

## CHECKLIST QUESTIONS

1. Has the CCG on call manager /Director visited the Trust and undertaken a review of the position in ED, MAU and on the wards?
2. Has the Trust established a command and control arrangement led by the executive director on call? Are they on site?
3. How many ambulances waiting to off load/what is the current position in the Trust?
4. Where is the Trust against ambulance and attendance predictions?
5. Are escalation protocols for 12 hour trolley waits in place and working effectively?
6. Do A&E and Medical Admissions staff have access to diagnostic support on 24/7 basis? Is there a system for notifying senior clinical decision makers of the outcome of the diagnostic test so that they can rapidly review the results (can diagnostics be accessed concurrently?)
7. Have all alternative bed spaces been opened and staffed?
8. Do patients who need to be admitted have an MDT team review to establish their complex or ongoing needs, and to prepare for discharge, within 14 hours of admission?
9. Does the Trust have senior clinical decision makers (Consultants) available in A&E and Medical admissions on an extended day basis or preferably 24/7 at times of high pressure?
10. Have criteria for community and step down services been flexed (on agreement with partner providers and CCG) to support early discharge?
11. Has all available community capacity been utilised?
12. Have criteria for social care assessment and placements been flexed with the Local Authority?
13. Have alternative options for treatment been communicated to the media and self-care messages shared with the public?
14. Are psychiatric patients provided with psychiatric assessment within an hour for emergency needs on a 24/7 basis?
15. Does the Trust have twice daily ward rounds operating every day to enable effective discharge?
16. Can a consultant refer a patient to an urgent GP appointment on the same day?
17. Has the Trust cancelled elective operations to redeploy resources to non-elective care (apart from Urgent elective /cancer operations)

This is not an exhaustive list but should be used as a guide to the level of information/action that the Trust/health economy should have in place before raising any further steps required.

It would only when the position has been assured by CCG on call that any further actions would be agreed with the Area team On Call Director.