Mid Essex Hospital Services NHS Trust

Clinical Operations Service (Bed Management) COP	Clinical Operational Policy Register No: 10006 Status: Public

Developed in response to:	Service Needs
Contributes to CQC Outcome	4

Consulted With	Individual/Body	Date
Helen Ali and Clinical Operations/ Site Team	Lead Nurse Clinical Operations	November 2014
Cathy Geddes	Director of Nursing	November 2014
James Day	Trust Board Secretary	November 2014
Professionally Approved By	Alison Pirfo Deputy Chief Operating Officer	November 2014

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Author/Contact for Information	Helen Ali – Lead Nurse – Clinical Operations
Policy to be followed by (target staff)	All Staff
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Related Trust Policies (to be read in conjunction with)	Infection Prevention, Mandatory Training, Manual Handling, Fire Safety, IT, Patient Safety, Record Keeping, Patient Transfer policy Ambulance Tripartite handover policy, Mid Essex Surge Plan, Emergency department escalation protocol

Document Review History

Version No	Authored/Reviewed by	Active Date
1.0	Margaret Blackett	12th January 2010
2.0	Helen Ali	13th November 2014
2.1	Mags Farley - Update to contingency arrangements	21st June 2016
2.4	Helen Ali - Extension agreed to June 2018	5th February 2018

Index

1. Purpose

1.1 The Aim of the Policy is to provide information with regards to how the service will operate. The document will describe the services provided by the Clinical Site Team, and key working relationships within MEHT.

2. Aims of the Service

2.1 Mid Essex Hospitals NHS Trust have patient safety as a Key priority and will be maintained at all times. The Clinical Site team is dedicated to promoting a positive safety culture throughout the trust. The Clinical Site team will ensure that patients are admitted in a timely manner to the most appropriate clinical area, leading to the reduction in patient transfers between wards.

2.2 The clinical site management team provides senior nursing support, professional leadership and advice to all clinical areas within the trust 24 hours a day 7 days a week.

2.3 Key Objectives:

- To maintain patient flow.
- To be the single point of access between wards, clinical areas and departments across the whole organisation.
- To escalate any major concerns to senior managers in the out of hours period in a timely manner.
- To maintain the safety of the trust.
- To hold the Trigger Response Bleep out of hours.
- To liaise with both internal and external agencies.
- To maintain availability of a specialist bed in each area for Stroke, Gynaecology, ENT, Plastics and Vascular for emergency admissions.

2.4 Daily Operational Meetings

2.4.1 Daily Operational meetings will take place at 09:00, 12MD and 15:00
All staff must understand the importance of providing timely bed availability information to the clinical site team.

2.4.2 The clinical site manager on duty will provide an over view of the site activity and will inform all relevant staff of any changes to the daily operational meetings/times/venue.

2.4.3 The Team will facilitate efficient and effective flow throughout the trust to ensure the most efficient use of beds within Mid Essex Hospitals Trust. Whilst balancing both the elective and emergency demand.

3. Scope of the Service

3.1 The Clinical Site Team are responsible for ensuring that the hospital is able to accommodate:

- Emergency admissions.
- Elective admissions.
- Essential transfers into and out of MEHT.

- The Safe outlying of medically stable patients due to capacity issues.

3.2 The trust operates a Site Management policy which states that;

- The Lead Nurse for Clinical Operations has the delegated authority for implementation of the policy.
- Patients should only be placed in an area that is adequately staff with nursing and medical cover, and has the necessary clinical equipment to manage the presenting condition.
- Patients will be placed in same sex bay areas, except for HDU / ITU.
- Following the first assessment and initial move, patients should only be moved subsequently due to clinical needs.
- Full compliance will be maintained with Infection Prevention Policies.
- All incidents of non-compliance to the bed policy should be recorded on a Trust Incident Form (Datix).
- The Site Management policy will be used in conjunction with other operational policies that are likely to impact upon capacity utilisation i.e. Winter Planning / Major Incidents/ Mid Essex Surge Plan.

4. Work Flows

4.1 The Site Management function is the hub of all inpatient movements into, within and out of the hospital.

4.2 It is the central contact point for all support functions attached to inpatients, e.g. Transport.

4.3 The team are the liaison point for issues relating to delays in patient discharges.

4.4 The team are the central focus for disseminating key information relating to changes in service i.e. ward closures due to infection.

4.5 The Trust aims to ensure that patients receive care in the right place at the right time. The failure to declare vacant beds in a timely manner impacts negatively upon patient care and experience. Clinical areas must inform the Site management Team immediately it is known that a decision to discharge or transfer a patient is made.

4.6 **Patient Transfer Guidelines**

4.6.1 Ideally all patients should receive their on-going treatment in the appropriate specialist ward. However occasionally, due to the pressure of admissions in a particular speciality, it may be necessary to admit or transfer patients to an outlying ward within another speciality.

4.6.2 The following patients are the most suitable to be transferred.

- A patient with an established plan of care, who can be safely managed in a non-specialised area
- A patient who has a discharge plan

4.6.3 In circumstances where there are no patients who meet the above criteria, medical and nursing teams are responsible for the patient, and must identify the most medically stable patient for transfer. This must be documented in the patient's notes

by either the Registrar or Consultant. See Appendix A for Outlying Wards and also refer to the Adult Patient Transfer Policy.

5.   Key Relationships

5.1   Key Operational Requirements

5.2   Key Relationship with other Departments includes:

- All departments relating directly or indirectly to patient care
- All Medical staff
- Ward Managers
- A&E
- Medical HDU/ITU
- Transport Services
- Social Care
- Discharge Team
- Lead Nurses
- Heads of Nursing
- Ambulance trust
- Primary Care Trust
- Other NHS units

5.3   Security Requirements

5.3.1 Data security
- The service will be delivered in accordance with and compliance to the Trust's IT Policies.
- Data sharing agreements will be drawn up to cover all data sharing outside the Trust in accordance with the Trust data sharing policy.
- Hospital information/patient data will only be downloaded onto devices provided by the Trust which are encrypted.
- Databases will be registered on the Trust database of databases.
- A data mapping form will be completed for all routine data flows leaving the Trust.
- Patient identifiable information will only be sent out of the Trust from an nhs.net account or other secure route (never from an nhs.uk account).

5.3.2 Security for Patients

- This service is not directly accessed by patients. In the event that a patient should directly access the service it will be delivered in accordance with and compliance to the Trust's Patient Safety Policies.

5.3.3 Security for Staff

- The service will be delivered in accordance with and compliance to the Trust's Lone Worker and Security/Risk Management Policies.

5.3.4 Medical Records Security

- Medical records are not routinely managed by this service. In the event that medical records are handled they will be managed confidentially at all times and stored securely in locked office.
- All movement of patient records will be accurately tracked in accordance with the Trust's Case note Tracking Policy.
- All new documentation will be secured into the folder prior to it leaving the department.

5.4 ICT Requirements

- PC's with office based software.
- PAS.
- Pager Service for all
- Staff.
- EXTRAMED.
- East of England Ambulance Service inbound screen.
- East of England CAMS Screen.
- Site Management bed board screen.
- Encrypted memory stick.
- Symphony.
- GP Direct.

6. Staffing

6.1 Staffing Profile

BAND		FUNDED
Matron	8a	1.00 WTE
Clinical site practitioner	7	9.44 WTE
Senior Clinical OPS Manager	8b	1.00 WTE
Patient Flow Coordinators	3	2.00 WTE

6.2 Training and Education

- All staff within the Site Management Team will comply with the Trust Mandatory Training Programme, and NHSLA requirements.
- In addition the Clinical Staff will maintain their own requirements for continuous professional development.
- Registered Nurses: Will be able to demonstrate continuous professional development in line with NMC requirements.
- All staff will be required to undertake Site Management and Trigger response Competencies.
- All Staff Will be required to undertake ALS Training.

7. Contingency

7.1 The contingency plans for increased capacity are:

- Writtle ward winter contingency.
- D.SU
- Mayflower ward up to 16 patients.
- 2 Triage rooms EAU

7.2 Any increase in capacity needs to be approved either by the Chief Operating officer in hours and the executive on call out of hours.

8. Breaches of this Operational Policy

8.1 In the event of any of the procedures outlined in this policy not being adhered to, that leads to patient harm, then a risk event form (datix) must be completed.

9. Audit

9.1 All risk event forms and complaints that relate to bed management will be analysed on a monthly basis to identify any themed issues that the Trust needs to address and the results will be routinely reported to the Chief Operating Officer..

10. Responsibilities

10.1 The Matron, for the Clinical site team is responsible for the day to day   running of the service. The Head of Nursing is accountable for the Site Management Team. All clinical staff working in the Department are accountable for their practice under their Professional Code of Conduct, within their competencies as identified in their job description.

10.2 Financial accountability lies with the Site Management lead.

11. References

11.1 All Trust policies as identified in this policy document.

Appendix A

Management of outlying patients within MEHT

1. The Clinical Site Team will consider the patient dependency and staffing levels & skills on each outlying ward and in conjunction with the Nurse in Charge ensure that patients are placed into an appropriate available bed.

Current outlying wards
Plastics

2. **Stock Ward** can admit both medical/surgical/Orthopaedic patients who do not require acute monitoring. Exclude: cardiac, acute respiratory patients or any acute surgical patients requiring specialist input. Ward dependency should be taken into account before any patient is moved.

3. **Billericay Ward** can admit both medical/surgical Orthopaedic patients who do not require acute monitoring exclusion criteria cardiac or acute respiratory patients and any acute surgical patients requiring specialist input. Ward dependency should be taken into account before any patient is moved

4. **Mayflower Ward** should only admit Plastic or ENT outliers. Only in extreme capacity issues should medical patients be outlied following discussion with ACN. No high risk or acute patients are to be sent to this ward. Ward dependency should be taken into account before any patient is moved.

Orthopaedics

5. **John Ray Ward** is an elective orthopaedic admissions ward, no outliers under any circumstances.

6. **Notley Ward**

   Notley Ward can admit:
   - medical patients that are medically stable
   - surgical patients
   - patients with open wounds if nursed in a side room
   - patients transferred from residential or nursing homes if nursed in a side room

   Notley Ward will not admit:
   - acute outlying admissions
   - medically unstable patients
   - any patient with an open wound that can't be placed in a side room as there is not one available
   - where the dependency level on the ward generally is at a level which would indicate that for the staffing level available, the placement would be a risk

7. **Lister Ward** is the Orthopaedic Rehabilitation ward

   No Medical or Surgical outliers unless this has been agreed with both orthopaedic / medical/surgical consultants.

8.   Medicine

ESS Ward can take both medical and surgical patients. Exclusion Criteria: patients who are at high Risk of fall or have acute surgical problems such as Pancreatitis, Bowel obstruction or, patients who require admission for longer than 72 hours.

Stroke Ward can admit medical outliers. No acute cardiac /respiratory patients. Ward dependency should be taken into account before any patient is moved.

DSU can only admit surgical low risk patients and who are not at risk of falls and have a length of stay 24-48 hours.

HDU can admit both medical and surgical patients.

9.   Gosfield Ward (Gynaecology)

This ward can only take low risk female surgical patients

This ward must not take:

- Pregnancy Gestation 16 + 6 days gestation. 17.0 weeks to be accepted by DAU
- Patients that are at a high risk of falls
- Male patients
- No patients to be admitted to the side rooms requiring Isolation (side rooms needed for women who are having Miscarriages or Medical TOP)
- Patient that have a history of mental health issues that could potentially pose a threat to themselves, others or pregnant ladies.
- Patients that are potentially at risk of significant deterioration that require a monitoring bed (for example, DKA MI or NEWS score already being escalated).
- Patients who are being stepped down from another ward must have a clear plan for discharge, especially if patient is a complex discharge
- Patients whom EDD have predicted a stay of less than 72 hours
- Low Risk Medical patients can only be placed on Gosfield with Exec Approval.

10.   Other

All patients who require Tracheostomy care can only be placed on HDU, Stroke Unit, Felsted, Billericay or Stock.

All patients who require NIV (Non-invasive ventilation) can only be placed on Felstead/ HDU/ ITU.

11.   Approval Process

At all bed meetings all nursing leads are asked if there are any concerns with outliers and have all outliers have been reviewed on a daily basis.

All Medical outliers are approved as being fit to outlie to a Medical Ward by the Site team with either a medical registrar or consultant. This should also be documented within patient's case notes.

All patients who cannot be placed on their correct ward for their condition must be approved as "fit to outlie" to an alternative ward by the Site team with either a registrar or consultant. This should also be documented within patient's case notes.

12.   **Ward Buddy System** with Medical Teams

Patients who need to be outliers should first be considered for placement on their buddy ward because the medical teams will most accurately fit with their condition

- Rayne ward by Renal team
- Heybridge ward by Gastro team
- Gosfield ward by ESS team
- Notley ward by Braxted team
- Stock ward by SJ/ML – from respiratory team
- Billericay by KLH/DC

Mayflower Ward has no buddy and will remain under the care of the admitting team.

Corresponding teams to do a daily ward round in the medical outlier wards.

It is expected that POD should do post take round in the outlier wards then handover patients to the corresponding designated team.

Only stable patients can be moved to outlier wards from EAU and **no direct admissions from A&E to these wards without a senior medical review (Registrar and above).**