East Lancashire Hospitals NHS Trust

ELHT Escalation Action Chart – Mental Health Patients

Mental Health Patient in ED/UCC **INFORMAL ADMISSION**

Patient arrives in ED/UCC and is triaged by ED/UCC triage staff. If a mental health need is identified a risk assessment will be undertaken (MH Risk Assessment Tool)	**Responsibility** ED/UCC Triage staff
ED/UCC staff will Refer to MHLT via EPTS once the patient is capable of being assessed	**Responsibility** ED/UCC staff
The ED/UCC Co-ordinator will institute immediate risk management measures – location of care, Operational Policy for MH patients in ED/UCC, involvement of security, frequency of observation.	**Responsibility** ED/UCC Co-ordinator
The Mental Health Liaison team (MHLT) will assess the patient and formulate a plan including a joint risk assessment (LCFT/ELHT) to identify the safest environment for the patient. **This must be recorded in the patient notes.** Band 3 in reach mobilised as required (as per shared care protocol). If MH bed needed the Bed Hub at the Harbour will be notified stating the urgency of admission from ED needing to be a factor in prioritisation of bed allocation.	**Responsibility** Mental Health LT
If a MH bed is required and the admission is voluntary the decision to admit time is when the Mental Health Liaison Team practitioner confirms with the Consultant Psychiatrist on duty. (Please ensure this is recorded in the notes section on EPTS)	**Responsibility** ED/UCC Co-ordinator
ED/UCC Co-ordinator to bleep ELHT Clinical Site manager on [redacted] to notify them of DTA (Please ensure this is recorded in the notes section on EPTS)	**Responsibility** ED/UCC Co-ordinator
Contact to be made with Mental Health Hub on [redacted] to establish point of contact and estimated length of wait for a bed.	**Responsibility** ELHT Clinical Site Manager
If there is an expected delay greater than 3 hours from decision to admit, then liaison with the MHLT Manager or Deputy (in hours) on [redacted] or LCFT Duty Matron/Manager OOH (Contact via the Hub [redacted]) is to be instigated.	**Responsibility** ELHT Clinical Site Manager
The Risk Assessment and Shared Care Plan for the patient must be completed, including intensity and frequency of observation required.* A discussion with the Crisis Response Health Team Consultant or OOH responsible Consultant. The plan must be documented in both ELHT notes and electronic record (EPTS).	**Responsibility** Mental Health LT
In all cases in which a patient is transferred out of ED/UCC (e.g. to AMU) then an ED/UCC clinician will perform a physical assessment to identify any potential physical needs of the patient, prior to their transfer to an ELHT inpatient area.	**Responsibility** ED/UCC Clinician

All escalation actions to be recorded in the patient notes on EPTS and ELHT Clinical Site Manager On Call Log- Please remember to record patient RXR

East Lancashire Hospitals NHS
NHS Trust

MH patient requiring admission – **delay >3 hrs from decision to admit**

Review risk plan in conjunction with ELHT Clinical Site Manager/Lead Matron. Assessment should include both location and nature of ongoing care whilst on acute site.	**Responsibility** Mental Health LT/ ELHT Clinical Site Manager
ELHT Clinical Site Manager to contact MHLT Manager on [redacted]. In their absence there will be a nominated person covering. OOH- ELHT CSM to contact LCFT SMOC via the MH hub on [redacted]	**Responsibility** ELHT Clinical Site Manager
**** If it is likely that no clear plan can be put in place, or the plan is likely to result in a 12 hour breach, ELHT CSM to escalate to ELHT Director Level for a Director to Director discussion between both organisations.***	**Responsibility** ELHT Clinical Site Manager

MH patient requiring admission – **delay > 6 hours from decision to admit**

If not already done – consider moving the patient from ED/UCC if clinically appropriate.	**Responsibility** ELHT Clinical Site Manager ED/UCC Consultant
ELHT Clinical Site Manager to inform ELHT Director of Operations and Deputy Director of Operations (Patient Flow) in Hours and ELHT Director on Call Out of Hours to inform 6hrs	**Responsibility** ELHT Clinical Site Manager
Clinical Site Manager to continue to liaise with MHLT Manager or Deputy (in hours) [redacted] or LCFT Duty Matron/Manager OOH Contact via the Hub [redacted] is to be instigated. OOH- ELHT Director on Call to inform LCFT Director on Call at 6 hrs post DTA (contact details of LCFT Director on Call available via ELHT Clinical Site Manager).	**Responsibility** ELHT Clinical Site Manager
Consider further assessment by Consultant Psychiatrist	**Responsibility** Mental Health LT
IR1 to be completed and sent to General Manager, Acute & Emergency Medicine	**Responsibility** ELHT Clinical Site Manager
Maintain Director to Director communication on an agreed basis until the situation is resolved. In hours ELHT CSM to escalate to ELHT Director of Operations and Deputy Director of Operations (Patient Flow) at 6hrs from decision to admit for information.	**Responsibility** ELHT Director/ ELHT Clinical Site manager

MH patient requiring admission – **delay > 8 hours from decision to admit**

ELHT Clinical Site Manager to inform Pennine Lancashire CCGs on call Senior Manager (As per the '12 Hour Breaches of the A&E waiting times standard' (north)) and notify the Director of Operation and Deputy Director of Operations (Patient Flow) in hours. Out of hours notify the Director of Operations and Deputy Director of Operations (Patient Flow) via email. CCG Number in hours [redacted] Out of hours CCG SMOC is contactable through ELHT switch board	**Responsibility** ELHT Clinical Site Manager

Useful Contact Numbers :

Mental Health Bed Hub– [redacted].
Duty Matron, Mental Health LCFT – [redacted].
Mental Health Lead in hours – [redacted].
Senior Manager and Director on Call LCFT via Blackpool Victoria switchboard - #[redacted].
CCG Senior Manager in Hours – [redacted] – (Out of hours via ELHT switchboard).
MHLT Manager in hours [redacted].
SMOC OOH – liaise with LCFT lead via the Hub [redacted]
Director on Call LCFT – contact number via ELHT Clinical Site Manager

12hr MH Breach suspected – follow the flow chart attached.

All escalation Actions to be recorded in the patient notes on EPTS and

ELHT Clinical Site Manger On Call Log- Please remember to record patient RXR

East Lancashire Hospitals NHS Trust

ELHT Escalation Action Chart – Mental Health Patients

Mental Health Patient in ED/UCC **FORMAL ADMISSION**

Patient arrives in ED/UCC and is triaged by ED/UCC triage staff. If a mental health need is identified a risk assessment will be undertaken (MH Risk Assessment Tool)	**Responsibility** ED/UCC Triage staff
ED/UCC staff will Refer to MHLT Via EPTS once the patient is capable of being assessed	**Responsibility** ED/UCC staff
The ED Co-ordinator will institute immediate risk management measures – location of care, Operational Policy for MH patients in ED/UCC, involvement of security, frequency of observation.	**Responsibility** ED/UCC Co-ordinator
The Mental Health Liaison team will assess the patient and formulate a plan including a joint risk assessment (LCFT/ELHT) to identify the safest environment for the patient. **This must be recorded in the patient notes.** Band 3 in reach mobilised as required (as per shared care protocol).	**Responsibility** Mental Health LT
If a patient, following assessment by the MHLT requires assessment under the Mental Health Act (patient has no capacity or it is felt the patient requires a prolonged period of assessment) the **Decision to Admit** time is when the Mental Health Act (MHA) Assessment is undertaken by the Approved Mental Health Practitioner (AMPH) and the Section 12 approved doctors and admission is required. **This must be documented on the patient notes and on EPTS with a clear Decision to Admit (DTA) time.** Once a bed is sourced the (AMPH) is required to return to the department to complete the MHA and complete the paperwork (which is a legal requirement) to detain the patient to a specific Bed/Unit. **The patient must not leave the department until the final paperwork is completed.**	**Responsibility** ED/UCC Co-ordinator
ED/UCC Co-ordinator to bleep ELHT Clinical Site Manager on [redacted] to notify them of DTA (Please ensure this is recorded in the notes section on EPTS)	**Responsibility** ELHT Clinical Site Manager
Contact to be made with the Mental Health hub to establish point of contact and estimated length of wait for a bed. If difficulty in reaching the hub via telephone, email: [redacted]. If after one hour you still have no reply, please escalate this to the LCFT manager.	**Responsibility** ELHT Clinical Site Manager
If there is an expected delay greater than 3 hours from decision to admit, then liaison with the MHLT Manager or Deputy (in hours) [redacted] or LCFT Duty Matron/Manager OOH Contact via the Hub [redacted] is to be instigated.	**Responsibility** ELHT Clinical Site Manager
The Risk Assessment and Shared Care Plan for the patient must be completed, including intensity and frequency of observation required.* A discussion with the Crisis Response Health Team Consultant or OOH responsible Consultant. The plan must be documented in both ELHT notes and electronic record (EPTS).	**Responsibility** Mental Health LT
In all cases in which a patient is transferred out of ED/UCC (e.g. to AMU) then an ED/UCC clinician will perform a physical assessment to identify any potential physical needs of the patient, prior to their transfer to an ELHT inpatient area.	**Responsibility** ED/UCC Clinician

All escalation Actions to be recorded in the patient notes on EPTS and

ELHT Clinical Site Manger On Call Log- Please remember to record patient RXR

East Lancashire Hospitals NHS
NHS Trust

4hrs > WAIT FOR MHA ASSESSMENT

If a patient has waited 4 hours or more for a MHA Assessment from the time of the request the CCG SMOC must be notified (the CCG SMOC will need to know if the patient is a Blackburn with Darwen or East Lancashire resident). Agreement to be made with the CCG SMOC in relation to on-going communication and escalation in regard to the MHA waiting time.

Responsibility
ELHT Clinical Site Manager

MH patient requiring admission following MHA Assessment – **delay >3 hrs from decision to admit**

Review risk plan in conjunction with ELHT Site Manager/Lead Matron. Assessment should include both location and nature of on-going care whilst on acute site.

Responsibility
Mental Health LT/ ELHT Clinical Site Manager

If there is an expected delay greater than 3 hours from decision to admit, then liaison with the MHLT Manager or Deputy (in hours) [redacted] or LCFT Duty Matron/Manager OOH Contact via the Hub [redacted] is to be instigated.

Responsibility
ELHT Clinical Site Manager

**** If it is likely that no clear plan can be put in place, or the plan is likely to result in a 12 hour breach, escalation to Director level for a Director to Director discussion between both organisations.***

Responsibility
ELHT Clinical Site Manager

MH patient requiring admission – **delay > 6 hours from decision to admit**

If not already done – consider moving the patient from ED/UCC if clinically appropriate.

Responsibility
ELHT Clinical Site Manager/ ED/UCC Consultant

Clinical Site Manager to inform ELHT Director of Operations and Deputy Director of Operations (Patient Flow) in Hours and ELHT Director on Call Out of Hours.

Responsibility
ELHT Clinical Site Manager

Clincal Site Manager to continue to liaise with MHLT Manager or Deputy (in hours) [redacted] or LCFT Duty Matron/Manager OOH Contact via the Hub [redacted] is to be instigated.
OOH - ELHT Director on Call to inform LCFT Director on Call at 6 hrs post DTA (contact details of LCFT Director on Call available via ELHT Clinical Site Manager).

Responsibility
ELHT Clinical Site Manager

Consider further assessment by Consultant Psychiatrist

Responsibility
Mental Health LT

IR1 to be completed and sent to General Manager, Acute & Emergency Medicine

Responsibility
ELHT Clinical Site Manager

Maintain Director to Director communication on an agreed basis until the situation is resolved. In hours escalate to ELHT Director of Operations and Deputy Director of Operations (Patient Flow) at 6hrs from decision to admit for information.

Responsibility
ELHT Site Director/ On Call Director

East Lancashire Hospitals NHS Trust

MH patient requiring admission – **delay > 8 hours from decision to admit**

ELHT Clinical Site Manager to inform Pennine Lancashire CCGs on call Senior Manager (As per the '12 Hour Breaches of the A&E waiting times standard' (north)) and notify the Director and Deputy Director of Operations in hours. Out of hours notify the Director of Operations and Deputy Director of Operations (Patient Flow) via email.

CCG Number in hours [redacted]

Out of hours CCG SMOC is contactable through ELHT switch board

Responsibility
ELHT Clinical Site Manager

Useful Contact Numbers:

Mental Health Bed Hub– [redacted].
Duty Matron, Mental Health LCFT – [redacted].
Mental Health Lead in hours – [redacted].
Senior Manager and Director on Call LCFT via Blackpool Victoria switchboard - #[redacted].
CCG Senior Manager in Hours – [redacted] – (Out of hours via ELHT switchboard).
MHLT manager in hours [redacted].
SMOC OOH – liaise with LCFT lead via the Hub [redacted]
Director on Call LCFT - #[redacted]

12hr MH Breach suspected – Follow the flow chart attached.

All Escalation Actions to be recorded in the patient notes on EPTS and

ELHT Clinical Site Manger On Call Log - Please remember to record patient RXR

East Lancashire Hospitals NHS Trust

12 hour breach of the A&E Standard Internal Reporting Framework-

East Lancashire Hospital Turst

Escalation Action Card followed and 12 hour breach suspected. Pennine Lancashire CCG notified as part of Escalation both in and out of hours.

If a 12hr breach is suspected the Clinical Site Manager (CSM) to inform Director of Operations, Deputy Director of Operations – Patient Flow and CCG. Out of Hours CSM to contact ELHT SMOC via email. Director on Call to notify CCG SMOC, Director of Operations, and Deputy Director of Operations – Patient Flow via email. (Director of Operations will notify Chief Executive).

↓

CSM to notify ED Operational Team via email [redacted] and complete an IR1.

Patient notes/EPTS reviewed by ED Operational Team with Clinical Support, within 1 working day

Breach Confirmed & Validated

Director of Operations, Deputy Director of Operations – Patient Flow & ICG, PL CCG, ELHT Quality Team, Information Dept, and LCFT Operational Team notified by the ED/Acute Med Operational Team via email.

↓

IR1 completed by Clinical Flow Team

↓

Rapid Review completed by ED Operational Team. Teleconference held with stakeholders. ELHT Informatics check validation directly with ED/Acute Med Operational Team spreadsheet.

Not a Breach

Rationale documented by ED Operational Team. Director of Operations, Deputy Director of Operations – Patient Flow, PL CCG AND Clinical site Managers notified by ED/Acute Med Operational Team via email