GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

EMERGENCY PRESSURES & ESCALATION POLICY

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Brief Summary of Document:	To provide clear operational approach to the effective management of capacity and escalation within Hywel Dda University Health Board

Scope:	This policy is to be enacted by the Clinical Site leads via the daily bed meetings. Executive and Senior on call managers need to be aware and support the implementation during out of hours periods.

To be read in conjunction with:	445 - Emergency Department - Ambulance Off-load Policy (Incorporating NHS Wales Ambulance Availability Protocol) 437 - Adult Patient Outlier

Owning Committee/ Group	Unscheduled Care Board

Executive Director:	Joe Teape	Job Title	Deputy Chief Executive

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	2/8/2017

Glossary of terms

Term	Definition

Keywords	Site, Escalation, Capacity, Risk

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

This policy is designed to provide a clear operational approach to the effective management of capacity and escalation across the Unscheduled Care pathway, within Hywel Dda University Health Board (Health Board).

The policy also reinforces the need to maintain good communication across all sites, directorates and departments within the Health Board and with Social Services Colleagues in neighbouring Local Authorities' and ensure areas are aware of the escalation level.

Escalation alert levels and the risk scoring matrix will follow the All Wales National Emergency Pressures Escalation and De-escalation Action Plan.

2. POLICY STATEMENT

The Health Board will work with its partners to meet safely the needs of the local population for hospital based in care at each level of demand/pressure within the framework set by the Welsh Government. Whilst doing this, the Health Board will communicate clearly, both internally and with key partners, to ensure a whole system response to managing emergency pressures.

The Health Board is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

3. SCOPE

This policy is to be enacted by the Clinical Site leads via the daily bed meetings.

Executive and Senior on call managers need to be aware and support the implementation during out of hours periods.

4. AIM

The aims of the policy is to outline the principles and procedures for managing Unscheduled Care pressures at different levels of demand both within normal working hours Monday to Friday 09:00 to 17:00 and outside of working hours.

5. OBJECTIVES

The objectives of the policy are to:-
- Provide clear and agreed operational standards in regard to;
  - o the different levels of alert (SITREPS reporting levels);
  - o conference call arrangements;
  - o escalation at different levels of alert, including the triggers for action;
  - o a series of action cards
  - o escalation management action log for use at level 4.
- Improve the patient journey time through the emergency department during periods of increased demand.
- Minimise the number of elective cancellations.
- Provide a clear escalation process with identified triggers for all involved.
- Provide the framework for seamless escalation in collaboration with primary care teams, WAST, neighbouring acute hospitals and Social Services.

6. PROCEDURE
6.1. Escalation Levels

The procedures are designed to enhance the effectiveness of patient flow and maintain patient safety through the implementation of local actions that support best practice through proactive management of increased emergency pressures.

In order to achieve this it is essential that escalation commences at the earliest opportunity and follows the recommendations made within this document. The following table provides an overview of the escalation levels as detailed within the All Wales National Emergency Pressures Escalation and De-escalation Action Plan:

Level 1 Green	Steady State	Ensure all standard operating processes are functioning as efficiently as possible in order to maintain patient flow
Level 2 Yellow	Moderate Pressure	Respond quickly to manage and resolve emerging pressures that have the potential to inhibit patient flow. Initiate contingencies and de-escalate when appropriate
Level 3 Amber	Severe Pressure	Prioritise available capacity in order to meet immediate pressures. Put contingencies into action to bring pressures back in to organisational control. De-escalate when appropriate
Level 4 Red	Extreme Pressure	Ensure all contingencies are fully operational to recover the situation. Executive command and control of the situation. De-escalation when appropriate.

The escalation levels are determined at the daily bed meetings at 08:30, 12:30 and 15:30.

The level is then agreed with the General Manager hosting the Health Board conference call and updated on the All Wales Integrated Unscheduled Care Dashboard.

6.2. Operational Management of Escalation

Conference call facilities must be used for internal coordination of the escalation levels.

During normal working hours conference calls take place immediately following the bed meeting chaired by a General Manager or their nominated deputy. Details are as follows: -

- Telephone – 01633 461995
- Conference ID – 3255#

The list below identifies who are required to attend as a minimum the conference call:;

For Level 1 – Green – Steady State Risk Score 1- 4

- General Manager **- Chair**
- Clinical Site Lead – each site
- On call manager (join the late afternoon conference call)

For Level 2 – Yellow - Moderate Pressure Risk Score 5 - 10

- General Manager **- Chair**

- Clinical Site Lead – each site
- On call manager (join the late afternoon conference call)

For Level 3 – Amber High – Severe Pressure Risk Score 12 - 16
- General Manager **- Chair**
- Clinical Site Lead – each site
- Nurse Manager - Site
- General Manager – Site
- Medical Lead - Site
- On call senior manager
- General Manager – Scheduled & Unscheduled Care
- Director Acute Services informed of escalation status and actions taken

For Level 4 – Red – Extreme Pressure Risk Score 20
- Director Acute Services **- Chair**
- Clinical Site Lead – each site
- Nurse Manager - Site
- General Manager – Site
- Medical Lead - Site
- General Manager – Scheduled & Unscheduled Care
- County Director
- On call senior manager
- Director of Operations fully informed of status and actions
- All actions and risks maintained in a log held by the bed/site managers

The overall Health Board and District General Hospital escalation level will be determined on the local conference call by the Chair.

The actions that need to be undertaken at each level of escalation can be found, by site, in appendices 5 -8 inclusive.

At escalation level 4 all of the above staff have to attend the calls and the site bed meetings and all meetings are to be cancelled to enable full support to the site and de-escalation actions are put in place. Senior Nurses and Site triumvirate teams will cancel meetings and be on site immediately if the site is on a Level 4 to lead the de-escalation plan and actions

Level 5 – Business Continuity Incident Risk Score 25
Business continuity plans to be followed.

It is important to recognise that in order to formally escalate through each level a number of triggers need to be met. However, operationally it is vital that each individual trigger is met with an action to prevent further progression of escalation. Therefore each department / specialty lead must ensure that the most proactive approach to patient flow is followed at all times.

6.3.   De-escalation Report
The Site General Manager is responsible for ensuring the de-escalation report is completed with the appropriate actions taken and when a level 3 is reached. This is sent to the Service Delivery Manager – Unscheduled Care and copied to the Director of Operations/Deputy CEO and the

Unscheduled Care Lead, who will forward the report to Welsh Government. An example de-escalation report can be found in Appendix 4.

The plan provides the required actions to deliver the overarching principles of escalation as emergency pressures increase. Maintaining patient flow is the responsibility of all clinical staff and efficient practice should be maintained at all times. Action throughout the system should prevent overall acute hospital escalation levels reaching level 4.

6.4.   Escalation Action plan & Action Cards
All members of staff must respond to the procedure of escalation and are accountable for their actions. In order to facilitate this approach a series of Action Cards has been developed for each clinical area and key staff group, these can be found at Appendix 1. These must be used in conjunction with the action plan by escalation level which can be found in Appendix 2.

Information provided at all times needs to support accurate decision making in the best interests of patient care and safety.

6.5.   Management Action Log - level 4
At level 4 escalation, a log of all actions must be maintained by the Bed Managers using the management action log (level 4) template found in Appendix 3. This can be used to debrief, inform the Board and understand the impact the actions taken at this level had on resolving the crisis situation.

7.   RESPONSIBILITIES
7.1.   Director of Operations/Deputy Chief Executive & On Call Executive Director
- Ensure all policies and procedures have been adhered to as detailed in this policy.
- Support the site patient flow teams to maximise patient flow.

7.2.   On-Call Executive Director
- Undertaking the daily conference call Saturday and Sunday, ensuring robust actions are in place to de-escalate when sites are on level 2 or above.
- Receive reports from the Senior On-Call Manager in relation to current escalation levels, staffing issues and future escalation/de-escalation of sites.

7.3.   General Manager
- Undertaking the daily conference call, Monday to Friday, ensuring robust actions are in place to de-escalate when sites are on level 2 or above.
- Ensure that if the site declares a level 4 a de-escalation report is completed with the appropriate actions taken and a timescale as to when a level 3 is expected to be reached.

7.4.   Senior On-Call Manager
- Keep continually appraised of the whole hospital position in relation to capacity and demand and on any internal/external issues which might affect patient flow
- Receive reports from Clinical Site Lead Nurse/ Senior Nurse Managers in relation to current escalation levels and staffing issues.
- Keep the On Call Executive Director fully briefed of the hospital position and advise on escalation levels at the daily conference call.

7.5. Clinical Site Lead Nurse

- Day to day operational management of patient flow ensuring continuous and effective flow of patients is maintained throughout the hospital.
- Overall leadership and management of acute site bed stock, as delegated by Directorate General Manager.
- Support Ward Nurses in Charge to make decisions about patients suitable to outlie in accordance with the agreed categories identified in the Hywel Dda UHB Policy 437 - Adult Patient Outlier.

7.6. Site Managers / Clinical Nurse Practitioners/Bed Managers

- Ensure escalation is instigated
- Liaise closely with Senior Nurse Manager for Emergency Care to discuss any issues of concern.

7.7. Ward Managers and A&E Navigator

- Provide timely and accurate information to appraise Clinical Lead Nurse/Site Managers of current demand and capacity issues
- Communicate patient details to the Clinical Lead Nurse /Bed Manager prior to the 1pm bed meeting.

7.8. Service Delivery Managers

- Ensure that appropriate staff have a continued awareness of this procedure. This includes awareness of the escalation levels.

7.9. Staff

- Be aware of the daily escalation level for the General Hospital sites and ensure their actions support a pro-active patient flow.

13. TRAINING

Training will be provided to Site Managers/Clinical Nurse Practitioners/Bed Managers regarding the processes to be followed regarding escalation. Roles and responsibilities with each professional group to by discussed via team meetings.

14. FURTHER INFORMATION

All Wales National Emergency Pressures Escalation and De-escalation Action Plan.

http://nww.iuscdash.wales.nhs.uk/sitesplus/documents/1107/National%20Emergency%20Pressures%20Esacalation%20and%20De-escalation%20Plan%20-%20March%202014%20%28v1.3%29.pdf

15. APPENDIX 1 - EMERGENCY PRESSURES ACTION CARDS

1.	General Manager – Unscheduled Care Lead
2.	General Manager - Scheduled Care
3.	General Manager – Women & Children
4.	General Manager - Site
5.	Acute Nurse Manager - Site
6.	Hospital Director
7.	Senior On Call Manager (Out of Normal Working Hours)
8.	Site Clinical Lead
9.	Site/Bed Manager/Clinical Nurse Practitioner
10.	Discharge Liaison Nurse
11.	Consultant Emergency Department
12.	Team Leader / Navigator Emergency Department
13.	Senior Clinician - Clinical Decisions Unit
14.	Service Delivery Manager – Unscheduled Care & Site
15.	Senior Nurse Manager - Unscheduled Care
16.	Clinical Lead - Medicine
17.	Clinical Lead - Unscheduled Care
18.	Service Delivery Manager – Planned Care
19.	Senior Nurse Manager - Planned Care
20.	Clinical Lead - Planned Care
21.	Service Delivery Manager - Obs & Gynae
22.	Clinical Lead - Obs & Gynae
23.	Pathology Manager
24.	Radiology Manager
25.	Head of Medicines Management
26.	Acute Ward Manager
27.	Community Ward Manager
28.	Director of Operations /Deputy CEO
29.	Executive Director on Call (Out of Hours)
30.	Director of Commissioning, Therapies & Health Sciences
31.	Assistant Director Mental Health & CAMHS
32.	Head of Primary Care
33.	County Director
34.	Head of Hotel Services
35.	Head of Communications

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15.1. Action Card 1 General Manager - Unscheduled Care Lead

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working with plans being implemented to meet all unscheduled care actions and targets;
- Escalate and resolve all delays.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Regular contact with the other Directorates and the General Manager - Scheduled Care and General Manager - Site re service pressures.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Take lead officer responsibility for the Health Board and chair the conference calls;
- Consider potential diverts within the HB sites to alleviate pressure on front door services;
- Initiate additional conference calls as required;
- Hold daily discussion with the General Manager - Scheduled Care and General Manager - Site re service pressures;
- Work to unblock any issues which are affecting operational pressure in the system;
- Oversee the redeployment of staff as appropriate;
- Request additional Bank staff/Agency staff if necessary;
- Monitor the impact on the unscheduled care actions and targets and report as appropriate;
- Support the areas most under pressure with a physical presence;
- Escalate situation to other agencies eg LA, Primary Care, supporting directorates etc.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Work with the Executive Director lead who will join the daily conference calls;
- Cascade information to relevant internal and external stakeholders throughout the day;
- Work with the Head of Communications to use the media to proactively manage the demand on services;
- Cancel non urgent outpatient activity, where appropriate, to redeploy staff to acute care areas;
- Stay action focussed and task key members of staff with clear, specific actions which will reduce operational pressure within an agreed timescale.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.2.   Action Card 2 General Manager - Scheduled Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working with plans being implemented to meet all RTT targets;
- Ensure admission on day of surgery and monitor lengths of stay.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Regular discussion with General Manager - Unscheduled Care re service pressures.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Consider curtailing non urgent elective surgical work for the next day / week to release capacity;
- Ensure that decisions to cancel cases are made by the responsible clinicians and actioned by the Directorate;
- Oversee the redeployment of staff as appropriate;
- Request additional Bank staff/Agency staff if necessary;
- Monitor the impact on the RTT targets and report as appropriate.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Maintain regular contact throughout the day with the General Manager - Unscheduled Care re service pressures;
- Cancel all non urgent elective surgical work for the next 48 hours, as a minimum, to release capacity;
- Consider the cancellation of urgent surgical cases;
- Cancel non urgent outpatient activity, where appropriate, to redeploy staff to acute care areas;
- Review opportunities to increase paediatric and day case activity.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.3.   **Action Card 3   General Manager – Women & Children**

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**
•   Normal working.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**
•   Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**
•   Ensure the Clinical Leads and Nurse Head of Midwifery are kept up to date with the position across the Health Board; •   Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board; •   Request additional Bank staff/Agency staff if necessary.
ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**
•   Consider deploying staff to the emergency departments to facilitate dedicated and timely paediatric assessment and treatment;
ESCALATION LEVEL 4 – BUSINESS CONTINUITY **Risk score - 25** **All Red Actions MUST Have been Implemented**
•   Business continuity plans to be followed.

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15.4. Action Card 4 General Manager - Site

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working; • Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**
• Attend bed meetings and conference calls; • Open staffed surge capacity; • Assess staff distribution and redistribute to services facing pressures; • Initiate additional resources as required such as portering, house keeping etc; • Cancel routine electives, if appropriate, escalate to GM Scheduled Care in Hours or Exec on Call out of hours; • Review cold orthopaedic beds; • Review release of ring-fenced capacity; • Liaise with WAST and if no immediate plan to resolve request WAST office to mobilise to site; • Consider the deferral of non-mandatory study leave; • Increase wards rounds to facilitate patient discharges; • Inform diagnostics, pharmacy of risk level to expedite where possible; • Escalate to Deputy Chief Executive in hours and Executive On Call out of hours, at earliest opportunity; • De-escalate when appropriate **(max 24 hours).**
ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**
• All meetings & study days to be cancelled to enable full staffing; • Set up an operational control group , Community Director to attend; • Identify and action all delays working closely with the local authorities; • Ensure all patients are reviewed by a senior decision maker daily; • Link closely with LA colleagues to expedite discharges; • Ensure that all heads of department and senior clinical staff participate in a debrief sessions when service pressures have been alleviated and the Health Board has returned to a "normal" level of escalation; • De-escalate when appropriate **(max 48 hours).**
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

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15.5.   Action Card 5 Acute Nurse Manager - Site

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Attend bed meetings and conference calls;
- Assess nursing staff distribution and redistribute to services facing pressures;
- Review release of ring-fenced capacity & any staffing requirements;
- Consider the deferral of non-mandatory study leave;
- Be clear where the blocks to flow are so that the General Manager Unscheduled Care & Scheduled Care can source support with additional resource or escalation;
- Ensure all EDDs are reviewed to provide accurate discharge forecast for next 72 hours;
- Identify and action all delays working closely with the local authorities;
- Liaise with Clinical Site Lead over patient transport issues;
- Stay action focussed and task key members of staff with clear, specific actions which will reduce operational pressure within an agreed timescale.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Release senior nurse resource to cover the clinical areas and support each site from 8am to 8pm each day;
- Deploy all senior nursing staff into rostered practice if required.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.6. Action Card 6 Hospital Director

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working with plans being implemented to meet all targets; • Ensure EDD identified for every patient within 24hrs of admission.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Attend bed meetings and conference calls; • Ensure available staff are deployed to best effect and are designated specific roles; • Maintain close liaison with the duty Senior Clinician, A&E Department; • Consider the deferral of non-mandatory study leave for all medical staff; • Manage and review staffing levels, effective sickness / absence management and annual leave for medical staff; • Engage Consultant colleagues to undertake additional ward rounds if necessary; • Cancel outpatient activity as necessary and utilise clinicians to improve patient flow; • Review GP referrals to ascertain if patients could be managed with advice or seen in an urgent OPD clinic.
ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Maintain close contact with the emergency department consultant and work closely to facilitate patient flows within the departments.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

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15.7.   Action Card 7   Senior On Call Manager (Out of Normal Working Hours)

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.
- Undertake 10:00 daily conference on Saturday, Sunday and bank Holidays

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication including joining the 16:00 daily conference call up to date with the position across the Health Board.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Maintain an up to date awareness of the actions being taken within the Site to support the areas most under pressure;
- Maintain a physical presence on site to support staff as appropriate;
- Open staffed surge capacity;
- Assess staff distribution and redistribute to services facing pressures;
- Cancel routine electives, if appropriate, escalate to GM Scheduled Care in Hours or Exec on Call out of hours;
- Review cold orthopaedic beds;
- Review release of ring-fenced capacity;
- Liaise with WAST and if no immediate plan to resolve request WAST office to mobilise to site;
- Consider the deferral of non-mandatory study leave;
- Increase wards rounds to facilitate patient discharges;
- Inform diagnostics, pharmacy of risk level to expedite where possible;
- Escalate to Executive On Call out of hours, at earliest opportunity;
- De-escalate when appropriate **(max 24 hours).**

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Maintain an up to date awareness of the actions being taken within the Directorates to support the areas most under pressure;
- Set up an operational control group , Community Director to attend;
- De-escalate when appropriate **(max 48 hours).**

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.8.   Action Card 8   Site Clinical Lead

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working; • Lead daily bed meetings and ensure rolling 24 hour log is commenced and actions documented; • Participate in daily conference calls and take appropriate action; • Review of repats in & out at 08:30 bed meeting and plans /timescales agreed; • Review of electives to come in over next 24 hours @ 15:30 bed meeting.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication; • Physical check of hospital bed occupancy by visiting all wards; • Review potential of additional capacity (surge beds and community beds); • Review electives and prioritise, potential cancellations escalated to GM Scheduled Care; • De-escalate when appropriate **(max 72 hours).**
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Identify and action all delays; • Identify across the Health Board the most appropriate area to convey patients into and divert activity accordingly; • Reallocate resource to A&E department as required; • Ensure all clinical areas are maximised for emergency patients and any ring fenced areas are used suitably; • Work with the General Manager Scheduled Care to consider the cancellation of non urgent elective procedures; • Convene senior managers operational escalation team meetings to set required actions (Assistant Director of Operations Unscheduled Care and Heads of Nursing) • Support the areas most under pressure with a physical presence.
ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Escalate any delays that cannot be resolved.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score – 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

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15.9. Action Card 9 Site/Bed Manager/Clinical Nurse Practitioner

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Maintain efficient patient flow by establishing bed capacity and matching to expected demand; • Continuous situation monitoring; • Recognise and communicate any capacity issues promptly to the Site Clinical Lead; • Update and distribute SITREPS as required; • Ensure the USC Integrated Dashboard is updated post each daily bed meeting
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Create additional capacity by prioritising transfers into community hospitals; • Identify any delays in discharge potential and expedite to resolve across all sites in patients exceeding their EDD; • Physically check hospital bed capacity on each ward area; • Determine how many patients are awaiting review and ensure review takes place prior to further escalation.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Liaise across the Health Board, and neighbouring Health Boards if appropriate, to increase capacity including Community Hospitals; • Ensure all clinical areas are maximised for emergency patients and any ring fenced areas are used suitably.
ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Ensure that all clinical areas within the Health Board are on high alert.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

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15.10.   Action Card 10   Discharge Liaison Nurse

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working;
- Collate the weekly list of all delayed transfer of care patients and ensure that this information is circulated.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Assess all patients awaiting discharge and work with colleagues to expedite discharge as quickly as possible;
- Take an active role in pursuing delayed discharges liaising with social care, transport, pharmacy and any intermediate care teams at all times.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Take a pro-active role in pursuing delayed discharges liaising with social care, transport, pharmacy and any intermediate care teams at all times.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.11.   Action Card 11 Consultant Emergency Department

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working with plans being implemented to meet all targets.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Escalate delays in specialist review to Site Medical Lead in Hours.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Work with the triage nurse to ascertain whether any of the existing patients in the department can be redirected;
- Ensure available staff are deployed to best effect and are designated specific roles;
- Maintain close liaison with the duty Senior Clinician, Clinical Decisions Unit;
- Consider the deferral of non-mandatory study leave for all medical staff;
- Manage and review staffing levels, effective sickness / absence management and annual leave for medical staff;
- Ensure that consultant staff are present in the department to reduce the proportion of emergency admissions;
- Assess ED patients admission to relevant ward if specialist review cannot be expedited;
- Direct teams based within the department during times of increased pressure.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Direct teams during times on increased pressure;
- Maintain close contact with the acute care physician and work closely to facilitate patient flows within the departments.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

15.12.   Action Card 12 Team Leader / Navigator Emergency Department

HYWEL DDA UNIVERSITY HEALTH BOARD

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal proactive working practice maintained;
- Co-ordinate departmental performance;
- Confirm bed requests for ED patients prior to each bed meeting;
- Communicate ALL delays to the Clinical Site Lead;
- Ensure that patients arriving by ambulance are registered and triaged at ALL times;
- Anticipate complex social assessments & initiate referrals before admission;
- Maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Expedite ED Clinician Assessment if patient is unseen more than 30 mins;
- Ensure staff allocation maintains ALL streams of patient flow to maximise performance;
- Risk assess all patients to ensure that patients are maintained in the correct clinical areas;
- Identify suitable majors patients who could be moved to alternative setting to avoid offload delays;
- Work with ambulance crews to take handover and release vehicles;
- Ensure that a shared duty of care is maintained on ALL patients awaiting formal handover from the WAST;
- Identify patients suitable for transfer to non specialty areas;
- Ensure the early identification of patients requiring community access teams / rapid access teams input.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Expedite all patients awaiting specialty review;
- Redirect staff resource to areas of most pressure / risk to maintain patient safety across all work streams;
- Work with the senior clinician to expedite all patients requiring admission and ensure that all other patients are discharged as quickly as possible;
- Delegate an experienced emergency nurse to work with the Senior Doctor on duty at the triage point;
- Highlight radiology, pathology and pharmacy department delays to the Clinical Site Lead.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Complete reviews on all patients within the department on a frequent basis;
- Ascertain the requirement for additional staff to maintain patient safety and inform the Site Nurse Manager;
- Maintain a risk log;
- Redirect resources (medical and nursing) to support safe patient care;
- Ensure support from the Site Clinical Lead and Site Nurse Manager to support performance within the department.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

15.13.   Action Card 13   Senior Clinician - Clinical Decisions Unit

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES

Risk score 1 - 4

- Normal working with plans being implemented to meet all targets.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Review and triage all existing patients in the department;
- Ensure available staff are deployed to best effect and are designated specific roles;
- Maintain close liaison with the duty Senior Clinician, A&E Department;
- Consider the deferral of non-mandatory study leave for all medical staff;
- Manage and review staffing levels, effective sickness / absence management and annual leave for medical staff;
- Undertake immediate risk assessments to ensure that the least sick patient can be sent to a ward or moved into the corridor to make room for new referrals.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Maintain close contact with the emergency department consultant and work closely to facilitate patient flows within the departments.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

15.14.   Action Card 14   Service Delivery Manager – Unscheduled Care &Site

ESCALADTION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working.

<div style="background-color: yellow">

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE
Risk score 5 - 10
All Green Actions MUST Have been Implemented

</div>

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

<div style="background-color: orange">

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE
Risk score 12 - 16
All Yellow Actions MUST Have been Implemented

</div>

- Maintain regular contact with the Clinical Lead and the Senior Nurse Manager to ensure that all appropriate action is being taken.

<div style="background-color: red">

ESCALATION LEVEL 4 – EXTREME PRESSURE
Risk score - 20
All Amber Actions MUST Have been Implemented

</div>

- Maintain regular contact throughout the day with the General Manager Unscheduled Care, Clinical Lead and Senior Nurse Manager to ensure that all appropriate action is being taken;
- Provide up to date information to assist the Chair of the daily conference calls;

<div style="background-color: black; color: white">

ESCALATION LEVEL 4 – BUSINESS CONTINUITY
Risk score - 25
All Red Actions MUST Have been Implemented

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- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.15.   Action Card 15   Senior Nurse Manager - Unscheduled Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Attend morning bed meeting;
- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Obtain a baseline of activity from the relevant areas to include patients waiting for admission, level of activity in each area, elective and predicted emergency admissions, expected discharges, infection control issues etc;
- Ensure all patients have an accurate EDD within 24 hours of admission.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Attend bed meetings;
- Maintain regular contact with the Clinical Lead and the Service Delivery Manager to ensure that all appropriate action is being taken;
- Review any delays for POC/SS's with Discharge Liaison Nurse & expedite actions;
- Redeploy staff to areas of highest need where appropriate;
- Consider the option of opening extra beds if available;
- Stay action focussed and task key members of staff with clear, specific actions which will reduce operational pressure within an agreed timescale.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Maintain regular contact throughout the day with the General Manager Unscheduled Care, Clinical Director and Service Delivery Manager to ensure that all appropriate action is being taken;
- Provide up to date information to assist the Chair of the daily conference calls;
- Be clear where the blocks to flow are so that the General Manager Unscheduled Care can source support with additional resource or escalation.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.16.   Action Card 16 Clinical Lead - Medicine

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.
- Ensure EDD identified for every patient within 24hrs of admission

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Maintain regular contact with the Service Delivery Manager and the Senior Nurse Manager to ensure that all appropriate action is being taken;
- Consider the deferral of non-mandatory study leave for all staff;
- Support the areas most under pressure with a physical presence;
- Communicate the level of escalation to all Consultant teams.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Consider the cancellation / reduction of non urgent outpatients activity to deploy medical staff to acute areas;
- Liaise with other Clinical Leads - Site and co-ordinate assistance.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.17. Action Card 17 Clinical Lead – Unscheduled Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**
• Normal working.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**
• Agree with the USC lead Consider potential diverts within the HB sites to alleviate pressure on front door services; • Monitor the impact on the unscheduled care actions and targets and report as appropriate; • Hold daily discussion with the General Manager - Scheduled Care and General Manager - Site to ensure that all appropriate action is being taken; • Support the areas most under pressure with a physical presence; • Communicate the level of escalation to all Consultant teams.
ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**
• Consider the cancellation / reduction of non urgent outpatients activity to deploy medical staff to acute areas; • Liaise with Hospital Directors and co-ordinate assistance.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.18.   Action Card 18 Service Delivery Manager – Planned Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
- Regular discussion with General Manager Scheduled Care re service pressures.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Daily discussion with the General Manager Scheduled Care re service pressures;
- Work with the General Manager Scheduled Care to consider curtailing all non urgent elective surgical work for the next day / week to release capacity;
- Ensure that decisions to cancel cases are made by the responsible clinicians;
- Work with the General Manager - Site to redeploy staff as appropriate to areas facing the greatest pressure within the Health Board;
- Monitor the impact on the RTT targets and report as appropriate.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Work with the General Manager Scheduled Care to cancel all non urgent elective surgical work for the next 48 hours, as a minimum, to release capacity;
- Consider the cancellation of urgent surgical cases;
- Work with the General Manager Scheduled Care to cancel non urgent outpatient activity, where appropriate, to redeploy staff to acute care areas.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.19. Action Card 19 Senior Nurse Manager – Planned Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Attend morning bed meeting;
- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Obtain a baseline of activity from the relevant areas to include patients waiting for admission, level of activity in each area, elective and predicted emergency admissions, expected discharges, infection control issues etc;
- Ensure all patients have an accurate EDD within 24 hours of admission.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Attend bed meetings;
- Maintain regular contact with the Clinical Lead and the Service Delivery Manager to ensure that all appropriate action is being taken;
- Review any delays for POC/SS's with Discharge Liaison Nurse & expedite actions;
- Redeploy staff to areas of highest need where appropriate;
- Consider the option of opening extra beds if available, review DSU capacity;
- Stay action focussed and task key members of staff with clear, specific actions which will reduce operational pressure within an agreed timescale.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Maintain regular contact throughout the day with the General Manager Scheduled Care, Clinical Director and Service Delivery Manager to ensure that all appropriate action is being taken;
- Provide up to date information to assist the Chair of the daily conference calls.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

15.20. Action Card 20 Clinical Lead – Planned Care

HYWEL DDA UNIVERSITY HEALTH BOARD

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Maintain regular contact with the Service Delivery Manager and the Senior Nurse Manager to ensure that all appropriate action is being taken; • Consider the deferral of non-mandatory study leave for all staff; • Arrange for the bed occupancy of ITU to be provided to the Bed Manager on an on-going basis via the Senior Nurse Manager; • Liaise with the Operating Theatre Nurse Manager on expected cases, and guidance on the handling of cases already booked; • Redeploy medical staff to areas of highest need where appropriate.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Maintain close contact with the Clinical Lead for USC and take all agreed action. • Redeploy staff to provide surgical presence at the "front door"; • Redeploy staff to assist the medical teams.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.21.   Action Card 21   Service Delivery Manager - Obs & Gynae

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Ensure that the Head of Midwifery & Nursing and Clinical Director are kept up to date with the position across the Health Board;
- Consider the options to redeploy staff, including specialist midwives to support the areas facing the greatest pressure within the Health Board;
- Consider the deferral of non-mandatory study leave for all staff.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Contact neighbouring Maternity Units to identify/support diverts/transfers.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.22. Action Card 22 Clinical Lead - Obs & Gynae

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES
Risk score 1 - 4

- Normal working;
- Ensure EDD identified for every patient within 24hrs of admission.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE
Risk score 5 - 10
All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE
Risk score 12 - 16
All Yellow Actions MUST Have been Implemented

- Maintain regular contact with the Service Delivery Manager and the Senior Nurse Manager to ensure that all appropriate action is being taken;
- Consider the deferral of non-mandatory study leave for all staff;
- Work with the Service Delivery Manager to identify those non urgent elective cases that can be cancelled for the day / week;
- Redeploy medical staff to areas of highest need where appropriate;

Identify surgical procedures that can continue to be undertaken e.g. day cases.

ESCALATION LEVEL 4 – EXTREME PRESSURE
Risk score - 20
All Amber Actions MUST Have been Implemented

- Maintain close contact with the Clinical Lead - USC and take all agreed action;
- Redeploy staff to provide surgical presence at the "front door";
- Redeploy staff to assist the medical teams.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY
Risk score - 25
All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.23. Action Card 23   Pathology Manager

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Facilitate the escalation of emergency department requests to facilitate discharge.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Ensure that the Clinical Lead is kept up to date with the position across the Health Board;
- Facilitate the escalation of emergency departments requests to facilitate discharge;
- Work closely with the emergency departments and wards to expedite investigations that may result in discharge.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.24. Action Card 24   Radiology Manager

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working; • Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**
• Facilitate the escalation of emergency departments requests to facilitate discharge.
ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**
• Ensure that the Clinical Lead is kept up to date with the position across the Health Board; • Facilitate the escalation of emergency departments requests to facilitate discharge; • Work closely with the emergency departments and wards to expedite investigations that may result in discharge.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.25.   Action Card 25   Head of Medicines Management

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Arrange for the assessment of stock position of medicines to areas under pressure;
- Arrange for any potential stock deficiencies to be remedied;
- Prioritise "To Take Home" prescriptions on the ward and in the dispensary;
- Consider the redeployment of staff to the areas facing service pressures;
- Ensure that the on call pharmacist is aware of the service pressure and is kept up to date with the current situation out of hours;
- Maintain essential services to the remainder of the hospital.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Manage the stock position of medicines to areas under pressure;
- Redeploy additional staff to the areas facing most pressure by reducing resources to out patient services and other non urgent services.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.26.   Action Card 26 Acute Ward Manager

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.
- Maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in;
- Ensure that at ward level efficient patient flow practices are maintained at ALL times;
- Implement EDD for ALL patients within 24 hours of admission;
- Accurately inform the Bed Manager of ALL confirmed or potential discharges;
- Confirmed discharges transferred to the discharge lounge before 10am;
- Ward managers to highlight delays for POC/SS's to Discharge Liaison Nurse.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Ensure that all patients are reviewed at least daily at a Consultant level and where possible discharged;
- Expedite any delays in discharge to the bed manager;
- Identify suitable outliers and inform the bed manager;
- Ensure that the turn around on beds following discharge is no longer than 30 minutes.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board;
- Consider the deferral of non-mandatory study leave for all staff;
- Update e-rostering with staff who work extra shifts;
- Manage and review staffing levels, effective sickness / absence management and annual leave;
- Engage with consultant staff to identify discharges and ensure that the "to take home" charts are prepared 24 hours in advance of the intended date of discharge;
- Ensure that all patients ready for discharge have vacated their beds;
- Identify discharges, suitable for transfer to the community hospitals;
- Prepare ward to take additional patients;
- Liaise closely with therapists to ensure rapid assessments to facilitate discharges;
- Highlight any radiology, pathology or pharmacy delays to the appropriate senior nurse;

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Expect to receive patients into non commissioned areas to allow risk to be shared;
- Maintain the risk log of these situations;
- Assess the requirements for additional resource in clinical areas (including critical care patients to ward areas);
- Utilise ring fenced capacity to the maximum in discussion with General Manager Unscheduled & Scheduled Care.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.27. Action Card 27 Community Ward Manager

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working;
- Ensure patient flow is maintained;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Ensure that all capacity is used to a maximum.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Ensure that all patients are reviewed at least daily at a Consultant level and where possible discharged;
- Additional capacity to be opened where appropriate;
- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board;
- Consider the deferral of non-mandatory study leave for all staff;
- Manage and review staffing levels, effective sickness / absence management and annual leave;
- Update e-rostering with staff who work extra shifts;
- Highlight patients who may be fit for discharge and inform the Bed Manager;
- Ensure that any patients who have been discharged vacate their beds.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Be prepared to accept patients in to non commissioned areas in order to share risk and maintain the safest possible service to patients;
- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board.

ESCAL ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score – 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.28.   **Action Card 28   Director of Operations /Deputy CEO**

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Keep in regular contract with the General Managers Scheduled and Unscheduled Care and maintain up to date knowledge of the position across the Health Board and the actions being taken to manage the service pressures;
- Liaise with other Health Boards on divert issues;
- Provide an update at the regional conference calls;
- Keep the Chief Executive, Chairman and other Board Directors informed of the position and the actions being taken on a daily basis;
- Monitor the impact on the achievement of all targets.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Participate in the HB conference calls;
- Activate divert if available, diverts can ONLY take place if electives have been cancelled;
- Cancel all non-urgent elective activity for next 48 hours;
- Monitor the impact on the achievement of all targets and report accordingly;
- Implement a multi-agency conference call with HB, Primary and social care representation;
- Inform WG Performance & Delivery team and submit action plan for de-escalation;
- Inform NHS Wales CEO Office if timeframe will not be met and HB remains on Red;
- Alert WAST Executive team;
- Consider declaring a Business Continuity Incident;
- Support the areas most under pressure with a physical presence.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.29.   Action Card 29 - Executive Director on Call (Out of Hours)

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Keep in regular contract with the Senior On Call Managers and maintain up to date knowledge of the position across the Health Board and the actions being taken to manage the service pressures; • Liaise with other Health Boards on divert issues; • Provide an update at the regional conference calls; • Monitor the impact on the achievement of all targets.
ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Activate divert if available, diverts can ONLY take place if electives have been cancelled; • Cancel all non-urgent elective activity for next 48 hours; • Monitor the impact on the achievement of all targets and report accordingly; • Alert WAST Executive team; • Consider declaring a Business Continuity Incident; • Support the areas most under pressure with a physical presence.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

15.30. Action Card 30 Director of Commissioning, Therapies & Health Sciences

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES
Risk score 1 - 4

- Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE
Risk score 5 - 10
All Green Actions MUST Have been Implemented

- Normal working with plans being implemented to meet all key actions and targets;
- Regular contact with the Director of Operations re service pressures;
- Escalate and resolve any service delays.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE
Risk score 12 - 16
All Yellow Actions MUST Have been Implemented

- Hold daily discussion with the Director of Operations re service pressures;
- Work with the Directorates to unblock any issues which are affecting operational pressure in the system;
- Work with the Directorates to redeploy therapy staff as appropriate;
- Allocate additional staff to work with and support the Discharge Liaison Nurses;
- Monitor the impact on other services and report as appropriate.

ESCALATION LEVEL 4 – EXTREME PRESSURE
Risk score - 20
All Amber Actions MUST Have been Implemented

- Consider the cancellation of all routine appointments and work with the Directorates to redeploy therapy staff where appropriate;
- Defer all non-mandatory study leave and annual leave as far as possible;
- Allocate additional staff to assess those patients who are awaiting discharge;
- Stay action focussed and task key members of staff with clear, specific actions which will reduce operational pressure within an agreed timescale;
- Monitor the impact on other services and report as appropriate;
- Support the areas most under pressure with a physical presence.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY
Risk score - 25
All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.31. Action Card 31 Assistant Director Mental Health & CAMHS

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Consider linking into the daily conference calls to keep up to date with the position across the Health Board;
- Ensure that the Clinical Director is kept up to date with the position across the Health Board;
- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board;
- Consider the deferral of non-mandatory study leave for all staff;
- Work with the General Manager Unscheduled Care to enhance the operational support offered by the Crisis Resolution Teams to include older persons psychiatric provision seven days a week.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Link into the daily conference calls to keep up to date with the position across the Health Board;
- Identify areas where patients may be transferred to reduce pressure;
- Consider the provision of support to the emergency departments to facilitate a prompt response to mental health assessments;
- Consider the redeployment of senior nurses to support the acute setting.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.32.   Action Card 32   Head of Primary Care

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working with all Primary Care Centre sites across community hospitals and acute hospitals open.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working but awareness of the service pressures across the Health Board via the normal routes of communication;
- Minor adjustments to shifts required to ensure business continuity;
- Ongoing monitoring of resources and staffing e.g. annual leave, sickness;
- Liaise with the Manager GP Out of Hours Service to agree any issues which need to be escalated;
- Regular contact with General Manager Unscheduled Care to escalate problems.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Maintain effective links with the GP Out of Hours Service to manage demand for acute services and reduce admissions where possible;
- Consider adjusting opening times of Primary Care Centres and consider collapsing centres to support areas under pressure;
- Identify GP support to work with the Welsh Ambulance Services NHS Trust to increase the use of alternatives to admission where possible;
- Manage and review staffing levels, effective sickness / absence management and annual leave;
- Contact neighbouring Health Board to see if there is supportive capacity available;
- Report to the Director of Operations as required.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Work with the Director of Operations to find ways of mutual support;
- Approach the principle GP population in HB catchment area for additional support;
- Approach neighbouring GP Out of Hours Service providers to seek additional help and support;
- Cascade information to all relevant stakeholders internally;
- Contact all staff clinical and non clinical to ascertain who may be available to work;
- Set up as much home triage as available;
- Agree any further actions which may help de-escalate;
- Report to the Director of Operations on the numbers of uncovered shifts in order to prepare the emergency departments for possible additional demand.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.33.   Action Card 33 County Director

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4

- Normal working.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication;
- Ensure that all capacity is used to a maximum.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented

- Consider linking into the daily conference calls to keep up to date with the position across the Health Board;
- Identify additional capacity to be opened where appropriate, including sport purchase of additional beds;
- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board;
- Take a pro-active role in pursuing delayed discharges liaising with social care, transport, pharmacy and any intermediate care teams;
- Identify patients where POC are unchanged and ensure they can be immediately reinstated;
- Identify interim placement for medically fit patients.

ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented

- Link into the daily conference calls to keep up to date with the position across the Health Board;
- Open additional capacity.

ESC ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score – 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

HYWEL DDA UNIVERSITY HEALTH BOARD

15.34. Action Card 34 Head of Hotel Services

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES **Risk score 1 - 4**

- Normal working;
- Ensure that individual departments maintain up to date staff availability and contact lists so that in the event of unprecedented activity, staff can be called in.

ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE **Risk score 5 - 10** **All Green Actions MUST Have been Implemented**

- Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.

ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE **Risk score 12 - 16** **All Yellow Actions MUST Have been Implemented**

- Keep in regular contact with the Clinical Site Lead to ensure that nutrition and cleanliness standards are maintained at all times;
- Ensure that food and beverage facilities are delivered to key areas in a timely fashion;
- Consider the options to redeploy staff to support the areas facing the greatest pressure within the Health Board;
- Consider the deferral of non-mandatory study leave for all staff;
- Ensure that plans are in plan to respond quickly to requests for patient transfers both within and across all acute and community shifts;
- Identify whether any additional resources or supplies are required and contact suppliers to arrange for the delivery of additional stocks.

ESCALATION LEVEL 4 – EXTREME PRESSURE **Risk score - 20** **All Amber Actions MUST Have been Implemented**

- Redeploy resources to be dedicated to the emergency departments;
- Ensure all HPV cleaning is provided in a timely manner;
- Provide a dedicated portering service to the emergency departments and bed managers to facilitate timely patient moves.

ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented

- Business continuity plans to be followed.

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15.35.   Action Card 35   Head of Communications

ESCALATION PLAN – LEVEL 1 – NO CAPACITY ISSUES Risk score 1 - 4
• Normal working.
ESCALATION PLAN – LEVEL 2 – MODERATE PRESSURE Risk score 5 - 10 All Green Actions MUST Have been Implemented
• Normal working together with awareness of the service pressures across the Health Board via the normal routes of communication.
ESCALATION PLAN – LEVEL 3 – SEVERE PRESSURE Risk score 12 - 16 All Yellow Actions MUST Have been Implemented
• Work with the General Manager Unscheduled & Scheduled Care to disemminate information across the Health Board and prepare proactive media statements to inform the public and other stakeholders of the service pressures facing the Health Board.
ESCALATION LEVEL 4 – EXTREME PRESSURE Risk score - 20 All Amber Actions MUST Have been Implemented
• Respond to all media enquiries and disemminate information across the Health Board and to the public and other stakeholders outlining the service pressures facing the Health Board.
ESCALATION LEVEL 4 – BUSINESS CONTINUITY Risk score - 25 All Red Actions MUST Have been Implemented
• Business continuity plans to be followed.

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16. APPENDIX 2 – ESCALATION ACTION PLAN

	Descriptor	Current status	Actions	Lead Responsible In Hours	Lead Responsible Out of Hours	Outcome	Timescale
Steady State risk score 1-4	No Risks to patients		Bed meetings @ 08:30, 12:30, 15:30 24 hour rolling log commenced and actions documented (Note bed meetings do not take place Sat/Sun/Bank Holidays)	Clinical Site Lead	Site Manager/ NNP		
	No ED waiting > 15 mins for triage		Conference calls following bed meetings @ 09:00, 13:00, 16:00 (Note Conference call at 10am Sat/Sun/Bank Holidays)	Clinical Site Lead	County On-Call Manager		
	No patient delays in being assessed		On call managers to join 16:00 conference call	County on Call Managers			
	No patient delays in commencement of treatment		SITREP circulated post bed meeting	Bed management/ Site team	Site Manager/ NNP		
	Capacity for elective and Emergency demand		USC Integrated Dashboard updated post bed meeting	Bed management/ Site team	Site Manager/ NNP		
	Efficient patient flow		Review of repats in & out at 08:30 bed meeting and plans /timescales agreed	Clinical Site Lead	Site Manager/ NNP		
			Review of electives to come in over next 24 hours @ 15:30 bed meeting	Clinical Site Lead	Site Manager/ NNP		
			Confirmed discharges transferred to the discharge lounge before 10am	Ward Managers			
			Ward managers to highlight delays for POC/SS's to Discharge Liaison Nurse	Ward Managers			
			Physical check of hospital bed occupancy by visiting all wards	Clinical Site Lead	Site Manager/ NNP		
			Confirm bed requests for ED patients prior to each bed meeting	ED Navigator/team leader	ED Navigator/team leader		
			Anticipate complex social assessments & initiate referrals before admission	ED Navigator/team leader	ED Navigator/team leader		
Action Required risk score 5-10			**All Green actions MUST have been implemented**				
	Increasing pressure to flow anticipated		Ward managers to identify suitable outliers	Ward Managers	Ward Managers		
	Delays anticipated in patients being assessed		Ward managers to check all patients have had a senior dr review. And instigate where necessary	Ward Managers	Ward Managers		
	Delays anticipated in commencement of patients treatment		Review electives and prioritise, potential cancellations escalated to GM Unscheduled Care in hours or County on Call out of Hours	Clinical Site Lead	Site Manager / NNP		
	Delays in releasing WAST crews from hospital > 15 mins		Review potential of additional capacity (surge beds and community beds)	Clinical Site Lead	Site Manager / NNP		
	Patients waiting up to 30 mins to triage		Escalate delays in specialist review to Site Medical Lead in Hours	Lead ED Clinician			
	Discharges below expected level		Expedite ED Clinician Assessment if patient is unseen more than 30 mins	ED Navigator/team leader	ED Navigator/team leader		
	Possible capacity constraints identified		Identify suitable majors patients who could be moved to alternative setting to avoid offload delays	ED Navigator/team leader	ED Navigator/team leader		
			Ensure all pateints have an accurate EDD within 24 hours of admission	Ward Managers	Ward Managers		
			De-escalate when appropriate **(max 72 hours)**	Clinical Site Lead	Site Manager / NNP		
High Risk risk score 12- 16			**All yellow actions MUST have been implemented and the following MUST be considered**				
	Lack of available capacity - flow has been compromised		Open surge capacity	GM Site	County On Call Manager		
	Increased risk to pateitn safety		Cancel routine electives, if appropriate, escalate to GM Scheduled Care in Hours or Exec on Call out of hours	GM Site	County On Call Manager		
	Significant delays in releasing WAST crews from hospital > 30mins < 1 hour		Review cold orthopaedic beds	GM Site	County On Call Manager		
	Patients waiting > 30 mins for triage		Review release of ring-fenced capacity & any staffing requirments	GM Site/Site Nurse Manager	County On Call Manager		
	12 hour waits in ED anticipated		Identify pateints where POC are unchanged and ensure they can be immediately reinstated	County Directors			
			Identify interim placement for medically fit pateints	County Directors			
			Consider potential divert	GM Unscheduled Care	County On Call Manager		
			Undertake additional ward rounds if necessary	Site Medical Lead	Consultant on Call		
			Liaise with WAST and if no immediate plan to resolve request WAST office to mobilise to site	GM Site	County On Call Manager		
			Site Top 3 to attend bed meetings and conference calls	Site Top 3			
			Ensure all EDDs are reviewed to provide accurate discharge forecast for next 72 hours	Site Nurse Manager	Senior Nurse Manager		
			Assess ED patients admission to relevant ward if specialist review cannot be expedited	Lead ED Clinician	Lead ED Clinician		
			Escalate to Deputy Chief Executive in hours and Executive On Call out of hours, at earliest opportunity	GM Site	County On Call Manager		
			Inform diagnostics, pharmacy of risk level to expedite where possible	GM Site			
			Inform WG via 11am All Wales Conference Call - to include actions to prevent escalation to Red	GM Undertaking Call	Executive On Call		
			De-escalate when appropriate **(max 24 hours)**	GM Site	County On Call Manager		
Very High Risk risk score 20			**All amber actions MUST have been implemented**				
	Significant delays in releasing WAST crews from hospital >1 hour		Escalate to Chief Executive, Medical Director & Director of Nursing	Deputy Chief Executive	Executive on Call		
	Patients waiting > 60 mins for triage		Activate divert if available, diverts can ONLY take place is electives have been cancelled	Deputy Chief Executive	Executive on Call		
	12 hour waits in ED		Cancel all non-urgent elective activity for next 48 hours	Deputy Chief Executive	Executive on Call		
	Discharges is insufficient for expected emergency & elective capacity capacity		Cancel outpateint activity as necessary and utilise clinicains to improve patient flow	Site Medical Lead			
	Inability to deescalate from High Risk (amber) after 24 hour period		All meetings & study days to be cancelled to enable full staffing	GM Site			
			Set up an operational control group , Community Director to attend.	GM Site	County on Call Manager		
			Authorisation of any additional staff to manage demand	Budget Holders	County on Call Manager		
			Debrief following working day to ensure lessons learned and appropriate actions have taken place	GM Site	GM Site		
			Review GP referrals - patients could be managed with advice or seen in an urgent OPD clinic	Site Medical Lead			
			Multi-agency conference call with HB, Primary and social care representation	Deputy Chief Executive	Executive on Call		
			Inform WG Performance & Delivery team and submit action plan for de-escalation	Deputy Chief Executive	Executive on Call		
			NHS Wales CEO Office to be informed if timeframe not met and remain on Red	Deputy Chief Executive	Executive on Call		
			Consider declaring a Business Continuity Incident	Deputy Chief Executive	Executive on Call		
			Alert WAST Executive team	Deputy Chief Executive	Executive on Call		
			De-escalate when appropriate **(max 48 hours)**	GM Site	County on Call Manager		
Business Continuity risk score 25	Risk assessment matrix score of 25		Call to NHS Wales CEO	Chief Executive			
			Declare Business Continuity Incident	Chief Executive			
			Initiate Business Continuity Plan	Chief Executive			
			Implement communication strategy	Director of Communications			

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17. APPENDIX 3 MANAGEMENT ACTION LOG – LEVEL 4

ESCALATION MANAGEMENT ACTION LOG LEVEL 4		
Date -	**Escalation Lead-**	
Action Taken	**Expected Outcome**	**Risk**

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18. APPENDIX 4 – EXAMPLE DE-ESCALATION PLAN

Site		*Date*		*Time*	
Escalation Level				*Risk Rating*	

Summary

All teams input across site, increased discharges, expedited investigations and community discharge support has brought the hospital into de-escalation. Minors flow was supported through the discharge lounge facility and the discharge lounge worked in unison with MDU to facilitate further discharges. Medically fit patients awaiting discharge currently reviewed daily with twice weekly full team review. At lunchtime Surgical list stands at 4 (1 patient came off list today) medical list will be at 7 (5 have come off today). Surge beds remain in use currently on medicine however it is hoped that 2 would be-able to be closed following patient discharge later today. All actions on-going.

Identified Consideration	*Actions*	*By whom*	*Time*	*Outcome*
Elective Admissions Reviewed	2 x T&O patients for theatre- not cancelled as unable to lodge medicine into any outlying specialities.	SN site & GM		TCI and SDA accommodated
	Reviewing next 48 hours list	Clinical Site lead & Acute Nurse Manager - Site Medical lead for site	12:00	De-escalated by 12.00 midday, look likely to accommodate
Cancelling OPD clinics considered	OPD clinics not cancelled in order to facilitate inpatient admission avoidance. Winter plan in place daily consultant ward rounds in place	Clinical Site lead & Acute Nurse Manager - Site Medical lead for site		Achieved
Maintaining patient flow	Consultant review of all	Consultants & Medical		On-going

	inpatients.	lead for site		
	Review of all EDDs to provide accurate discharge forecast for next 72 hours	Consultants & Medical lead for site		
	Ensure all TTO's are in place for forecasted discharges	Consultants & Medical lead for site		
	Review GP referrals to ascertain if patients could be managed with advice or seen in an urgent OPD clinic.	ED Consultant & Medical lead for site		
	All out of area patients reviewed and complex patients identified to community/social care teams.	Discharge Liaison Nurse		
Maximise A&E Capacity	Review and expedite investigations when possible.	Clinical Site lead & Acute Nurse Manager - Site		A&E flow maintained
	Discuss on conference calls possibility for a divert to ease front door pressures	Site General Manager		Unable to divert to other hospitals currently
	Extra support authorised for increased ED activity	USC General Manager		A&E flow maintained
	ENP supporting ED floor but service will be maintained from 10am.	Clinical Site lead & Acute Nurse Manager - Site Medical lead for site		A&E flow maintained
	Close communication with WAST for incoming pts and transfers	ED Navigator & Clinical Site Lead		Achieved

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	Review of ED patients known to community services	Discharge Liaison Nurse		Reduced patients in ED TCI
Minors area used to assess majors patients	Due to limitations in environment-minors will function from Discharge lounge (strict criteria and ENP/Clinicians will remain with their patients)	Clinical Site Lead & Acute Nurse Manager - Site		ED Capacity created
	Discharge lounge will function with MDU as extra support to facilitate timely patient moves and earlier discharges.	Clinical Site lead & Acute Nurse Manager - Site		Achieved
Review of medically fit working list	Ensure accuracy of list and enable community support	Clinical Site Lead		List updated and further escalation to expedite discharge
	Possibility of spot purchase of additional community beds	County Director		
Review of surge beds and possibility of closing/opening additional capacity	18 medical surge beds currently open.	Clinical Site lead & Acute Nurse Manager - Site		Planning to de-escalate further later today.

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19. APPENDIX 5 – WITHYBUSH ACTION PLAN

	Descriptor	Current status	Actions	Lead Responsible In Hours	Lead Responsible Out of Hours	Outcome	Timescale
Steady State risk score 1-4	No Risks to patients		Bed meetings @ 08:30, 12:30, 15:30 24 hour rolling log commenced and actions documented (Note bed meetings do not take place Sat/Sun/Bank Holidays)	Clinical Site Lead	Site Manager/ NNP		
	No ED waiting > 15 mins for triage		Conference calls following bed meetings @ 09:00, 13:00, 16:00 (Note Conference call at 10am Sat/Sun/Bank Holidays)	Clinical Site Lead	County On-Call Manager		
	No patient delays in being assessed		On call managers to join 16:00 conference call	County on Call Managers			
	No patient delays in commencement of treatment		SITREP circulated post bed meeting	Bed management/ Site team	Site Manager/ NNP		
	Capacity for elective and Emergency demand		USC Integrated Dashboard updated post bed meeting	Bed management/ Site team	Site Manager/ NNP		
	Efficient patient flow		Review of repats in & out at 08:30 bed meeting and plans /timescales agreed	Clinical Site Lead	Site Manager/ NNP		
			Review of electives to come in over next 24 hours @ 15:30 bed meeting	Clinical Site Lead	Site Manager/ NNP		
			Confirmed discharges transferred to the discharge lounge before 10am	Ward Managers			
			Ward managers to highlight delays for POC/SS's to Discharge Liaison Nurse	Ward Managers			
			Physical check of hospital bed occupancy by visiting all wards	Clinical Site Lead	Site Manager/ NNP		
			Confirm bed requests for ED patients prior to each bed meeting	ED Navigator/team leader	ED Navigator/team leader		
			Anticipate complex social assessments & initiate referrals before admission	ED Navigator/team leader	ED Navigator/team leader		

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			All Green actions MUST have been implemented				
Action Required risk score 5-10	Increasing pressure to flow anticipated		Ward managers to identify suitable outliers	Ward Managers	Ward Managers		
	Delays anticipated in patients being assessed		Ward managers to check all patients have had a senior dr review. And instigate where necessary	Ward Managers	Ward Managers		
	Delays anticipated in commencement of patients treatment		Review electives and prioritise, potential cancellations escalated to GM Unscheduled Care in hours or County on Call out of Hours	Clinical Site Lead	Site Manager / NNP		
	Delays in releasing WAST crews from hospital > 15 mins		Review potential of additional capacity (surge beds and community beds)	Clinical Site Lead	Site Manager / NNP		
	Patients waiting up to 30 mins for triage		Escalate delays in specialist review to Site Medical Lead in Hours	Lead ED Clinician			
	Discharges below expected level		Expedite ED Clinician Assessment if patient is unseen more than 30 mins	ED Navigator/team leader	ED Navigator/team leader		
	Possible capacity constraints identified		Identify suitable majors patients who could be moved to alternative setting to avoid offload delays	ED Navigator/team leader	ED Navigator/team leader		
			Ensure all patients have an accurate EDD within 24 hours of admission	Ward Managers	Ward Managers		
			De-escalate when appropriate **(max 72 hours)**	Clinical Site Lead	Site Manager / NNP		

			All yellow actions MUST have been implemented and the following MUST be considered				
High Risk risk score 12- 16	Lack of available capacity - flow has been compromised		Open surge capacity	GM Site	County On Call Manager		
	Increased risk to pateitn safety		Cancel routine electives, if appropriate, escalate to GM Scheduled Care in Hours or Exec on Call out of hours	GM Site	County On Call Manager		
	Significant delays in releasing WAST crews from hospital > 30mins < 1 hour		Review cold orthopaedic beds	GM Site	County On Call Manager		
	Patients waiting > 30 mins for triage		Review release of ring-fenced capacity & any staffing requirements	GM Site/Site Nurse Manager	County On Call Manager		

	12 hour waits in ED anticipated		Identify patients where POC are unchanged and ensure they can be immediately reinstated	County Directors			
			Identify interim placement for medically fit patients	County Directors			
			Consider potential divert	GM Unscheduled Care	County On Call Manager		
			Undertake additional ward rounds if necessary	Site Medical Lead	Consultant on Call		
			Liaise with WAST and if no immediate plan to resolve request WAST office to mobilise to site	GM Site	County On Call Manager		
			Site Top 3 to attend bed meetings and conference calls	Site Top 3			
			Ensure all EDDs are reviewed to provide accurate discharge forecast for next 72 hours	Site Nurse Manager	Senior Nurse Manager		
			Assess ED patients admission to relevant ward if specialist review cannot be expedited	Lead ED Clinician	Lead ED Clinician		
			Escalate to Deputy Chief Executive in hours and Executive On Call out of hours, at earliest opportunity	GM Site	County On Call Manager		
			Inform diagnostics, pharmacy of risk level to expedite where possible	GM Site			
			Inform WG via 11am All Wales Conference Call - to include actions to prevent escalation to Red	GM Undertaking Call	Executive On Call		
			De-escalate when appropriate **(max 24 hours)**	GM Site	County On Call Manager		

	All amount actions MUST have been implemented						
Very High Risk risk score 20	Significant delays in releasing WAST crews from hospital > 1 hour		Escalate to Chief Executive, Medical Director & Director of Nursing	Deputy Chief Executive	Executive on Call		
	Patients waiting > 60 mins for triage		Activate divert if available, diverts can ONLY take place is electives have been cancelled	Deputy Chief Executive	Executive on Call		
	12 hour waits in ED		Cancel all non-urgent elective activity for next 48 hours	Deputy Chief Executive	Executive on Call		
	Discharges is insufficient for expected emergency & elective capacity capacity		Cancel outpateint activity as necessary and utilise clinicains to improve patient flow	Site Medical Lead			

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	Inability to deescalate from High Risk (amber) after 24 hour period		All meetings & study days to be cancelled to enable full staffing	GM Site		
			Set up an operational control group , Community Director to attend.	GM Site	County on Call Manager	
			Authorisation of any additional staff to manage demand	Budget Holders	County on Call Manager	
			Debrief following working day to ensure lessons learned and appropriate actions have taken place	GM Site	GM Site	
			Review GP referrals - patients could be managed with advice or seen in an urgent OPD clinic	Site Medical Lead		
			Multi-agency conference call with HB, Primary and social care representation	Deputy Chief Executive	Executive on Call	
			Inform WG Performance & Delivery team and submit action plan for de-escalation	Deputy Chief Executive	Executive on Call	
			NHS Wales CEO Office to be informed if timeframe not met and remain on Red	Deputy Chief Executive	Executive on Call	
			Consider declaring a Business Continuity Incident	Deputy Chief Executive	Executive on Call	
			Alert WAST Executive team	Deputy Chief Executive	Executive on Call	
			De-escalate when appropriate **(max 48 hours)**	GM Site	County on Call Manager	

Business Continuity risk score 25	Risk assessment matrix score of 25		Call to NHS Wales CEO	Chief Executive		
			Declare Business Continuity Incident	Chief Executive		
			Initiate Business Continuity Plan	Chief Executive		
			Implement communication strategy	Director of Communications		

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20. APPENDIX 6 – PRINCE PHILIP ACTION PLAN

Site Condition	GREEN
Risk Range	1 to 4; No risk to patients identified
Status	Business as Usual
	Efficient patient flow maintained throughout the organisation and out to partner organisations (community/LA)
	There is capacity for the expected emergency and elective demand
	There are no patients waiting over 15 minutes for triage by ED
	There are no patients delayed in being assessed or commencing their treatment
Objective	Maintain Condition Green
Actions Required	Review discharges over the next 48 hours and ensure plans in place to achieve
	Promote early discharges and use of discharge lounge
	Achieve repatriation within 24 hours of acceptance
	3 daily patient flow meetings
	Ensure timely booking of transport to facilitate discharge
	Daily HDd and WG calls

Site Condition	Yellow
Risk Range	5 to 10; Increase in pressure - disruption to flow anticipated
Status	Business as Usual
	Delays for patients are anticipated in assessment and treatment (this may compromise patient care and performance)
	Delays in releasing ambulance crews from the hospital (e.g., patients waiting up to 30 minutes for triage by ED)
	Discharges are below expected level
	Specific capacity constraints may have been identified
Objective	De-escalate to Condition Green within 72 hours
	Act to promote patient safety
Actions Required (in addition to green actions)	Review discharges over the next 7 days and ensure plans in place to achieve
	Communicate with WAST re. escalation level
	Promote flow to reduce risk of 12 hour breach
	Review situation and identify constraints and solutions to promote flow.
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge.
	Balance staffing across the site to ensure resource is directed to need.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Daily HDd and WG calls
If no improvement within 4 hours	Provide additional senior ward rounds to identify patients for safe expedited discharge
	Consider need for provision of surge capacity in minors/medical day to manage capacity overnight.

Site Condition	Amber

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Risk Range	12 to 16; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Patients with extended waits in an inappropriate setting - resulting in assessment and treatment delays (patient care and performance has been compromised),
	Significant delays releasing ambulance crews from the hospital (e.g. patients waiting between 30 mins and 1 hour for triage by ED and/or an impact on the ability to release crews to new calls in the appropriate time frame)
	12 hour waits are anticipated
Objective	De-escalate to Condition Yellow within 24 hours
	Act to ensure patient safety
Actions Required (in addition to green & yellow actions)	Site Communicator to notify wards and department leads of escalation level
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of: • Provision of additional surge capacity through additional bed allocation to wards • Use of Ward 7 (surgical beds) for outliers • Cancel routine electives, if appropriate; • Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. • Identify interim placements for medically fit (patient choice) • Utilise day-case unit to promote rapid treatment for patients in A&E waiting for intervention prior to discharge
	Executive to be notified (either through daily call/on-call mechanisms)
	All available consultants to provide second ward rounds.
	Communicate with WAST re. escalation level
	Site Clinical Lead to cascade to consultants
	Review situation and identify constraints and solutions to promote flow.
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge.
	Balance staffing across the site to ensure resource is directed to need.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Daily HDd and WG calls

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Red
Risk Range	20; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Extended delays releasing ambulance crews from the hospital (including patients waiting over 1 hour for triage by ED and/or the ability to release crews in a timely way has been significantly compromised.
	Patients waiting over 12 hours in A&E
	The number of discharges is insufficient to create capacity for the expected emergency and elective capacity despite escalation
	INABILITY TO DE-ESCALATE FROM HIGH RISK (AMBER) AFTER 24 HOUR PERIOD
Objective	Avoid deterioration to Condition Black
	De-escalate to Condition Amber within 48 hours
	Act to ensure patient safety
Actions Required (in addition to green, yellow & amber actions)	Site Communicator to notify wards and department leads of escalation level and request that:
	All Departments to report to Site Control Centre
	Utilise day-case unit to promote rapid treatment for patients in A&E waiting for intervention prior to discharge and
	Therapy to allocate A&E liaison role to staff to promote rapid access to assessment
	Contact patients scheduled for routine procedures tomorrow and offer an alternative date if they choose
	Cancel routine outpatients if clinical resource can be appropriately redirected. Exec approval required if cancer patients affected
	Chief Executive/Executive On Call to be notified.
	Consultants to provide ward rounds.
	Site Clinical Lead to cascade to consultants
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to promote discharge.
	Facilitate consultant review of A&E patients
	Site Leads to PPH flow meeting & HD conference call
	Consider increasing ENP staff
	Consider requesting divert
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of:
	• Use of Ward 7 (surgical beds) for outliers
	• Provision of additional surge capacity through additional bed allocation to wards
	• Use of Ward 6 (orthopaedic beds) if Orthopaedic infection ring fence can be maintained
	• Cancel routine electives
	• Identify patients where packages of care are unchanged and ensure they can be immediately reinstated.
	• Identify interim placements for medically fit (patient choice)

EMERGENCY PRESSURES & ESCALATION POLICY

Site Condition	Black
Risk Range	25; Significant risks to patient safety which are likely to result in harm to patients. Immediate and extraordinary action required
Status	Service unable to cope with presenting demand with no immediate ability to improve.
	The Chief Executive MUST notify Welsh Government before declaration.
Objective	Ensure patient safety
	De-escalate to Condition Red as soon as possible
Actions Required	Site Communicator to notify wards and department leads of escalation level and request that:
	All Departmental Responders to report to Site Control Centre
	Site General Manager, Site Lead Nurse and Site Clinical Lead will take control of the site until directed otherwise.
	At this point, the actions set out in the Major Incident Plan for the site will be considered as a guide for action depending upon the presenting circumstances, but the following actions are to be implemented with immediate effect: • Cancellation of all elective inpatient and outpatient care with immediate effect and for the next 24 hours. • Cancellation of all training and meetings on site for the next 24 hours • Radiographer to be assigned to A&E to facilitate diagnostic flow • Speech and Language Therapist, Occupational Therapist and Physiotherapist to be assigned to A&E (or alternative location as required) to facilitate assessment and discharge • Pharmacist to be assigned to A&E to facilitate timely drug reviews and TTOs • Additional nursing and clinical staff to be called in to support the site.

21. APPENDIX 7 – GLANGWILI ACTION PLAN

Site Condition	GREEN
Risk Range	1 to 4; No risk to patients identified
Status	Business as Usual
	Efficient patient flow maintained throughout the organisation and out to partner organisations (community/LA)
	There is capacity for the expected emergency and elective demand
	There are no patients waiting over 15 minutes for triage by ED
	There are no patients delayed in being assessed or commencing their treatment
Objective	Maintain Condition Green
Actions Required	Review discharges over the next 48 hours and ensure plans in place to achieve
	Achieve repatriation within 24 hours of acceptance
	Ensure timely booking of transport to facilitate discharge
	Twice weekly conference calls/liaison with Community teams to review all medically fit list
	Daily HDUHB and WG calls
	Ensure all patients are sent to the discharge lounge who are for discharge that day

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Yellow
Risk Range	5 to 10; Increase in pressure - disruption to flow anticipated
Status	Business as Usual
	Delays for patients are anticipated in assessment and treatment (this may compromise patient care and performance)
	Delays in releasing ambulance crews from the hospital (e.g. patients waiting up to 30 minutes for triage by ED)
	Discharges are below expected level
	Specific capacity constraints may have been identified
Objective	De-escalate to Condition Green within 72 hours
	Act to promote patient safety
Actions Required	Review discharges over the next 7 days and ensure plans in place to achieve
	Communicate with WAST regarding escalation level
	Promote flow to reduce risk of 12 hour breach
	Review situation and identify constraints and solutions to promote flow
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge as per medically fit list
	Balance staffing across the site to ensure resource is directed to need.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Twice weekly conference calls/liaison with Community teams to review all medically fit list
	Daily HDUHB and WG calls
	Ensure all patients are sent to the discharge lounge who are for discharge that day
If no improvement within 4 hours	Provide additional senior ward rounds to identify patients for safe expedited discharge
	Consider need for provision of surge capacity in medicine and surgery

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Amber
Risk Range	12 to 16; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Patients with extended waits in an inappropriate setting - resulting in assessment and treatment delays (patient care and performance has been compromised),
	Significant delays releasing ambulance crews from the hospital (e.g. patients waiting between 30 mins and 1 hour for triage by ED and/or an impact on the ability to release crews to new calls in the appropriate time frame)
	12 hour waits are anticipated
Objective	De-escalate to Condition Yellow within 24 hours
	Act to ensure patient safety
Actions Required	Site Senior Nurse/GM to notify wards and department leads of escalation level
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of: - Open surge capacity in surgery on Merlin, Derwen and Ceri. In medicine surge Cadog to 18 beds. Ambulatory care overnight to house 4 patients - Cancel routine electives, if appropriate. - Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. - Identify interim placements for medically fit (patient choice) - Utilise medical day unit for patients who can be appropriately treated there instead of inpatient bed - Ensure all patients are sent to the discharge lounge that are for discharge that day. DL co-ordinator to attend bed meeting and track patients for discharge
	Radiology to allocate A&E liaison role to staff to promote rapid access to imaging
	Executive to be notified (either through daily call/on-call mechanisms)
	All available consultants to provide second ward rounds.
	Communicate with WAST regarding escalation level
	Site Clinical Lead to cascade to consultants and advise of delays to Site GM
	Review situation and identify constraints and solutions to promote flow.
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge spot purchase community capacity to reduce delays
	Balance staffing across the site to ensure resource is directed to need.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Twice weekly conference calls/liaison with Community teams to review all medically fit list
	Daily HDUHB and WG calls

Site Condition	Red

HYWEL DDA UNIVERSITY HEALTH BOARD

Risk Range	20; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Extended delays releasing ambulance crews from the hospital (including patients waiting over 1 hour for triage by ED and/or the ability to release crews in a timely way has been significantly compromised.
	Patients waiting over 12 hours in A&E
	The number of discharges is insufficient to create capacity for the expected emergency and elective capacity despite escalation
	INABILITY TO DE-ESCALATE FROM HIGH RISK (AMBER) AFTER 24 HOUR PERIOD
Objective	Avoid deterioration to Condition Black
	De-escalate to Condition Amber within 48 hours
	Act to ensure patient safety
Actions Required	Site Senior Nurse/GM to notify wards and department leads of escalation level and request that:
	All Ward Managers, Radiology/Pathology and Pharmacy Lead to report to Site Co-ordination Centre
	Utilise plaster room to see minors patients where majors has patients in minors area
	Physiotherapy to allocate A&E liaison role to staff to promote rapid access to assessment
	Contact patients scheduled for routine procedures tomorrow and offer an alternative date of their choice within 14 days if cancelled on day of surgery
	Cancel routine outpatients if clinical resource can be appropriately redirected.
	Chief Executive/Executive On Call to be notified.
	Consultants to provide daily board rounds if no planned ward rounds and a second ward round on CDU.
	Site Clinical Lead to cascade to consultants escalation level and need for board rounds cancelling elective activity if needed to facilitate
	Monitor discharges and admissions to assess improvement of deterioration
	Community teams and local authority services to come onto site to facilitate urgent discharges
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Consider requesting divert only in all routine electives have been cancelled and other internal measures are in place and review every 2 hours.
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of:
	- Provision of additional surge capacity through additional bed allocation to wards - Surging into the Day Surgery Unit if escalation to level 4 is otherwise unavoidable with surgical patients and if the unit can be staffed overnight - Cancel routine electives - Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. - Identify interim placements for medically fit (patient choice)

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Black
Risk Range	25; Significant risks to patient safety which are likely to result in harm to patients. Immediate and extraordinary action required
Status	Service unable to cope with presenting demand with no immediate ability to improve.
	The Chief Executive MUST notify Welsh Government before declaration.
Objective	Ensure patient safety
	De-escalate to Condition Red as soon as possible
Actions Required	Site Communicator to notify wards and department leads of escalation level and request that:
	All Departmental Responders to report to Site Control Centre
	Site General Manager, Site Lead Nurse and Site Clinical Lead will take control of the site until directed otherwise.
	At this point, the actions set out in the Major Incident Plan for the site will be considered as a guide for action depending upon the presenting circumstances, but the following actions are to be implemented with immediate effect:
	- Cancellation of all elective inpatient and outpatient care with immediate effect and for the next 24 hours. - Clearance of the Day Surgery Unit to accept patients from the Clinical Decisions Unit - Mental Health A&E Room to be used if no other options. - Cancellation of all training and meetings on site for the next 24 hours - Radiographer to be assigned to A&E to facilitate diagnostic flow - Speech and Language Therapist, Occupational Therapist and Physiotherapist to be assigned to A&E (or alternative location as required) to facilitate assessment and discharge - Pharmacist to be assigned to A&E to facilitate timely drug reviews and TTOs - Additional nursing and clinical staff to be called in to support the site.

22. APPENDIX 8 – BRONGLAIS ACTION PLAN

Site Condition	**GREEN**
Risk Range	1 to 4; No risk to patients identified
Status	Business as Usual
	Efficient patient flow maintained throughout the organisation and out to partner organisations (community/LA)
	There is capacity for the expected emergency and elective demand
	There are no patients waiting over 15 minutes for triage by ED
	There are no patients delayed in being assessed or commencing their treatment
Objective	Maintain Condition Green
Actions Required	Review discharges over the next 48 hours and ensure plans in place to achieve
	Achieve repatriation within 24 hours of acceptance
	Ensure timely booking of transport to facilitate discharge
	Weekly conference calls/liaison with Betsi Cadwaladr and Powys HBs
	Daily HDUHB and WG calls

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Yellow
Risk Range	5 to 10; Increase in pressure - disruption to flow anticipated
Status	Business as Usual
	Delays for patients are anticipated in assessment and treatment (this may compromise patient care and performance)
	Delays in releasing ambulance crews from the hospital (e.g., patients waiting up to 30 minutes for triage by ED)
	Discharges are below expected level
	Specific capacity constraints may have been identified
Objective	De-escalate to Condition Green within 72 hours
	Act to promote patient safety
Actions Required	Review discharges over the next 7 days and ensure plans in place to achieve
	Communicate with WAST re. escalation level
	Promote flow to reduce risk of 12 hour breach
	Review situation and identify constraints and solutions to promote flow.
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge.
	Balance staffing across the site to ensure resource is directed to need.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Weekly conference calls/liaison with Betsi Cadwaladr and Powys HBs
	Daily HDUHB and WG calls
If no improvement within 4 hours	Provide additional senior ward rounds to identify patients for safe expedited discharge
	Consider need for provision of surge capacity in minors/medical day to manage capacity overnight.

EMERGENCY PRESSURES & ESCALATION POLICY

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Amber
Risk Range	12 to 16; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Patients with extended waits in an inappropriate setting - resulting in assessment and treatment delays (patient care and performance has been compromised),
	Significant delays releasing ambulance crews from the hospital (e.g. patients waiting between 30 mins and 1 hour for triage by ED and/or an impact on the ability to release crews to new calls in the appropriate time frame)
	12 hour waits are anticipated
Objective	De-escalate to Condition Yellow within 24 hours
	Act to ensure patient safety
Actions Required	Site Communicator to notify wards and department leads of escalation level
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of: - Open surge capacity in minors/MDU, if not already open. - Provision of additional surge capacity through additional bed allocation to wards - Cancel routine electives, if appropriate; - Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. - Identify interim placements for medically fit (patient choice) - Utilise day-case unit to promote rapid treatment for patients in A&E waiting for intervention prior to discharge
	Radiology to allocate A&E liaison role to staff to promote rapid access to imaging
	Executive to be notified (either through daily call/on-call mechanisms)
	All available consultants to provide second ward rounds.
	Communicate with WAST re. escalation level
	Site Clinical Lead to cascade to consultants
	Review situation and identify constraints and solutions to promote flow.
	Initiate action to reduce time from request to receipt of diagnostic tests
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to gain support for discharge.
	Balance staffing across the site to ensure resource is directed to need.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Notify clinical staff, wards, therapy and diagnostic services of increased escalation.
	Weekly conference calls/liaison with Betsi Cadwaladr and Powys HBs
	Daily HDUHB and WG calls

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	**Red**
Risk Range	20; Lack of available capacity - flow has been compromised and there is increased risk to patient safety
Status	Extended delays releasing ambulance crews from the hospital (including patients waiting over 1 hour for triage by ED and/or the ability to release crews in a timely way has been significantly compromised.
	Patients waiting over 12 hours in A&E
	The number of discharges is insufficient to create capacity for the expected emergency and elective capacity despite escalation
	INABILITY TO DE-ESCALATE FROM HIGH RISK (AMBER) AFTER 24 HOUR PERIOD
Objective	Avoid deterioration to Condition Black
	De-escalate to Condition Amber within 48 hours
	Act to ensure patient safety
Actions Required	Site Communicator to notify wards and department leads of escalation level and request that:
	All Departmental Responders to report to Site Control Centre
	Utilise day-case unit to promote rapid treatment for patients in A&E waiting for intervention prior to discharge and
	Radiology to allocate A&E liaison role to staff to promote rapid access to imaging
	Physiotherapy to allocate A&E liaison role to staff to promote rapid access to assessment
	Contact patients scheduled for routine procedures tomorrow and offer an alternative date if they choose
	Cancel routine outpatients if clinical resource can be appropriately redirected.
	Chief Executive/Executive On Call to be notified.
	Consultants to provide second ward rounds.
	Site Clinical Lead to cascade to consultants
	Monitor discharges and admissions to assess improvement of deterioration
	Communicate with community teams and local authority services to promote discharge.
	Facilitate consultant review of A&E patients prior to commencement of clinics/lists.
	Consider requesting divert only in all routine electives have been cancelled and other internal measures are in place and review every 2 hours.
	Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of: • Open surge capacity in minors/MDU, if not already open • Provision of additional surge capacity through additional bed allocation to wards • Surging into the Day Surgery Unit if escalation to level 4 is otherwise unavoidable • Cancel routine electives • Identify patients where packages of care are unchanged and ensure they can be immediately reinstated. • Identify interim placements for medically fit (patient choice)

EMERGENCY PRESSURES & ESCALATION POLICY

HYWEL DDA UNIVERSITY HEALTH BOARD

Site Condition	Black
Risk Range	25; Significant risks to patient safety which are likely to result in harm to patients. Immediate and extraordinary action required
Status	Service unable to cope with presenting demand with no immediate ability to improve.
	The Chief Executive MUST notify Welsh Government before declaration.
Objective	Ensure patient safety
	De-escalate to Condition Red as soon as possible
Actions Required	Site Communicator to notify wards and department leads of escalation level and request that:
	All Departmental Responders to report to Site Control Centre
	Site General Manager, Site Lead Nurse and Site Clinical Lead will take control of the site until directed otherwise.
	At this point, the actions set out in the Major Incident Plan for the site will be considered as a guide for action depending upon the presenting circumstances, but the following actions are to be implemented with immediate effect:
	• Cancellation of all elective inpatient and outpatient care with immediate effect and for the next 24 hours.
	• Clearance of the Day Surgery Unit to accept patients from the Clinical Decisions Unit
	• Mental Health A&E Room to be used if no other options.
	• Cancellation of all training and meetings on site for the next 24 hours
	• Radiographer to be assigned to A&E to facilitate diagnostic flow
	• Speech and Language Therapist, Occupational Therapist and Physiotherapist to be assigned to A&E (or alternative location as required) to facilitate assessment and discharge
	• Pharmacist to be assigned to A&E to facilitate timely drug reviews and TTOs
	• Additional nursing and clinical staff to be called in to support the site.

EMERGENCY PRESSURES & ESCALATION POLICY