

Action Card: OPEL 4 (system escalation)

At local system-wide level of escalation (OPEL 4) the following actions must be completed:

NHS ENGLAND - SOUTH CENTRAL

NHSE1	Chair system-wide teleconference calls as required and inform the regional office of the situation
NHSE2	Assist in mutual aid requests if support is required from beyond locality and/or regional boundaries
NHSE3	Assist with and arbitrate any requests for ambulance diverts
NHSE4	Assist in the management of communications and media handling
NHSE5	Post escalation: Involvement in and sign-off of SI investigation process

COMMISSIONERS

C23	Confirm all actions at OPEL 2, 3 and 4 (organisation level) have been completed
C24	Contribute to system-wide communications to update regularly on status of organisations (as per local communications plans)
C25	Provide mutual aid of staff and services across the local health economy as appropriate
C26	Stand-down of OPEL 4 once review suggests pressure is alleviating
C27	Post escalation: Contribute to the Root Cause Analysis and lessons learnt process through the SI investigation
C28	Local NHSE office notified of alert status and involved in decisions around support from beyond local boundaries
C29	CCG to ensure that a SI has been entered on the STEIS system by each organisation that declared status OPEL 4
C30	In conjunction with Ambulance Service and Whole System the CCGs act as the hub of communication for all parties
C31	Post escalation: Complete Root Cause Analysis and lessons learnt process in accordance with SI process

ACUTE TRUST

AC42	ED consultant to be present in ED 24/7
AC43	Consultant Physicians to be present on wards and in ED 24/7, where possible
AC44	Surgical consultants to be present on wards in theatre and in ED 24/7, where possible
AC45	Assign appropriate qualified clinician to manage care of patients awaiting handover from ambulance service to enable ambulance crews to be released

AC46	Assign patient navigator/co-ordinator in ED to relieve pressure on clinical staff
AC47	GP to be present in ED 24/7, where possible
AC48	Executive Director to provide support on site 24/7, where possible
AC49	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. <u>Refer to Appendix 3 of Operational Pressures Escalation Levels Framework – NHSE South Central, 'Implementation of a Divert Flow Chart'</u> .
AMBULANCE TRUST	
A18	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
A19	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
A20	Review the escalation status every 2 hours and communicate this across the local system
A11	If not deployed at OPEL 3, HALO to be identified if appropriate for deployment to Acute Trust. Role of HALO to liaise with ED team to ensure priority is maintained in turning ambulance resources around. HALO is not to manage patients in queue, but to support relationship with Acute Trust and liaise with senior Managers/Officers within Ambulance Trust. On instruction of Senior Manager within Ambulance Trust, HALO will have conversations with Acute Trust in line with any Immediate Handover Policy
A12	If Immediate Handover Policy activated (if utilised in Ambulance Trust) process in policy to be followed until situation is resolved. Appropriate review of implementation to be taken 1-2 hourly.
A13	Discussion to be had 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	
SC13	Senior Management Team and cabinet member involved in decision making regarding use of additional resources from out of county if necessary
SC14	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
SC15	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
SC16	Actively support discharge of patients in line with Onward Care Procedure.

To be established by the Acute Trust prior to a 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?