**Patient Flow Escalation Framework**

The table below summarises the minimum patient escalation actions to be taken in-hours by the Patient Flow Bed Manager or Clinical Service Manager in the following circumstances, noting that some incidents may require a combination of escalations, for example an OOA patient under the age of 18 in the section 136 suite requiring admission with no bed available. Escalations may be expedited more quickly if appropriate. Patients should also be signposted to the relevant advocacy services by the professionals caring for the patient.

| **Issue** | **Escalation within Patient Flow (Head of Patient Flow)** | **Escalation within Care Group (CGD, AMD, AND)** | **Escalation within Central Ops (COO / Deputy COO)** | **Escalation across RDaSH (Nursing and Quality and Medical Directorate)** | **Mental Health Act Office** | **Escalation with place partner organisations (ICB / LA)** | **Escalation with system partner organisations (SYB or HNY)** | **Escalation to NHSE/I (ICS lead)** | **Escalation to CQC (Nursing and Quality to action)** |
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| **Out of area patient in RDaSH awaiting assessment in the section 136 suite** | Immediately | If the patient requires admission and a bed is not immediately available with the home provider | If the patient requires admission and a bed is not immediately available with the home provider |  |  | The ICB if the patient requires a bed and the named provider advises they have no bed available | The Bed Management team for the patient’s named ICB is to be notified immediately |  |  |
| **RDaSH Patient detained in the 136 suite and no bed available** | Immediately | Immediately | For approval to admit to 136 suite in lieu of bed being sought | If not transferred out within 48 hours of admission | When a decision is made to admit a patient to the 136 suite |  | Within 24 hours of admission |  |  |
| **Out of area patient admitted to RDaSH bed or detained to 136 suite** | Immediately | Immediately | If patient has not been repatriated within 24 hours  Immediately if a non RDaSH patient has been detained to the 136 suite |  | If a decision has been made to detain the patient to the 136 suite | If the patient is in a bed and has not been repatriated within 24 hours  Immediately if a non RDaSH patient has been detained to the 136 suite and the provider is advising no bed availability | The Bed Management team for the patient’s named ICB is to be notified immediately | If patient has not been repatriated within 48 hours |  |
| **Patient aged under 18 in RDaSH section 136 suite or bed** | Immediately | Immediately | Immediately | MHA office will inform next working day | Immediately via email (from patient flow team) | ICB informed immediately if patient is under 16 (by the patient flow team) |  | Within 48 hours | If patient is admitted to a bed, within 72 hours maximum (by the MHA office) |
| **Inappropriate admission –patient’s primary needs are related to a learning disability, autism or other condition** | Before admission | Before admission | Immediately | If patient is not transferred within 48 hours | MHA Manager for advice around legal frameworks | Immediately | Immediately and twice weekly meetings escalation meetings to be initiated | Immediately and twice weekly meetings escalation meetings to be initiated | If admission lasts for than 72 hours |
| **No bed availability within RDaSH** | Immediately | Immediately | Immediately |  |  | Immediately if no Section 140 provision available | Immediately if no Section 140 provision available |  |  |
| **Section 136 suite closure** | If decision is made to close | Request to close needs care group approval in the first instance | Request to close needs COO / Gold approval |  | Inform if closure is agreed |  | Inform if closure is agreed |  |  |
| **Ward Closure** | If Care Group approve closure, Care Group Senior Leadership Team to contact Head of Patient Flow for impact report | Request to close needs Care Group approval in the first instance | Request to close needs COO/Gold approval | Immediately | Inform if closure is agreed | Inform if closure is agreed | Inform if closure is agreed |  |  |

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| **Patient in A&E requires a mental health bed but no bed available** (RDasH patient or a patient from another Trust) | Immediately  If the patient does not have a GP within the RDaSH ICB this will also be escalated to the relevant Provider Trust by the Patient Flow Team | Immediately | If the patient has been waiting 12 hours and has therefore breached.  An incident report will also be completed by the RDaSH Patient Flow Team | If the patient has been waiting 12 hours and has therefore breached |  | Immediate notification to the ICB via the SCC if the patient is from another Provider Trust outside RDaSH  If the patient is an RDaSH patient and has been waiting 12 hours for a bed |  |  |  |

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| **Person in police custody requires a mental health bed but no bed available** | Immediately | Immediately | Immediately due to the potential for PACE clock 24-hour breach | Immediately due to the potential for PACE clock 24-hour breach |  | Immediate notification to the ICB if the patient is from another Provider Trust outside RDaSH |  |  |  |
| **Patient identified as clinically ready for discharge but delayed** | Immediately | Immediately  To be added to the risk register after 30 days | After 7 days | After 14 days |  | After 14 days | After 7 days | After 30 days | After 30 days |