

SYSTEM PRESSURES ESCALATION PLAN

Western Isles NHS Board has a single hospital facility on each of its main three islands.

1. Western Isles Hospital serving the population of Lewis and Harris (21574)
2. Uist and Barra Hospital serving the population of North Uist, Benbecula and South Uist (4846)
3. St. Brendan’s Hospital serving the population of Barra and Vatersay (1264)

[Island Populations \(cne-siar.gov.uk\)](http://cne-siar.gov.uk)

Conventional inter island hospital transfer between these hospitals as can occur in many mainland Board areas is not readily possible with very significant road, ferry and air transfer alongside clinical prioritisation and deployment of assets available.

Measures must be agreed and in place to keep these hospitals independently operationally viable as far as possible.

In addition, clear contingency arrangements must always be agreed and in place, when this is not possible having actioned all measures to mitigate and or remove system pressures.

The key drivers for the level of demand/pressure on the health system are:

Patient demand	Social Care Escalation Plan
Admission to hospital	Interim placements ↔ Consent
Staff availability	Capacity and capability of multi-agency
Delayed discharges	immediate community response
IPC requirements	
Technical issues	
Environmental issues	

This plan focuses on the system pressures for our three hospital sites:

	Island served
Western Isles Hospital (W.I.H)	Lewis & Harris
Uist and Barra Hospital (U&B.H)	Uist
St. Brendan’s Hospital (StB)	Barra & Vatersay

Bed Compliments

<i>BED ESCALATION BRAG STATUS</i>	CORE ACUTE BEDS	Contingency Beds/Trolleys	Total Available	BAU	AMBER	RED	BLACK
Med 1	8	5	13				
Med 2	22	7	29				
Surgical	18	6	24				
Erisort		5	5				
AAU		5	5				
Day Surgery		4	4				
HDU		2	2				
Maternity		2	2				
WIH	48	36	84	50	>50	>65	>80
OUAB	16	4	20	16	>16	>18	
St Brendans	3	2	5	3	4	5	
NHS WI	67	42	109				

Notes:

1. WIH - BAU (50) includes 48 core staffed bed (M1,M2 & Surgical) and 2 contingency.
2. Erisort respiratory beds (17) not in BAU - 5 beds in contingency.
3. AAU trolleys/bed (5) not in BAU - 5 in contingency.
4. Day surgery Trolleys (14) not in BAU - 4 in contingency.
5. HDU beds (4) not in BAU - 2 beds in contingency.
6. Maternity beds (6) not in BAU - 2 in contingency.
7. Paediatric beds (3) not included in BAU or contingency.
8. APU beds (5) not included in BAU or contingency,
9. Black status for WIH only.

GREEN

Green status reflects a business as usual clinical demand, part of which includes:

- Regular Consultant/GP review of all patients is in place
- All patients have an E.D.D
- Discharges are pro-actively managed and planned for by the MDT
- All discharge assessments should be expedited at the earliest opportunity
- Delayed discharges (D/D) should be formally reviewed on a weekly basis with a contemporary record of all action kept

- All current guidance should be followed leading to appropriate and safe discharge without delay
- Effective liaison and care with S.A.S, Hospital at Home Team, Community Nursing, Social Services, Care Homes and other agencies pre transfer/admission where appropriate.

No additional resilience actions are stood up in green status.

The bed availability, and general level of demand is reviewed twice daily at handover/huddle.

AMBER

On reaching amber status the following additional actions are immediate:

- Review any respite that can be re-jigged.
- Ascertain all planned discharges within next 12, 24 and 48 hours
- Ascertain all planned elective admissions within the next 12, 34 and 48 hours
- All discharges planned within the next 48 hour period formally reviewed by the MDT with a view to early safe discharge
- Inform E/D, Out of Hours (OOH), Consultant staff, General Practice (GP), Scottish Ambulance Service (SAS) Out of Hours 03333990165, Social Work/Care at Home Service, on Call Executive Manager, Nurse and Medical Director
- Availability and immediate access to all further designated contingency beds should be checked
- Ensure daily Scottish Government SITREP accurately reflects situation
- Following assessment including consequential risk(s), ascertain the number of immediate discharges, and expedite
- Do the actions taken achieve green bed state

If 'yes' no further action is required

GREEN

If 'no'

AMBER

- Ensure all MDTs assess and prioritise all identified elective care admissions identifying USC and Urgent cases
- Ascertain unscheduled care admission numbers and case mix for past two weeks identifying any trends or useful indicators
- Ensure the ongoing MDT assessment of potential early discharge
- Active review of potential Respite bed availability
- Assess assurance of further contingency beds and associated staffing
- Ensure daily Scottish Government SITREP accurately reflects situation
- Escalate to CEO – stand up/call Pandemic/Winter Resilience Group (PWRG)

- CEO, following comprehensive assessment will authorise the postponement of all/selective non-urgent elective admissions
- Ensure pro-active internal and external Communications to coincide with
- Review all delayed discharges awaiting Care Home placement for interim placement
- Do the actions taken achieve likely maintenance of Amber state
If 'yes' continue with ongoing realtime assessment **AMBER**
If 'no'
- Pandemic/Winter Resilience Group will meet daily or as required to oversee, coordinate and provide leadership to the ongoing MDT and organisational response
- All actions within Green and Amber continue on a daily basis
- Issues, challenges and risk appetite issues are referred to PWRG
- Urgent review of delayed discharges to assess potential for mainland interim Care Home placement. Ascertain/review interim placements available
- Request CnES Social Care cancel all Care Home respite provision's
- All potential hospital admissions undergo speciality specific Consultant triage
- Ongoing workforce assessment – availability support and well being

RED

- Immediate notification to S.A.S Out of Hours 03333990165, GP, OOH, ED, and Scottish Government Unscheduled Care, all Consultant medical staff, NHS Board, Health and Social Care Partnership (H&SCP).
- All remaining contingency beds in place, and operational
- Expedite mainland interim placement for those D/D assessed as appropriate
- Assess availability of 'patient hotel' type accommodation with HCSW/Carer supervision for low risk, mobile, stable potential discharges – Expedite
- All actions with green and Amber continue
- Immediate internal and external communications
- Escalate and begin discussions regarding acute hospital transfers with Scottish Government Unscheduled Care/Resilience, S.A.S, and NHSWI Medical Director
- Direct contact with Calmac operations regarding likely ambulance ferry transfers
- Direct contact with Stornoway airport regarding likely air ambulance transfers
- Identify patients for potential transfer. Urgent unplanned retrievals continue in BAU
- Ongoing assessment of all staff availability and well being
- CEO to alert NHSS CE and C.O.O
- Does system pressure reduce remaining in Red or Amber
If 'yes' continue with all actions within Green, Amber and if Red status remain

BLACK

- Highly probable that the W.I.H is going to be unable to function safely and effectively in relation to being able to safely accept further unexpected admissions within the next 24 hour period.

- Engage with Scottish Government Unscheduled Care/Resilience immediately. In liaison with Scottish Government declare Major Incident
- Immediate internal and external communications in liaison with Scottish Government communications
- Request Calmac to action emergency ambulance transfer capacity
- Control room operational 24/7

NHS Western Isles Bed Escalation (BRAG) Status

	Core Beds	Contingency	Totals	BAU	AMBER	RED	BLACK
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