

De-Escalation Questions/Prompts: Action Card

Director of Acute Services (In-Hours)/Executive on call (Out of Hours)

If a site has escalated capacity pressures to the Director of Acute Services (in hours) or the Executive on-call (out of hours) the following metrics should be checked and actions taken via a conference call with the 3 site Duty Managers and partnership colleagues as necessary:

1) Metrics to Check with Duty Manager

- Barometer
- Actual position beds v decision to admit and position of each site against predictor
- Number of patients in E.D. and breaches and average and longest length of wait
- I.T.U/HDU. Capacity
- Any additional beds opened surge/additional patients in wards as part of escalation
- Ability for site to cope with projected attendances and plan
- Any ability for site to take GP referrals for another site – Medical/Surgical/Ortho
- Any ability to transfer clinically stable patients*

NB These are summarised in matrix attached

2) System Wide Action – Stage 1

- Work through template by site and also ask each partnership to report
- Is there any need for cross site cover for ITU?
- Assess ability to divert GP Referral patients across sites?
- Assess ability to move staff to other sites, NHS staff, Bank (and Agency)
- Address Infection Control Issues and all Communications eg with GPs and Out of Hours Service

Activation of Full Capacity Protocol - Stage 2

- Communication with SAS, Strategic Operations Manager: Landline: 0141-810-6106

N.B. Ensure **ALL** beds on all sites including off site beds are in use before authorising the use of a full Capacity Protocol

* Should only to be actioned following clinician's consent and risk review.

CONFERENCE CALL DETAILS:

CHAired BY ON CALL EXECUTIVE

UK Freefone: **0800 032 8069**

Chairperson passcode: **29622180 then #**

Participant passcode:

59881409 then #

3) Stage 3 – Declaration of Significant Incident- Full Capacity Protocol

When one or more sites have gone into full capacity overnight and remains at full capacity by the 1.00 pm capacity call the following day with no prospect of recovery by 5pm and there is no further scope for mutual aid across sites a **Significant Incident- Full Capacity Protocol (SI-FCP)** will be triggered.

At this stage the Board Chief Executive will trigger mutual aid from North and South Lanarkshire Chief Executives, neighbouring Health Boards and the situation will be escalated to SAS Strategic Operations Manager. The Significant Incident plan details the next steps in this process.

<u>MATRIX – FULL CAPACITY PROTOCOL</u>			
<u>ERC Position</u>	Hairmyres	Wishaw	Monklands
~ Barometer			
~Actual E.D.Attendances ~Predicted E.D. Attendances ~No. of Patients in E.D. ~ No. of Breaches -Time to Triage ~ Time to 1 st Assessment - Longest wait ~Additional Beds Open <ul style="list-style-type: none"> • Additional Patients in Existing Wards • Additional wards • Other areas • Total Cancellations Boarders			
~ Actual position i.e. number of vacant beds v decisions to admit: ~Medical ~Surgical Total			
~ Planned discharges Projected Position against predictor Medical Surgical Total			
~ ITU Capacity Level 3 Level 2 Level 1 Medical HDU CCU Hospital@Home			

Discharge to Assess Site Plan to manage			
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Suggested Standard Agenda for Capacity Calls

1. Report from each site against the matrix
2. Report from Partnerships: North and South
 - Overall numbers of delays by site for Homecare and Care Home
 - Bed availability in step down hospitals and intermediate care
3. Infection Control Report
4. Staffing Report
5. Communications
6. Other issues logistics transport etc

Beds

Kello	Ladyhome	Canderavon	Meldrum	McKillop
SOUTH	<3	>3 Equipment	<14	>14 Discharges

UHH

UHW

UHM

Stonehouse

NORTH

UHM

UHW

Beds

Coathill	Wester Moffat	Strathclyde	Kilsyth
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Balloch