# Action Card: OPEL 4 (system escalation)

| At local system-wide level of escalation (OPEL 4) the following actions must be completed: | |
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| **NHS ENGLAND** | |
| **NHSE1** | Be part of the system-wide teleconference calls as required to gain intelligence and inform the national office of the situation if required;<br>Only lead these calls if appropriate |
| **NHSE 2** | Take any feedback from NHS Improvement from events during office hours |
| **NHSE3** | Assist in mutual aid requests if support is required from beyond locality and/or regional boundaries and assist with repatriation and onward care procedures across all border areas |
| **NHSE4** | Assist with and arbitrate any requests for ambulance diverts |
| **NHSE5** | Assist in the management of communications and media handling ensuring positive messaging and clear signposting is in place |
| **NHSE6** | Inform the Local Resilience Forum (LRF) partners using a response page on Resilience Direct of system pressures (EPRR team and on call managers) |
| **NHSE7** | Post escalation: Involvement in and sign-off of SI investigation process if required |
| **COMMISSIONERS** | |
| **C27** | Chair system wide teleconferences and invite NHSE and NHSI |
| **C28** | Confirm all actions at OPEL 2, 3 and 4 (organisation level) have been completed |
| **C29** | Contribute to system-wide communications to update regularly on status of organisations (as per local communications plans) |
| **C30** | Provide mutual aid of staff and services across the local health economy as appropriate for periods of up to 2 hours, 2- 4 hours etc. |
| **C31** | Ensure Local NHSE office notified of alert status and involved in decisions around support from beyond local boundaries/border areas |
| **C32** | In conjunction with Ambulance Service and Whole System the CCGs to act as the hub of communication for all parties |
| **C33** | Ensure NHS 111 is informed of increased pressure on the system and actively advising against ED attendance when appropriate |
| **C34** | Stand-down of OPEL 4 once review suggests pressure is alleviating and inform NHSE. Provide a debrief report if requested |
| **C35** | CCG to ensure that a SI has been entered on the STEIS system by any organisation that declared an internal critical incident |
| **C36** | **Post escalation:** Assist in and contribute to the Root Cause Analysis and lessons learnt process through the SI investigation if any part of the system declares an |

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| | internal critical incident |
| **ACUTE TRUST** | |
| **AC46** | ED consultant to be present in ED 24/7 |
| **AC47** | Consultant Physicians to be present on wards and in ED 24/7, where possible |
| **AC48** | Surgical consultants to be present on wards in theatre and in ED 24/7, where possible |
| **AC49** | Assign appropriate qualified clinician to manage care of patients awaiting handover from ambulance service to enable ambulance crews to be released |
| **AC50** | Assign patient navigator/co-ordinator in ED to relieve pressure on clinical staff |
| **AC51** | GP to be present in ED 24/7, where possible and review in house streaming processes |
| **AC52** | Consider use or private paramedics to manage the queue |
| **A53** | Executive Director to provide support on site 24/7, where possible |
| **AC54** | An Acute Trust wishing to divert patients from ED must have exhausted all internal support options before contacting the CCG to request authorisation to explore a divert to neighbouring trusts whether these are in or out of the region. This process may be done with support from NHSE if required. Refer to Appendix 3 of Operational Pressures Escalation Levels Framework – NHS England South East, 'Implementation of a Divert Flow Chart'. |
| **AMBULANCE TRUST** | |
| **A22** | Contact neighbouring trusts to notify of situation and identify if other services have any capacity to provide support, as dictated by circumstances of OPEL 4 |
| **A23** | Continue to 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 |
| **A24** | Review the escalation status every 2 hours and communicate this across the local system |
| **A25** | If not deployed at OPEL 3, a HALO may be identified if appropriate for deployment within Acute Trust. This is an ambulance service decision.<br>Role of the HALO to liaise with ED team to ensure priority is maintained in turning ambulance resources around. The HALO is not to manage patients in queue, but to support relationship with Acute Trust in liaison with Senior Managers/Officers within the Ambulance Trust.<br>On instruction of Senior Manager/Officer within Ambulance Trust, the HALO will have conversations with Acute Trust in line with the Ambulance & Hospital Handover Procedure 2018 |
| **A26** | If the Ambulance & Hospital Handover Procedure is activated this must be followed until the situation is resolved. Appropriate review of implementation to be taken 1-2 |

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| | hourly. All decisions must be made by the SCAS Director in conjunction with the Acute Trust and ED Clinical Director |
| **A27** | Discussion to take place with Commissioners/Duty Director around capacity to support GP/HCP referrals and any actions that can be taken to enable patients to be managed within the community until such time as Acute Trust ability to accept is returned |
| **SOCIAL CARE** | |
| **SC16** | Senior Management Team and cabinet member involved in decision making regarding use of additional resources from out of county if necessary |
| **SC17** | 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 |
| **SC18** | 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 |
| **SC19** | Actively support discharge of patients in line with NHS England South East (HTV) Onward Care Procedure 2018. |

**To be established by the Acute Trust prior to any formal divert request to the CCG**

- Have whole systems teleconferences taken place and actions taken to relieve pressure?
- Is the safety and care of patients in the hospital compromised?
- Are you considering declaring an internal critical incident?
- Are ambulances stacking outside/been stacking throughout the day?
- Are contingency plans in place for staffing for the next 24hours and 48 hours?