

Document level: Trustwide (TW)
Code: CG5
Issue number: 3

Bed closure/closure to admission

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Type of document	Policy
Target audience	All CWP staff
Document purpose	This document is to be followed by inpatient services in the event of the consideration of ward closure.

Approving meeting	Operational Committee	Date 10-Jul-13
Implementation date	10-Jul-13	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
GR1	Incident reporting and management policy
CP1	Admission, transfer and discharge policy
IC6	Contingency plans for the control of infectious outbreaks / incidents

Document change history	
What is different?	Policy moved to new template
Appendices / electronic forms	
What is the impact of change?	Low

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	
Corporate services	
External agencies	

Financial resource implications	None
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External references
1.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- 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	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department 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 human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart

For quick reference the guide below is a summary of actions required.

1. Introduction

In October 2004, CWP introduced a bed closure policy to ensure that beds are only closed on the authority of the Chief Executive (taking into account relevant clinical advice) or his nominated Deputy.

The following statement was initially agreed by the Trust Board and became operational from 1st December 2004. It was subsequently reviewed by the Operational Board in November 2007.

1.1 Bed closures

1.2

CWP beds should remain fully open to admissions unless there has been an Executive level decision to close them (whether on a temporary or permanent basis).

If consideration is being given to any bed closure then it is essential that managers set up a robust system for monitoring the impact. This will include monitoring the service users having to be found a bed elsewhere within or outside of CWP and any increase in waiting time for an inpatient bed. In the situation of an emergency bed closure, this may be all that can be monitored initially, but in planned bed closures (for any length) it should be possible to identify and monitor other potential impacts (including potential benefits). A bed closure plan should include actions to prevent adverse outcomes. Clinical Directors / General Managers have a duty to put in place a recovery plan and inform the Executive team of this plan.

If beds are closed on a temporary basis then the Director of Operations must receive a report not less than weekly during any period of closure indicating whether or not any adverse outcomes occur and what steps are being taken to minimise risk and reopen beds as soon as is practicable. If during a period of temporary bed closure the service decides that the beds may not need to reopen then this should be made explicit within the report to the Director of Operations and normal procedures for such a step will be followed (i.e. consultation). The responsibility for this report is jointly held between the General Managers and Clinical Director of the service.

2. Bed closure / closure to admission protocol

3.

Bed closure / closure to admission should only occur in the most extreme circumstances and the Director of Operations will only approve such measures if convinced that there are no alternative options.

2.1 Within office hours (9am – 5pm)

The ward manager, modern matron and service managers will discuss the situation with the General Manager and the Clinical Director. They should make a detailed assessment of the situation, taking into account staffing issues, potential cross cover arrangements and potential clinical risks. If this leads to a view that beds should be closed / admissions restricted then the General Manager should consult with the Medical Director and / or Director of Nursing, Therapies and Patient Partnership. If appropriate they will refer the matter to the Director of Operations for a final decision.

2.2 Outside office hours (5pm – 9am)

The Nurse in Charge will discuss the situation with the 2nd tier on call manager. The 2nd tier on call manager will discuss with the duty Psychiatrist. They should make a detailed assessment of the situation, taking into account staffing issues, potential cross cover arrangements and potential clinical risks. The 2nd tier on call manager consults the 3rd tier on call manager. The 3rd tier on call manager will make the final decision and advise the Director of Operations as soon as practical.

Decision to re-open wards or beds will be formally taken by the Director of Operations during working hours or the 3rd Tier on call Out of Hours, following advice from leadership team within services.

2.3 Incident reporting

Bed closure / restriction of admissions need to be recorded and logged as an incident in accordance with the CWP [incident reporting and management policy](#).

2.4 Infection Prevention Control (IPC) issues leading to closure of wards

At times there are instances where by a ward may need to be closed to admissions / transfers to support the implementation of IPC policies and procedures.

During normal working hours the clinical nurse specialist for IPC (or nominated deputy) will determine whether the ward or unit needs to be closed in conjunction with the Director of Infection Prevention and Control (DIPC) or their nominated deputy. The DIPC will notify the Executive Team including the Chief Executive.

Outside of normal working hours guidance regarding ward / unit closure must be discussed by the relevant on call manager with the on call public health specialist who can be contacted via the Countess of Chester Hospital (COCH) switchboard.

It is not the responsibility of the nurse in charge of the ward / unit to close it without following the above guidance.

3. Duties and responsibilities

3.1 Director of Operations

3.2

Will be responsible for the implementation and monitoring of this policy, and for the formal decision to re-open wards or beds.

3.3 General Managers

3.4

Will be responsible for ensuring that this protocol is followed.

3.3 Infection Prevention and Control Team (IPCT) and DIPC

The IPCT will follow this protocol and will advise the Director of Infection Prevention and Control (DIPC) of areas of concern in relation to its implementation. They will also work with ward staff to ensure a risk assessment has been undertaken. The DIPC will advise the Executive Team at the beginning and end of an infection, prevention and control issue that leads to closure of a ward.