Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

Operational Pressures Escalation Levels (OPEL)

Using Real-time System Capacity Data to Inform Decision Making for Safe and Timely Discharge from Mental Health Services

This breakout session will commence at 14:00

Leading quality health and care for Scotland

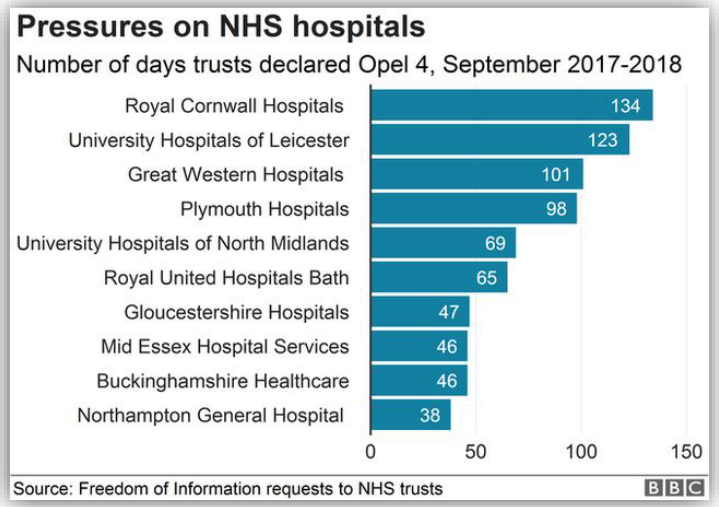
NHS SCOTLAND

Outline

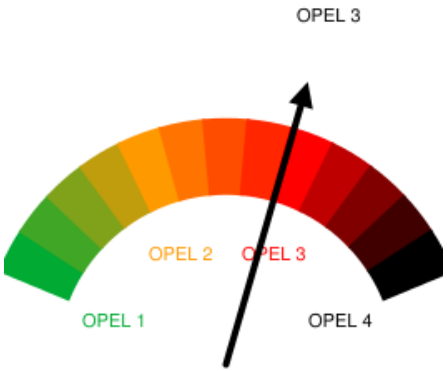
- What is OPEL
- Why did we adopt OPEL
- How did we adapt OPEL
- What has been the impact of OPEL
- Next steps

What is OPEL

- NHS England (NHSE) introduced the national Operational Pressures Escalation Levels (OPEL) Framework in 2016 to bring consistency to local and system escalation.
- NHSE revised the Framework in 2018, 2019 and 2023.
- The Framework is designed to provide a unified, systematic and structured approach to detection and assessment of acute hospital Urgent and Emergency care (UEC) operating pressures.



Within the NHSE Framework – there are 9 core parameters



- Mean ambulance handover time
- ED all-type 4-hour performance
- ED all-type attendances
- Majors and resuscitation occupancy
- Time to treatment (TTT)
- Percentage of patients spending >12 hours in ED
- G&A bed occupancy as a percentage
- Percentage of open beds that are escalation beds
- Percentage of beds occupied by patients no longer meeting the criteria to reside (NCTR)

- The OPEL Framework recognises operational pressures, while supporting a system response to aid with stabilisation or recovery using pre agreed responses contained within **OPEL action cards.**
- OPEL **action cards** are grounded by the OPEL assessment level.
- The **OPEL action cards** are intended to reduce a more significant patient risk in another part of the pathway.

Aggregated OPEL Score	OPEL	Clinical Risk	Response
0–11	OPEL 1	Low	**See OPEL action card** (and local policy/ protocols)
12–22	OPEL 2	Medium	
23–33	OPEL 3	High	
34–44	OPEL 4	Very High	

What are the reported benefits of OPEL

- Improved patient safety
- Increased efficiency
- Improved communication
- Enhanced decision-making

Check-in Time

Why did we adopt OPEL

NHS Fife

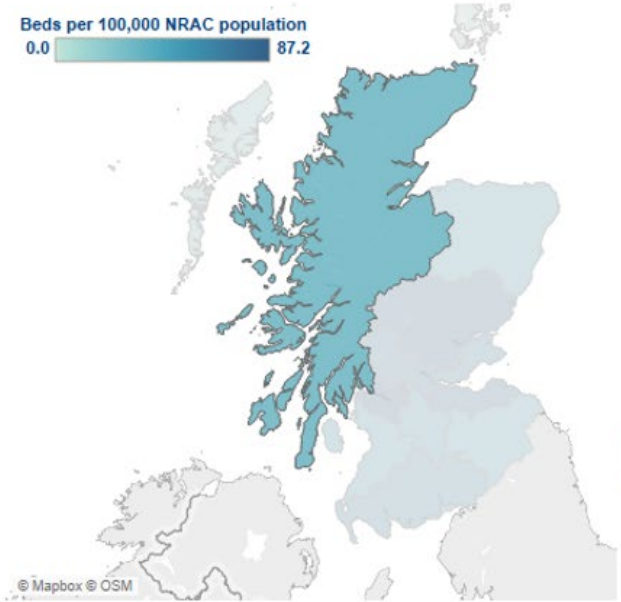
NHS Highland na Gàidhealtachd

Discovery Level 1 Psychiatric Inpatient Beds

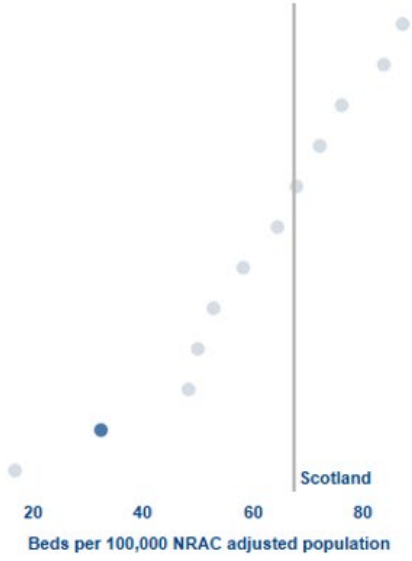
Bed Rate by Health Board and year

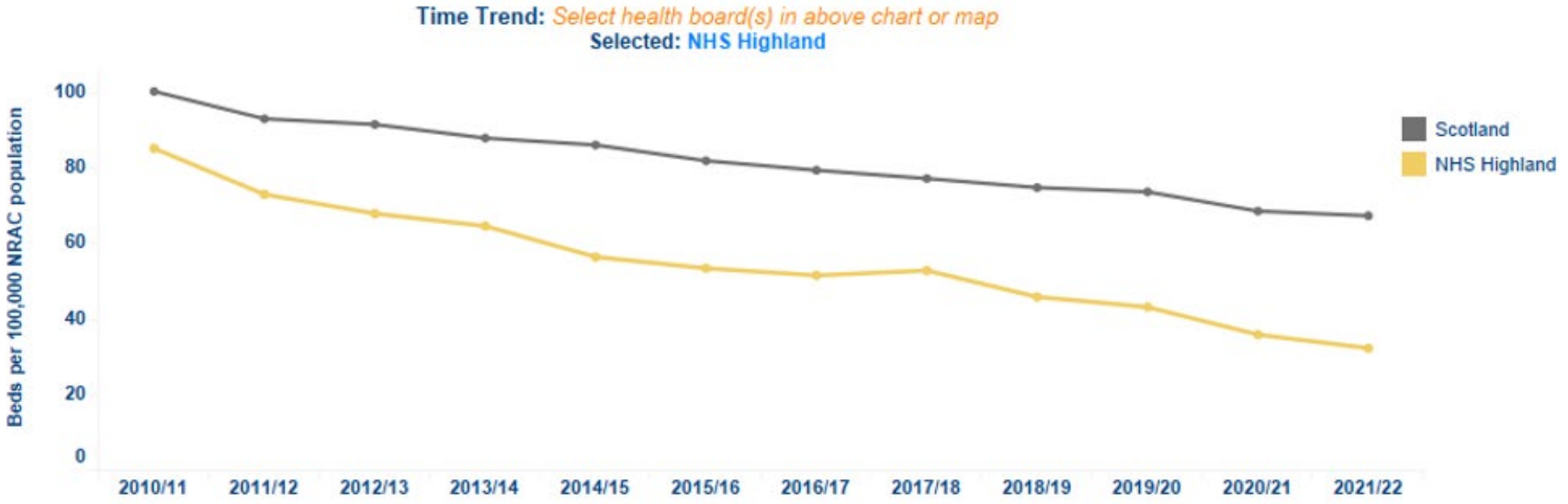
Year
2021/22

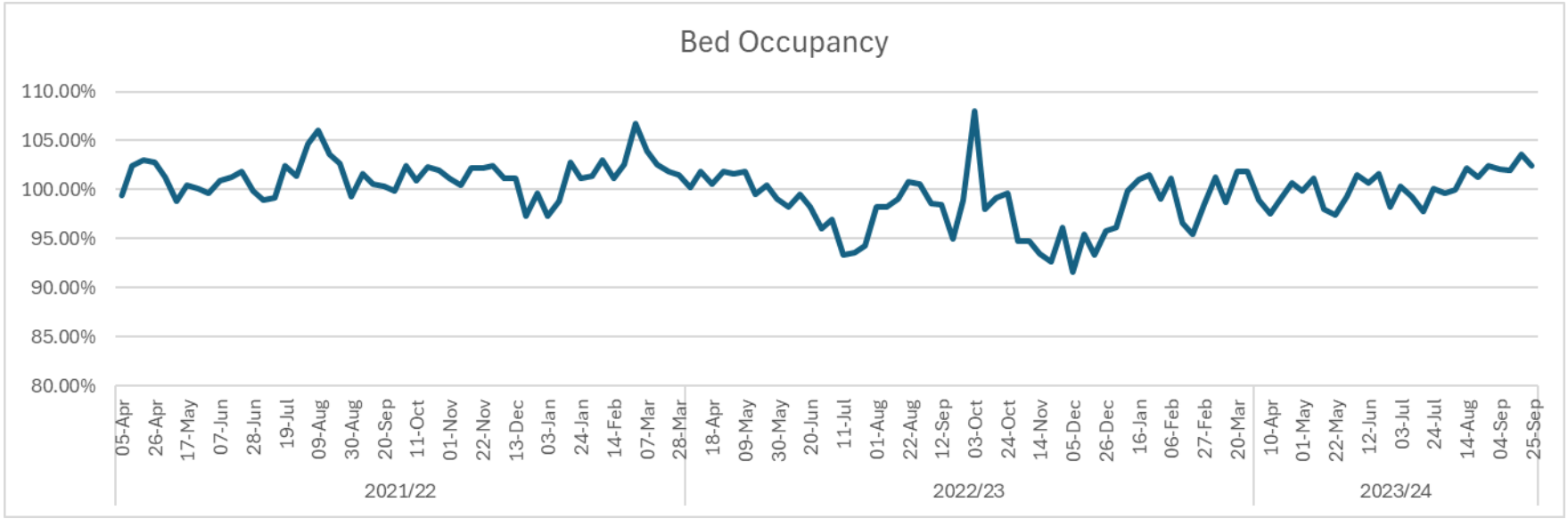
Total psychiatric inpatient beds per 100,000 (NRAC adjusted) population for by NHS Board; 2021/22



Health Board	Beds	Bed Rate
NHS Greater Glasgow & Clyde	1,150	87.2
NHS Tayside	349	83.8
NHS Lothian	634	76.3
NHS Forth Valley	211	72.3
NHS Dumfries & Galloway	92	67.9
NHS Fife	242	64.6
NHS Lanarkshire	406	58.3
NHS Ayrshire & Arran	215	52.8
NHS Grampian	255	49.9
NHS Borders	49	48.4
NHS Highland	114	32.4
NHS Western Isles	5	16.8




Time Trend: Select health board(s) in above chart or map
Selected: NHS Highland
Beds per 100,000 NRAC population
100
80
60
40
20
0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Scotland
NHS Highland


Bed Occupancy
110.00%
105.00%
100.00%
95.00%
90.00%
85.00%
80.00%
05-Apr
26-Apr
17-May
07-Jun
28-Jun
19-Jul
09-Aug
30-Aug
20-Sep
11-Oct
01-Nov
22-Nov
13-Dec
03-Jan
24-Jan
14-Feb
07-Mar
28-Mar
18-Apr
09-May
30-May
20-Jun
11-Jul
01-Aug
22-Aug
12-Sep
03-Oct
24-Oct
14-Nov
05-Dec
26-Dec
16-Jan
06-Feb
27-Feb
20-Mar
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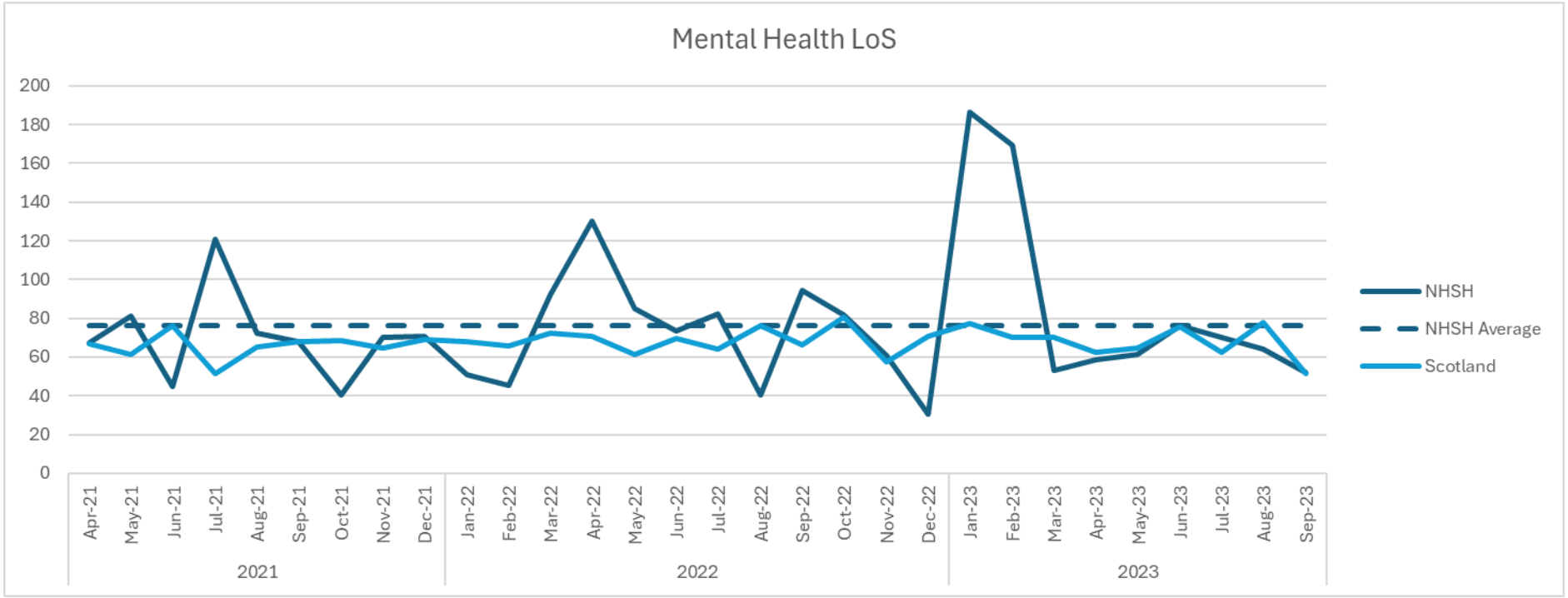
12-Jun
03-Jul
24-Jul
14-Aug
04-Sep
25-Sep
2021/22
2022/23
2023/24


Mental Health LoS
200
180
160
140
120
100
80
60
40
20
0
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
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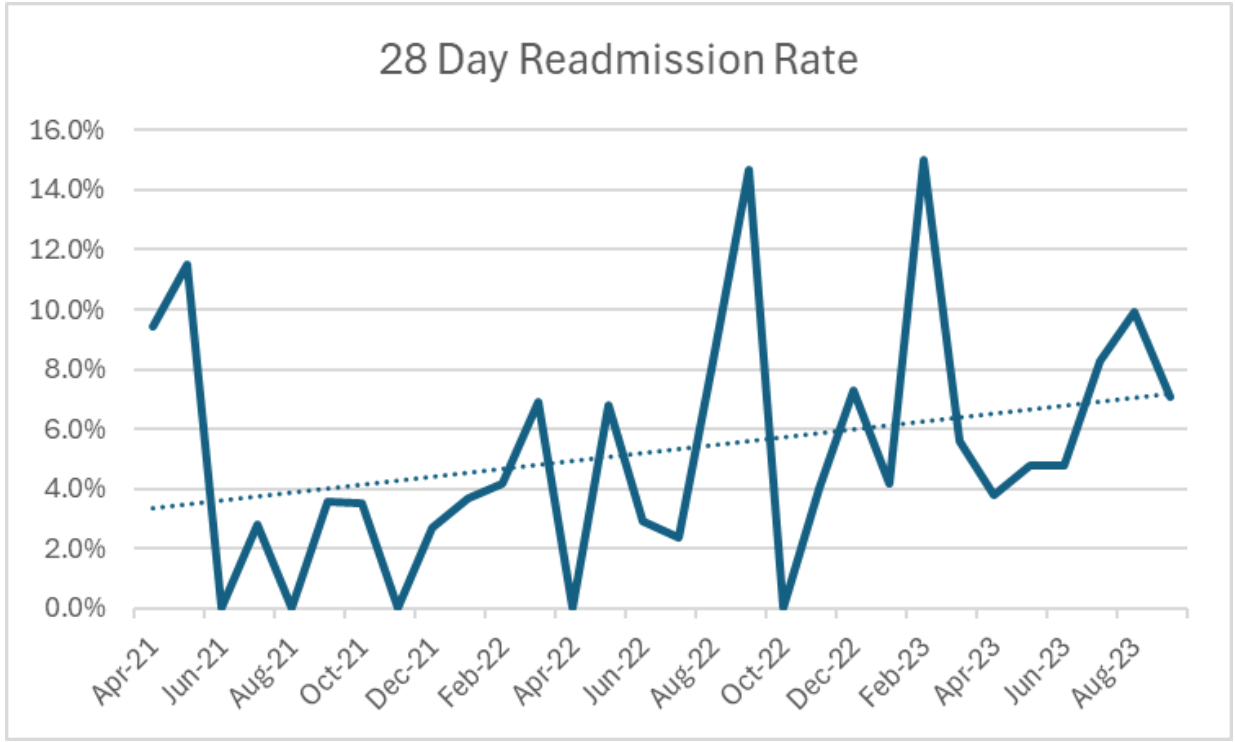
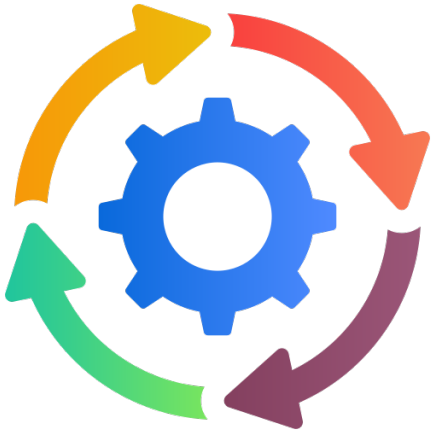
Sep-23
2021
2022
2023
NHSH
NHSH Average
Scotland


28 Day Readmission Rate
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23

Check-in Time

How did we adapt OPEL

- Task & Finish Group
- Develop meaningful Mental Health parameters
- Agree score of each parameter
- Develop action cards
- Agree census frequency
- Shadow run



Mental Health Parameters

Capacity

1. Hospital occupancy
2. Hospital occupancy including pass beds
3. Number closed beds
4. Business continuity event
5. Predicted bed balance

Flow

6. Delayed transfer care
7. Delayed discharge
8. Expected discharges in next 24hrs
9. Detained admissions
10. Patients awaiting admission

Staffing

11. RN
12. HCSW
13. Duty Consultant
14. Duty Doctor
15. Pharmacist

Microsoft Excel
ro-Enabled Works

Parameter Weighting

CAPACITY						
		Low (0-1.9)	Moderate (2-2.75)	Severe (2.76-4)	Critical (4.01-4.5)	Extreme (4.51-5)
1	**Hospital Occupancy**	80-85%	86-89%	90-97%	97-99%	>100%
2	**Hospital Occupancy incl PASS beds**	80-85%	86-89%	90-99%	100-119%	>120%
3	**No of Unusable Beds**	0-1	2-3	4-5	6-7	>7
4	**Business Continuity Event (defined as IT, PACS, utilities failure)**	No Impact	Minimal Impact	Moderate Impact	Severe Impact	Criticial Impact
5	**Predicted Bed Balance**	2+	1	0	-1	-2

Parameter Weighting

		FLOW				
		Low (0-1.9)	Moderate (2-2.75)	Severe (2.76-4)	Critical (4.01-4.5)	Extreme (4.51-5)
6	Delayed Transfers of Care	0-3	4-7	8-10	11-15	>15
7	Delayed Discharge of Care	0-4	5-8	9-10	11-15	>15
8	Expected Discharge in next 24hrs	4	3	2	1	0
9	Acute / Detained Admissions	0-1	2-3	4-5	6-7	>7
10	Patients Awaiting Admission	0-1	2-3	3-4	5-6	>6

Parameter Weighting

Staffing						
		Low (0-1.9)	Moderate (2-2.75)	Severe (2.76-4)	Critical (4.01-4.5)	Extreme (4.51-5)
11	**Staffing Levels RN (excl Super-numerary)**	10% or greater in excess	Less than 10% in excess or 0-5% short	5-10% short	10% or greater short	6 or less registered nurses of the prescribed class
12	**Staffing levels (HCSWs)**	10% or greater in excess	Less than 10% in excess or 0-5% short	5-10% short	10% or greater short	Unable to mitigate with supernummerary staff
13	**Staffing Levels (On Call Consultant Doctor)**	Rostered On Call Consultant Available	Unavailability of Rostered On Call Consultant but alternative identified	S22 AMP available	Registered Medical Practitioner available	No Registered Medical Practitioner available
14	**Staffing Levels (On Call Junior Doctors)**	Rostered On Call Junior Doctor Available	Unavailability of Rostered On Call Duty Doctor but alternative identified	ANP available with supervision from On Call Consultant	On Call Consultant Only	No senior decision maker available above ANP level
15	**Staffing Levels (Pharmacy)**	Normal	3 Pharmacists and 3 Technicians	2 Pharmacists and 2 Technicians	1 Pharmacist and 1 Technician	No Pharmacist

Developing Action Cards

Capacity & Flow

Action cards developed for each of the five levels

Low	13 actions
Moderate	6 actions
Severe	11 actions
Critical	14 actions
Extreme	7 actions

Staffing

Action cards developed for each of the five levels

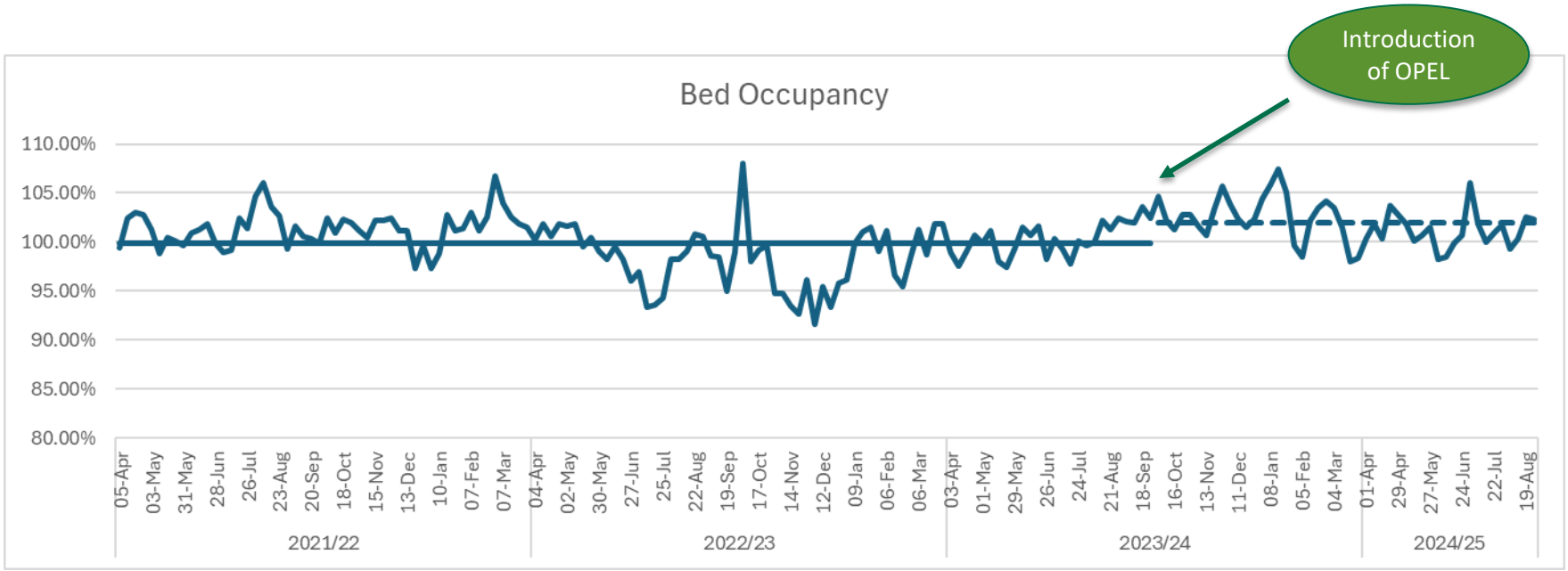
Low	5 actions
Moderate	4 actions
Severe	5 actions
Critical	6 actions
Extreme	5 actions

OPEL LEVEL 3 – SEVERE - ACTION CARD Capacity and Flow All previous action for Levels 1&2 Completed		
1	Identify patients in ward areas who are eligible and assessed for pass	SCN/MDT
2	Transfer patients identified as suitable to board on a non-acute ward capacity allowing	SCN/MDT/F
3	Complex Care Managers and CMHT leads to be invited and attend 10am daily site rundowns	FC/CCM/CMHT
4	Escalate patients fit for discharge to Social Work, Complex Care Manager and CMHT for interim placements where home not available	SCN/CMHT/CCM
5	Social Work and Complex Care Mangers to review capacity for interim placements / pass to community for treatment as clinically appropriate	CMHT/ CCM
6	Re-assess all patients with PDD within next 48hrs with a view for earlier discharge and update	SCN/MDT
7	Plan for next day Community hospital transfers and communicate with relevant agencies	SCN/MDT
8	Plan for next day discharges and communicate with relevant agencies	SCN/MDT
9	Establish National Mental Health bed capacity and availability	FC
10	Status update to be sent to Clinical Teams and SMT members	FC
11	Review area Business Continuity Plans and action as appropriate	SCN/DNM/HM

Check-in Time

What has been the impact of OPEL

- Improved patient safety?
- Increased efficiency?
- Improved communication?
- Enhanced decision-making?


Introduction of OPEL
Bed Occupancy
110.00%
105.00%
100.00%
95.00%
90.00%
85.00%
80.00%
05-Apr
03-May
31-May
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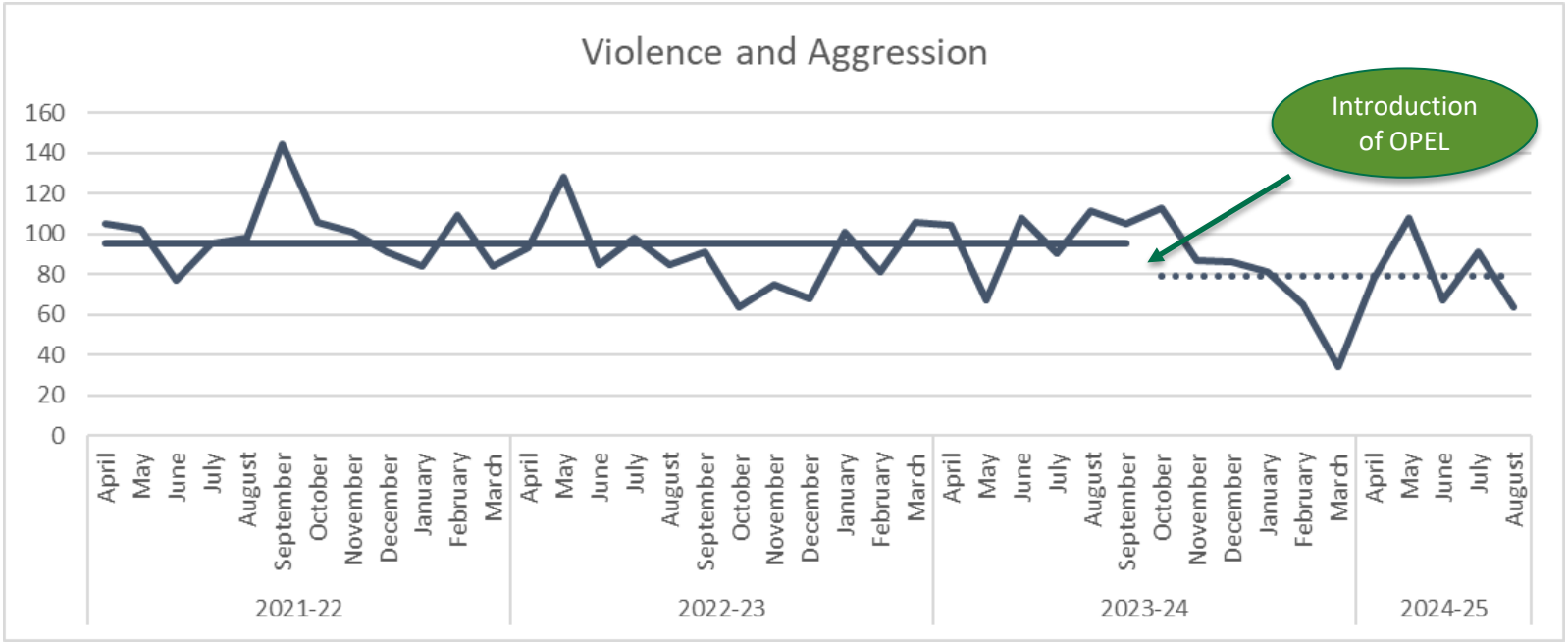
2024/25


Violence and Aggression
Introduction of OPEL
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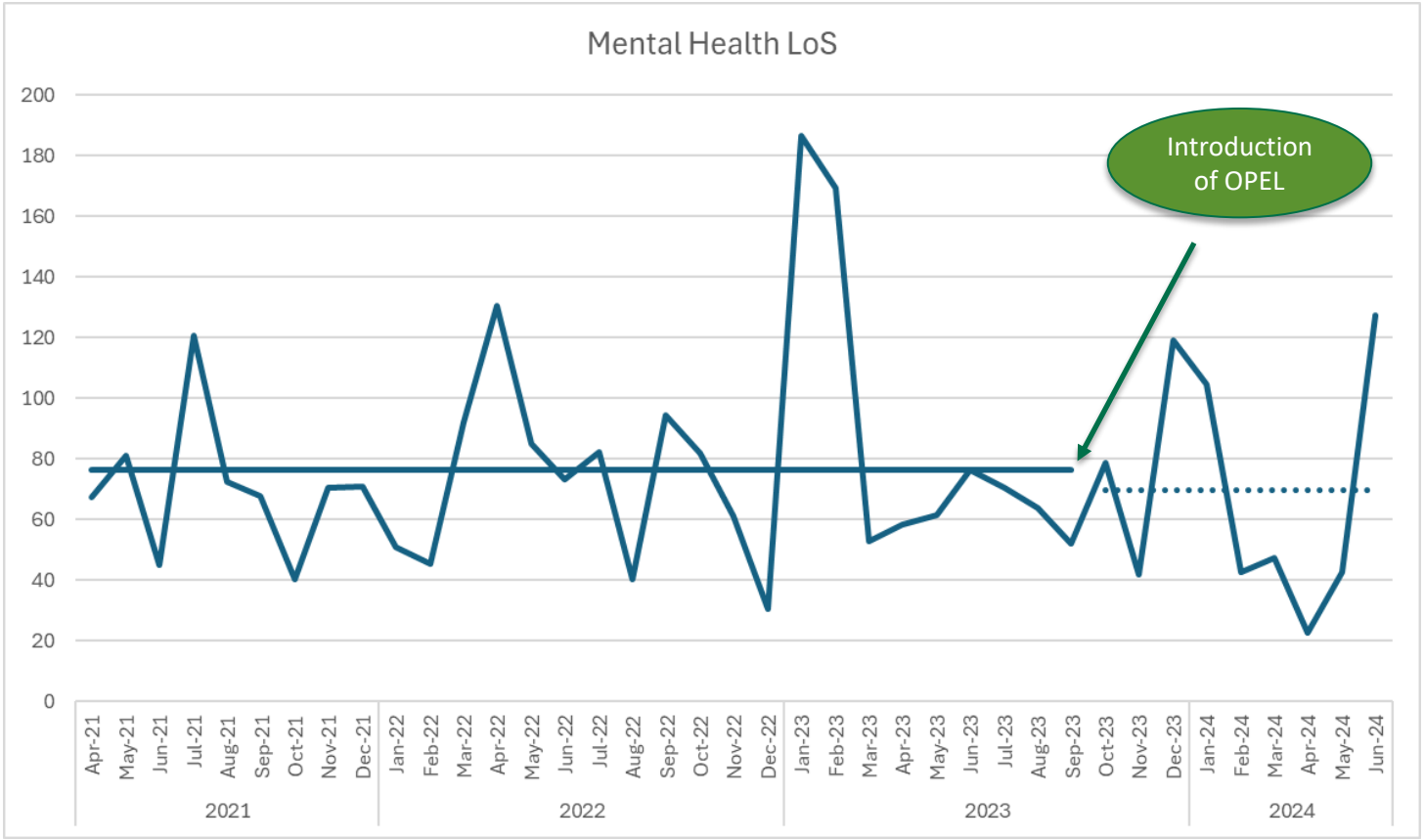
2024-25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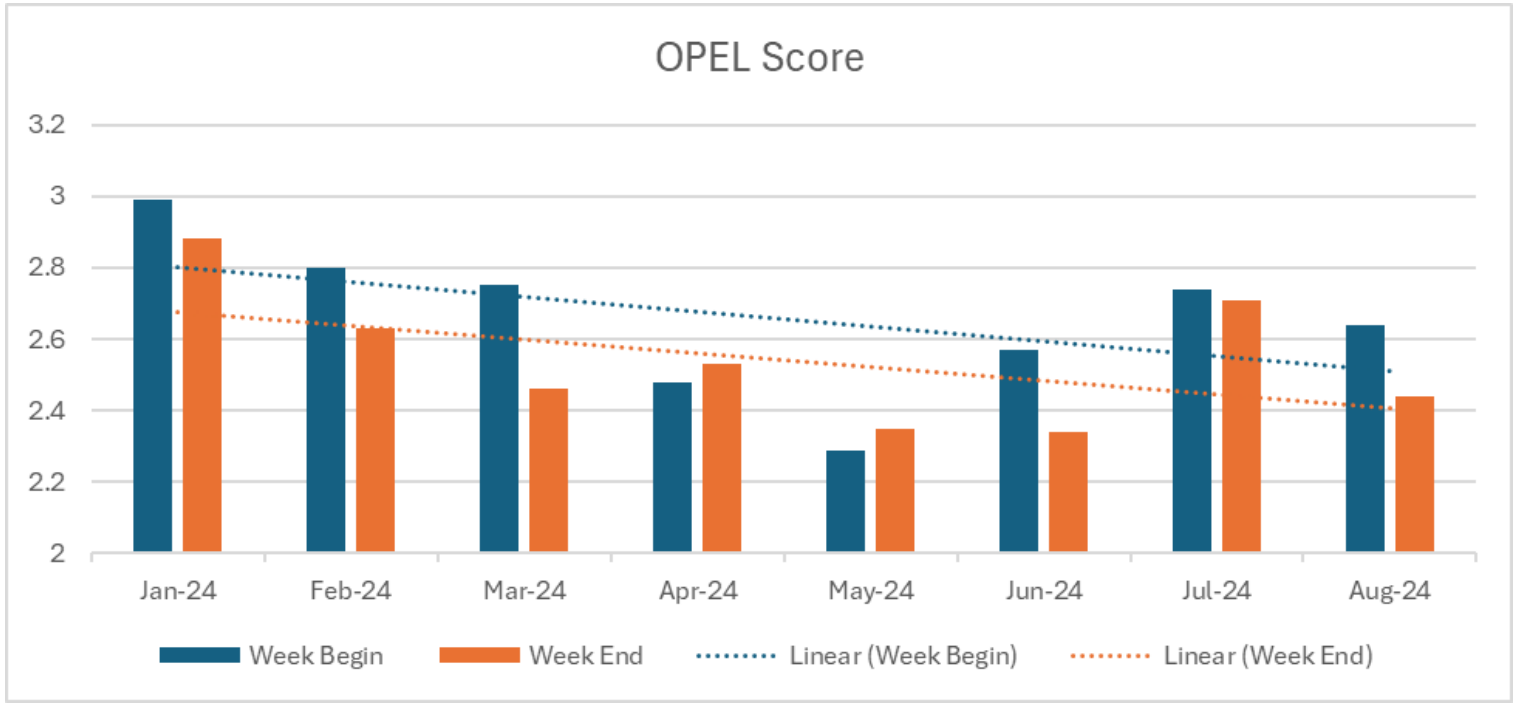
OPEL Score
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2.8
2.6
2.4
2.2
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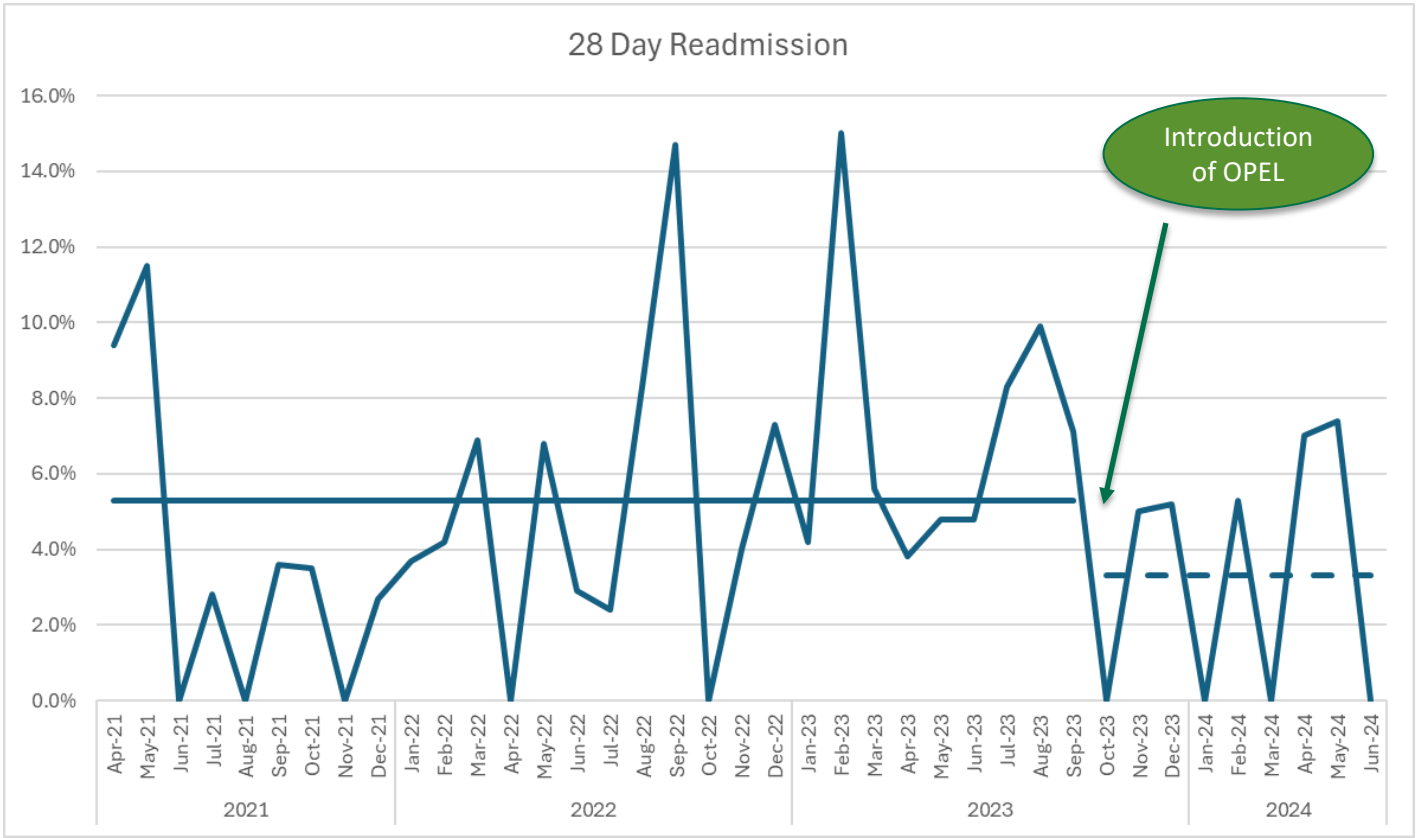
Jul-24
Aug-24
Week Begin
Week End
Linear (Week Begin)
Linear (Week End)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2.0%
0.0%
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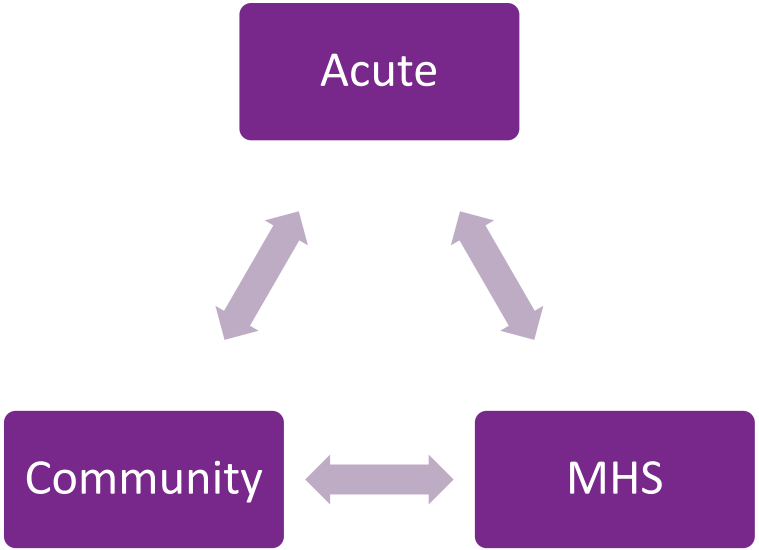
Collaborative Decision Making for Safe & Timely Discharge from Mental Health Services

Check-in Time

Next Steps



- Whole System OPEL
- Review parameter weighting
- Update action cards
- Week begin – week-end impact analysis

Q&A

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Did you learn something new from attending this breakout session?

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Please expand on your answer to the previous question

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What would have made this session even better?

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What are the next steps in your improvement work following this breakout session?

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Keep in touch

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