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Validated By: Efficient Patient Care Group		Head of Department: Directorate Manager Facilities Assistant Chief Nurses (Surgery, Medicine, WACS)	
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Review dates may alter if any significant changes are made		Date: 07/07/2015	
Review dates may alter if any significant changes are made		Review Date: 01/01/2019 (Review date extended Form No. 140/2018)	
Which Principles of the NHS Constitution Apply? Principles 1,2,3,and 6 apply	Which Staff Pledges of the NHS Constitution Apply? Pledges 2 and 5 apply		
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: Yes			
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CONTENTS

		Page
	BEHAVIOURAL STANDARDS FRAMEWORK	3
1	SUMMARY	4
2	PURPOSE	4
3	SCOPE	4
4	STANDARD OPERATING PROCEDURE	4
4.1	Process for opening additional beds on existing wards (in hours)	4
4.2	Process for opening additional beds on existing wards (out of hours)	5
4.3	Process for closing beds	6
5	ATTACHMENTS	6
6	OTHER RELEVANT / ASSOCIATED DOCUMENTS	7
7	SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	7
8	DEFINITIONS / GLOSSARY OF TERMS	7
9	CONSULTATION WITH STAFF AND PATIENTS	7
10	Distribution	7
11	TRAINING	8
12	AMENDMENT HISTORY	8
Appendix 1	Process For Opening Beds As Per Sop: In-Hours	9
Appendix 2	Contacts Checklist	10
Appendix 3	Process For Opening Beds As Per Sop: Out Of Hours	11
Appendix 4	Contingency Beds University Hospitals Morecambe Bay	12
Appendix 5	Equality and Diversity Impact Assessment Tool	13

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

University Hospitals of Morecambe Bay NHS Foundation Trust	ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019
Title: Management of Contingency Beds (at times of peak demand)	
<i>Do you have the up to date version? See the intranet for the latest version</i>	

1. SUMMARY

This Standard Operating Procedure provides instruction for clinical, nursing and managerial staff, with responsibilities for the safe flow of patients in the hospital, on how they will be expected to respond to fluctuations in demand for beds in an effective and efficient manner.

A Standard Operating Procedure is a series of step-by-step instructions required to be completed in order to accomplish something. Standard Operating Procedures should be followed without deviation.

2. PURPOSE

Roles, responsibilities and trigger points for opening additional inpatient beds at times of peak demand.

3. SCOPE

This includes all inpatient beds within UHMB that can be opened (and closed) within recognised ward areas.

4. STANDARD OPERATING PROCEDURE

No additional beds should be opened:

- in an area where a Norovirus, MRSA or C/Diff outbreak is currently ongoing. Please refer to 'Outbreak Management Policy' and 'Viral Gastroenteritis – clinical guideline'.
- Additional beds should not be opened without a senior nurse review of the staffing levels to ensure patients needs can be met safely within the ward.
- Outlying should be an action of last resort.

4.1 Process for the opening of additional temporary bed spaces on existing wards and/or additional ward space – in hours (see Appendix 1)

- I. Ideally, the minimum time required to open a ward is 24 hours and should involve either the Divisional General Manager, Assistant Chief Nurse or their deputies from the division where the beds are opening.
- II. Requirement for additional beds identified at the Patient Flow Meetings (Mon-Fri) and as required out of hours or via teleconference and the meeting report completed. This will only take place at times when the site is at level 3 or 4 of the Escalation Policy and must involve GOLD on call.
- III. Matron /Clinical Site Manager in house to make the recommendation for additional beds to be opened to the Site Manager or Deputy for the relevant site. The recommendation includes the number, location for the beds, any staffing implications plus the type of patients to be placed in the beds (patient moves should be minimised).
- IV. GOLD on call or Site Lead in Hours to make the decision whether or not to open

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

additional beds and to agree the numbers and location(s). They will then advise the Clinical Site Manager.

- V. A record of the decision making process including steps taken to ensure staff in place can meet the demands of the patients in the beds should be documented on the SMOC report and the patient flow meeting report by the Clinical Site Manager.
- VI.
- VII. Clinical Site Manager / Matron briefs the following staff to get the ward area ready for patients.
 - a. Patient Environmental Services Supervisor /Patient Environmental Services Manager
- VIII. Clinical Site Manager / Matron contacts the other supporting departments to inform supporting departments the additional beds are opening – full checklist attached as Appendix 2.
- IX. The Patient Environmental Services Manager to:
 - a. Mobilise Patient Environmental Services team to carry out a full environmental clean
 - b. Hang new curtains
- X. No beds should be installed against a wall (there must be a gap of at least one metre between the side of the bed and any wall; the head of the bed can be closer to a wall - a minimum of 15cm)
- XI. Patient Environmental Services Manager informs the Clinical Site Manager / Matron that the beds are ready to use.
- XII. Clinical Site Manager / Matron are responsible for opening the required number of temporary beds and ward on Lorenzo.

4.2 Process for the opening of additional temporary bed spaces on existing wards and/or additional ward space – out of hours (see Appendix 3)

The requirement for opening additional beds should ideally be resolved during the working day prior to 17.00.

- I. Requirement for additional beds identified by the Matron (if on duty)/ Clinical Site Manager. This will only take place at times when the site is at level 3 or 4 of the Escalation Policy.
- II. If proposing to use bed locations in pre agreed areas for additional beds, the Matron/ Clinical Site Manager will make the decision whether or not to open the beds. This will take into account the number, location for the beds, clinical factors, any staffing implications plus the type of patients to be placed in the beds (patient moves should be minimised).
- III. If proposing to open beds in non pre –agreed areas, the recommendation is to be discussed with the Duty Manager On Call. The Gold on Call Manager (SMOC) will

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

make the final decision. Senior Manager on Call will then inform the Matron/ Clinical Site Manager.

- IV. Clinical Site Manager / Matron bleeps:
 - a. Patient Environmental Services Assistant/Supervisor
 - b. Hotel Services Manager
- V. Clinical Site Manager / Matron contacts the other supporting departments to let them know Ward/Bay is opening – full checklist attached as Appendix 2.
- VI. Patient Environmental Services Manager to:
 - a. Request that the Patient Environmental Service Assistant carries out a full environmental clean.
 - b. Hang new curtains
- VII. No beds should be installed against a wall (there must be a gap of at least one metre between the side of the bed and any wall; the head of the bed can be closer to a wall - a minimum of 15cm).
- VIII. Patient Environmental Services Manager informs the Clinical Site Manager / Matron that the ward is ready to use.
- IX. Clinical Site Manager / Matron are responsible for opening the required number of temporary beds and ward on Lorenzo.
- X. Lorenzo service desk to be informed of opening of temporary ward

4.3 Process for the closing of additional temporary beds

- I. The divisional management team in conjunction with the patient flow team at the patient flow meeting will decide how many beds are required and in what location. They will then advise the Clinical Site Manager to close the temporary beds.
- II. Ward staff clean the bed frames and mattresses with general detergent.
- III. Ward staff inform Clinical Site Manager / Matron of closing of beds.
- IV. Clinical Site Manager / Matron are responsible for closing the required number of temporary beds on Lorenzo.

5. ATTACHMENTS	
Number	Title
1	Process for Opening Beds as per SOP: In-Hours
2	Contacts Checklist
3	Process for Opening Beds as per SOP: Out of Hours
4	Contingency Beds University Hospitals Morecambe Bay
5	Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Proc/044	Outbreak and Incident Management UHMB http://uhmb/cs/tpdl/Documents/CORP-PROC-044.docx
Corp/Proc/036	Norovirus Outbreak http://uhmb/cs/tpdl/Documents/CORP-PROC-036.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	
2	
3	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
John Butterworth	Efficient Care Programme Manager
Barry Rigg	Engagement Manager
Louise Jones	Governance Lead for Women and Children
Sally Young	Quality Assurance Matron
Sarah Cullen	Assistant Chief Nurse Surgery & Critical Care
Carol Park	Assistant Chief Nurse – Acute medicine
Rosalind Peel	Matron Women's and Children's

10. DISTRIBUTION PLAN	
Dissemination lead:	John Butterworth via Efficient Patient Care Meeting
Previous document already being used?	Yes / (Please delete as appropriate)
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

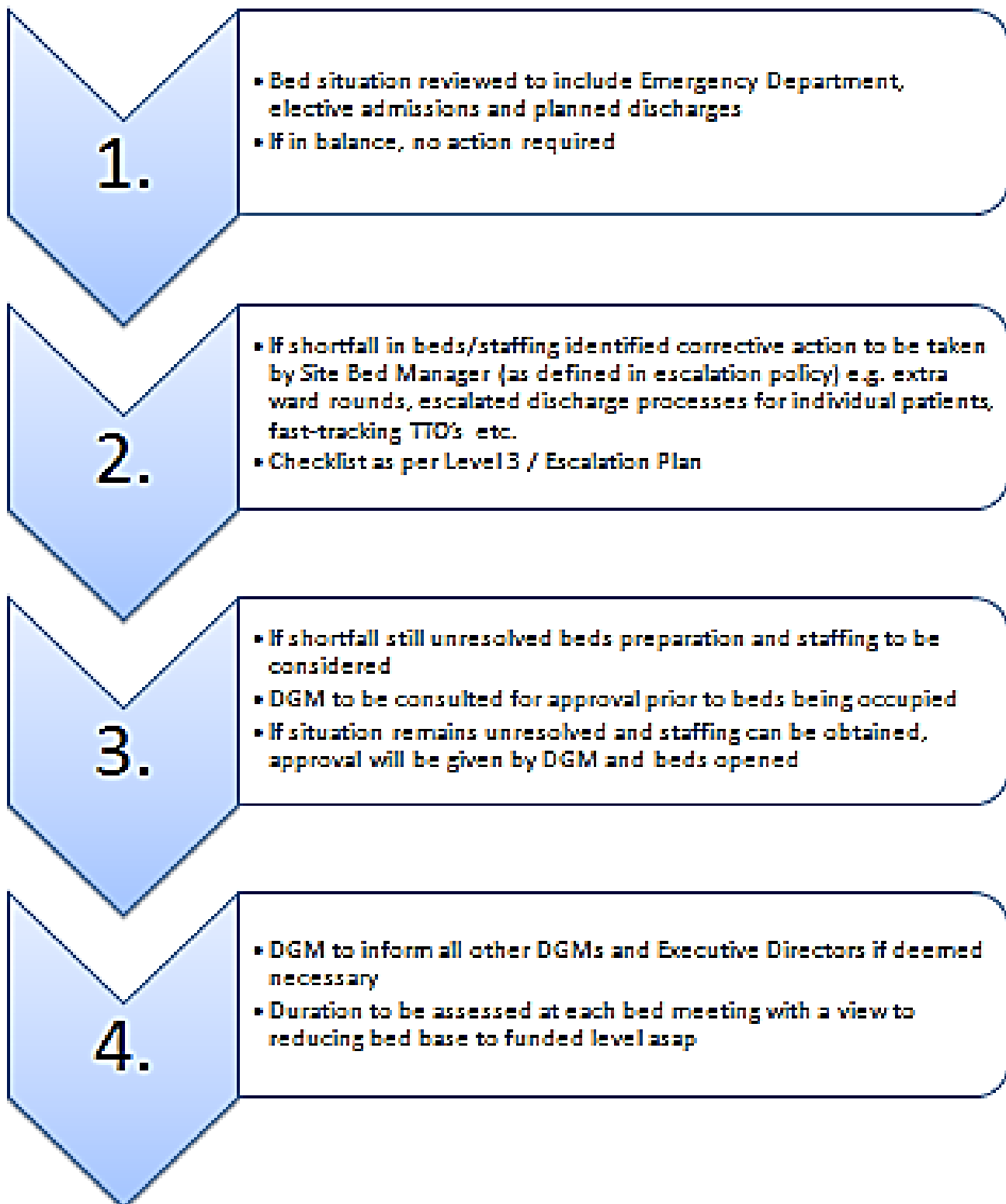
University Hospitals of Morecambe Bay NHS Foundation Trust	ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019
Title: Management of Contingency Beds (at times of peak demand)	
<i>Do you have the up to date version? See the intranet for the latest version</i>	

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date
Divisional assistant chief nurses (inpatients)	Disseminate new process to site managers and ward managers and all decision makers in patient flow management (including clinicians)	
Facilities DGM	Disseminate to environment team	

12. AMENDMENT HISTORY				
Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
V7	9/2013	All	Complete review based on new bed configuration, new management structure and new team roles.	9/2014
V8	07/07/2015		Amendments throughout	01/03/2018
8.1	17/10/2017	Page 3	BSF page added	01/03/2017
8.2	18/04/2018	Front cover	Review date extended (Form No. 054/2018)	01/09/2018
8.3	13/11/2018	Front cover	Review date extended (Form No 140/2018)	01/01/2019

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 1 – PROCESS FOR OPENING BEDS AS PER SOP: IN-HOURS



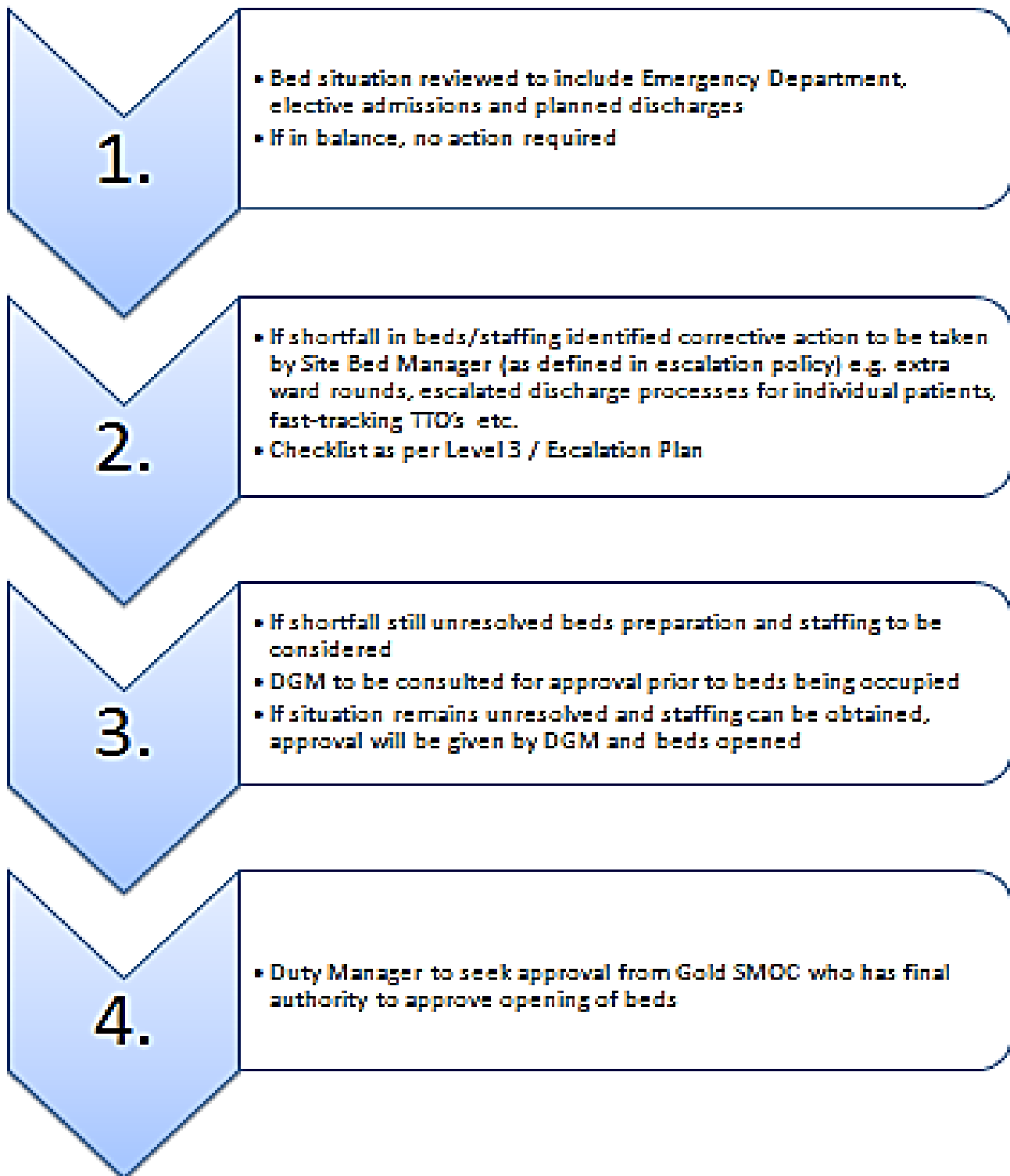
University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 2 – CONTACTS CHECKLIST

Departments to contact -	By who and how	Completed
Switchboard	Clinical Site Manager/ phone call	
Patient Environmental assistant support	Clinical Site Manager	
Patient Environmental Assistants	Clinical Site Manager via bleep	
DRs on call	Clinical Site Manager via bleep	
Cardiac Arrest Team if beds opened if new ward area	Clinical Site Manager via bleep	
Pharmacy	Via bleep through switchboard	
All wards and departments	Clinical Site Manager verbally during walk	
Divisional Management teams	Clinical Site Manager via e mail	
Radiology	Clinical Site Manager direct to radiographer in charge in dept/oncall via switch.	
Occupational Therapy	Nurse in charge of escalation beds via phone	
Physiotherapy	Nurse in charge of escalation beds via phone	
Dietetics	Nurse in charge of escalation beds via phone	
SALT	Nurse in charge of escalation beds via email / phone	
TOP Up – Materials management	Nurse in charge of escalation beds via email / phone	
Pauline Turner Discharge Lead	Nurse in charge of escalation beds via email / phone	
Fire Officer	Clinical Site Manager via e mail	
Check oxygen and suction prior to admitting patients	Nurse in charge of shift	
IT/Lorenzo service support	E mail or / IT help desk	

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 3 – PROCESS FOR OPENING BEDS AS PER SOP: OUT OF HOURS



University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 4 – CONTINGENCY BEDS UNIVERSITY HOSPITALS MORECAMBE BAY

Contingency beds should only be opened following consultation and escalation in line with agreed policies and protocols.

Furness General Hospital

Ward/Area	Available Beds (maximum)	Priority for Contingency	Reasoning behind Priority
Ward 1	14	1	More frequently lower admission and acuity area
Ward 4/5	6+6	2	Higher acuity than priority one

Royal Lancaster Infirmary

Ward/Area	Available Beds (maximum)	Priority for Contingency	Reasoning behind Priority
Ward 16	14	1	More frequently lower admission and
Day Surgery	6 on each of the two wards (Ward 5 and 6)	2	Only patient who meet the criteria of the DSU SOP should access these beds. Medical and nursing cover must be in place.

University Hospitals of Morecambe Bay NHS Foundation Trust	ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019
Title: Management of Contingency Beds (at times of peak demand)	
<i>Do you have the up to date version? See the intranet for the latest version</i>	

Appendix 5: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
4a	If so can the impact be avoided?	No	
4b	What alternative are there to achieving the policy/guidance without the impact?	NA	
4c	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Corp/SOP/009
Version No: 8.3	Next Review Date: 01/01/2019	Title: Management of Contingency Beds (at times of peak demand)
<i>Do you have the up to date version? See the intranet for the latest version</i>		