

Ref: FOI/CAD/ID 3318

**Please reply to:**  
FOI Administrator  
Trust Management  
Maidstone Hospital  
Hermitage Lane  
Maidstone  
Kent  
ME16 9QQ  
Email: mtw-tr.foiadmin@nhs.net

17 May 2016

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Red and black alerts guidance and procedures.

*1. Please provide the number of days each month, with the specific dates, that each A&E managed by your trust has been on green, amber, red or black alert for the last three years, up to the most recent possible date.*

*For clarification, if the most recent date is 02/05/16, please provide the data for the last 36 months.*

*Please present this in an excel file.*

*2. Please also provide the official definition, guidance, and procedures communicated to staff when a 'black alert' is announced, particularly guidance given to the flow coordinator or similar role.*

1. This information can be found on the Trust website using the following link:  
<http://www.mtw.nhs.uk/freedom-of-information/>

2. Below is the definition of a Black Bed State that the Trust uses.

### **BLACK BED STATE**

Contingency Measures are exhausted, pressures are becoming unsustainable and continue to increase and exceed actual capacity – gridlock very likely.

It will be at this point that the Trust will require intervention at whole health economy level and the decision-making will be at COO / Exec on call level. A Black bed state is indicated by 1 or more indicators from each section or 3 or more from the ED section.

In response to Point 2, this is the specific actions for the ED flow co-ordinator

1. In ED identify 1 patient from each speciality to be fast-tracked to next available ward. This patient will be transferred before the departing patient has left and wait for admission into the room by the nurse's station. The patient will have a PAR score of  $<3$  when vital signs are recording directly prior to transfer. The patient will be handed over to ward staff and the bed/trolley collected when they are admitted. This will directly enable one of the queuing ambulances to be offloaded allowing the crew to return to answering emergency calls.