



Yorkshire & Humber Paediatric Critical Care Operational Delivery Network

Management of Surge and Escalation in Paediatric Critical Care Services: Standard Operating Procedure

November 2019

Version 12.3

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1. Summary

The principles of this Standard Operating Procedure for Management of Surge and Escalation in Yorkshire and Humber (Y&H) Paediatric Critical Care (PCC) Services are:

- 1.1. An Integrated model across the North of England.
- 1.2. Stepped increase to capacity in response to demand.
- 1.3. Preservation of the 'standard' clinical pathway for critically ill children for as long as possible.
- 1.4. Preservation of emergency, general and specialist services for as long as possible.
- 1.5. Equity of access and treatment across Y&H and the North of England.
- 1.6. Management of Y&H PCC capacity as a single entity, in partnership with the North of England, recognising discrete conurbations and specialist centres but trying to keep the population as close to their home as possible.
- 1.7. At times of escalation there will be a requirement for an increase in the number of patients requiring inter-hospital transfer to access critical care and the distance travelled. This may occur early depending upon the nature of the escalation scenario as units strive to maintain the standard of normal clinical pathways.
- 1.8. Stepped decrease in capacity and return to normal activity as soon as possible in response to demand.
- 1.9. The Y&H PCC ODN will work closely with neighbouring networks as well as NHS statutory organisations including the NHS Emergency Preparedness, Resilience and Response teams and NHS Winter Team (when convened) in order to optimise the prediction of a requirement for expansion of capacity.

2. Introduction

- 2.1. The Yorkshire & Humber Paediatric Critical Care Operational Delivery Network ("the ODN") is committed to ensuring that a consistent approach is applied to the delivery of safe care.
- 2.2. Paediatric critical care services are inherently linked to the delivery of other specialised children's services. Paediatric Intensive Care Units (PICUs) will often experience increased demand for capacity due to the impact of one or more of these specialised children's services. This can

result in PICUs needing to open extra capacity which consequently has an affect on the availability of specialised staff and other necessary resources. When there is additional pressure on capacity, due to times of surge and extra demand, (e.g. during winter months), the PICUs may reach capacity and are not able to respond to the demand. This can result in critically ill children not being able to be placed in a paediatric critical care bed or being required to transfer a long distance to find one.

- 2.3. This document is intended to be used by all acute trusts with or without dedicated paediatric critical care facilities on site to assist with planning for, and responding to, issues that will arise in the management of children requiring critical care. It is intended that this guidance should be incorporated within local Trust Escalation Plans and should be viewed as part of the overall response.

3. Purpose

- 3.1 This document sets out the background policy and process for managing surge in demand for paediatric critical care in Yorkshire and Humber. It describes how the organisations and post holders identified in the standard operating procedure should act.

4. Application

- 4.1 NHS England's requirements detailed within *Paediatric Intensive Care Surge Standard Operating Procedure NHS England and NHS Improvement Web Version November 2019 along with the North of England PCC winter 19/20 escalation process November 2019* will be met by the adoption of this plan by acute trusts, which form the Y&H ODN, alongside the on-going review of internal trust plans for surge capacity within paediatric critical care.

5. Planning assumptions

- 5.1 That supporting the delivery of paediatric critical care is a shared responsibility in Yorkshire & Humber and that Acute trusts will provide mutual aid to one another, thereby ensuring optimal use of the critical care capacity.
- 5.2 Increases in capacity will be stepped up according to demand.
- 5.3 De-escalation of additional capacity will occur at the earliest opportunity.

- 5.4 That PCC will be delivered to national clinical standards until fully staffed capacity is exceeded.
- 5.5 That an escalation plan will be implemented to deliver PCC to children able to benefit which will balance increased capacity with the minimum possible reduction in standards of care.
- 5.6 Children will continue to be admitted to PICUs for as long as possible, utilising regional and national PCC beds available as a resource.
- 5.7 That all clinical decisions will be underpinned by relevant local and national ethical guidance from (eg NHS England, General Medical Council, Nursing & Midwifery Council, Paediatric Intensive Care Society).
- 5.8 Difficult clinical decision making and implementation of policies in relation to triage and futility of patient interventions should only be made after consultation with the wider critical care community.
- 5.9 Paediatric critical care services include level one, two and three care.

Levels one and two map to high dependency care and level three relates to intensive care. In the Paediatric critical care (PCC) Healthcare resource group (HRG) classifications Levels One, two and three paediatric critical care are also known as follows;

- Level 1 (L1) critical care: Basic critical care
- Level 2 (L2) critical care: Intermediate critical care
- Level 3 (L3) critical care: Advanced critical care

The whole pathway of care includes specialist paediatric transport services. However, for the purpose of PCC surge this SOP will focus on capacity and flow related to Level three (L3) PCC. In simple terms level three refers to children requiring intensive care.

There are five PCC units in total across the North of England, two in North West, one in the North east and two in Yorkshire and Humber regions.

There are three paediatric transport teams across the North of England, with one in each of the three geographical footprints.

6. Background

- 6.1 This Yorkshire & Humber Standard Operating Procedure for the Management of Surge & Escalation in Paediatric Critical Care Services is informed by the lessons learned regionally and nationally from managing the delivery of Paediatric Intensive Care (PIC) during the pandemic of influenza A (H1N1) in 2009 and the intervening years NHS Winter Resilience Plans.
- 6.2 It is based on the Operational Pressures Escalation Levels (OPEL) Framework, September 2017. This plan (v12.2) is under development and incorporates current NHS Guidance (Paediatric Intensive Care Surge Standard Operating Procedures, November 2019) alongside recommendations/actions from NHSE (North) Winter Review Meeting, 2019.

7. Enabling measures

- 7.1 In order to maintain surge capacity these enablers will need to be maintained, held on standby or retained as procedures to be reactivated:
- Increasing the workforce by identification of staff that could be trained or retrained to work in PCC.
 - Provision of training (content and materials).
 - The Yorkshire and Humber Infant and Childrens Transport Service 'Embrace' will provide a service according to its '*Main Embrace Standard Operating Procedure*' October 2018, within the context of this Paediatric Critical Care Escalation Plan, taking into account their capacity, to include:
 - A single point of telephone contact for referring clinicians (0845 147 2472).
 - Access to immediate specialist advice.
 - Triage to an appropriate level of transport provision and dispatch of transport teams within a clinically appropriate time window.
 - Identification of a suitable cot or bed so that the most appropriate care is provided in the most appropriate location for any infant or child requiring specialist care in the Yorkshire and Humber region.
 - List of all children in region where PIC advice is sought with recording of decisions and outcome.
 - Y&H ODN Operational matrix V16.0, November 2019.

8. Y&H Current PIC capacity

8.1 **Leeds Teaching Hospitals Trust (LTHT)** is the Regional ICU which provides up to Level 4 intensive care support for paediatric surgery and medicine, neuro, renal (including transplant), trauma and oncology. LTHT also offers specialist tertiary services for Liver and Cardiac.

8.2 **Sheffield Children's Hospital Foundation Trust (SCHFT)** ICU provides up to Level 3 intensive care support for paediatric medicine/surgery, neuro, trauma and oncology.

9. Surge capacity

9.1 Capacity across Y&H is currently restricted at both Tertiary units due to long term staffing issues. As a consequence there is an inability to increase capacity at present within the network.

9.2 The current level of critical care beds across Y&H is as shown in table 1 below:

Table 1: Current PIC capacity (October 2018)

	Level	LTHT	SCHFT	Total
Commissioned	2	12 (6+6)	8	20
	3	16	9	25
Current	2	12	8	20
	3	12	9	21

10. Escalation & intervention

Nationally the levels of surge and escalation are now described using the PCC OPEL definitions.

10.1 This plan will be activated in response to the triggers and levels identified in section 11.

10.2 Escalation to PCC OPEL TWO is a decision as a result of a discussion between the ODN Lead Nurse with the Regional NHSE team in hours or a decision made by a call conference with the on call PIC Consultant and Transport Team and Specialised commissioner On Call Manager out of hours.

- 10.3 Following escalation to PCC OPEL Two the ODN (in hours) and transport team (out of hours) become the source of advice to the Area Teams and NHS Strategic Command if established.
- 10.4 De-escalation decisions are made by the ODN following discussion with the Regional Team Specialised Commissioning.

11. Triggers, levels and actions

11.1 If any organisation or individual requires clarification about implementation at any stage this should be sought at the earliest opportunity to ensure effective, equitable use of limited resources across the health economy.

11.2 Assumptions

- All clinical decisions will be based upon appropriate ethical and legal assumptions.
- Paediatric Intensive Care Units are recognised as having an expected winter pressure or low surge this is considered to be 'normal' as thus business as usual. Escalation to higher OPEL levels are defined in relation to a rapidly progressive increase in demand for PIC. The most likely scenario would be an outbreak of serious communicable disease such as a pandemic influenza virus of greater severity than pandemic influenza A (H1N1).
- All trusts will refer to their own MAJAX policies as required.
- The PIC actions relate to a situation where there is excessive demand for PIC but **not** adult critical care. Where there is also excessive demand for adult critical care actions will have to be modified. This is likely to cause a more rapid escalation to a higher OPEL level.
- The care of mothers and babies in peri natal services will continue but in some scenarios, particularly excessive demand for adult critical care, the provision may come under pressure.

11.3 Role of the Yorkshire & Humber Paediatric Critical Care ODN

- Make decisions on escalation in keeping with this plan.
- Check daily or more frequently as required using the NHS Pathway Directory of Service Capacity Management System to assess critical care capacity.
- Communicate with local PCC Teams as required to monitor capacity issues and patient flow.
- Monitor delayed discharges affecting PCC capacity in Y&H
- Monitor cases being managed outside of PIC units.
- As soon after de-escalation as is practical review any Exceptional Reports with appropriate additional provider input and disseminate 'lessons learnt' as part of this process.
- Communicate with the Trust Management Team and Specialist Transport Team following any episodes of escalation to PCC

OPEL 2 to inform them of actions taken at local, regional and national level.

11.4 PIC OPEL triggers, levels and actions.

RAG Rating Green 'Business as usual'

Triggers

- PIC Service is able to meet all paediatric critical care capacity requirements without impact on other services.

Actions: In hours

- Ongoing monitoring of capacity
- Prior to anticipated winter pressure, review triggers and actions, reissue escalation plans
- Embrace to complete CMS 6 hourly
- ODN to provide weekly Capacity Monitoring Report to NHSE Regional Team Lead at agreed time
- Trusts should discuss management of bed capacity as per organisational policy taking into consideration regional bed availability.

Actions: Out of hours

- Ongoing monitoring of capacity
- Embrace to complete CMS 6 hourly

PIC OPEL ONE (RAG RATING AMBER)

Triggers

- The service's bed capacity and or skill mix within a region is becoming limited but services within the region are able to receive patients and maintain optimal care.
- Regional concerns regarding PIC beds as individual units unable to admit for > 6 hours

Actions: In hours

- **Discuss any concerns with ODN Lead Nurse**
- Update status on CMS
- Maximise repatriation and transfers by Embrace.
- Maximise utilisation of local paediatric HDU capacity
- Matron to matron discussions within each unit regarding the appropriate moving and utilisation of nursing staff to support admissions.
- Internal Trust discussions regarding PIC bed status and escalation of local policy maximising repatriations and ward discharges.
- Internal unit specific review of paediatric elective surgery requiring PIC, cancelling on basis of lower clinical need.
- ODN Lead Nurse to complete Capacity Monitoring Report as requested by NHSE
- ODN Lead Nurse to inform Regional team lead at NHSE and confirm capacity in other PCCU's in North Region.

Actions: Out of hours

- Call conference between PCC consultants on call for Leeds, Sheffield and Embrace to discuss possible options and agree level of escalation
- Update CMS
- Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period
- Email ODN Lead Nurse to inform her of escalation and actions taken

PIC OPEL TWO (RAG RATING RED)

Trigger

- Actions at OPEL ONE failed to deliver the required capacity
- All services within a single region are operating at maximum capacity AND are unable to accept new referrals within 6 hours

Actions: In hours

- **Discuss any concerns with ODN Lead Nurse.**
- Ensure CMS updated with RAG status
- Ensure all actions in OPEL ONE undertaken
- Trusts to be informed that escalation to PIC OPEL TWO has happened and they should ensure internal actions completed such as review of elective surgery requiring PIC capacity, resource allocation to PICU
- Maximise repatriations and ward discharges
- Consider use of adult critical care for age and clinically appropriate patients
- Carry out risk assessment of existing PIC Patients and consider doubling up
- ODN/Embrace to inform NHSE Regional Team and complete capacity monitoring report if requested
- Relevant participation in regional/national surge calls

Action: Out of hours

- Embrace to contact NHSE Regional Specialised Commissioner on call and inform them of status
- Ensure CMS updated
- Relevant participation in regional/national surge calls.
- Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period
- ODN Lead Nurse to be informed (via email) of agreed national actions taken.

12 De-escalation

12.1 There is recognition of the need for organisations to return to normal function as soon as possible to enable everyday Trust activity; however this should not impact negatively on the ability to provide mutual aid across Y&H in the event there are continuing localised pressures. It is important that local identification and discussions on the ability to de-escalate is directed by NHS England and the ODNs in line with the command and control arrangements.

13 Exception Reporting

13.1 As soon after de-escalation as is practical following surge an exception report must be completed (appendix 2) and returned to the Lead Nurse, Y&H PCC ODN for any child that has been cared for at a location other than is 'normal' practice.

14 Diverting resources from elective work and related performance implications

14.1 It is expected that providers and commissioners will develop a consistent approach to funding additional costs resulting from escalation and the necessary postponement of elective work. This is likely to be influenced by scale of the response.

15 Staff indemnity

15.1 As the escalation response continues, it is recognised that all groups of clinical staff (medical, nursing and allied health professionals) are likely to be expected to work outside the scope of their usual working practices. Examples of this include:

- Caring for greater numbers of patients than is recognised to be acceptable and safe by medical and nursing professional bodies.
- Non-critical care trained staff working alongside critical care trained colleagues, caring for critically ill patients.
- Working for longer hours than is stipulated by the European Working Time Directive.
- Staff providing a limited/lower standard of critical care than is normally considered acceptable particularly during higher levels of escalation.
- Medical staff having to adjust their decision-making process for admission and treatment withdrawal, in times of extreme capacity limitations.

15.2 Trust plans and policies should ensure that staff are supported and protected in adopting the flexibility required to deliver the escalation expectations within this framework. Where possible these plans and policies should be consistent across Y&H organisations.

- 15.3 Changes to working practices in response to an escalation situation should be documented and communicated to affected staff. These changes should be regularly reviewed.

16 Intentions

- 16.1 Continue to review and amend current policies to ensure robust and effective systems are in place that are 'fit for purpose' and meet the needs of patients for which the service exists,
- 16.2 Collaborative working with the North of England NHSE representatives, neighbouring PCC ODNs Yorkshire & Humber Neonatal and Adult CC ODNs to ensure that there is efficient use of all critical care resources within the region,

17 Operational escalation matrix

RAG RATING	OPEL LEVEL	Triggers	ACTIONS	
			In Hours	Out of Hours
Green	Business as Usual	<ul style="list-style-type: none"> PIC Service is able to meet all paediatric critical care capacity requirements without impact on other services. 	<ol style="list-style-type: none"> Ongoing monitoring of capacity Prior to anticipated winter pressure, review triggers and actions, reissue escalation plans Embrace to complete CMS 6 hourly ODN to provide weekly Capacity Monitoring Report to NHSE Regional Team Lead at agreed time Trusts should discuss management of bed capacity as per organisational policy taking into consideration regional bed availability 	<ol style="list-style-type: none"> On-going monitoring of capacity. Embrace to complete CMS 6 hourly.
Amber	PIC OPEL ONE	<ul style="list-style-type: none"> The service's bed capacity and or skill mix within a region is becoming limited but services within the region are able to receive patients and maintain optimal care. Regional concerns regarding PIC beds as individual units unable to admit for > 6 hours 	<p>Discuss any concerns with ODN Lead Nurse.</p> <ol style="list-style-type: none"> Update status on CMS Maximise repatriation and transfers by Embrace. Maximise utilisation of local paediatric HDU capacity Matron to matron discussions within each unit regarding the appropriate moving and utilisation of nursing staff to support admissions. Internal Trust discussions regarding PIC bed status and escalation of local policy maximising repatriations and ward discharges. Internal unit specific review of paediatric elective surgery requiring PIC, cancelling on basis of lower clinical need. ODN Lead Nurse to complete Capacity Monitoring Report as requested by NHSE ODN Lead Nurse to inform Regional team lead at NHSE 0786078003 and confirm capacity in other PCCU's in North Region. 	<ol style="list-style-type: none"> Call conference between PCC consultants on call for Leeds, Sheffield and Embrace to discuss possible options and agree level of escalation Update CMS Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period Email ODN Lead Nurse to inform her of escalation and action taken
Red	PIC OPEL TWO	<ul style="list-style-type: none"> All services within a single region are operating at maximum capacity AND are unable to accept new referrals within 6 hours 	<p>Discuss any concerns with ODN Lead Nurse.</p> <ol style="list-style-type: none"> Ensure CMS updated with RAG status Ensure all actions in OPEL ONE undertaken Trusts to be informed that escalation to PIC OPEL TWO has happened and they should ensure internal actions completed such as review of elective surgery requiring PIC capacity, resource allocation to PICU Maximise repatriations and ward discharges Consider use of adult critical care for age and clinically appropriate patients Carry out risk assessment of existing PIC Patients and consider doubling up ODN/Embrace to inform NHSE Regional Team 07876869440 and complete capacity monitoring report if requested Relevant participation in regional/national surge calls 	<ol style="list-style-type: none"> Embrace to contact <u>On-Call Duty Officer via 03000 111 177</u> and inform them of status Ensure CMS updated Relevant participation in regional/national surge calls. Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period ODN Lead Nurse to be informed (via email) of agreed national action taken.

18 Glossary

Area team	The local team for NHS England (South Yorkshire and Bassetlaw)
Adult CC	Incorporates West Yorkshire and North York's & Humber Adult Critical Care Networks
DGH	District General Hospital
EMBRACE	Yorkshire & Humber Specialist Transport Service
GICU	General Intensive Care Unit
ODN	Operational Delivery Network
PCCU	Paediatric Critical Care Unit
PICU	Paediatric Intensive Care Unit
SOP	Standard operating procedure
Y&H	Yorkshire and the Humber geographical area

19 Bibliography

- Paediatric Intensive Care Surge Standard Operating Procedure Web Version November 2019 NHS England and NHS Improvement
- North of England PCC winter 19/20 escalation process November 2019 NHS England and NHS Improvement
- 'Main Embrace Standard Operating Procedure' October 2018 The Yorkshire and Humber Infant and Childrens Transport Service 'Embrace'

Appendix - Exception Report Template



Yorkshire & Humber Paediatric Critical Care Operational Delivery Network



Surge & Escalation Exception Report

Hospital Trust:

Date:

Name of person completing the Form:

Contact email:

Patient Details:

Name:

Age:

NHS number:

Location:

Purpose	An exception report must be completed for any child that has been cared for at a location other than is 'normal' practice to enable a case review to take place following de-escalation. Please refer to Y&H Paediatric Critical care ODN Management of Surge & Escalation Standard Operating Procedure V12.2 November 2019
Description of exception	
Parties involved in decision	
Escalation / PCC OPEL Level at time of decision	
Action / Outcome	

Please return completed form to Karen Perring Lead Nurse Y&HPCCODN

Karen.perring@nhs.net