WINTER 2021 SJH CHILDREN'S WARD CAPACITY AND STAFFING TEMPORARY ESCALATION /DIVERSION PLAN

Step 1:

Situation: If escalating concerns regarding any of the following -
- number of patients on ward rapidly approaching or at capacity i.e. 14 inpatients and referrals still being made e.g. from GPs, SJH ED, Community midwifes, LUCS
- acuity increased e.g. more than one patient in HDU and total patient numbers approaching capacity
- inadequate nursing staff numbers / skill mix for acuity or patient numbers or both
- inability to follow infection control advice around cubicles or cohorting due to lack of space

Step 1 Actions:

Tier 2 clinician and ward nurse in charge on shift discuss escalating situation and inform clinical coordinator (nurse in charge to do) and SJH consultant paediatrician on-call (tier 2 to do)

SJH team and RHCYP clinical coordinator assess options for creating additional space, discharging patients, risk assessment for cohorting or moving patients out of cubicles, sending additional staff to support nursing numbers or skill mix.

Step 2:

Situation: If immediate solution not possible and deemed unable to safely take further referrals for assessment or admissions

Step 2 Actions:

Escalation to clinical nurse manager or Senior Nurse On Call OOH / SJH Site and Capacity for discussion around invoking temporary diversion (RHCYP clinical coordinator to do)

If diversion agreed then SJH ED consultant, RHCYP general paediatric and RYCYP ED consultant, team to be made aware and agreement with plan confirmed (SJH Paediatric Consultant on call to do)

Tier 2 doctor to ensure tier 1 doctor and other on site medical team members aware of clinic temporary diversion

ADM, Site Director or Senior manager on call OOH for Lothian **must** be informed of the temporary diversion status in case of media

Step 3 Actions:

Doctor taking referral calls - Inform GP when referring patient that ward is temporarily unable to take referrals at this time.
If immediate clinical concern call 999 or if stable inform parents and send to RHCYP ED.

OOH SJH Site and Capacity inform LUCS that referrals need to be sent to RHCYP ED if stable or if acute clinical concerns send to SJH ED immediately for assessment.

SJH ED will see patients and transfer to RHCYP if admission required - to be undertaken with input from the paediatric team at SJH who will assess child in ED and help with cannulation /communication to RHCYP etc.

Transfer arranged with SAS via normal pathways by agreement between ED and paediatric team (Paediatric Team will lead)

Step 4 Actions:

Continual review of situation and stop temporary diversion at soonest opportunity when staffing, skill mix, patient numbers, acuity etc allows.

All stakeholders to be made aware **immediately** when ward situation allows referrals to be once again taken (medical teams by SJH consultant on call/ or tier 2 and OOH SJH Site and Capacity other groups as above)

Approved by Acute Services SMG 1 December 2021