

Shropshire Community Health NHS Trust – Winter 2018/19 Escalation plan

Escalation Level 1	Business as Normal	<ul style="list-style-type: none"> • Capacity and resources meet current demand • Acute bed capacity <85% • Patient care environment optimal • No clinical risks
OBJECTIVE: Health and social care system operating within normal business practice and monitoring demand and capacity flows.		
ESCALATION LEVEL 2	Moderate pressure on Acute Beds	<ul style="list-style-type: none"> • Capacity and/or resources not meeting current demand. • Acute bed capacity 95%+ • Patient care environment not optimal in some places • Some clinical risks
OBJECTIVE: Managers and clinicians agree actions to Increase capacity and flow to return to normal working and prevent escalation to level 3.		
SaTH	ShropCom	Shropshire Council
•	• Maintain continuity of ED clinical presence, admission avoidance & Clinical Capacity Mangement.	•
Telford Council	RJAH	Powys
•	•	•
MPFT	WMAS	CCG
•	•	•
ESCALATION LEVEL 3	Severe pressure on acute beds	<ul style="list-style-type: none"> • Capacity and/or resources not meeting current demand • No flow potential or anticipated • Acute Bed capacity 100% • Patient care environment not optimal in many areas • Clinical safety being compromised
OBJECTIVE: Senior Managers and Consultants agree actions required to Increase capacity and flow to ensure patient care environment optimal and safe.		
SaTH	ShropCom	Shropshire Council

•	<ul style="list-style-type: none"> • Target Shropcom clinical resources against SaTH requirements. • Flex community hospital admission criteria for medically stable, pathway 3 and end of life • Provide additional resources to PRH and RSH ED • Redeploy care home assessors to assess criteria for community hospital and community based care. • Accept additional referrals from WMAS. 	•
Telford Council	RJAH	Powys
•	•	•
MPFT	WMAS	CCG
•	•	•
ESCALATION LEVEL 4	Extreme pressure on acute and community beds. (System Full)	<ul style="list-style-type: none"> • Capacity and/or resources not meeting current demand • No flow anticipated for next 24 to 48hrs • System bed capacity >100% • Patient's safety and clinical risk compromised in many in-patient areas areas.
OBJECTIVE: Executive Directors and Medical Directors agree extraordinary interventions and actions to increase bed capacity and review access to health care required to accommodate patients and collectively accept risks associated with those actions and interventions.		
SaTH	ShropCom	Shropshire Council
•	<ul style="list-style-type: none"> • Release clinical staff from OP/clinics to support district nursing eg diabetes nurses. • Release IPC nurses to support Community Hospital staff. • Consider closure of MIU and redeploy ANPs to EDs for admission avoidance. • Case by case review of acute simple IV patients for Community Hospital admission • Deploy Shropcom bank HCAs to support gaps in domiciliary care provision. • 	•

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