



Date _____ Time _____ **Alexandra/Worcester** (please circle)

Dynamic Trigger Tool for the escalation of concerns in maintaining Quality and Safety for patients within the emergency departments
 At designated times of the day the lead for the emergency department, nurse in charge, clinical site manager and designated executive director will meet/conference call for the safety huddles at **08:30/1130/1700/2200**

Outcomes from the safety huddle will be reported by the Nurse coordinator prior to the bed meetings into the capacity hub at 9am, 12pm, 4pm and 7pm

The Clinical site manager/ senior manager and Director on call will discuss at the safety huddle the triggers invoked and agree actions required at the designated times. The triggers can be invoked at any time depending upon safety need with escalation for actions.

Trigger areas	Trigger met- (Y or N)	Actions to be CONSIDERED by ED NIC/Lead Clinician if applicable	Summary of action required outstanding
1. Safe staffing – Staffing app complete? Is staffing adequate for workload? Are there gaps on Dr rota?		<ul style="list-style-type: none"> • Are shifts out to agency <input type="checkbox"/> • Escalated to 0903/matron to access staff from other areas <input type="checkbox"/> • ENP/ANP support available <input type="checkbox"/> • Escalate to Bed manager/ On call Manager <input type="checkbox"/> • Escalate to ED Consultant <input type="checkbox"/> • Check staffing elsewhere in the department is safe for the next 24 hours based on current plans <input type="checkbox"/> 	
2. Patients waiting to offload from WMAS >30mins		<ul style="list-style-type: none"> • If triggered implement GRAT process • Identify reasons for delay:- • Are there trollies available? y/n • Are all bed spaces occupied? y/n • Are we streaming to AEC/FAU? y/n • Have WMAS provided HALO support. If not has this been requested y/n • Can alternative areas to off load safely be utilised? y/n • Escalate to Bed Manager/On Call Matron <input type="checkbox"/> • Senior Clinician to assist with rapid assessment/sign posting <input type="checkbox"/> • No concerns about existing patients in ambulance waiting <input type="checkbox"/> 	
3. GRAT process- <ul style="list-style-type: none"> • GRAT required for all patients waiting to be seen to have assessment and triage as condition required to meet current SOP of 1 hour and if staffing identified then 30 min GRAT is required, • Ongoing GRAT assessment to be maintained hourly thereafter (if required) • unless immediate 		<ul style="list-style-type: none"> • Is there an ED nurse allocated to GRAT y/n • All GRATs undertaken as per ED policy <input type="checkbox"/> • If unable to complete GRAT forms as per SOP, inform 0903 and on call Matron / or capacity hub Bleep 300 <input type="checkbox"/> 	

escalation required from initial GRAT or Paramedic escalation at any point			
<p>4. Patient waiting for beds</p> <ul style="list-style-type: none"> • Patients waiting for a bed for more than 6hr • Patients cared for in a Corridor for more than 6hrs • Are there patients on trolleys who require beds within ED • No identified space to undertake clinical assessment and review of patients due to M space full • Inability to carryout care and comfort round every 2 hours 		<ul style="list-style-type: none"> • Escalated at the bed meeting <input type="checkbox"/> • Allocated Nurses completing Care and Comfort assessments and ensuring nutrition and hydration needs are met <input type="checkbox"/> • Appropriate investigation and treatments are completed/given/arranged <input type="checkbox"/> • All patients waiting in the corridor have regular risk assessments in patient notes <input type="checkbox"/> • Any patient at risk of pressure sores being nursed on a bed/ suitable mattress <input type="checkbox"/> • Patients waiting in the corridor have access to a call bell or nurse visible to attend needs <input type="checkbox"/> • Senior Nurse checks completed <input type="checkbox"/> 	
<p>5. Patients waiting for a review by Specialty, >30 - 60mins</p>		<ul style="list-style-type: none"> • Speciality SHO aware of patients waiting <input type="checkbox"/> • Reasons for delay identified? y/n • Escalate to Speciality Registrar and/or Consultant <input type="checkbox"/> • Escalate to bed manager/capacity /Matron on call <input type="checkbox"/> • Allocated nurse to arrange for appropriate investigations- bloods/radiology <input type="checkbox"/> • ED Consultant to be informed <input type="checkbox"/> • Patients have been assessed by ED Clinician and are deemed safe to wait <input type="checkbox"/> • Professional standards in place <input type="checkbox"/> 	
<p>6. Resus full and no safe space to allow a critically ill patient to move out for a predicted imminent arrival or current patient requiring resus room facilities in next 30 minutes</p>		<ul style="list-style-type: none"> • Currently moving those patients requiring level 2 care into an area that can provide needs required <input type="checkbox"/> • Staffing is safe and clinicians are overseeing these patients <input type="checkbox"/> • All NEWS2 observations are undertaken <input type="checkbox"/> • 6° GRAT forms completed <input type="checkbox"/> • Senior Dr to review patients in resus/monitored beds to identify any potential patients to move/step down <input type="checkbox"/> • Escalate to Bed Manager/ED Consultant and Matron <input type="checkbox"/> 	
<p>7. SURGE: Only an issue if the ED senior doc and senior</p>		<ul style="list-style-type: none"> • All escalation actions are underway <input type="checkbox"/> 	

nurse consider that <u>safety</u> has or will be compromised for patients or <u>capacity issues</u> have resulted in inability to receive patients into the department within the next 30 minutes.		<ul style="list-style-type: none"> • Patients are being reviewed and monitored to ensure safety despite pressures within department <input type="checkbox"/> • All staff aware <input type="checkbox"/> • No infection prevention concerns <input type="checkbox"/> 	
8. CAD system oversight- reviewed by coordinator and assessed with the risk that there is an inability to move patients to accommodate surge.		<ul style="list-style-type: none"> • Constantly reviewed by NIC and all actions in place to ensure pre alerted patients receive the care required <input type="checkbox"/> • Co-ordinator and HALO to assess how many ambulances on route <input type="checkbox"/> • Is there space to offload the next ambulance? <input type="checkbox"/> • Escalate to Bed Manager/On Call Manager/Matron on Call <input type="checkbox"/> 	
9. Safety Matrix <ul style="list-style-type: none"> • Trigger if Critical or overwhelmed 		<ul style="list-style-type: none"> • Overwhelmed <input type="checkbox"/> • All escalation pathways are underway <input type="checkbox"/> 	
10. Paediatric triggers- <ul style="list-style-type: none"> • Staffing requirements compliant • 3 cubical full • Acuity and activity high in waiting room as well as trolley area and PAU team not able to receive patients through to PAU. • PAU and ED Paediatric area full and unmet demand in waiting areas. 		<ul style="list-style-type: none"> • Staffing is safe <input type="checkbox"/> • No predicted staffing issues for the next 24 hours <input type="checkbox"/> • Adults in Paediatric Cubicles <input type="checkbox"/> • There are no paediatric patients requiring paediatric cubicle <input type="checkbox"/> 	
11. AEC- <ul style="list-style-type: none"> • Unable to pull patients from ED 		<ul style="list-style-type: none"> • Liaise with AEC ANP/Consultant <input type="checkbox"/> • Identify issues and plan to resolve <input type="checkbox"/> • Escalate to Matron on Call/ED Matron/ ED Consultant <input type="checkbox"/> 	
12. For capacity hub assessment <ul style="list-style-type: none"> • Assessment areas not accepting direct referrals from GP requiring patient to attend ED due to lack of capacity for MAU, SCU, GAU, PAU 		<ul style="list-style-type: none"> • Areas are full but all actions in place to discharge patients to admitting wards <input type="checkbox"/> • Boarding on wards where possible to support ED flow <input type="checkbox"/> 	
13. Harm or potential harms identified and reported urgently due to a delayed assessment		<ul style="list-style-type: none"> • All actions are in place to mitigate against identified risks to ensure patient safety <input type="checkbox"/> • Co-ordinator and Senior ED Clinician to identify patients at risk of harm <input type="checkbox"/> • Ensure allocated nurse completes Observations, Care and Comfort, GRAT as appropriate <input type="checkbox"/> • Ensure appropriate investigations have been requested bloods/radiology • Consider support from 	

		ANP/ENP/Speciality doctors <input type="checkbox"/> • Escalate to ED Matron/ Matron on Call/ ED Consultant <input type="checkbox"/>	
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Signed ED Huddle members :

Name and signature

Name and signature

Summary of outstanding actions required:

This form is to be emailed to NHSI/E on email address below by capacity hub team at 1:30 each day for a conference call at 2pm with director of capacity/deputy.

To be completed by capacity team/executive

List of actions taken and by whom:

Name

Signature

**1pm completed document to be emailed to: vicky.morris@nhs.net jackie.edwards4@nhs.net
lisa.miruszenko@nhs.net zena.young@nhs.net aisling.crombie@nhs.net lisa.levy@nhs.net
by 2pm daily.**

Dial in details for NHSE/I-led 2pm call.
UK Freephone: 0844 4737373
Pin 717610