Action Card: OPEL 2

All previous operational actions must be completed to mitigate pressure prior to (and with the intention of avoiding) escalation to OPEL 2:	
COMMISSIONERS	
C1	Co-ordinate communication and escalation response across the whole system including chairing the daily teleconferences and define a clear action plan with timelines and owners
C2	Expedite additional available capacity in primary care, Out-of-Hours, independent sector, social care, mental health providers and community capacity
C3	Co-ordinate the redirection of patients towards alternative care pathways as appropriate
C4	Co-ordinate communication of escalation across the whole system including the Integrated Urgent Care Co-ordination Centre (clinical hub)
ACUTE TRUST	
AC1	Contact on-take and ED on-call Consultants to offer support to staff and to ensure that specialty patients in ED are assessed rapidly
AC2	Implement a “See and Treat” pathway if not already in place routinely
AC3	Undertake additional ward rounds to maximise rapid discharge of patients
AC4	Pharmacy services to prioritise TTOs (to take out) for appropriate areas and ensure that medications are delivered to the wards without delay. Seek prescribing Pharmacist’s support in writing prescriptions as needed.
AC5	Clinicians to prioritise discharges, onward care and accept outliers from any ward as appropriate
AC6	Facilities, porters or transfer teams to prioritise all aspects of transferring patients
AC7	Implement measures in line with trust Ambulance Service Handover Plan
AC8	Inform minors patients in ED of pressures and potential delays and of alternative care pathways where appropriate and implement a re-triage process
AC9	Ensure patient navigation in ED is underway if not already in place. Consider this action for all patients in ED including mental health, cancer care and patients with long term conditions

AC10	Identify and encourage utilisation of alternative care pathways for minor injury patients (e.g. Out-of-Hours (OOH)) and local Urgent Care facilities
AC11	Arrange alternative forms of transport (private ambulance, Red Cross, taxi and relatives) to discharge patients
AC12	Contact PTS provider(s) and appropriate ambulance service personnel to confirm that they are in liaison with their acute counterparts to prioritise discharges/transfers and minimise turn-round times for crews
AC13	Notify CCG On-call Director to ensure that appropriate operational actions have been taken to relieve the pressure
AC14	Utilise staff from other areas of service and deploy to relieve key pressure points
AC15	Maximise use of nurse led wards and nurse led discharges
COMMUNITY CARE PROVIDERS	
CC1	Escalation information to be cascaded to all community providers with the intention of avoiding pressure wherever possible. Maximise use of re-ablement/intermediate care beds
CC2	Community hospitals to bring forward discharges to allow transfers in as appropriate. Community hospitals to liaise with Social and Healthcare providers to expedite discharge
CC3	Additional ward rounds to take place within community providers to expedite discharge and create capacity
CC4	Community providers to lower admission/treatment thresholds wherever possible through implementation of previously agreed flexible working arrangements to alleviate pressure
CC5	Apply flexibility regarding beds and staffing to increase capacity where possible
CC6	Expedite rapid assessment by multidisciplinary team (MDT) including Social Care assessment
SOCIAL CARE	
SC1	Liaise with care providers both in the community and residential to explain the issue of system escalating and the need for assistance
SC2	Expedite care packages and nursing/dementia/care home placements
SC3	Ensure all patients waiting within another service are provided with appropriate service, for example MH patients in ED waiting for a MH Act Assessment

SC4	Where possible, increase support and/or communication to patients at home to prevent admission. Maximise use of re-ablement/intermediate care beds
PRIMARY CARE	
PC1	Community matrons to support district nurses/hospital at home in supporting higher acuity patients in the community
PC2	In-reach activity to ED to be maximised
PC3	Alert GPs and OOH services to escalation and request alternatives to ED referral be made where feasible
MENTAL HEALTH	
MH1	Expedite rapid assessment for patients waiting within another service
MH2	Where possible, increase support and/or communication to patients at home to prevent admission
MH3	Ensure ED mental health teams are in place and achieving 1 hour assessment time
MH4	For inpatients in acute hospitals prioritise MH assessments where delays are impacting on quality/capacity of service provision
AMBULANCE SERVICE	
A1	Review and reallocate resources to meet current emergency workload
A2	Review live handover times to identify any delays forming. Ensure early discussions with Acute Trust to recognise any potential impact or expected timeframes and early discussions around their plan to ensure delays do not impact on Ambulance Service delivery
PTS SERVICES	
PT1	Ensure current PTS capacity is fully utilised for patient discharge and transfer