Action Card: OPEL 4 (organisation level)

BEFORE REQUESTING ESCALATION FROM OPEL 3 to OPEL 4, all actions at OPEL 2 and 3 must be completed. Ensure Rapid Improvement Guides, Red to Green Protocols, Trusted Assessor Protocols and Delayed Transfer of Care Management are all being implemented	
COMMISSIONERS: (When providers wish to declare OPEL 4)	
C16	All escalation actions listed in Action Cards OPEL 2 and 3 must have been implemented
C17	Executive Directors/Senior Managers from all partners have been involved in discussion regarding the actions identified at the escalation level declared
C18	CCG to continue to co-ordinate communication and escalation response across the whole system
C19	Continue to cascade communications messages out to the general public including the use of social media
C20	CCG continue to chair all daily teleconference calls and have the appropriate partner representation including NHSE and NHSI
C21	Expedite additional capacity and increased support wherever possible across the whole system
C22	Make a risk based assessment of the best use of capacity and resource across the whole system and shift resources to best meet demand and maintain patient safety
C23	Review NHS 111 advice strategy with local Directory of Services (DoS) lead and update Interactive Voice Response (IVR) to warn/inform/signpost patients away from ED as appropriate. Agree options with NHS 111 provider how DoS can be flexed to reduce impact
C24	Make enquiries to ensure all available GP capacity is released to assist the ED
C25	Utilise actions from organisational Critical Incident Checklist to create flow and capacity
C26	Alert NHS England as to the change In OPEL status to Level Four
ACUTE TRUST	
AC37	Ensure routine elective admissions have been cancelled (excluding cancer electives)
AC38	Ensure urgent elective admissions have been reviewed and, where possible, rescheduled or cancelled
AC39	Provide 24/7 senior management support to ED and to Site Management in order to manage situation
AC40	Review ED streaming to free up capacity via the triage process and the criteria for review
AC41	Use non- frontline staff where required to support clinical staff in ED or other areas under severe pressure to increase patient flow and discharge e.g. patient transfers

AC42	Implement the acute trust skills analysis protocols and redeploy staff to appropriate pinch point areas
AC43	Actively discharge patients in line with the NHS England South Eeast Onward Care Procedure 2018
AC44	Consider implementation of the reverse triage protocol to manage all patients in category Green see page 18 of the NHS England South East OPEL Framework 2018
AC45	With the Ward Managers , Nurses In Charge and Therapists, risk assess the discharging of patients who are medically fit, but not ready for discharge for other reasons, subject to appropriate support at home in place. Involve Discharge Teams and Social Care links via the daily teleconference calls
COMMUNITY CARE PROVIDERS	
CC12	Ensure all possible capacity has been freed up and redeployed to ease system pressures
CC13	Ensure all planned work has been stopped as per escalation plan and consider redeployment of key resources to pinch point areas for the duration needed
CC14	Adjust the criteria for admission to community care to allow the acute trust to free up capacity
SOCIAL CARE	
SC10	Continue to expedite discharges, increase capacity and lower access thresholds to prevent admissions to the acute sector where possible
SC11	Source out of county placements if necessary and packages of care from care agencies not used regularly due to high cost. Also consider and source forward placement commitments
SC12	Wherever possible, ensure additional staff are brought in from other community teams to support hospital teams as required. Make full use of voluntary resources and community networks to support discharges
SC13	Hospital service manager, linking closely with Director Adult Social Care, and teams will prioritise quick wins to achieve maximum flow, including supporting ED re prevention of admission and turn around. Identification via board rounds and links with Discharge Team and therapists
SC14	Hospital Service Manager/Deputy Director to monitor escalation status, taking part in teleconferences. Communicate to senior management team so any further actions can be agreed & additional resource released if needed
SC15	Actively support discharge of patients in line with The NHS South East England Onward Care Procedure 2018
PRIMARY CARE	
PC7	Ensure all possible actions are being taken on-going to alleviate system pressures
PC8	Ensure GP patient referrals to the Acute Trust/ED are reviewed to ensure appropriateness and re triage to UTCs, MIUs, WICs and Pharmacies
PC9	Ensure additional GP practice appointments (including those nurse led) are being made for patients to support the demand and divert the pressure away from the EDs

MENTAL HEALTH	
MH11	Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission into the acute sector where possible
MH12	Increase the crisis support team to ensure ED attendances are reduced
MH13	Ensure the MH Liaison Team are onsite in ED
MH14	Ensure frequent attenders are being actively supported within the community to reduce attendance to ED
MH15	Ensure use of the voluntary sector for mental health is being implemented
AMBULANCE TRUST	
A14	Review current GP Admissions with GPs to ensure safe standards of care to patients by enabling support for extended periods
A15	Review on-going NHS 111 advice strategy (where NHS 111 and Ambulance service is provided by a single provider). Otherwise, contact 111 provider to agree how DoS can be used to reduce impact on Ambulance resource and avoid ED attendances
A16	Identify additional capacity of staff (Call Centre and operational) and support organisations (St. John/British Red Cross, private providers etc.). Identify fleet capacity to provide additional resources if required.
A17	Review all long-distance inter-hospital transfers and inform transferring hospitals that these may not be achievable
A18	Ensure all Ambulance Trust PTS resources are directed to maintain patient flow across the whole system. Ensure appropriate co-ordination with other PTS providers where other provision is commissioned
A19	Ensure direct communication between Acute Trust On-call Director, lead CCG commissioner and wider health system executives is under way
A20	If emergency response is severely compromised consider use of Major Incident/ Critical Incident procedures
A21	Follow the REAP and Surge & Escalation Plans to create capacity where possible
PTS SERVICES	
PT3	Ensure all capacity is being utilised to alleviate system pressures
PT4	Redeploy staff to support urgent discharges
PT5	Buy in additional resources/private crews to support the system
NHS 111 Provider	
111 3	Ensure that Call Centre staff are aware of and act on information about organisational capacity and changes to service provision
111 4	Agree NHS 111 advice strategy with local Directory of Services (DoS) lead and update Interactive Voice Response (IVR) to warn/inform/signpost patients away from

	ED as appropriate.
111 5	Ensure all resources within the Integrated Urgent Care Co-ordination Centre (clinical hub) are optimally utilised