

Appendix One

Escalation Plan – Hospital Discharge

The purpose of this Escalation Plan is to provide an operational approach to assisting the Health Board at times of acute bed shortages with the effective management of capacity and escalation within the secondary health arena.

The Council will work with its partners to safely meet the discharge planning needs of the patients who are medically optimised and no longer require acute clinical input.

At times of high demand for acute beds, patient safety and experience as well as lawful practice will be a focus each time this plan is activated. The plan will be activated by Senior management within Adult Services following communication from the Health Board regarding its risk status in managing emergency pressures.

There are four levels of escalation:

LEVEL 1 - GREEN STEADY STATE

LEVEL 2 - YELLOW MODERATE PRESSURE – ACTIONS REQUIRED

Requires focussed actions to allow de-escalation to level 1

LEVEL 3 - AMBER SEVERE PRESSURE – ADDITIONAL ACTIONS WITH EXECUTIVE LEVEL ACTIONS

Requires high level actions to allow de-escalation to levels 2/1

Level 4 - RED VERY HIGH RISK – EXECUTIVE LEAD RESPONSE

This level of escalation will require a series of interventions well over and above normal service provision

In addition, there is a further BLACK level/Business Continuity Stage which reflects a persistent state of full bed capacity and a sustained period of high risk or a RED level for which all attempts to de-escalate have failed.

The objective of this plan is to have a set of clear actions that can be implemented to ensure a consistent and timely response to this level risk within the Health Board.

The plan is designed to enhance partnership working through reassurance of engagement and cooperation. The plan will also support effective patient flow and therefore patient safety throughout the acute hospital system as we work in partnership to release bed capacity.

ESSENTIAL ACTIONS IN LOCAL AUTHORITY

Immediately following a declaration of a BLACK escalation status, the following actions are mandatory:

- **Gold/ Silver/ Bronze Strategic Command and Control will be initiated, and meetings planned.**
- A request for a single list of patients to have focussed discharge planning interventions to be requested from Discharge Liason and Head of Patient Flow. This will be used in Bed Matching meetings.
- Integrated Community Service Managers will set up daily Bed matching meetings to include Hospital Social Work managers, Integrated Cluster Network Management teams and Contract Monitoring colleagues. Accurate and up to date feedback will be requested against the Patient list.
- Commissioning Team will circulate an e mail to all providers advising of heightened pressures and requesting prioritised responses to hospital referrals and prioritise use of virtual assessment.
- Performance Management Team will provide daily updates of Residential/ Nursing vacancies.
- Brokerage and internal Provider services will provide an accurate record of available care capacity.
- Hospital Social Work managers and Integrated Cluster Network Management will attend daily virtual bed meetings with Discharge Liason and Head of Patient Flow.

- Head of Service will inform the Corporate Director, Chief Executive, Leader and Deputy Leader
- Head of Service will request all non-essential meetings are stood down.
- All non-essential management activity to be cancelled

All the above actions continue until the situation is considered to be resolved.