

A large, light grey watermark consisting of the word 'FINAL' in a bold, sans-serif font, oriented diagonally from the bottom-left towards the top-right. A large checkmark is positioned to the right of the word 'FINAL'.

Pan-South Adult Major Trauma Operational Delivery Networks (ODN) Escalation Framework

OFFICIAL

Document filename: Pan-South Adult Major Trauma Operational Delivery Networks ODN Escalation Framework

Working Group	NHSE/I, Major Trauma ODN Network Managers, EPRR – PAN SOUTH		
Programme of Care responsible	Major Trauma – Specialised Commissioning		
Senior Responsible Officer	Donna Bowen	Status	REVIEWED / OFFICIAL
Owner	Joint owned by NHS England NHS Improvement and Operational Delivery Networks (ODNs)	Version	3.2
Author	Donna Bowen on behalf of working group members	Version issue date	25/11/2020

Document management

Revision history

Version	Date	Summary of changes
1	May 2020	<ul style="list-style-type: none"> Initial DRAFT OPEL framework, Comms Flow and Decision Support Tool developed. Appendix 1 inclusion of Prehospital (REAP) Trauma Unit, Major Trauma Centre and Major Trauma Network OPEL status triggers and actions included.
2	June 2020	<ul style="list-style-type: none"> EPRR guidance and input around Comms Flow and NHSE/I response at OPEL levels. UEC engagement to finalise NHSE/I response in and out of hours on-call. Mandating use of Appendix 3 now referred to as De-escalation Support Tool. Comms Flow prescribing 'in and out of hours' 'on call' response – agreed at OPEL3/4. Inclusion of CRITCON in Appendix 1 OPEL status (referred to in narrative intro). EPRR guiding 'official' for IG information governance to protect 'single points of contacts' EPRR providing final 'on-call' contacts for V3.0 output
3	Oct 2020	<ul style="list-style-type: none"> Updated South East Regional contact to Jane Hubert (was Jamie Kichenbrand)
3.1	Nov 2020	<ul style="list-style-type: none"> Included Regional Operational Centre (ROC) specific to the South West (replaces ICC) added South West EPRR on-call advisor contact number to Region contacts. South West London & Surrey Trauma Network removed from the pan-south framework following network and commissioner discussion and agreement. Severn Contacts – updated to note lead nurse current vacancy

Approval History / Reviewers

This document has been developed in partnership and reviewed by the following:

Reviewer name	Title/responsibility	Date	Version
Prehospital Ambulance Providers East and West	Clinical Leads	May 2020	1
Major Trauma Operational Delivery Networks East and West	Clinical Directors and Network Managers	June 2020	2
NHSE/I South West CCSCH&J (Critical Care, Specialised Commissioning, Health and Justice) Cell - COVID surge response and preparedness	Cell members	July 2020	2

EPRR NHSE/I Region and EPRR Provider Organisations East and West	EPRR Leads	August 2020	2
Urgent and Emergency Care East and West	Senior Leadership Team	Sept 2020	2
UHBW (United Hospitals Bristol & Weston) - post critical incident review and mutual aid response – feedback input	Paediatric Emergency Medicine Clinical Leads	Sept 2020	2
National Programme of Care – Major Trauma	National Commissioning Lead and National Clinical Director	Oct 2020	3

Approved by

This document is approved by the following:

Name	Status	Title	Date	Version
SCOG (Specialised Commissioning Operational Group) South West	INFORMED AND APPROVED	Senior Leadership Team	21 st Oct 2020	3
ROC (Regional Operational centre) South West	INFORMED (APPROVAL NOT REQUIRED)	Senior Leadership Team	Oct 2020	3
CTC (Clinical Transformation Committee) South East	INFORMED AND APPROVED	Senior Leadership Team	6 th Oct 2020	3
ODN (Operational Delivery Networks) Boards South East and South West	INFORMED AND APPROVED	Clinical Directors / Board Members	Oct 2020 ONGOING	3

Related documents

Title	Owner	Location
OPEL (Operational Pressure Escalation Levels) Framework	EPRR	NHS England NHS Improvement
COVID-19 Pandemic CRITCON (surge levels)	Adult Critical Care - ODN	NHS England NHS Improvement
On-call Team Local Action cards (NHSE/I)	UEC and EPRR	NHS England NHS Improvement

Document control

The controlled copy of this document is maintained by NHS England and NHS Improvement. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Pan-South Adult Major Trauma Operational Delivery Networks (ODN) Escalation Framework

1. Purpose

- 1.1. The purpose of this document is to provide a 'supra-regional' Adult Major Trauma Escalation Framework to help guide the process of system escalation across the Major Trauma Operational Delivery Networks (ODNs) in the South of England, specifically South East and South West.
- 1.2. It has been developed as a result of the COVID 19 pandemic but is not limited to the management of this pandemic as a response.
- 1.3. The framework clarifies roles and responsibilities for network partners at various escalation phases, formalising existing actions and communication routes within the network.
- 1.4. It is essential that the framework is underpinned by more detailed and locally specific plans, or guidance that individual providers and ODNs will have developed to reflect internal or system escalation routes.

2. Background - Adult Critical Care (ACC)

- 2.1. A proportion of all Major Trauma patients will require admission to an adult or paediatric critical care unit co-located with adult and/or paediatric Major Trauma Centres (MTC). Regular Sitrep and Directory of Services (DOS) information is provided at a regional and national level for critical care. This provides oversight on availability of all adult critical care beds and identifies CRITCON (surge) levels across the system ITUs. These are used to prevent an individual provider reaching CRITCON level 4 (maximum capacity reached and no ability to admit) without the network, region or system being unaware and therefore able to take action to ameliorate this. In addition, but only for noting; CRITCON levels are further categorised by A or B as a 'staffing declaration' which refer to adhering to or falling below staffing recommendations – please refer to **Appendix 4**.
- 2.2. Mutual Aid - the Adult Critical Care (ACC) Operational Delivery Networks (ODN) interrelate for pan south challenges and mutual aid.

3. Escalation Process

- 3.1. Operational Delivery Networks (ODNs) are expected to have mitigation plans in place to pre-empt likely pressures on the system, such as closing of the hub or spoke/s, transfer and repatriation difficulties and mutual aid arrangements; the latter should be within individual ODNs and across neighbouring ODNs. The majority of ODN operational issues should be escalated via established routes as set out in the Trauma Unit (TU) and Major Trauma Centre (MTC) escalation plans, Trust capacity management (surge) plans and emergency planning documents (including on-call documentation).
- 3.2. Major Trauma Operational Delivery Networks (ODN) escalation plans are required to operate against a nationally prescribed OPEL (Operational Pressure Escalation Level) framework. The framework aims to standardise escalation thresholds and provides examples of trigger and actions for network partners at each OPEL level, as shown in **Appendix 1**.
- 3.3. The Major Trauma network escalation framework is independent from but must be aligned to wider Trust/system capacity and demand (winter planning) escalation plans and processes.

4. Alert and Activation - Communication Flows across the ODN(s)

- 4.1. **Appendix 2** defines the communication flow and associated actions for Trauma Units (TU), Major Trauma Centre (MTC) Operational Delivery Network (ODN) Managers, Clinical Commissioning Groups (CCGs) and NHS England NHS Improvement regional teams at each OPEL. It provides clear actions in and out of hours for network partners that must be reflected in local escalation plans. The following points summarise the process and highlight new areas of responsibility:
- Trauma Units (TUs) / Major Trauma Centres (MTC) must inform local network members, internal on-call processes, the ODN Manager and / or their CCG / lead commissioner of their escalated status / significant operational difficulties.
 - Out of hours the MTC assumes coordination functions on behalf of the Network; TUs are responsible for informing the MTC of their escalated status, the MTC will directly inform NHSE/I regional on-call (or via CCGs as per local escalation processes).
 - In hours the ODN Managers and NHSE/I Major Trauma Network Leads have a pivotal role in leading network coordination, out of hours this defaults to NHSE/I regional on-call arrangements.
 - The ODN Manager will support the network identifying the escalation status and support coordination, including across network boundaries. (At OPEL 4 NHSE/I the regional Medical Director will agree the escalation status with the network).
 - CCGs are responsible for coordinating their system to support de-escalation as per existing OPEL processes.
 - At OPEL 3 or 4 NHSE/I regional teams are responsible for convening and coordinating a de-escalation meeting with Network Partners. A De-escalation Support Tool is provided to guide the call. The MTC Clinical Lead (or position of delegated authority) is responsible for completing the De-escalation Support Tool to inform the meeting to help guide conversations and actions.
 - At OPEL 3 or 4 the NHSE/I on-call Director for the escalating region is responsible for coordinating the response with the NHSE/I on-call Director from other regions as required.
 - The NHSE/I Regional Medical Director (in hours) / On-call Director (out of hours) is responsible for agreeing and declaring Major Trauma ODN OPEL 4 escalation.
 - Any sub-regional variation to the prescribed roles and responsibilities of Network partners must be reflected in local escalation plans underpinning this pan-South framework.

5. De-escalation Support Tool

- 5.1. **Appendix 3** provides a Major Trauma OPEL de-escalation Support Tool which has been developed to aid de-escalation, support mutual aid response, identify risks and lessons learnt. It will support the NHSE/I regional Medical Director/ on-call Director in convening partners to review Network status, actions undertaken and identify options to enact to de-escalate from OPEL 3 or 4. The MTC is responsible for completing the 'tool' on behalf of their Network ahead of a de-escalation meeting.
- 5.2. Regional NHSE/I, UEC, EPRR and ODN contacts are provided in **Appendix 5**.

Appendix 1 - Major Trauma Network OPEL descriptors

OPEL and CRITCON STATUS	Pre-hospital (commissioned services only) Resource Escalation Action Plan (REAP)	Trauma Units - TU	Major Trauma Centre - MTC	Major Trauma Network - MTN	ACTION
OPEL 1 (CRITCON Level 0 and 1 - Normal to Low Surge)	REAP GREEN (1) Demand for service within normal parameters Pre-hospital able to support primary and secondary transfers	TUs able to receive triage positive patients and able to support time critical secondary transfers	MTC able to receive critically injured patients into appropriate critical care area	Network functioning as currently, triage tool at steps 1 & 2 [limited] only	<ul style="list-style-type: none"> No action required; providers can maintain patient flow and meet anticipated demand within available resources.
OPEL 2 (CRITCON Level 2 – Medium Surge)	REAP AMBER (2) Operating with moderate pressures which may be affecting service delivery Ability to run primary transfers and time critical secondary transfers only	50% or less TUs. TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage (if all TUs in network escalate to OPEL-3) Or 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3)	MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions but limited capacity for other categories of automatic transfers or ward level patients	Any of the below: MTC at OPEL-2 50% or less TUs not accepting triage positive trauma (if all TUs in network escalate to OPEL-3) 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3) Pre-hospital running primary transfers and time critical secondary transfers only	<ul style="list-style-type: none"> System starting to show signs of pressure, enhanced coordination and communication needed to monitor OPEL level and consider focused local actions for de-escalation and return to OPEL 1. Follow internal escalation protocol i.e. through Incident Control / Command and Control structure, consider use of de-escalation support tool as per local action plan (Appendix 3) Additional support requirements should be agreed locally if needed National and Regional team informed via ODN and MTC sitrep
OPEL 3 (CRITCON Level 3 – High Surge)	REAP RED (3) Operating with a severe pressure, where clinical quality and / or patient experience may be affected Ability to run primary transfers only	More than 50% of TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage Or More than 50% of TUs not able to support time critical secondary transfer	MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions but MTC unable to accept other categories of automatic transfers or ward level patients	<ol style="list-style-type: none"> MTC at OPEL-2 AND any of the below: <ul style="list-style-type: none"> Pre-hospital running primary transfers and time critical secondary transfers only More than 50% TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage More than 50% TUs or critical care transfer service not able to support time critical secondary transfers Adult or Paeds MTC in network at OPEL-3 Or <ol style="list-style-type: none"> All TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage Or <ol style="list-style-type: none"> All TUs and / or critical care transfer service not able to support time critical secondary transfers 	<ul style="list-style-type: none"> Regional teams to be made aware of increasing pressure. It will be necessary to provide local support as deemed necessary. National team informed by National ODN MTC sitrep Follow internal escalation protocol i.e. through Incident Control / Command and Control structure National and Regional teams informed via ODN and MTC sitrep Providers should liaise with local ICC Incident Control Centre / Regional Operational Centre (ROC) in case of escalation to OPEL 4. Consider guidance from National Clinical Director for Major Trauma system for regional and national response Intra network cooperation to match patients to capacity and speciality care Increased use of air asset transfer across region (where available) Increased use of critical transfer service (where available) use the de-escalation support tool as per local action plan (Appendix 3)

<p>OPEL 4 (CRITCON Level 4 – Triage Emergency)</p>	<p>REAP BLACK (4) Trust operating under extreme pressure, which will be affecting service delivery</p> <p>Unable to run primary or secondary transfers</p>	<p>All TUs unable to accept triage positive trauma and /or all TUs unable to support time critical secondary transfer</p>	<p>No capacity for critical care</p> <p>Or MTC cannot provide immediate resuscitation and / or emergency surgery</p>	<p>Pre-hospital service unable to run primary transfers</p> <p>Or All TUs unable to accept triage positive trauma and / or support time critical transfers</p> <p>Or Any MTC is at OPEL-4 (either adult/Paed/combined MTC)</p> <p>No rapid access to specialist care</p>	<ul style="list-style-type: none"> • Pressure continues to escalate across major trauma providers, if sustained impact across regional boundaries; national action maybe required. • All major trauma to local hospital. • Follow internal escalation protocol i.e. through Incident Control / Command and Control structure. • National and Regional team informed via ODN and MTC sitrep • Providers through local ICC Incident Control Centre / Regional Operational Centre (ROC) seek guidance from National Clinical Director (NCD) for system, regional and national response. • Cross network cooperation to match patients to capacity and speciality care • Mutual Aid with neighbouring networks • Use of the de-escalation support tool as per local action plan (Appendix 3) <p>If Pre-Hospital at OPEL 4: Refer to pre-hospital escalation plans</p> <p>If All TUs at OPEL 4: Refer to local and Network escalation plans</p> <p>If MTC at OPEL 4: Refer to MTC and Network plans but consider the following:</p> <ul style="list-style-type: none"> • Patients transferred back to TUs for ward stays • Ward level patients remain in trauma units • Primary bypass to remaining / neighbouring MTCs where possible • Onward transfer to receiving MTCs on case by case basis from TUs • Redeployment of staff to support trauma care at remaining units where possible
--	---	---	---	--	--

Appendix 2 - Pan South Regional Major Trauma Escalation Framework- Communication Tool (pages 5, 6 and 7)

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 1	BAU - business as usual	No action required unless step down from OPEL 2 to OPEL 1; inform ODN and regional peers for information.	Normal levels of communication with all services and co-ordination to monitor the status of services across the locality.	No action required.
OPEL 2	<p>Trauma Unit (TU)/ Major Trauma Centre (MTC) informs ODN Manager and internal Trust on-call personnel (or as appropriate) of escalated status.</p> <p>If unavailable: In hours- if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network. Out of hours MTC Trust on-call manager</p> <p>Ensure DOS is regularly updated.</p> <p>Inform all if step down from OPEL 3 to OPEL 2.</p>	<p>Inform all network Trusts of escalated status / specific issues in the Network.</p> <p>Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Network partners</p> <p>Communication with regional ODN leads that a Network is in OPEL 2 - for information.</p> <p>Inform NHSE/I Regional Major Trauma Lead for information.</p> <p>Inform all if step down from OPEL 3 to OPEL 2.</p>	<p>Normal levels of communication with all services and co-ordination to monitor the status of services across the locality.</p>	<p>No action required.</p>

(Use of any local 'WhatsApp' groups should only be considered as an informal communications route, however, it is widely recognised that in times of escalation, necessary speed of action, rapid decision making and mutual aid response that 'Clinician to Clinician' WhatsApp is an essential mode of communication, therefore – written documentation should always be provided to support decisions taken regarding expected outcomes during any period of escalation, as good practice)

Consider support and guidance from the National Clinical Director (NCD) in hours : enland.majortrauma.nationalteam@nhs.net

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 3 IN HOURS	<p>Escalated TU /MTC informs ODN Manager of escalated status and identifies support requirements. (if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network).</p> <p>TU/Trust informs internal Trust on-call personnel (or as appropriate) of escalated status.</p> <p>Ensure DOS is regularly updated.</p> <p>Trust on-call personnel (or as appropriate) informs the CCG on-call Director (or as locally described) of the escalated OPEL level.</p>	<p>Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Network partners.</p> <p>Inform NHSE/I Regional Major Trauma Lead, request support in regional coordination as required.</p> <p>Communication with neighbouring regional ODN leads that Network status has reached OPEL 3.</p> <p>Supports coordination and communication across the network, including mutual aid.</p> <p>Communication with local network members and ODN Coordinator that Network status has reached OPEL 3.</p> <p>ODN responsible for completing De-escalation Support Tool to inform Network teleconference.</p> <p>Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief</p>	<p>Undertake actions to co-ordinate response across whole system as appropriate.</p> <p>Additional resources commissioned where appropriate.</p> <p>CCG director on call briefed.</p> <p>Post escalation: investigation of causes and internal lessons learnt exercise.</p>	<p>Regional NHSE/I SE / SW Major Trauma Lead convenes call with ODN, MTC, TUs, CCG and neighbouring ODN Managers (as required) to support the MTC in their coordination of the network response. (Use of Appendix 3 'de-escalation support tool' to aid the call).</p> <p>Regional Major Trauma Lead informs NHSE/I Urgent & Emergency Care Team (UEC), Regional Operational Centre (ROC South West) and NHSE/I Communications team of escalated Trauma network status.</p> <p>If all actions have failed to support de-escalation, inform NHSE/I Regional Medical Director of Network escalating to OPEL 4.</p> <p>Alert Network status to national team, next steps and outcomes (National Clinical Director) to identify further actions to de-escalate and mitigate further escalation.</p>
OPEL 3 OUT OF HOURS	<p>TUs inform MTC via Trust on-call manager of escalated status.</p> <p>TUs /MTC each inform internal trust on-call personnel of escalation status (this may include the appropriate speciality on-call consultant)</p> <p>MTC responsible for informing regional NHSE/I on-call (or as per local escalation process to NHSE/I) of escalated status and the need to coordinate support</p> <p>MTC trust-on call manager responsible for completing De-escalation Support Tool on behalf of the Network</p> <p>Refer to Appendix 1 of this framework for OPEL actions.</p> <p>Ensure DOS is regularly updated.</p> <p>CCG on-call of the escalated OPEL level.</p>	<p>[no out of hours actions]</p>	<p>Undertake actions to co-ordinate response across whole system.</p> <p>Additional resources commissioned where appropriate.</p>	<p>NHSE/I on-call (South East / West) convenes and chairs call with appropriate clinical leads from TUs/ MTC, TU and MTC Trust on-Call Directors, neighbouring NHSE/I on-call and CCGs to support the MTC in their coordination of the network response. (Use of Appendix 3 'de-escalation support tool' to aid the call).</p> <p>NHSE/I on-call informs Regional South East and South West Comms Teams who in turn inform the National facing on-call Director and Comms Team.</p> <p>NHSE/I Regional Medical Director and Regional Operational Centre (ROC South West) informed of Network OPEL 4 declaration.</p> <p>NHSE/I on-call informs NHSE/I Regional Urgent & Emergency Care Team (UEC) of escalated Trauma Network status.</p> <p>Post escalation: Serious Incident (SI) investigation signed off in accordance with policy.</p> <p>NHSE/I on-call to inform ODN Manager and NHSE/I Regional Trauma lead in hours, of out of hours escalation issues.</p> <p>Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief.</p>

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 4 IN HOURS	<p>Escalated TU /MTC informs ODN Manager of escalated status and identifies support requirements. (if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network).</p> <p>TU/Trust informs internal Trust on-call personnel (or as appropriate) of escalated status.</p> <p>Ensure DOS is regularly updated.</p> <p>Trust on-call personnel (or as appropriate) informs the CCG on-call Director (or as locally described) of the escalated OPEL level.</p>	<p>Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Network partners.</p> <p>Inform NHSEI Regional Major Trauma Lead, request support in regional coordination as required.</p> <p>Communication with neighbouring regional ODN leads that Network status has reached OPEL4.</p> <p>Supports coordination and communication across the network, including mutual aid.</p> <p>Communication with local network members and ODN Coordinator that Network status has reached OPEL 4.</p> <p>ODN responsible for completing De-escalation Support Tool to inform Network teleconference.</p> <p>Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief</p>	<p>Consider any request for support beyond local economy boundaries and liaise with NHSE/I to request this support.</p> <p>On-going co-ordination of actions from OPEL 3 and further urgent actions.</p> <p>Post escalation - communicate the de-escalation to all parties including NHSE/I</p> <p>Regional Incident Control Centre (ICC)and conduct full root cause analysis, outcomes and risk to be shared with whole system and reviewed by ODN Board via appropriate Governance route.</p>	<p>NHSE/I Regional Major Trauma Lead informs NHSE/I Regional Medical Director and Regional Operational Centre (ROC South West) of Network state escalating to OPEL 4.</p> <p>Regional NHSE/I SE / SW On-call Director convenes call with ODN, MTC, TUs, CCG and neighbouring ODN Managers (as required) to support the MTC in their coordination of the network response. (Use Appendix 3 'de-escalation support tool' to aid the call).</p> <p>NHSE/I (South East / West) Medical Director involved in key decisions and requests for out of region assistance.</p> <p>Medical Director ensures Regional Comms Team that the regional 'National facing on-call Director' and NHSE/I regional on-call is informed.</p> <p>NHSE/I Regional Major Trauma Lead inform Urgent & Emergency Care Team (UEC) and Regional Operational Centre (ROC South West) of escalated Trauma Network status.</p> <p>Alert Network status to National team, discuss next steps and outcomes.</p> <p>Post escalation: ODN and NHSE/I Regional team to liaise regarding investigation.</p>
OPEL 4 OUT OF HOURS	<p>TUs inform MTC via Trust on-call manager of escalated status.</p> <p>TUs /MTC each inform internal trust on-call personnel of escalation status (this may include the appropriate speciality on-call consultant)</p> <p>MTC responsible for informing regional NHSE/I on-call (or as per local escalation process to NHSE/I) of escalated status and the need to coordinate support</p> <p>MTC trust-on call manager responsible for completing De-escalation Support Tool on behalf of the Network</p> <p>Refer to Appendix 1 of this framework for OPEL actions.</p> <p>Ensure DOS is regularly updated.</p> <p>CCG on-call of the escalated OPEL level.</p>	<p>[no out of hours actions]</p>	<p>Consider any request for support beyond local economy boundaries and liaise with NHSE/I to request this support.</p> <p>On-going co-ordination of actions from OPEL 3 and further urgent actions.</p>	<p>NHSE/I on-call Director informed of network status, agree escalation status with MTC.</p> <p>NHSE/I on-call (South East / West) on-call Director convenes and chairs call with appropriate clinical leads from TUs/ MTC, TU and MTC Trust on-Call Directors, neighbouring NHSE/I on-call and CCGs to support the MTC in their coordination of the network response. (Use of Appendix 3 'de-escalation support tool' to aid the call).</p> <p>On-call director informs NHSE/I On-call Director(s) for neighbouring networks and enables requests for out of region assistance.</p> <p>On-call Director ensure Regional Comms Team, UEC Team and the National facing on-call director is informed of the Networks escalated status.</p> <p>Alert Network status to National team, discuss next steps and outcomes.</p> <p>Post escalation: ODN and NHSE/I regional teams liaise regarding investigation and expected follow up.</p> <p>NHSE/I on-call to inform ODN Manager and NHSE/I Regional Trauma Lead in hours of the out of hours escalation issues.</p>

Appendix 3 Major Trauma Network OPEL De-escalation Support Tool

Supra-Regional ODN OPEL De-escalation Support Tool		
Purpose of Support Tool	<p>To aid planning and resilience during escalation and support actions to de-escalate; questions which Medical Directors and NHS England NHS Improvement Regional and National Leads will ask of the ODN, to gain clarity and ensure the ODN has exhausted options which they could enact.</p> <p>To be completed by the MTC/ Network Clinical Lead (or position of delegated authority) on behalf of the Network</p>	
ODN OPEL LEVEL STATUS		
Name of lead		
Contact Details		
Date and time of OPEL incident		
What geography is covered by the ODN		
What is the issue / pressure leading to escalation?		
Are there any major patient safety issues to note as a result of escalation?		
Any major workforce issues arising?		
Any equipment issue leading to escalation?		
Which Trusts are currently being affected or will potentially be affected? (state their MTC/ TU status)		
Have these Trusts escalated the issues through their Command and Control Structure?		
NHS England / Improvement region informed? (i.e. SE/ SW and Name of contact)		
National Clinical Director contacted for guidance?		
What steps have the ODN taken to resolve the issue? <i>(what benefit / outcome is needed to achieve de-escalation)</i>	Within the ODN	With Neighbouring ODNs
Has the ODN exhausted all resolution avenues? If not, what else could they do?		
What is the recommended course of action or next steps?		
How quickly is a decision required? <i>(if within 24/48 hours this will go to the Medical Director or the COVID 19 Clinical Advisor Group for discussion and agreement)</i>		
RISK and ISSUE		
Any key risks identified as a result of OPEL escalation?		
How will this be mitigated?		
DEBRIEF considered? Y/N (provide details)		
Lead		
Date to be achieved		

Post Incident: please return to ODN Manager for Internal Governance

COVID-19 Pandemic CRITCON Levels

Please declare CRITCON level and for CRITCON 1, 2 or 3 the staffing level A or B

DEFINITION	STATUS
Normal – ‘Business as usual’	
<ul style="list-style-type: none"> Normal, able to meet all critical care needs, without impact on other services Normal winter levels of non-clinical transfer and other overflow activity. 	CRITCON 0
Low Surge – ‘Bad winter’	
<ul style="list-style-type: none"> Usual funded critical care capacity full. Some non-clinical transfers 	CRITCON 1
Medium Surge – ‘Unprecedented’	
<ul style="list-style-type: none"> Usual funded critical care capacity full – overflow into quasi-critical care areas (theatre recovery, other acute care areas). High level of non-clinical transfers Trusts beginning mutual aid 	CRITCON 2
High Surge – ‘Full stretch’	
<ul style="list-style-type: none"> Expansion into non-critical care areas (e.g. wards) and/or use of paediatric facilities for adult critical care. Trust operating at or near maximum physical capacity. Maximum mutual aid between Trusts, with network and regional NHSE co-ordination. The prime imperative in CRITCON 3 is to prevent any single trust entering CRITCON 4 	CRITCON 3
Triage – ‘Emergency’	
<ul style="list-style-type: none"> Resources overwhelmed. Possibility of triage by resource (non-clinical refusal or withdrawal of critical care due to resource limitation). This must only be implemented on national directive from NHSE and in accordance with national guidance. 	CRITCON 4
Staff Declaration: CRITCON 1,2 & 3 SHOULD BE FURTHER CATEGORISED A OR B	
<ul style="list-style-type: none"> Adhering to BACCN / ICS staffing recommendations or unit norm 	A
<ul style="list-style-type: none"> Staffing below BACCN / ICS staffing recommendations or unit norm 	B

Appendix 5

Region Contacts

REGION CONTACTS	NHS England NHS Improvement	Contact
IN HOURS	South West Adult Critical Care and Major Trauma Region Point of Contact – Donna Bowen System Transformation Lead South West Specialised Commissioning Regional Operational Centre (ROC) replaces ICC EPRR on call Advisor	donna.bowen2@nhs.net 07749 046235 england.sw-incident1@nhs.net 0303 033 9980 england.sw-epr@nhs.net 0303 033 6644
	South East Regional Trauma Network Lead – Jane Hubert Assistant Director Operational Delivery Networks South East Specialised Commissioning	Jane.hubert@nhs.net 07801 282396
	South West Urgent and Emergency Care (UEC) Team	nhsi.swuecoperations@nhs.net 07743 600663
	South East Urgent and Emergency Care (UEC) Team	Frances Woodroffe – Regional Head of UEC: 07713 796087 frances.woodroffe1@nhs.net Keith Hardy – Deputy UEC Operations and Transformation Director 07730 381298 keith.hardy@nhs.net Lorraine Pitlado: - Head of Urgent and Emergency Care Operational Performance 07702 417455 lorraine.pitblado@nhs.net
OUT OF HOURS	NHSE/I On-call manager covering Severn Network	0303 033 8833
	NHSE/I On-call manager covering Peninsula Network	0303 033 5533
	NHSE/I On-call manager covering Thames Valley Trauma Network	Thames Valley Manager on Call: 07623 505519 (Pager)
	NHSE/I On-call manager covering Wessex (Dorset and Hampshire/IOW)	Dorset: 0303 033 5533 england.sw-oncall@nhs.net Hampshire & Isle of Wight Manager on Call: 07623 503 888 (Pager)
	NHSE/I On-call manager covering Sussex	08448 222888 ask for NHS42
	NHSE/I On-call manager covering London	08448 222888 ask for NHS01
Sat & Sun 9:00-17:00 07743 600663 nhsi.swuecoperations@nhs.net	Sat & Sun 9:00-17:00 07743 600663 nhsi.swuecoperations@nhs.net	

ODN Contacts

Neighbouring Networks	Name	Job Title	Email
Wessex	Bryan Macleod	Trauma Network Clinical Director	bryan.macleod@porthosp.nhs.uk
	Emma Bowyer	Trauma Network and MTC Manager	emma.bowyer@uhs.nhs.uk
	Dr Mark Baxter	MTC Clinical Lead	mark.baxter@uhs.nhs.uk
	Single point of access		wessextraumanetwork@uhs.nhs.uk
Thames Valley	Simon Raby	Trauma Network Clinical Director	simon.raby@ouh.nhs.uk
	Louisa Stacey	Major Trauma Centre Manager	louisa.stacey@ouh.nhs.uk
	Alison Sims	Trauma Network Manager	Alison.Sims@ouh.nhs.uk
	Simon Raby	MTC Clinical Lead	simon.raby@ouh.nhs.uk
Severn	Single point of access		
	David Lockey	Trauma Network Clinical Director	david.lockey@nbt.nhs.uk
	Dominique Duma	Lead Nurse & Manager MTN & MTC (current vacancy refer to Clinical Director)	
	Benjamin Walton	MTC Clinical Lead (Adult)	benjamin.walton@nbt.nhs.uk

	Single point of access	Adult Paediatric MTC, Bristol Children's Hospital Bristol	SevernMTN@nbt.nhs.uk PaediatricMajorTrauma@uhbw.nhs.uk
	John Mills	MTC Manager	John.Mills@uhbw.nhs.uk
	Giles Haythornwaite	Network Paediatric Lead (Peninsula/Severn)	Giles.Haythornthwaite@uhbw.nhs.uk
	Anna Clarke	Paediatric MTC Clinical Lead	Anna.Clarke@uhbw.nhs.uk
Peninsula	Tony Hudson	Trauma Network Clinical Director	anthony.hudson1@nhs.net
	Michele Ahearne	Trauma Network/Trauma Centre Manager	michele.ahearne@nhs.net
	Single point of access (Network)	SW Adult Trauma Network SW Paediatric Trauma Network (PTN/STN)	plh-tr.peninsulatrauma@nhs.net plh-tr.SWpaediatrictraumanetwork@nhs.net
	Scott Adams	MTC Clinical Lead (Adult)	adams.scott@nhs.net
	Single point of access (MTC)		plh-tr.peninsulamtc@nhs.net
	<i>for Paeds MTC refer to Severn/Bristol paeds MTC</i>		
Sussex	Peter Westhead	Trauma Network Clinical Director	peter.westhead@nhs.net
	Erin Burns	Trauma Network Manager	erin.burns@nhs.net
	Duncan Bootland	MTC Clinical Lead	d.bootland@nhs.net
	Single point of access		bsuh.sussestrauma@nhs.net
SELKaM - South East London, Kent, and Medway	Rob Bentley	Trauma Network Clinical Director	robert.bentley@nhs.net
	Ben Anthony	Trauma Network Manager	benanthony@nhs.net
	Malcolm Tunncliff	MTC Clinical Lead / Director	malcolm.tunncliff@nhs.net
	Leila Razavi	Trauma Network Manager	Leila.Razavi@stgeorges.nhs.uk
	Anthony Hudson	MTC Clinical Lead	anthony.hudson@stgeorges.nhs.uk
	https://www.c4ts.qmul.ac.uk/south-west-london-and-surrey/south-west-london-and-surrey		