Tower Hamlets System winter plan for 2020/21

Purpose: To provide detail behind the delivery of the Whipps Cross winter plan; inclusive of partner support

Governance: Approval and sign off by the UCWG and HEB. Delivery through BH Operational Board, The WCH Operations & Finance committee and the UCWG

Narrative:

Sources:

ED Improvement plan
LoS reduction commitment through the Community Hub within the COVID-19 discharge guidance
Ambulance handover plan commitment to have a zero tolerance to waits

Plan Owners		
Owners	**Organisation**	**Contact**
	Barts Health	
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Version control			
Who	**Version**	**Overview of Amendment**	**Date**
Sarah Bryan	Draft v1		15/09/2020
Kelvin Hankins	v2		29/09/2020
Sarah Bryan	v3	OPEL Triggers ammended	05/10/2020
Claudia Brown, Petra Nittel	v4	ELFT & LBTH ammendments added	08/10/2020

Group	Led by	Purpose
Operational	BH Operations Hub	Supporting in-day operational problem solving
ED weekly review	Deputy CEO led weekly review	Ensure pace, progress, issues and system intelligence is shared weekly
Daily site meetings	HDOC, Silver on-call and Head of Site	Daily checkin against OPEL and plans for the day
Operations hub	HDOC	Medical leadership team check in; weekly when green (less than 1 ward <14 COVID patients) daily if more than one ward of COVID
ED internal flow meeting	Monthly internal flow meeting	To monitor and review progress against the winter plan
Urgent Care Working Group	System wide action planning and oversight	Alignment of in and out of hospital action plans for recovery of ED performance at Whipps Cross
Community Hub executive group	ELFT	Deliver commitments to the COVID-19 discharge criteria
A&E Delivery Board	System – senior Trust Level Oversight	Barts Health & WEL Borough system oversight and wider urgent care providers
The Integrated Partnership Board	CCG	Oversight of Integrated Care System Development in Tower Hamlets

Focus	Scheme	Description of Action	Owner	Start Date	End date	Progress	RAG	Open/Closed	Governance oversight	Comments/Risks/Mitigation
Well being and Fit for Winter	Flu Vaccination	System wide commitment to achieve	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	Flu plan in development; RLH involvement secured		Open	Divisional and site performance review	●A winter National TV Comms campaign is due to commence on 13th October. WEL local comms are to be launched on the same day. ●Flu vaccinations will be available to all front line staff including Care Homes and Domiciliary workers. ●Potential risk of limited supply of vaccines for staff and GP practices potentially running out of stock. Supply issue for both adult vaccines. Issue re supply for staff in primary care/GPCS that would normally access via Pharmacies.
	Vacancy management	Whole system knowledge of vacancy pressures; therapy, medical, nursing, community etc....	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	Monthly reporting and updates through the whole system escalation calls		Open	Divisional & site performance reviews	Streps in place
	Sickness and holiday management	Confirmation from system partners that sickness management policies are in place and applied as appropriate	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	Monthly reporting in place for all partners and organisational oversight in place by organisation		Open		●Potential risk of staff self isolating due to Track & Trace rules. Streps in place
	Well-being and psychological support		Barts Health	Sep-20	Mar-21	Each organisation has a staff wellbeing and support arrangements.		Open		Counselling scheme extended to cover primary care.
	Response to lockdown and isolation	Potential for redeployment of staff as a system partners	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	To review options for vulnerable staff this winter. Whole system options		Open	Urgent Care Working Group	●All services have an internal plan. Mutual aid between PCN's, UTC & OOH can support practices during spikes in demand. Practice assessments under review re impact
	PPE availability	Sufficient PPE to be available to all system partners ahead of winter and a second potential spike on Covid-19	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	Stock levels are constantly being reviewed.		Open		●LBTH maintain a 13 week stock supply of PPE. ●Risks identified around finance and the supply chain. Awaiting confirmation re system wide procurement sproach for routine supplies
	Whole system outbreak plan	Whole system response to COVID outbreaks in the community, care homes, schools, religious setting	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	TH CHS: business continuity plans reviewed, staff risk assessments carried out; caseload reviews; IDH staffing increased; community therapy staffing increased		Open	UCWG	● Covid response occurs through the pandemic response structure. ●Potential risks to the testing programme and impact on particular groups. In place
		Test, track and trace programme aligning	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Mar-21	TH CHS: National guidance is followed.		Open		Primary care testing launched, links established for vulnerable groups. Add local sites in place. Local tracing to be launched in Oct
In flow	NHS 111	Help Us To Help You (HUHY) a UCWG commitment. An ambitious programme led by ICS to reduce avoidable ED attendances and maximise community	CCG	Sep-20	Mar-21	This model is emerging and updates of the primary and community care offers in terms of community setting alternatives to ED will be updated through the UCWG		Open	Urgent Care Working Group WEL UEC Mobilisation Group	HUHY proposal response awaited
	Primary Care Hubs	GP extended hours, Daytime hubs and Covid hot hubs are in place. Further development required of the daytime hubs which would link into redirection from 111 which is required for the HUHY programme	CCG; TH GP Care Group	Sep-20		GP Extended hubs operating from Stroutts place,and from Clinic,St Andrews and Barkantine continue to take patients.Clinic 1 sees patients from the practices whom are suspected of having developed CoVID				Awaiting confirmation re use of extended hours to provide central support for F2F incl home visiting. Hubs takine 111 calls
	Paediatrics	1.Asthma follow up 2.Activating shielding plan	GPCG	Sep-20	Mar-21	1. 48 hour post discharge from admission with asthma follow up – virtual consultation by the Home Monitoring team and discharge summary sent to GP EMIS. Route into face to face review where required.2. Pausing and reactivating shielding plan in place via School Health team. Barts Health completed review of all children who have shielded and following guidance identified those advised to shield/not to shield in future lockdowns. Data flows between Barts Health, THGPCG and ELFT (CLDS) agreed. Letters sent to those paused from shielding with guidance for future lockdowns. Comms agreed and ready to go if shielding reactivated by THGPCG on behalf of BH/ELFT/LBTH/THGPCG		Open		
	LAS			Sep-20						
	Streaming	HUHY will alter streaming and patients presentations. As the HUHY service develops streaming will evolve with the model	TH GP Care Groups; Barts Health	Sep-20						Proposal developed Awaiting conf re HUHY
	Infectious Disease managements	Building on learning from 2018/19 and Norovirus and 2020 for COVID. Reduce avoidable admissions to ED. Alternative care pathway support for the community	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20					UCWG	
	Respiratory medicine	COVID planning and emergency and respiratory responses	CCG; TH LA; ELFT; Barts Health; TH GP Care Group	Sep-20	Nov-19					●Community Respiratory Service (ARC are) provided by Barts Health/RLH. Rapid Response Service and EPCT support in the community to support admission avoidance for patients which do not require specialist ARC are input.Home monitoring in place.
	CMC		Barts Health - emergency medicine	Sep-20	Mar-21					●End of Life - Access to OOH medication access. Temporary arrangement.CMC issues still need to be resolved for OOHs
	MIDOS	MIDOS is in place and ED have access to this system. Training has been put in place to support ED teams with this service.	Barts Health	Sep-20	Mar-21	●ED at the RLH has access to MIDOS				
Acute Flow	Bed base for winter		Barts Health	Sep-20						
	Delivery of ED improvement plan		CCG; Barts Health; TH GP Care Group	Sep-20		●Plan has been developed				HUHY proposal response awaited
	IAS Handover Commitments	IAS handover and ECIST sponsored work stream to reduce avoidable LAS waits >30mins to zero	LAS; CCG; Barts Health	Sep-20	Mar-21	●Plans need to be revised in light of COVID-19		Open		
	Ambulatory Care			Sep-20						
	Acute Assessment Refinement			Sep-20						
	Critical Care	Barts Health Internal Transfer Policy to be developed prior to winter plus establishing a transfer team	Barts Health	Sep-20	Mar-21	●Critical Care Transfer Policy has now been developed.		Open		
	Paeds Assessment Unit			Sep-20						
	Frailty Service Refinement			Sep-20						
	Delivery of the Reduction in Super-stranded	A whole system commitment to reduce super stranded patients.	Barts Health; ELFT; LA; TH GP Care Group	Sep-20	Mar-21	With the support of the community the site ambition is reduce super-stranded patients.		Open		●IDH has been effective with supporting this.
	DPTL/COVID return			Sep-20		Further work req re primary/secondary interface re long covid/rehab				Further work req re primary/secondary interface re long covid/rehab
Out Flow	Reablement	To continue to ensure timely discharge of people from hospital to home. Providing Care and Support in line with Reablement OTs or partner rehab pathways to promote independence following a hospital stay and reduce admission / readmission to hospital	LBTH	Sep-20	Mar-21	If there is a 2nd spike the Reablement Service Covid Specification will be activated which aims to ensure the rapid discharge of service users from hospital and to increase the Reablement Service Capacity to support / provide therapy to an increase in people being discharged		Open		AADS works with Reablement to support rapid discharge of patients from hospital. Patients are allocated a Reablement Offi cer and a therapist from AADS who visit/assesses within 24 hours. High demand would require an increase in Reablement Offi cers and therapists to provide intensive input to prevent readmission to hospital and aid recovery within the community.
	Home First			Sep-20						
	Neuro Rehab	Work through ways of potentially reducing delays with neuro rehab patients	CCG; TH LA; ELFT; Barts Health	Sep-20	Mar-20			Open		●Community Neuro Service is provided by Barts Health/RLH. EPCT and ADDS are able to support with non specialist rehab requirements only
	Integrated Discharge Hub	Post the implementation of the COVID19 discharge criteria new ways of working have been developed	CCG; TH LA; ELFT; Barts Health	Sep-20	Mar-21	TH IDH Quality Improvement Project to enhance the effectiveness of the discharge pathway at RLH		Open	UCWG	●Change ideas have been developed and are being tried out.
	Additional Bed Capacity	Additional community beds to be available to support flow.	CCG; TH LA; ELFT; Barts Health	Sep-20	Mar-21	An additional 100 beds have been sourced to support the WEL system within the community to enable patients to be stepped down		Open		●IDH discharges to step down beds. Small team is being established to enable facilitate discharge to onward destination
	Choice Policy		Barts Health	Sep-20				Open	UCWG	●The Choice Policy has been suspended until 31st March.
	Private sector ' new options? '			Sep-20		To explore the options available during the COVID-19 pandemic and consider winter options from these?		Open		
	Track and Trace	7 day week 08:00-20:00, receiving referrals (those not contactable within 24 hours by national team) and undertaking contact tracing, escalation back to national team for tier 1 (complex eg school, health setting, care home or workplace	GPCG	Oct-20	Dec-20	Currently mobilisign service ,commissioned initially for 2 months		Open		
	Home monitoring	Monitoring for patients coming into ED/UTC/OOH and Primary care whom are monitored using pulse oximetry/BP/Thermometer	GPCG	Sep-20	Mar-21	Referrals received from G Practice and ED. Pulse oximeters +/- BP meter +/- thermometer plus information leaflet sent out via courier. Video consultation undertaken within 24 hours to review procedure for obtaining readings, follow up arranged as required (minimum 24 hours remote consultation). Route into face to face consultation where appropriate.		Open		
	Community Services	Utilisation and availability of rehabilitation bed based care	ELFT; TH GP Care Group	Sep-20				Open		●The TH CHS contract required establishment of intermediate Care Team to support patients who would otherwise have been admitted to a bed based facility. The D2A approach has been used since rehab beds were closed from 1Q/2017.Needs confirmation re model and req re medical support from primary care
	Primary care response to lockdown	PCNs providing mutual aid coordinated by Network Managers in response to destabilisation of individual teams Practice risk assessments being shared at PCN and borough level to inform BCP and need for extra support Reactivation of shielding or response to local lockdown MT	GPCG	Sep-20	Mar-21					
	Unregistered patients	Unregistered patients can be seen via UTC within Clinic 1,central registration now live so patients whom are unregistered and live in the borough can be registered	GPCG	Sep-20	Mar-21					
	Mental Health	Adults Bed based care provision and access	ELFT	Sep-20	Mar-21	ELFT/NELFT agreement for usage of beds. Escalation processes in place. Post COVID rearrine underway.		Open		
		CAMHS bed based care provision and access	NHSE;	Sep-20	Mar-21	Acknowledgement of a shortage of CAMHS beds available.		Open		
System Resilience	Daily BH Ops hub Calls	Daily operational check-in local and system pressure; CSU escalations	Barts Health	Sep-20	Mar-21	In place		Open		
	Daily CSU System Call	Daily operational check-in local and system pressure; CSU escalations	Barts Health; Ops Hub	Sep-20	Mar-21	usually reinstated for winter		Open		
	Weekly system	Weekly whole system review to share local pressure and ensure system wide escalations of pressure	CCG; LA; ELFT; Barts Health	Sep-20	Mar-21	In place		Open		●Weekly system calls to be arranged.
	Community hub exec updates	Weekly whole system review of Community Hub patient flow	CCG; LA; ELFT; Barts Health	Sep-20	Mar-21	In place		Open		
	Cold weather plans	In place	CCG; LA; ELFT; Barts Health	Sep-20	Mar-21	In place		Open		
	Business continuity	In place and to be revised in light of COVID learning; respiratory and infectious disease management	CCG; LA; ELFT; Barts Health	Sep-20	Mar-21	In place and to be reviewed in light of COVID learning		Open		
	Celebration period cover and recovery schedule	CSU templates and local plans	CCG; LA; ELFT; Barts Health	Sep-20	Mar-21	National returns		Open		

RLH OPEL & Trigger Management Structure

OPEL Status	Site Team Response	ED Response	Flow Management Response	Senior Management Response	HSWT	System Response
OPEL 1 1. Ambulance Handover delays: 0 over 30mins. 2. No. of Ambulance conveyancing issues: Average < 8 ambulances in 2 succesive hours. 3. Patients in the department < 60. 4. DTA's in the department: < 5. 5. Patients arriving for past 2 suocsive hours < 70. 6. 4hr target on trajectory to deliver: > 95% 7. Discharge profile: No gap between expected Admissions and Discharges. 8. DTOC numbers < 16 9. Bed occupancy < 90% & 2 Critical Beds Available. 10. Escalation beds open: 0 11. Number of cancelled Operations: * Routine Operations: 0 * Urgent cancelled Operations: 0 12. CYP Hospital and Maternity in OPEL 1 13. Staffing across the site: Green	1. Morning saftey huddle 2. 3 x site meetings daily with 6 a day acute site reports. 3. Maintain elective delivery and review the following day activity to ensure no risk fo maintaining position	1. Mording safety Huddle 2. Regular Board Rounds 3. Daily staffing reviews	1. Board rounds and ward roounds to be maintained. 2. Gold patients to be identifified to support early flow and maintain position. 3. Ensure discharge lounge is utilised for discharges where appropriate	1. Bronze/Silver/DirOnCall & Gold on call in place for 24/7 cover. 2. Divisional operational leads to maintain attendance at site meetings.	**Staffing** ●1 Team Manager: Managing Senior Practitioners and overseeing the whole team and ensuring effective discharge process. IDH Attendance / meetings, overview of workflow, daily meetings, authorisation of cost of care provision to enable timely and safe discharge. ●3 Senior Practitioners - Supervising Social Workers, Screening and Allocating cases including providing case management guidance and support. ●1 Social Worker based in the Integrated Discharge Hub (IDH): To receive and act on referrals from CDT, participating in the IDH Triage by screening and referring patients requiring Social Care intervention to the Hospital Social Services Team. Receive updates from the HSWT to feedback to CDT and to complete the Discharge Tracker within IDH. ●8 Social Workers covering all existing Adult RLH Wards referrals and OOB hospital referrals Receive and act on allocated patient for discharge from RLH and other Acute hospitals discharging LBTH Residents. Including Safeguarding cases. ●2 Social Workers covering A&E and AAU Patient timely discharges from RLH A&E, CDU and AAU and to minimise / prevent the admission of patients into long term beds in wards. ●OOH cover (Evening and Weekend) OOH cover 2 SWs, 1 Senior and 1 TM on call. To prioritise support to patients leaving the ward after 5.00pm and over the weekend to reduce length of stay. ●1 Care Home Trusted Nurse Assessor:Completes assessment on behalf of Care Homes for the HSWT this includes (Nursing and Residential), more so when the care homes are unable to attend the ward in order to complete required assessment. Operational Model ●The model is Discharge to Assess Model, Working IT Systems both health and social care. Viable Building to enable safe working conditions. ●Support Staff: Supporting the team in tracking all admissions and discharges. 2 Administrators on duty in the Hospital SW Office. To support the team with most administrative functions including managing calls to the team and creating contacts for referrals. Including CRS Rota for SW update of health records. DAILY ACTIONS FOR OPEL 1: DAILY CALL TM WITH SENIOR PRACTITIONERS (AND BAU CALLS WITH IDH).	1. Weekday escilation status/report to CCG and winter rooms. 2. Weekly updates to the Trust Winter Rooms on performance and challenges for continued support
OPEL 2 1. Ambulance Handover delays: > 4 over 30 mins. 2. Ambulance conveyancing: Average > 8 ambulances in 2 succesive hours. 3. Patients in the department: 60 - 100. 4. DTA's in the department: 6 -12 5. Patients arriving for 2 suocsive hours: 70 - 100 6. 4hr target on trajectory to deliver: 87 - 95%. 7. End of Day Discharge profile indicating a -10 position 8. DTOC numbers: 17 - 26 9. General bed occupancy >92% & 1 Critcial Care Bed available. 10. Escalation beds in use > 5 extra beds . 11. Number of cancelled Operations: * Routine Operations: – 5 * Urgent cancelled Operations: 0 12. CYP Hospital & Matnerity Services in OPEL 2 13. Staffing across the site: Amber 14. HSWT - Reduced staffing or increased referals resulting	1. All OPEL 1 Measures plus 2. Implementation of Site Team Response Action Cards (Appendix 1) 3. Request through divisional reps additional targeted reviews/ward rounds where there is poor discharge profile. 4. Implement elective theatre protocol if HDU capacity compromised. 5. In conjunction with senior sisters and through safety huddle discuss how staffing could be deployed to other areas of acuity with staffing shortages. 6. Ensure CMS is up to date and OPEL Status is declared on site report	1. All OPEL 1 Measures plus. 2. Implementation of ED Team Response Action Card (Appendix 3) 3. Movement of patients to CDU/ACU?? or Paeds CDU (if applicable). 4. Movement of resources between areas of ED. 6. Extra resouces for followng shifts. 6. Move senior resources to control the front door. 7. Senior Sisters/ Clinical leads to come onto the shop floor to take on clinical duties. 8. ED managers to support flow management. 9. Ensure streaming is being utilised to maximum capacity	1. All OPEL 1 Measures plus 2. Implementation of Divisons Response Action Cards (Appendix 4-8) 3. Site Team rep to attend regular ED huddles. 4. Divisions to ensure ward rounds occur with attendance of Senior decision making level. 5. Escalate through site team delays to key support services e.g. Imaging delays, bloods and departmental. 6. Review of critical Care areas to identify step down patients. 7. Review possible repatriations anf inter-hospital transfers. 8. Review elective demand for the current and following day and agree if elective activity shoud be cancelled/reduced. 9. Prompt tensure that CMS is up to date. 9. Complex team to review DTOCs and Escalate any delays to Director of Ops 10. Initiate escalation areas for use 11. Consider utilising Plus 1 protocol. 12. Site Manager/Silver on call to iniative senior call to repat sites to agree transfers.	1. All OPEL 1 Measures plus . 2. Implementation of Senior Managers & CSS Response Action Cards (Appendix 9-12) 3. Increased attendance of senior managers at weekday site meetings as per divisional action card. 4. Esclation to Senior Leadership Team and Consultants On-Calls. 5. Attendance of support services at site meetings as requested through site manager/Director of Ops. 6. Agree use of escilation areas in order of agreement as per our Escalation Policy. 7. Agree cancellation of activity as required to balance the demand against capacity. 8. Review how Plus 1 could be utilised if required.	Functions as outlined in OPEL 1:Viable Building: Team to move to working IT Source and available location. COVID / Winter Pressures: Staffing as per OPEL1 in addition to COVID / Winter Pressure staff requirement with daily referrals of > than 2:1 ration to staff. ESCALATION ACTION FOR OPEL 2: TEAM ON ALERT- BRONZE daily morning call TM and Seniors to make adjustments. • Morning brief to staff • Review any non-mandatory staff training be postponed to a later date. • TM to inform SM and IDH of potential delays.	1. All OPEL 1 Measures plus 2. Alert system partners through escilation process of site status. 3. Senior representation of activation of a DTOC call with system partners. 4. Liase with HALO and ED to discuss whether a "soft" divert is possible to alevaite department temporarily.

OPEL Management Structure

to escalate to OPEL 3 staus there must be a system level call with CCG and CSU

OPEL 3 1. Ambulance Handover delays * > 8 over 30 mins. * > 1 over 60 mins. 2. Ambulance conveyancing: Average >12 ambulances in 2 succesive hours. 3. Patients in the department: 100 - 130. 4. DTA's in the department: 13 - 20. 5. Patients arriving for 2 suocsive hours: 100 - 140. 6. 4hr target on trajectory to deliver: 75% - 87%. 7. End of Day Discharge profile indicating a -20 position weekends. 8. DTOC numbers: 26 - 35 9. General bed occupancy: >95% with no Critical Care Beds 10. Escalation beds already in use 5 - 14 11. Number of cancelled Operations * 70% of Routine Operations cancelled 50% of Urgent Operations cancelled 12. CYP Hospital and Maternity Services in OPEL 3 13. Staffing across the site: Red 14.HSWT - Further reduced staffing or increased referrals to the HSWT as outlined in OPEL 2 resulting in a greater ratio of daily referrals of > 3:1 daily referral for staff.	1. All OPEL 2 Measures 2. Implementation of Site Team Response Action Cards for OPEL 3 3. Cross-site communication 4. Agree the OPEL 3 status with on-call managers/Director of Ops 5. Initiate Command and Control Management of Site to support effective co-ordination.	1. All OPEL 2 Measures 2. Implementation of ED Team Response Action Cards for OPEL 3 3. Step down patients from Resus where possible. 4. Request extra Nursing/ Doctor resource to support the hospital. 5. Close injuries and extend cubicles. 6. Open extra CDU beds or pull CDU nurse into the department 7. Contact the helpdesk to request additional Security (ED Patients)	1. All OPEL 2 Measures plus 2. Implementation of Divisional Response Action Cards for OPEL 3 3. All routine elective activity cancelled and urgent/cancers reviewed to ensure clinical appropriateness for cancelling. 4. CEO to CEO escalation of repatriations. 5. DOps escalation of social care delays through additional system escilation calls. 6. Decline of non-Urgent tertiary transfers . 7. Review option to increase escilation beds as per escilation bed policy. (NICU, PICU and Wards) 8. Close PAU beds and reallocate nursing resources if required	1. All OPEL 2 Measures plus 2. Implementation of Senior Manager and CSS Response Action Cards for OPEL 3 3. Extended presences of Silver on Call/Director On Call on site throughout the period of esclation. 4. Increased attendance of senior ED management at ED huddles/board rounds. 6. Increased attendance of senior triumverate managers from all divisions at all daily site meetings. 7. Escilation of site status to all on-call consultants. 8. Support services to be present at all site meetings and nominate identified rep to support escalation requests. 7. Gold on-call to be kept regularly updated with site position and progress against de-escalation.	ESCALATION ACTION FOR OPEL 3: SILVER CALL TO SERVICE MANAGER /DH. Team morning briefing to alert staff • Cancel all non- essential staff meetings. • Review and Postpone where able any training events for staff to a later date. • SM to put ASC SMs on alert for staff support. • TM to alert SM and IDH of probable delay of patient discharge • Alert Divisional Director	1. All OPEL 2 Measures plus 2. Weekdays GMH/DTOC calls to be informed of the site position and initiate additional daily calls throughout the escilation period with senior operational managers. 3. UCWG Conference call with senior managers/directors participating (arranged via CCG). 4. Liase with HALO/UAS to agree opportunity for another "soft divert" or support that can be offered with prioritisation and management of offloading patients. 5. Discuss with CCG what urgent communication can be send to local GPS to inform of escalated status 6. UTC to identify if additional streaming could be supported. 7. Explore additional bed capacity through spot purchasing. 8. Request external escilation support from other paediatric units as required. 9. Request external escilation support from other maternity units as required.
OPEL 4 1. Ambulance Handover delays. * > 12 over 30 mins. * > 5 over 60 mins. 2. No. of Ambulance conveyancing Average > 15 ambulances in 2 succesive hours. 3. Patients in the department >130. 4. DTA's in the department >21. 5. Patients arriving for 2 suocsive hours >140. 6. 4hr target on trajectory to deliver: < 74%. 7. End of Day Discharge profile indicating a -30 and above position. 8. DTOC numbers: >35 9. G&A bed occupancy: >100%. 10. Escalation beds open: > 30. 11. Number of cancelled Operations * Routine Operations: All * Urgent cancelled Operations: > 5 12. CYP Hospital and Maternity Services in OPEL 4 13. Staffing across the site: Extremely compromised 14. HSWT further reduced staffing or increased referrals to the HSWT as outlined in OPEL 3 resulting in a greater ratio of daily referrals of > 4:1 daily referral for staff.	1.All OPEL 3 Measures plus 2. Implementation of Site Team Response Action Cards for OPEL 4 3. Discuss with oncall team to agree with GOLD the need to declare OPEL 4. 4. Identify attional staff that can be called to attend to support site management.	1. All OPEL 3 Measures plus 2. Consultant led triage in IA. 3. CIC/NIC lead on enhanced streaming away to alternative care providers and self care. 4. OOH/NIC/CIC to call Matron/Clinical leads to attend site and support.	1. All OPEL 3 Measures plus 2. Review all electives and consider cancelling all cases including urgent and cancers. 3. Review and initiate opportunity for all other esclations areas to be used as per the Esclation Area Policy. 4. Review whether other day case activity such as endoscopy and haematology day case should be cancelled. 5. All consultants to be contacted to support regular ward rounds for review and identify the less acute patients that may be suitable for step down or transfer elsewhere. 6. Identify and agree with other Bart Trusts what inpatient capacity they could provide to support escilated transfer of patients to their site.	1.All OPEL 3 Measures plus 2. Review on-call structure to ensure cover is adequate throughout the enhanced esclation period. 3. Medical Director on site, both in hours and out of hours if required (or nominated representative from Divisional Directors). 4. Review leave and consider cancellation of study leave to support additional staffing requirements. 5. Divisional teams to contact their staffing groups to identify staff who would be ablel to return or attend site as required. 7. DHoNs to review CNS activity and identify how this may be cancelled to deploy nursing staff to critical and ward areas. 8. Theatre staff and anaesthetic teams to be redeoployed to support critical areas and ED. 9. All Execs to be present on site to help support and devlop recovery plan to de-esclate the site over the next 24-72 hours. 9. Consider major internal incident if position does not seem to be improving. 10. Ensure Gold On Call in kept informed and attendance when necessary.	ESCALATION ACTION FOR OPEL 4: GOLD CALL TO SERVICE MANAGER, DIVISIONAL DIRECTOR AND SYSTEM PARTNERS • Team morning briefing to alert staff • Cancel all non- essential staff meetings. • Postpone where able any training events for staff • SM to discuss with ASC SMs for staff support • Alert of actual delays to patient discharge. • Alert Divisional Director • Alert Corporate Director	1.All OPEL 3 Measures plus 2. AEDB teleconference call with all relevant Directors. 3. Through system support, request GP support and other community teams to pull additional activity back to community. 4. UTC to identify additionalr esources to support further streaming numbers.

Supporting Appendicies

Appendix 1 – Bed Escalation SOP

Appendix 2 - Site Office Action Card

Appendix 3 - ED Action Card

Appendix 4 -8 - 5 x Divisional Action Cards

Appendix 9 - Director of Ops

Appendix 10 - Medical Director

Appendix 11 - Chief Operating Officer

Appendix 12 - Director of Nursing & Assoc

Appendix 13 - CYP Hospital OPEL Triawers

Appendix 14 - Maternity OPEL Triawers

Implementation of OPEL Triggers

1. The triggers to be reviewed at each site meeting.
2. 8 of the 13 triggers to be activated in each OPEL status.
3. If >8 triggers activated, agreement with manager oncall of what OPEL status to be reported on site report.
4. The CYP and Maternity OPEL standards to be monitored and managed within local huddles and

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1. The triggers to be reviewed at each site meeting.
2. 8 of the 13 triggers to be activated in each OPEL status.
3. If >8 triggers