	Who does this	Contact No.
Level 3	<p>Emergency Admissions have exceeded capacity</p> <p>All planned activity ceased</p>	<p>Receive bed state overview from last capacity review meeting (Paeds)</p> <p>Ensure bank staff are in work and wards are safe</p> <p>Maintain contact with EU and expedite any requests for admission</p> <p>If required OOH transfer patients from medical to surgical beds or vice versa.</p> <p>Expedite any outstanding PDD/ discharge that remain considering safety and appropriateness.</p> <p>Clinical coordinator to liaise with on call medical and surgical teams for extra ordinary discharge rounds.</p> <p>Ensure communication with Maternity and WAST re ability to accommodate women requiring NNU and need to transfer / refuse admission/delay CS</p> <p>Communication with EU re bed state and availability of beds should patients require admission ?</p> <p>If possible repatriate to Welsh LHBs patients who could go</p> <p>Look to see if other units can take medical take</p>	<p>Clinical Co-ordinator.</p> <p>Alert Site</p> <p>Alert Home Advisor</p> <p>Consider if Home Advisor Alerts Executive on Call</p>	Bleep 5134

	Actions/Triggers	Details	Who does this	Contact No.
Level 4	<p>Emergency Admissions have exceeded capacity</p> <p>All planned activity ceased</p>	<p>Communicate with EU service closed to all medical usc intake</p> <p>Preserve emergency surgical intake</p> <p>Communication with Maternity and WAST re ability to accommodate women requiring NNU and need to transfer/ refuse admission/Delay CS</p> <p>Consider sending surgical intake to other surgical units</p>	<p>Clinical Co-ordinator.</p> <p>Alert Home Advisor</p> <p>Alert DM & Divisional Team</p> <p>Alert Executive on call</p>	Bleep 5134

Date Reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD OBSTECTIRC AND GYNAECOLOGY DIRECTORATE

IN HOURS: 8am-6pm

	Actions/Triggers	Details	Who does this	Contact No.(s)
Normal	Gynaecology (Core Gynaecology, Gynaecology) Normal operational management Steady state	Surgical capacity available. Nursing workforce used flexibly. Ability to forecast next 24hours PDD's agreed and in place	Senior manager and Senior nurse	Jane Hervé Head of Midwifery / DLN Tel UHW 3376 Andrea Aquilina Directorate Manager Tel UHW 4493
	Maternity Services Normal operational management Steady state	Maternity Services capacity available Midwifery workforce used flexibly	Head of Midwifery / Senior Midwives	Jane Hervé Head of Midwifery / DLN Tel UHW 3376

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 2	<p>Gynaecology (Core Gynaecology, Gynaecology)</p> <p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds.</p> <p>Staffing will not support demand/capacity required</p>	<p>Review additional staff in order to maintain/increase capacity where appropriate.</p> <p>Review and flex elective capacity within directorate</p> <p>Review and expedite PDD</p> <p>Daily ward rounds</p> <p>Ensure plans in place for medical outliers with Medical Division.</p> <p>Consider/expedite repatriation to LHBs where appropriate / possible</p>	<p>Operational senior clinical teams – nurse in charge and relevant consultants</p>	<p>Jane Hervé Head of Midwifery / DLN Tel UHW 3376</p> <p>Andrea Aquilina Directorate Manager Tel UHW 4493</p> <p>Denise Hancock Senior Nurse Tel UHW 8246</p>
	<p>Maternity Services</p> <p>Enhanced operational management</p> <p>Maternity patients likely to exceed available beds.</p> <p>Staffing will not support demand/capacity required</p>	<p>Review additional staff in order to maintain/increase capacity where appropriate.</p> <p>Daily ward rounds</p> <p>Twice daily discussion with Obstetrics and Neonatal senior nurses and consultants.</p>	<p>Operational senior clinical teams – midwife in charge and relevant consultants</p>	<p>Jane Hervé Head of Midwifery / DLN Tel UHW 3376</p> <p>Mary Coakley / Eirlys Ferris Senior Midwives Tel UHW 5364 / 5476</p>

	Actions/Triggers	Details	Who does this	Contact No.
Level 3	Gynaecology (Core Gynaecology, Gynaecology) Emergencies likely to exceed capacity No elective bed capacity Staffing will not support capacity/demand	Departmental bed meetings daily Cancel all elective surgery except Oncology next 24 hours Maximise unscheduled capacity Twice daily ward rounds Consider additional capacity if environment and staffing allows. Ask staff to undertake additional hours	Directorate Manager/Head of Midwifery / DLN Alert Divisional nurse/manager Escalate to COO	Jane Hervé Head of Midwifery / DLN Tel UHW 3376 Andrea Aquilina Directorate Manager Tel UHW 4493 Division Gary Rix Tel UHW 4787 07773351857 Bernie Steer Tel UHW 4787
	Maternity Services Emergencies likely to exceed capacity No elective bed capacity Staffing will not support capacity/demand	Twice daily ward rounds Ask staff to undertake additional hours Review either close to admission / transfer out to neighbouring	Head of Midwifery / DLN	Jane Hervé Head of Midwifery / DLN Tel UHW 3376

Actions/Triggers	Details	Who does this	Contact No.
		hospitals (maternity).	Division Gary Rix Tel UHW 4787 07773351857 Bernie Steer Tel UHW 4787

	Actions/Triggers	Details	Who does this	Contact No.
Level 4	<p>Gynaecology (Core Gynaecology, Gynaecology)</p> <p>Emergency Admissions have exceeded capacity</p> <p>All planned activity ceased</p>	<p>As above</p> <p>Cancel all elective capacity for next 24 – 48 hours including Oncology.</p> <p>Review twice daily and de-escalate when appropriate.</p>	<p>Directorate Manager/Head of Midwifery</p> <p>Alert Divisional nurse/manager</p> <p>Escalate to COO</p>	<p>Jane Hervé Head of Midwifery / DLN Tel UHW 3376</p> <p>Andrea Aquilina Directorate Manager Tel UHW 4493</p> <p>Division Gary Rix UHW4787 07773351857</p> <p>Bernie Steer UHW 4787</p>
	<p>Maternity Services</p> <p>Emergency Admissions have exceeded capacity</p> <p>All planned activity ceased</p>	<p>If required transfer women requiring NNU out to deliver in an appropriate neighbouring health board/England.</p> <p>Delay elective C/S</p> <p>Review twice daily and de-escalate when appropriate.</p>	<p>Head of Midwifery / DLN</p> <p>Alert Divisional nurse/manager</p> <p>Escalate to COO</p>	<p>Jane Hervé Head of Midwifery / DLN Tel UHW 3376</p> <p>Division Gary Rix</p>

	Actions/Triggers	Details	Who does this	Contact No.
				UHW4787 07773351857 Bernie Steer UHW 4787

OUT OF HOURS (Please enter times) _____ 6pm – 8 am _____

	Actions/Triggers	Details	Who does this	Contact No.
Normal	Gynaecology (Core Gynaecology, Gynaecology, ISH and SARC) Steady state	No additional Actions	Site Practitioner	
	Maternity Services Steady state	No additional Actions	SOM on call	

	Actions/Triggers	Details	Who does this	Contact No.
Level 2	<p>Gynaecology (Core Gynaecology, Gynaecology, ISH and SARC)</p> <p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds. Staffing will not support demand/capacity required</p>	<p>Receive bed state overview from Adult bed meeting</p> <p>Ensure bank staff are in work and wards are safe</p> <p>Maintain contact with EU and expedite any requests for admission</p> <p>Expedite any outstanding PDD/ discharge that remain considering safety and appropriateness.</p>	Site Practitioner	
	<p>Maternity Services</p> <p>Enhanced operational management</p> <p>Maternity patients likely to exceed available beds.</p> <p>Staffing will not support demand/capacity required</p>	<p>Ensure bank staff are in work and wards are safe</p>	SOM On Call	

	Actions/Triggers	Details	Who does this	Contact No.
Level 3	Gynaecology (Core Gynaecology, Gynaecology, ISH and SARC)	<p>Receive bed state overview from last capacity review meeting (Adult Acute)</p> <p>Ensure bank staff are in work and wards are safe</p> <p>Maintain contact with EU and expedite any requests for admission</p> <p>Expedite any outstanding PDD/ discharge that remain considering safety and appropriateness.</p>	Site Practitioner	
	Maternity Services	<p>Ensure bank staff are in work and wards are safe</p> <p>Ensure communication with WAST re ability to accommodate women requiring admission</p>	SOM On Call	

	Actions/Triggers	Details	Who does this	Contact No.
Level 4	Gynaecology (Core Gynaecology, Gynaecology, ISH and SARC)			
	Maternity Services	If required, transfer women out to deliver in an appropriate neighbouring health board / England.	Head of Midwifery / DLN SOM On Call	

Last reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD FOR RADIOLOGY DIRECTORATE

IN HOURS 08:30 –17:00 Monday-Friday

	Actions	Details	Who does this	Contact No.(s)
Normal	<p>Maintain appropriate staffing level/skill mix to fulfil Priority Operating Procedure</p> <p>Liaise with Patient Access Team (respond to constraints to discharge)</p> <p>Maintain patient flow in Emergency Unit , to help facilitate performance targets</p>	<p>Attend 09:00/12:00 meetings</p> <p>Highlight constraints to respective superintendent radiographers</p> <p>Coordinate with clinicians, lead nurse to respond to priorities</p>	<p>Speciality leads and heads of department</p> <p>R. Brown</p> <p>Supt.Radiographer or deputy</p>	<p>8071</p> <p>8071/8072</p>

	Actions	Details	Who does this	Contact No.(s)
Level 2	<p>Increased patient numbers / restricted patient flow In Emergency Unit</p> <p>Escalate any constraints</p>	<p>Support staff numbers as necessary Liaise with clinicians , prioritise patients as required Respective lead supt radiographer Contacted , highlight need to expedite examinations</p>	<p>Supt.Radiographer or deputy</p> <p>R. Brown (or another Supt Radiographer)</p>	8071/8072

	Actions	Details	Who does this	Contact No.(s)
Level 3	<p>Failure of key speciality imaging units, Eg MRI/CT/Angio</p> <p>Partial failure in some IT services (PMS/RADIS/PACS)</p>	<p>Dependant upon time of day, no of scanners etc, consider rebooking OP/GP patients Prioritise Emergency Urgent Inpatient OP/ GP</p> <p>If single site scanner , transfer service as necessary Inform directorates /Patient Access Team/ Ambulance Service</p> <p>Initiate breakdown procedures to attempt to limit impact on services</p>	<p>Lead Supt Radiographer and as required Consultant Radiologist</p> <p>Lead Supt.Radiographers, PACS Team</p>	

	Actions	Details	Who does this	Contact No.(s)
Level 4	IT System failure Network failure PACS failure	Radiology service severely compromised . Breakdown/service continuity plans enacted. Prioritise Emergency patients	Lead Supt radiographers Clinical Director/Cons radiologists	

OUT OF HOURS 17:00 -08:30 __Mon-Fri and 08:00 SAT--.>08:00 MON

	Actions	Details	Who does this	Contact No.
Normal	Staff levels in Emergency Radiology maintained at normal levels	Sickness/Absenteeism covered from day staff	Supt. Radiographer	3024/3067/8071
	Imaging specialities service delivered by on-call radiographer and Radiologist		Rota	8064 Emergency Radiology reception

	Actions	Details	Who does this	Contact No.
Level 2	Increased demand in E. Unit/Theatre/Mobile exceeds staffing level	Need to increase staffing to maintain service	Major Incident Supt On-call advised of situation...Assesses Need to bring in 'on-call' radiographer	Rota

	Actions	Details	Who does this	Contact No.
Level 3	As in hours	As in hours	Staff on duty/PACS Team on-call	

	Actions	Details	Who does this	Contact No.
Level 4	As in hours	As in Hours	Major incident Supt radiographer on call	Rota

Date Reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD THERAPIES DIRECTORATE

IN HOURS Monday to Friday – 8-30am – 4-30 pm
(slight variation between disciplines)

	Actions / Triggers	Details	Who does this	Contact No.(s)
Normal	Emergency Respiratory Intervention	Maximum in and out of hours 45 minute response time	Respiratory Emergency	PT Bleep 5507
	EU – Admission prevention	1 Hour response target – Advice, assessment and treatment as appropriate	OT Physiotherapy	OT Bleep: 6049/5993 PT Bleep: 5880
	Urgent Intervention	4 hours response Less urgent cases – advice, assessment and treatment	OT Physiotherapy	OT Bleep: 6049/5993 PT Bleep: 5880
	MAU / A1 / A3	8 to 24 hour response – dependant on clinical priority and capacity	OT Physiotherapy SLT Dietetics	OT Bleep: 6049/5993 PT Bleep: 5880 SALT Extn. 3012 Dietetics Bleep 07623-942074
	Inpatient Wards	24 hour response	OT Physiotherapy	OT Ext: 2648 PT Respiratory/Surgery Bleep 5507 Trauma Bleep 6059 Cardiac Bleep 5295 EU/MAU/A1/A4 Bleep 5880

	Actions / Triggers	Details	Who does this	Contact No.(s)
	Inpatient wards	24 Hour Response	SALT (urgent) Dietetics (urgent)	Medicine Bleep 5945/5878Neuro Bleep 5831 SALT Ext 3012 Dietetics Ext 4294
		48 hour response	Dietetics (routine) SALT (routine)	Dietetics Ext 4294 SALT Ext 3012

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 2	Reduction in Capacity or increase in demand			
	EU – Admission prevention Urgent Intervention	1 Hour response target – Advice, assessment and treatment as appropriate	OT Physiotherapy	OT Bleep: 6049/5993 PT Bleep: 5880
		4 hours response Less urgent cases – advice, assessment and treatment	OT Physiotherapy	OT Bleep: 6049/5993 PT Bleep: 5880
	MAU / A1 / A3	8 to 24 hour response – dependant on clinical priority and capacity	OT Physiotherapy SALT Dietetics	OT Bleep: 6049/5993 PT Bleep: 5880 SALT Extn. 3012 Dietetics Bleep 07623-942074
	Inpatient Wards – patients prioritised	24 hour response Clinically urgent patients and facilitation of discharge prioritised above others	OT Physiotherapy	OT Ext: 2648 PT: Respiratory/Surgery Bleep 5507 Trauma Bleep 6059 Cardiac Bleep 5295
Inpatient wards	48 hour response (Dietetics - or outpatient intervention upon discharge)		EU/MAU/A1/A4 Bleep 5880 Medicine Bleep 5945/5878 Neuro Bleep 5831	

	Actions / Triggers	Details	Who does this	Contact No.(s)
			SALT (urgent) Dietetics (urgent) Dietetics (routine) SALT (routine)	SALT Extn. 3012 Dietetics Ext 4294 Dietetics Ext 4294 SALT Extn 3012

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 3	Reduction in Capacity or increase in demand	1 Hour response target – Advice, assessment and treatment as appropriate	OT Physiotherapy	Bleep: 6049/5993 Bleep: 5880
	EU – Admission prevention			
	Urgent Intervention	4 hours response Less urgent cases – advice, assessment and treatment	OT Physiotherapy	Bleep: 6049/5993 Bleep: 5880
	MAU / A1 / A3	8 to 24 hour response – dependant on clinical priority and capacity	OT Physiotherapy SALT Dietetics	Bleep: 6049/5993 Bleep: 5880 Extn. 3012
	Inpatient Wards – patients prioritised	24 hour response Clinically urgent patients and facilitation of discharge prioritised above others Dietetics (urgent only, routine scheduled as outpatients)	OT Physiotherapy SALT Dietetics	Ext: 2648 Respiratory/Surgery Bleep 5507 Trauma Bleep 6059 Cardiac Bleep 5295 EU/MAU/A1/A4 Bleep 5880 Medicine Bleep 5945/5878 Neuro Bleep 5831 SALT Extn 3012 Dietetics Ext 4294

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 4	<p>Capacity and/or Demand Necessitates Emergency Only Service</p> <p>Services delivered as emergency and facilitation of discharge only and in that order</p>	<p>All services reduced to bleep only emergency intervention and discharge facilitation where remaining capacity allows. Or telephone advice from central location where appropriate.</p> <p>Other Physiotherapy Emergency</p>	<p>OT</p> <p>Physiotherapy</p> <p>SALT</p> <p>Dietetics</p> <p>Site Managers</p>	<p>OT Bleep 6049/5993</p> <p>PT Respiratory/Surgery Bleep 5507 Trauma Bleep 6059 Cardiac Bleep 5295 EU/MAU/A1/A4 Bleep 5880 Medicine Bleep 5945/5878 Neuro Bleep 5831</p> <p>SALT Extn 3012</p> <p>Dietetics Extn 4294</p> <p>Extn 3902 / 4286</p>

OUT OF HOURS

NB Out of Hours Services for Therapies are ONLY Provided by Dietetics and Physiotherapy

	Actions / Triggers	Details	Who does this	Contact No.(s)
Normal	PHYSIOTHERAPY Respiratory Emergency On-call 7-30pm to 8-30am Monday to Friday 7-30pm Friday to 8-30am Monday	Patients with respiratory deteriorating status	On-call Physiotherapist	Rota Watch or via Switch Board
	Extended Day Services 4-30pm to 7-30pm Monday to Friday Acute Medicine	EU/MAU/Short stay acute medicine only admission prevention and discharge facilitation	Acute Medicine Physios	Bleep: 5880
	Cardiac Team Surgical Respiratory Team	Patients who will deteriorate if they are not seen or discharge	Cardiac Physios Surgical Physios	Bleep 5295 Bleep 5507
	Weekend Respiratory Service 8-30 to 4-30pm	Patients who will deteriorate if they are not seen over the weekend period or who have deteriorating status	Weekend emergency respiratory team	Bleep 5295
	Acute Medical Weekend Service 9am to 3pm EU/MAU/Medical Short Stay Admission prevention Facilitation of Discharge	1to 4 Hour response target – Advice, assessment and treatment as appropriate	Acute Medical Physiotherapy Team	Bleep 5880
	Trauma (UHW) Weekend Service 9am to 4-30pm	First Day Post-op Hip Fracture Urgent cases Discharge Facilitation	Weekend Trauma Physiotherapy Team	Bleep 6059

	Actions / Triggers	Details	Who does this	Contact No.(s)
	Orthopaedic Team UHL 9am to 4pm	First Day Post op and discharge	Ortho. Team	Bleep 4550

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 2	<p>Services further prioritised to essential urgent cases only</p> <p>Respiratory Emergency On-call 7-30pm to 8-30am Monday to Friday 7-30pm Friday to 8-30am Monday</p>	<p>Patients with respiratory deteriorating status</p>	<p>On-call Physiotherapist</p>	<p>Rota Watch or via Switch Board</p>
	<p>Weekend 8-30am to 7-30pm</p>	<p>All Non-respiratory emergency and discharge facilitation suspended</p>	<p>Respiratory Team Acute Medicine</p>	<p>Bleep 5295 Bleep 5880</p>

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 3	<p>Respiratory emergency cases only</p> <p>Respiratory Emergency On-call 7-30pm to 8-30am Monday to Friday 7-30pm Friday to 8-30am Monday</p> <p>7-30am to 7-30pm Weekend</p>	<p>Respiratory on-call emergency only</p>	<p>On-call Physiotherapist</p> <p>Respiratory Team</p>	<p>Rota Watch or via Switch Board</p> <p>Bleep 5295</p>

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 4	Respiratory emergency cases only			
	Respiratory Emergency On-call 7-30pm to 8-30am Monday to Friday 7-30pm Friday to 8-30am Monday	Respiratory patients with deteriorating status	On-call Physiotherapist	Rota Watch or via switchboard
	7-30am to 7-30pm Weekend	Respiratory Deteriorating Patients	Respiratory Team	Bleep 5295
		Other emergencies	Physio Site Managers	Via switch board

	Actions / Triggers	Details	Who does this	Contact No.(s)
Normal	DIETETICS MAU-Nutrition risk screening over 7 days MAU- Full dietetic service until midday	Nutrition risk screening of all admissions between 8.30-3.00 pm	Dietetic Support Worker	MAU Bleep 07623 942074 T2 – 07623 957090
	Neuroscience /T2 ERAS /T5 –on site Dietetic service Saturday and Sunday until 2pm	Dietetic input for patients on MAU, T2 ERAS, Neuroscience and T5	Dieticians	Neuro sciences – 07623 905650 T
	Nutritional risk screening FRAME and selected trauma wards	Nutrition risk screening for new admissions and supportive feeding	Dietetic Support Worker	T5 – 07623 905628
	On call bleep service 9-5 Sat/Sun	Emergency dietetic cover via on call bleep	Senior Dieticians	Dietetic on call bleep Adults 07623 905752
	Bank Holiday on site Dietetic service am only with bleep cover until 5pm	Emergency dietetic cover for new referrals, transfers and known patients. Emergency dietetic cover via on call bleep pm only	Senior Dieticians	Paeds 07623 905554

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 2	On call bleep service 9-5 Sat/Sun	Emergency dietetic cover via on call bleep	Senior Dieticians	Dietetic on call bleep
	Bank Holiday on site Dietetic service am only with bleep cover until 5pm	Emergency dietetic cover for new referrals, transfers and known patients. Emergency dietetic cover via on call bleep pm only	Senior Dieticians	Adults 07623 905752 Paeds 07623 905554

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 3	On call bleep service 9-5 Sat/Sun	Emergency dietetic cover via on call bleep	Senior Dieticians	Dietetic on call bleep
	Bank Holiday on site Dietetic service am only with bleep cover until 5pm	Emergency dietetic cover for new referrals, transfers and known patients. Emergency dietetic cover via on call bleep pm only	Senior Dieticians	Adults 07623 905752 Paeds 07623 905554

	Actions / Triggers	Details	Who does this	Contact No.(s)
Level 4	On call bleep service 9-5 Sat/Sun	Emergency dietetic cover via on call bleep	Senior Dieticians	Dietetic on call bleep
	Bank Holiday on site Dietetic service am only with bleep cover until 5pm	Emergency dietetic cover for new referrals, transfers and known patients. Emergency dietetic cover via on call bleep pm only	Senior Dieticians	Adults 07623 905752 Paeds 07623 905554

Date Reviewed March 2012

Reviewed by Divisional Director

ESCALATION CARD FOR OPAIC DIRECTORATE

IN HOURS : 08:00 – 17:00 Monday to Friday

	Actions/Triggers	Details	Who does this	Contact No.
Normal	<p>Wards</p> <ul style="list-style-type: none"> • Normal Operational management • Rostered cover of Rehab Liaison Nurses (RLNs) • PDDs set after first weekly MDM • No known external factors to impact upon capacity <p>Cardiff Elderly Care Assessment Service (ECAS) – Rookwood</p>	<ul style="list-style-type: none"> • RLN attends daily Capacity Meetings • RLNs identify patients ready for transfer to OPAIC wards • Ensure that efficient patient flow is maintained at all times at ward level • Proactively manage AM discharges • Inform Patient Access Team of all confirmed or potential discharges • Update Clinical Workstation in a timely manner • Senior nurses to be aware of ward discharges, DToC and actions being taken. • Patients referred by GP are seen within 48hrs. • Daily capacity given to Patient Access to enable them to book suitable patients presenting out of hours into free next day slots (Monday slot - if after Friday evening) 	<p>RLNs</p> <p>Ward Sisters/attending Medical team</p> <p>Ward Sisters/Senior Nurses</p> <p>ECAS team/Patient Access</p>	<p>Via UHW switchboard</p> <p>Other numbers to be added to final document</p>

	Actions/Triggers	Details	Who does this	Contact No.
	Vale Elderly Care Assessment Service (ECAS) – Barry	<ul style="list-style-type: none"> • Patients referred by GP are seen within one week (number of weekly sessions to be confirmed) • Daily capacity given to Patient Access to enable them to book suitable patients presenting out of hours into next free slot. 	ECAS team/Patient Access	

	Actions/Triggers	Details	Who does this	Contact No.
Level 2	Wards <ul style="list-style-type: none"> • UHB emergency admissions are likely to exceed available capacity • No OPAIC inpatient beds available for transfers from acute wards (patients ready to transfer) • Staffing will not support demand/capacity required • Unplanned bed closures i.e. infection outbreak 	<ul style="list-style-type: none"> • Nominated Directorate representatives to cascade information regarding position with agreed relevant parties within their Division • Expedite all discharges, manage constraints and, if unable to resolve, escalate to Patient Access Service • Consider asking staff to cancel annual leave / work extra hours (if current regulations allow) • Risk Assess infection areas • Senior nurses to be aware of ward discharges, DToC and actions being taken. 	Directorate Management Team (DMT) Ward MDT DMT/Division Infection Control Ward Sisters/Senior Nurses	
	Cardiff Elderly Care Assessment Service (ECAS) – Rookwood	As Level 1	ECAS team/Patient Access	
	Vale Elderly Care Assessment Service (ECAS) – Barry	As Level 1	ECAS team/Patient Access	

	Actions/Triggers	Details	Who does this	Contact No.
Level 3	Wards <ul style="list-style-type: none"> • UHB Emergency admissions are exceeding available capacity • No OPAIC beds available to effect transfer from acute • No transfers or discharges taking place in near future • Staffing will not support demand/capacity required • Proactive use of CWS information 	<ul style="list-style-type: none"> • Consider cancelling booked respite patients • All patients for discharge vacate beds (if clinically appropriate) • Consider asking staff to cancel annual leave / work extra hours (if current regulations allow) • MDT will review CWS information to identify patients whose discharge could be expedited (at risk) to allow transfer of patients to community hospitals freeing up capacity in the acute sector • Senior nurses to be aware of ward discharges, DToC and actions being taken – support to expedite discharge. • Escalate DTOCs to Divisional Team 	Directorate/Divisional Team Ward MDT Lead/Senior Nurses MDT Divisional Team Ward Sisters/Senior Nurses	
	Cardiff Elderly Care Assessment Service (ECAS) – Rookwood	As Level 1	ECAS team/Patient Access	
	Vale Elderly Care Assessment Service (ECAS) – Barry	As Level 1	ECAS team/Patient Access	

	Actions/Triggers	Details	Who does this	Contact No.
Level 4	<p>Wards</p> <ul style="list-style-type: none"> • UHB Emergency admissions have significantly exceeded available capacity • No OPAIC beds available to effect transfer from acute • No transfers or discharges taking place in near future • Staffing will not support demand/capacity required • <p>Cardiff Elderly Care Assessment Service (ECAS) – Rookwood</p> <p>Vale Elderly Care Assessment Service (ECAS) – Barry</p>	<ul style="list-style-type: none"> • Escalate DTOCs to Divisional Team • Lead/Senior Nurses to assess requirements for additional resource – support to expedite discharge • Consider asking staff to cancel annual leave / work extra hours (if current regulations allow) <p>As Level 1 - but consider increasing ECAS numbers. Risk that this is at the expense of other services</p> <p>As Level 1 - but consider increasing ECAS numbers. Risk that this is at the expense of other services</p>	<p>Lead/Senior Nurses</p> <p>Lead/Senior Nurses</p> <p>ECAS team/Patient Access</p> <p>ECAS team/Patient Access</p>	

**OUT OF HOURS (Please enter times): 17:00 – 08:00 Monday to Friday
 17:00 Friday - 08:00 Monday (Tuesday if BH)**

	Triggers	Details	Who does this	Contact No.
Normal	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Nurse in Charge	

	Triggers	Details	Who does this	Contact No.
Level 2	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Nursing and Medical teams supported by Site Manager/Home Advisor	

	Triggers	Details	Who does this	Contact No.
<p style="text-align: center;">Level 3</p>	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Site Manager/Home Advisor/Executive On Call	

	Triggers	Details	Who does this	Contact No.
Level 4	<ul style="list-style-type: none"> As In Hours 	<ul style="list-style-type: none"> As In Hours 	Executive On Call/Major Incident team	

Date Reviewed March 2012

Reviewed by Divisional Director

ESCALATION CARD LOCALITIES DIRECTORATE

IN HOURS 08.00 – 18.00

Actions	Details	Who does this	Contact No.(s)	
Normal	Provision of Locality Capacity Information	Information in respect of capacity/activity within Locality Services will be provided to Patient Access at 0930hrs and 1530hrs daily	Communication Hub/Locality Services	Contact via Divisional Office - 02920552212
	Proactive use of CWS information	The Locality Teams/Community Resource Teams will review CWS information daily to identify patients who are appropriate for discharge	Locality Lead Nurses /Managers and Locality Service Leads	
	Locality Contact	Each of the Locality Teams will act, on a rotational basis, as a point of contact to provide support of DTOC issues	Locality Managers/Locality Lead Nurses	
	Primary Care Response	GPs see urgent patients on the same day	GPs	
	Locality Services	Patients for discharge via Locality services, will be managed in accordance with agreed response timescales	Community Resource Teams, ART, District Nurses	

	Actions	Details	Who does this	Contact No.(s)
	Community Assessment Unit (formerly known as TCU) Capacity	CAU assessments will be undertaken within 3 working days. Bed Capacity will be shared daily by 09:30hr.	Community Assessment Facilitator	
	Attendance at UHW Bed Capacity Meetings 12.00 Monday: Rehab Liaison and Lead Locality 12.00 Wed Rehab Liaison and Lead Locality 12.00 Fri PCIC Div Nurse	RLN to bring report detailing planned discharges, transfers, & waiting list information for Community Hospital Beds Wednesday meeting to escalate discharges by end of week Fri meeting to consolidate actions & plan for weekend	OPAIC, Lead Locality and Div Team	

	Actions	Details	Who does this	Contact No.(s)
Level 2	Provision of Locality Capacity Information	Information in respect of capacity/activity within Locality Services will be provided to Patient Access at 0930hrs and 1530hrs daily	Communication Hub/Locality Services	Contact via Divisional Office- 02920552212
	Proactive use of CWS information	The Locality Teams/Community Resource Teams will review CWS information daily to identify patients who are appropriate for discharge	Locality Lead Nurses /Managers and Locality Service Leads	
	Locality Contact	Each of the Locality Teams will act, on a rotational basis, as a point of contact to provide support of DTOC issues	Locality Managers/Locality Lead Nurses	
	Primary Care Response	GPs see urgent patients on the same day	GPs	
	Locality Services	Patients for discharge via Locality services, will be managed in accordance with agreed response timescales	Community Resource Teams, ART, District Nurses	
	Community Assessment Unit (formerly known as TCU) Capacity	CAU assessments will be undertaken within 3 working days. Bed Capacity will be shared daily by 09:30hr.	Community Assessment Facilitator	

	Actions	Details	Who does this	Contact No.(s)
	Attendance at UHW Bed Capacity Meetings 12.00 Monday: Rehab Liaison and Lead Locality 12.00 Wed Rehab Liaison and Lead Locality 12.00 Fri PCIC Div Nurse	RLN to bring report detailing planned discharges, transfers, & waiting list information for Community Hospital Beds Wednesday meeting to escalate discharges by end of week Fri meeting to consolidate actions & plan for weekend	OPAIC, Lead Locality and Div Team	

	Actions	Details	Who does this	Contact No.(s)
Level 3	Provision of Locality Capacity Information	Information in respect of capacity/activity within Locality Services will be provided to Patient Access at 0930hrs and 1530hrs daily.	Communication Hub/Locality Services	Contact via Divisional Office- 02920552212
		Attendance of all bed meetings as required.	Division Wide	
		Patient Access to liaise with Lead Nurses on attendances from care homes.	Locality Lead Nurses / Patient Access	
	Proactive use of CWS information	The Locality Teams/Community Resource Teams will review CWS information daily to identify patients who are appropriate for discharge		
	Locality Contact	Each of the Locality Teams will act, on a rotational basis, as a point of contact to provide support of DTOC issues	Locality Lead Nurses /Managers and Locality Service Leads	
	Primary Care Response	GPs see urgent patients on the same day	Locality Managers/Locality Lead Nurses	
	Locality Services	Patients for discharge via Locality services, will be managed in accordance with agreed response timescales	GPs	

	Actions	Details	Who does this	Contact No.(s)
	Community Assessment Unit (formerly known as TCU) Capacity	CAU assessments will be undertaken within 3 working days. Bed Capacity will be shared daily by 09:30hr.	Community Resource Teams, ART, District Nurses	
	Proactive liaison with GP Screening Service	Utilisation of scheme 1pm – 6pm Monday – Friday – dissemination of daily outcomes to CDs	Community Assessment Facilitator GPs / Primary Care Service	
	Divisional attendance at 12.00 bed meetings on Monday and Wednesday and more often if required	Provision of live information and proactive planning for discharge	Divisional Team	

	Actions	Details	Who does this	Contact No.(s)
<p style="text-align: center;">Level 4</p>	Maximise community capacity	Consider deployment of Locality care management staff to EU and acute sites	Locality Lead Nurses	Contact via Divisional Office-
	Engage partner agencies	Collaboration of all community Services capacity to ensure that we can support required flow	/Managers and Locality Service Leads / CDs	02920552212
	Presence on UHW site daily to support unscheduled care stream			

OUT OF HOURS 18.00 – 08.00

	Actions	Details	Who does this	Contact No.
Normal	Normal GP OOH Service	(UHW SITE) GP Out of Hours Service accepts referrals of one per hour from EU and aims to see patient within two hours	Primary Care OOHrs Service	Communication Hub Manager 02920444500

	Actions	Details	Who does this	Contact No.
Level 2	Normal GP OOH Service	(UHW SITE) GP out of Hours Service accepts referrals of one per hour from EU and aims to see patient within two hours.	Primary Care OOhrs Service	Communication Hub Manager 02920444500

	Actions	Details	Who does this	Contact No.
Level 3	<p>Accepting More EU Referrals Communication Hub to act as UHB single point of contact if required.</p>	<p>(UHW SITE) GP out of Hours Service accepts referrals of two per hour from EU and aims to see patient within two hours Communication Hub able to field calls and act as central point of contact for Primary Care related enquiries.</p>	<p>Primary Care OOhrs Service</p>	<p>Communication Hub Manager 02920444500</p>

	Actions	Details	Who does this	Contact No.
Level 4	Accepting More EU Referrals Look to allocate more resource to the UHW site Communication Hub to act as UHB single point of contact if required.	(UHW SITE) GP out of Hours Service accepts referrals of two per hour from EU and aims to see patient within two hours, option of moving some GP resource from CRI site to UHW site.	Primary Care OOhrs Service	Communication Hub Manager 02920444500

Date Reviewed: March 2012

Reviewed by Divisional Director

ESCALATION CARD NURSE BANK DIRECTORATE

IN HOURS: 8.50-17.00

	Actions/Triggers	Details	Who does this	Contact No.(s)
Normal	Normal operational management	<p>Shift requests to be added to the system by clinical areas via e-cover, four weeks in advance to improve fill rates and reduce requirement for agency utilisation.</p> <p>Shifts required within 72 hours – requests to be telephone through to the Nurse Bank, or emailed to generic email account (Monday – Thursday)</p> <p>Shifts required within 24 hours or less, or less – requested via telephoning the Nurse Bank</p>	<p>All Clinical Areas</p> <p>Supervisor/Shift Booking Team</p> <p>Supervisor/shift Booking Team</p>	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 2	<p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds. Staffing will not support demand/capacity required</p>	<p>Available bank staff to be checked for availability, and a list identified of potential staff, not given availability, who may be contacted.</p> <p>Text message to be sent out to bank staff encouraging them to ring with availability</p> <p>Contracted agencies contacted to determine their available staff</p>	<p>Supervisor/Shift Booking Staff</p> <p>Supervisor/Shift Booking Staff covering in the event of Supervisor being on leave</p> <p>Supervisor/Shift Booking Staff</p>	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 3	<p>Enhanced operational management</p> <p>Unscheduled patients likely to exceed available beds. Staffing will not support demand/capacity required</p>	<p>Consider increasing the number of nurses booked to pool Consider pre-booking contracted agency staff</p> <p>Look at existing staff booked, determine real need, or look at swapping staff as possible, i.e. – substituting qualified for HCSW if possible</p> <p>Look at utilisation of HCSW's in place of Qualified staff requested where possible. Seek authorisation for local off-contracted agency utilisation</p>	<p>Senior Nurse/ Supervisor</p> <p>Senior Nurse/ Supervisor</p> <p>Senior Nurse/ Supervisor</p>	

	Actions/Triggers	Details	Who does this	Contact No.(s)
Level 4	Emergency Admissions have exceeded capacity	Utilisation of all available staff, bank, agency and local off-contract agency if appropriate authorisation in place.	Senior Nurse/ Supervisor	
	All planned activity ceased	If unable to gain this authorisation – Nurse bank to authorise in absence of appropriate staff.	Senior Nurse	

OUT OF HOURS (Please enter times) 6 pm to 8 am

	Actions/Triggers	Details	Who does this	Contact No.
Normal				

	Actions/Triggers	Details	Who does this	Contact No.
Level 2				

	Actions/Triggers	Details	Who does this	Contact No.
Level 3				
Level 4				

	Actions/Triggers	Details	Who does this	Contact No.

Date Reviewed: March 2012

Reviewed by Divisional Director

