

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:

COMMISSIONERS

| | |
|------------|---|
| C15 | All escalation actions listed in Action Cards OPEL 2 and 3 must have been implemented |
| C16 | Executive Directors/Senior Managers from all partners have been involved in discussion and agree with the escalation level |
| C17 | CCG to continue to co-ordinate communication and escalation response across the whole system |
| C18 | CCG continue to chair all daily teleconference calls |
| C19 | Expedite additional capacity and increased support wherever possible across the whole system |
| C20 | 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 |
| C21 | 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 |
| C22 | Utilise actions from organisational Major Incident /Critical Incident plans to create flow and capacity |

ACUTE TRUST

| | |
|-------------|---|
| AC36 | Ensure routine elective admissions have been cancelled |
| AC37 | Ensure urgent elective admissions have been reviewed and, where possible, rescheduled or cancelled |
| AC38 | Provide 24/7 senior management support to ED in order to manage situation |
| AC39 | Actively discharge patients in line with Onward Care Procedure |
| AC40 | Consider implementation of the reverse triage protocol to manage all patients in category Green |
| AC41 | With the Ward Sisters, Nurses In Charge and Therapists, consider the risk of discharging 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 |
|-------------|--|

SOCIAL CARE

| | |
|------------------------|--|
| SC10 | Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible |
| SC11 | Source out of county placements if necessary and packages of care from care agencies not used regularly due to high cost |
| 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 |
| PRIMARY CARE | |
| PC7 | Ensure all possible actions are being taken on-going to alleviate system pressures |
| MENTAL HEALTH | |
| MH11 | Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible |
| AMBULANCE TRUST | |
| A10 | Review current GP Admissions with GPs to ensure safe standards of care to patients by enabling support for extended periods |
| A11 | 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 |
| A12 | 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. |
| A13 | Review all long-distance inter-hospital transfers and inform transferring hospitals that these may not be achievable |
| A14 | 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 |
| A15 | Ensure direct communication between Acute Trust On-call Director, lead CCG commissioner and wider health system executives is under way |
| A16 | If emergency response is severely compromised consider use of Major Incident/ Critical Incident procedures |
| A17 | Utilise actions from REAP plan to create capacity where possible |
| PTS SERVICES | |
| PT3 | Ensure all capacity is being utilised to alleviate system pressures |
| 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 |