

Plan for managing a Significant Incident in the event of reaching Full Capacity**APPENDIX B****Protocol across NHS Lanarkshire****December 2019****Rationale**

Risk assessment of current demand versus capacity within acute hospital services indicates a high likelihood that NHS Lanarkshire will experience full capacity over the peak winter period commencing in early January. NHS Lanarkshire Corporate Management Team has agreed, in partnership with North and South Lanarkshire Council and Scottish Ambulance Service a staged response to managing escalation of concerns.

This paper sets out the response to Stage 3 which is the declaration of a Significant Incident. A significant incident will be declared “if one site has gone into full capacity overnight and remains at full capacity by the 1.00 pm capacity call the following day and there is no further scope for mutual aid across sites. At this stage the Board Chief Executive will trigger mutual aid from North and South Lanarkshire Chief Executives”. The need for initiation of a Significant Incident will be analysed utilising a Significant Adverse Event Review to understand causation and any remedial actions required.

Response to Significant Incident- Full Capacity Protocol (SI-FCP)

In the event of the declaration of a significant incident the partner organisations will activate the following plan to create temporary capacity within the acute hospital sector. Consideration will only be given to Patients who have been assessed as clinically fit for discharge, they will be transferred either to home through an early discharge (Groups 1- 3) and those who are safe to transfer to alternative residential provision (Groups 4-8) will have those plans enacted as follows:

Early discharge to home for patients that are safe to transfer but require homecare support

Patients will be assessed throughout the winter period and at a point where they are clinically ready and safe for transfer will be assessed as falling into the following groups.

Care Required	Risk Prioritisation for Discharge on Clinical readiness
Patient with Existing Homecare Package	Group 1- Priority restart of homecare package or discharge with community and/or family support until package can be restarted
Patient with Existing Homecare Package assessed as requiring increase	Group 2- Discharge and restart existing package and assess requirement for increase once at home
Patient with no package assessed as requiring package	Group 3- Discharge on Discharge to Assess pathway
Patient with no package of care but assessed as requiring a home care package and considered too high risk for Discharge to Assess pathway.	Group 4- discharge to temporary care home placement pending final assessment of need and securing of home care package.

In the event of a significant incident being declared patients in Groups 1 and 2 will be transferred to home as rapidly as arrangements can be made to ensure safety until homecare arrangements can be recommenced / reassessed. The capacity of community to take Group 3 patients will be assessed and as many as can be managed through the Discharge to Assess process will be.

Transfer of care setting to alternative nursing home provision

North and South Lanarkshire teams working in partnership with discharge facilitators and clinical teams within the hospitals will maintain and update on a daily basis a list of patients falling into the groups described below.

Care Required	Risk Prioritisation for Transfer on Clinical readiness
Patient recently assessed as likely to require care home accommodation at early stage in CCA process	Group 5 - discharge to temporary care home placement pending completion of assessment and decision on placement
Patient who has been assessed as requiring care home accommodation, has made choices and is awaiting place becoming available	Group 6 - discharge to temporary care home placement pending final placement
Patient who is being assessed for potential care home accommodation, where care home does not have capacity to meet patients' needs	Group 7 - discharge to temporary care home placement pending completion of assessment and decision on placement
Patient who are clinically ready for discharge, who still require further slow stream rehab and 24 hour support before decision re CCA can be taken	Group 8 - discharge to temporary care home placement in intermediate care setting pending final placement with community rehab support

Capacity within nursing home and intermediate care settings has been identified that can be used at short notice to provide temporary placements for individuals in these categories in the event of the declaration of a significant incident.

In the event of such an incident North and South Partnerships will request that the identified nursing homes arrange immediate assessment of suitability of patients falling into Groups 4-8 for temporary transfer to their facilities on the same day if practical arrangements (e.g. transport) can be made or next day at latest.

In the event of a significant incident being declared the initial response will be to purchase 15 temporary places in each of North and South for transfers as described in this section.

Communication processes to support SI-FCP

- IJB Chief Officers and Local Authority Chief Executives will be advised by email following the morning huddle and before 9am that a site is at full capacity. The email will advise that internal and cross site actions are being taken to ease the pressures on the site, however in the event that a plan for site safety has not been identified by 1 pm, the SI – FCP policy will be enacted.

Appendix 1

- Groups 1, 2 and 3 actions should be implemented by the partnerships prior to the 1pm system wide call.
- A whole system call including the Acute Director and both IJB Chief Officers (or their nominated deputy) will be scheduled and held at 1 pm.
- If as a result of this call, a plan still doesn't exist, declaration of a SI–FCP should be considered.
- To declare a Significant Incident- Full Capacity Protocol, the Board Chief Executive/ Deputy Board Chief Executive or the nominated Executive on Call should be advised of the situation and the actions to date. They should make the final decision on whether or not a Significant Incident – FCP should be declared.
- In the event that a SI – FCP is declared, an email will be sent to the IJB Chief Officers and Local Authority Chief Executives informing them of this. **Appendix 2**
- Process flowchart attached at **Appendix 3**

Appendix 2

Email to Integrated Joint Board Chief Officers and Council Chief Executives

Distribution list- Ross McGuffie, Val DeSouza, Des Murray (North Lanarkshire), Paul Manning (South Lanarkshire). Copied to Calum Campbell, Heather Knox, Executive on call Manager

Dear Colleague,

*University Hospital has enacted its **Full Capacity Protocol** as of on the/...../ 2020. The agreed actions are being taken to manage patient safety risk across the system and a 1pm system wide call has been instigated.*

Please enact Groups 1, 2 and 3 actions as agreed in the preparation for SI-FCP process prior to the 1pm call and confirm partnership presence on the 1pm call to update on progress.

Appendix 2

Email to Integrated Joint Board Chief Officers and Council Chief Executives

Distribution list- Ross McGuffie, Val DeSouza, Des Murray (North Lanarkshire), Paul Manning (South Lanarkshire). Copied to Calum Campbell, Heather Knox, Executive on call Manager

Dear Colleague,

*NHS Lanarkshire has enacted its **Significant Incident- Full Capacity Protocol** as of on the/...../ 2020. Please enact Groups 1-8 actions as agreed in response to the SI-FCP process and engage with the ongoing system wide calls to update on progress.*

