

SevernSide

Integrated Urgent Care

Mental Health CAS Escalation

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Introduction

During periods of significant pressure, there are several measures that can be put in place. These measures seek to ensure that we can continue to provide a service that is as safe and effective as possible.

The purpose of this SOP is to explain the definition of escalation and the processes to enact escalation measures.

This SOP describes our 'standard' escalation measures and mitigations, and as well as 'extreme' escalation measures which can be considered and enacted once all the standard measures have been exhausted. Standard measures are set out in our [OPEL Action Cards](#).

Standard Escalation

OPEL

The Operational Pressures Escalation Level (OPEL) is a score that enables us to measure the pressure within the service. The OPEL score is on a scale of 1-4 with 4 indicating the highest pressure. The Mental Health CAS OPEL score is fed daily into the BNSSG Care Traffic Coordination system. This enables all partners to be aware of the current pressures within Severnside.

As well as the system deadlines, there are regular internal checkpoints for the OPEL score to be calculated. This enables the Shift Manager to have a clear understanding of the service pressure.

The Shift Manager is empowered to carry out additional OPEL scores if they think it is needed, and subsequently to check all appropriate actions are being taken for that level of escalation.

Calculator and Action Cards

OPEL 'Action Cards' act as a checklist to mitigate building pressure that correspond with each OPEL level declared. OPEL 1 is where we want to be most of the time. Proactive management and timely response to escalating pressures is key, with the aim to deescalate to OPEL 1 as soon as possible.

The OPEL calculator and Action Cards are included in the appendices. Once calculated, the metrics need to be uploaded to Care Traffic Coordination system. This can be found at the following link: <https://bnssg.my.faculty.ai/login>

Safety calling and Failed contact

It is imperative Safety Calling and Failed Contact processes are enacted effectively during escalation wherever possible, per respective SOPs.

Operational Calls in Escalation

In escalation there will be various operational calls; business as usual 'safety calls' and 'failed contact follow up', as well as escalation calls for 'navigation escalation' and advising patients we may need to hand over to general practice if we are unable to call all patients before the service closes.

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IAP Senior Lead Escalation

In the event that escalation is required to one of the senior IAP Leads (listed below) they can be contacted on 0300 303 5448.

- **Rhys Hancock** – BrisDoc Director of Nursing, Allied Health Professionals and Governance
- **Matt Truscott** – SWAST Head of Mental Health
- **Kerry Geoghegan** - AWP Head of Urgent and Emergency Mental Health

Escalation to the IAP senior leads will be via SevernSide's on call structure from the Head of IUC or Senior On=Call Manager.

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Appendices

Appendix one – OPEL calculator



Mental Health CAS
OPEL Calculator v1.xls

Appendix two – Clinical Escalation Level required for OPEL calculator

The Clinical Escalation Level threshold seeks to define the clinical capacity available based on current demand.

All thresholds should be met to declare the next level.

To work out the clinical escalation level, please divide the number of outstanding cases on the advice queue by the number of clinicians working the advice queue. This will give you a figure which will determine the level we are currently operating at.

Level	Outstanding cases per clinician on advice queue	Number of breached cases
1	1-3	0
2	3-6	10
3	6-9	20
4	10+	30+

Level 1 – Pressure to meet KPI

Level 2 – Insufficiency to meet KPI.

Level 3 – Risk Management based on patient Safety

Level 4 – Severe compromise to KPI and clinical risk

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Appendix three – OPEL Action Card Level 1

OPEL 1 is where we want to be most of the time. Proactive management and timely response to escalating pressures is key, with the aim to deescalate to OPEL 1 as soon as possible.

OPEL 1 Status – Triggers	OPEL 1 Actions
BAU – demand in line with forecast, no staffing issues.	<p>Call answering:</p> <ul style="list-style-type: none"> Assess staffing levels and anticipated increase/decrease in resource Monitor Service Level and Abandonment Rate <p>Queue management:</p> <ul style="list-style-type: none"> Maintain current processes Ensure patient safety calling is followed Proactively manage the Mental Health CAS advice queue Maintain good communication to ensure the team are aware of priorities Proactively use case tagging Clinical Navigator (CN) will proactively review the queue and flag at risk/high priority patients for call back. These cases should be prioritised and monitored using priority tagging

Appendix four – OPEL Action Card Level 2

OPEL 2 Status – Triggers	OPEL 2 - Actions
Some calls waiting to be answered call back waits increase	<p>Call answering</p> <ul style="list-style-type: none"> Non-core activity kept to a minimum, including management of breaks <p>Queue management:</p> <ul style="list-style-type: none"> Enact safety calling protocol for red and black cases where MH CAS queue is breaching Clinical Navigator (CN) will proactively review the MH CAS queue and flag at risk/high priority patients for call back. These cases should be prioritised and monitored using priority tagging Pause 'fishing' from the SevernSide OOHs/SCAS queues Clinical Navigator (CN) to re-review breached cases

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Appendix five – OPEL Action Card Level 3

OPEL 3 Status – Triggers	OPEL 3 - Actions
<p>Clinical escalation level increases Service level decreases Abandonment rate increase Demand exceeds capacity High sickness</p>	<p>Call answering:</p> <ul style="list-style-type: none">• Cancel operational non urgent meetings to maximise resourcing for call answering• Shift Manager to carry out regular OPEL scores to monitor escalation level <p>Queue management:</p> <ul style="list-style-type: none">• Shift Manager to receive regular updates from the Clinical Navigator (CN) regarding clinical risk level• Clinical Navigator (CN) to identify patients who can be referred to known services once open for call handlers to redirect patients• Pass back any 'fished' cases by advising the physical health Shift Manager and removing the Mental Health tag• Shift Manager to consider reducing failed contact attempts from three to two– See Failed contact SOP for details.

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Appendix six – OPEL Action Card Level 4

OPEL 4 Status – Triggers	OPEL 4 – Actions
Demand exceeds capacity High Abandonment rate Low service level Increased patient waits for calls to be answered High number of calls awaiting a call back, long delays	<p>Call answering:</p> <ul style="list-style-type: none"> Cancel all operational team meetings/training to maximise resource Text out for call handlers if required to support call handling/safety calling Message those on shift to see if they can stay on Contact the on-call manager <i>if</i> additional support is required Senior on Call/Head of IUC – Advise the system via EPRR of pressure informing system partners of delay in call backs Senior on Call/Head of IUC action - turn each DoS profile experiencing significant demand 'amber' and add the following wording to the profile 'Referral Information' section: <i>DUE TO UNPRECEDENTED DEMAND PLEASE ADVISE PATIENTS THERE WILL BE A DELAY IN CALL BACK BEYOND THE RECOMMENDED DISPOTION TIME</i> <p>Queue management:</p> <ul style="list-style-type: none"> Cancel all practitioner meetings/training to maximise resource Contact clinicians due in later to request earlier start time Request a review of IAP staffing for options to increase resource to manage the surge <ul style="list-style-type: none"> In hours (Mon – Fri 0900 – 1700) contact IAP Team Managers on 0300 131 3000 Out of hours contact MH SD Clinical Navigator on 0300 369 0151 to inform them of Opel Escalation. <p>This should be supported with a MHSD to MHCAS Clinical Navigator discussion to review current staffing in MHSD/MHRV and those due to work, ensuring relocation to MHCAS wherever possible, and ensuring staff members are suitably informed.</p> <ul style="list-style-type: none">

Change Register

Date	Version	Author	Change
29.10.2024	0.1 DRAFT	Lucy Grinnell	Draft document created
31.10.2024	1	Lucy Grinnell	Document published

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