



Yorkshire & Humber Paediatric Critical Care Operational Delivery Network

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

October 2020

Version 12.6

Prepared by the Y&H PCC Operational Delivery Network (ODN)
Original Lead Author: Helen Brown, ODN Director
Updated by Karen Perring Network Manager & Lead Nurse
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Contents

Section	Page number
1. Summary	3
2. Introduction	3
3. Purpose	4
4. Application	4
5. Planning assumptions	5
6. Background	6
7. Enabling measures	7
8. Y&H Current PIC capacity	8
9. Surge capacity	8
10. Escalation and interventions	9
11. Triggers, levels and actions	9
12. De-escalation	13
13. Exception reporting	14
14. Diverting resources from elective work and related performance implications	14
15. Staff indemnity	14
16. Intentions	15
17. Operational escalation matrix	16
18. Glossary	18
19. Bibliography	18
Appendix 1 Exception report template	19
Appendix 2 DGH Level 1 & 2	20
Appendix 3 DoS Explanation booklet	21
Appendix 4 Contacts	22

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 whilst ensuring mutual aid support between the two PICU sites in region.
- 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.
- 1.10. This document has been updated to reflect the challenges facing PIC services during the Covid Pandemic.

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 There will be a resurgence of Covid this winter which when combined with seasonal surge experienced each year in paediatric critical care will require an increase in PIC surge capacity across Y&H.
- 5.2 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.
- 5.3 Paediatric Critical Care mutual aid will be provided across the North Supra regional footprint.

- 5.4 Increases in capacity will be stepped up according to demand.
- 5.5 De-escalation of additional capacity will occur at the earliest opportunity.
- 5.6 That PCC will be delivered to national clinical standards until fully staffed capacity is exceeded. It is recognised that when utilising identified surge capacity that this will impact of staffing ratios, however guidance on adjusting ratios should be adhered to as far as possible. <https://picsociety.uk/wp-content/uploads/2020/04/Nursing-ratios-letter-v1.0-16April2020.pdf>
- 5.7 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.
- 5.8 Children will continue to be admitted to PICUs for as long as possible, utilising regional, supra regional and national PCC beds available as a resource.
- 5.9 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 Critical Care Society).
- 5.10 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.
- 5.11 All surge planning is aligned with the Y&H Neonatal ODN and Y&H Surgery in Children ODN.
- 5.12 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.

The PCCODN will work with the Surgery in Children ODN to ensure that challenges facing restoration of surgery for children across the Y&H footprint are considered as part of the surge SOP. The Yorkshire & Humber specialised services to be maintained during surge agreed as part of Covid plans April 2020 include CHD Surgery, NIC Surgery, Neurosurgery, Oncology, Major Trauma, Liver Transplant. Specialised services delivered by each Trust are listed in the table below.

PIC Units	Baselle	CHD Surgery	NIC Surgery	Neurosurgery	Major Trauma	Paedi surgery	Resp ECMO	Cardiac ECMO	Burns	Oncology	PBT	Haematology (BMT)	Liver transplant	Key
The Newcastle Upon Tyne Hospitals NHS Foundation Trust		0	0	0	0	0	0	0	0	0	0	0	0	Service Delivered in baseline
Leeds Teaching Hospitals NHS Trust														
Sheffield Children's NHS Foundation Trust														Not Delivered at Baseline

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 current Covid -19 pandemic.
- 6.2 It is based on the Operational Pressures Escalation Levels (OPEL) Framework, September 2017. This plan (v12.5) 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. It has been developed alongside ongoing restoration and recovery work as a result of the ongoing Covid pandemic and discussions with the National PCC ODN group and NHSE.

Operational Pressures Escalation Levels

OPEL	DESCRIPTION	OPEL LEVEL RESPONSE
1	PIC Service is able to meet all paediatric critical care capacity requirements without impact on other services. Working within PIC Baseline Bed Capacity	Paediatric Intensive Care Unit Level
2	The service's bed capacity across the region is becoming limited - Unable to admit pending patients within 6 hours unless surge beds	Regional level Managed by

	opened within regional units	Regional/ODN team and NHSE Regional ICC
3	Actions at OPEL TWO failed to deliver the required PIC Surge Capacity. Capacity across the region and staff ratios are at maximum capacity - units are unable to accept new referrals within 6 hours	Regional level Managed by Regional/ODN and NHSE Regional ICC
4	Actions at OPEL THREE failed to deliver the required capacity - PIC Surge Capacity across the region and supra-region is at maximum capacity and units are unable to accept new referrals within 6 hours	Supra- regional level Managed by Supra Regional/ODN and Supra NHSE Regional ICC with direct links to National ICC

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 V17.0, August 2020.

8. Y&H Current PIC capacity (refer to table 1)

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.

The Y&H PCCODN have carried out a mapping exercise to identify challenges in managing critically ill children and providing level 1 and 2 support facing DGH's across the region due to the current Covid pandemic and this is summarized in Appendix 2

9. Surge capacity

9.1 Capacity on both Leeds and Sheffield sites is currently restricted due to staffing issues however due to the current challenges facing PIC services in light of the current pandemic agreement to escalate and create surge capacity across Y&H has been agreed by both Trusts.

9.2 The current baseline and surge capacity of critical care beds across Y&H is as shown in table 1 below:

Table 1: Current PIC capacity (October 2020)

	Level	LTHT	SCHFT	Total
Commissioned	2	12 (6+6)	8	20
	3	16	9	25
Current Staffed Baseline Beds	2	12	8	20
	3	14	7	21
Surge Beds Stage 1	3	16*	9 *	25*
	2	12*	8*	20*
Surge Beds Stage 2	3	20*	14*	34*
	2	Same as stage 1*	Same as stage 1*	20*

*Numbers indicate maximum surge. Staffing ratio's will be affected and may be dependent on using HDU staff to support resulting in reduction to level 2 capacity assessed at the time, any increase in capacity will be staged to meet demand

10. Escalation & intervention

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

- 10.1 This plan will be activated in response to the triggers and levels identified in section 11.
- 10.2 Escalation to OPEL TWO and at each subsequent stage 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 OPEL TWO and any further escalation 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 is defined in relation to a rapidly progressive increase in demand for PIC. The most likely scenario would be a further surge of Covid combined with increase in respiratory infections during the seasonal surge period, or 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 major incident policies as required.

- The PIC actions relate to a situation where there is excessive demand for PIC and have taken into account a parallel surge in adult critical care capacity due to the Covid pandemic. This risk is more likely this year and may result in 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 (DoS) to assess critical care capacity.
- Communicate with local PCC Teams as required to monitor capacity issues and patient flow.
- Activate the Y&H Paediatric Critical Care Control Group when needed.
- 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 OPEL 2 to inform them of actions taken at local, regional and national level.
- Communicate with Regional Team Specialised Commissioning NHSE and Critical Care Cell/ ICS as required.

11.4 OPEL triggers, levels and actions.

OPEL ONE = RAG Rating Green 'Business as usual'

Triggers

- PIC Service is able to meet all paediatric critical care capacity requirements without impact on other services.
- Working within PIC Baseline Bed Capacity

Actions: In hours

- Ongoing monitoring of capacity via DoS
- Prior to anticipated winter pressure, review triggers and actions, reissue escalation plans
- PICU teams to complete DoS twice daily

- Embrace complete Transport DoS twice daily
- ODN / NHSE Regional Commissioning weekly call
- PCCU Sitreps to be sent to ODN Lead Nurse daily by each Trust
- Trusts should discuss management of bed capacity as per organisational policy taking into consideration regional bed availability.
- ODN Lead Nurse to attend weekly Critical Care Specialised Cell Meetings for NEY

Actions: Out of hours

- Ongoing monitoring of capacity via DoS
- Embrace and PICU teams to complete DoS twice daily
- Inform ODN Lead Nurse via email if any capacity issues overnight

OPEL TWO (RAG RATING AMBER)

Triggers

- The Y&H PICU bed capacity is becoming limited
- Unable to admit pending patient within 6 hours unless surge beds opened within regional units

Actions: In hours

- **Discuss any concerns with ODN Lead Nurse**
- Update status on DoS and review of daily SITREP
- 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.
- ODN Lead Nurse to work with DGHs to manage PCC level 1 and 2 patients and to facilitate step-down level 2 patients from level 3 units.
- Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate
- Internal unit specific review of paediatric elective surgery requiring PIC, cancelling on basis of lower clinical need.
- Urgent specialised surgery as identified in SOP to continue based on existing pathways.
- Initiate Y&H Paediatric Critical Care Control Group (PCCCG) to discuss activation of surge bed capacity, communicate decision to Trusts.

- Carry out risk assessment of existing PIC Patients and consider change in staff ratios in accordance with PICS guidance.
- Coordination of referral pathway via Embrace of patient flow to ensure equal distribution of admissions to both PICU sites to ensure mutual aid in terms of workload, surge bed utilisation and resources across the Y&H PIC footprint.
- ODN Lead Nurse to complete Capacity Monitoring Report if requested by NHSE
- ODN Lead Nurse to inform Regional team lead at NHSE and confirm capacity in other PCCU's in North Region via DoS/Sitrep or ODN Group Call.

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 DoS
- Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period
- Carry out risk assessment of existing PIC Patients and consider change in staff ratios in accordance with PICS guidance.
- Email ODN Lead Nurse to inform her of escalation and actions taken

OPEL THREE (RAG RATING RED)

Trigger

- Actions at OPEL TWO failed to deliver the required capacity
- PIC Surge Capacity across the region is being utilised and staff ratio's at maximum capacity and units are unable to accept new referrals within 6 hours
- More than one PICU across North supra region utilising surge capacity in their area

Actions: In hours

- **Discuss any concerns with ODN Lead Nurse.**
- Ensure DoS updated with RAG status
- Ensure all actions in OPEL TWO undertaken
- Trusts to be informed that escalation to OPEL THREE has happened and they should ensure internal actions completed such as review of elective surgery requiring PIC capacity, resource allocation to PICU
- Urgent specialised surgery as identified in SOP to continue based on existing pathways.
- Maximise repatriations and ward discharges
- ODN Lead Nurse to work with DGHs to manage PCC level 1 and 2 patients and to facilitate step-down level 2 patients from level 3 units.

- Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate
- Activate supraregional mutual aid support across North liaising with ODN colleagues/ Transport and PICU teams.
- 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 on call team (tbc) and inform them of status
- Ensure DoS updated
- Relevant participation in regional/national surge calls.
- Trigger Trust Escalation procedures as appropriate
- ODN Lead Nurse to be informed (via email) of agreed actions taken.

OPEL FOUR

Trigger

- Actions at OPEL THREE failed to deliver the required capacity
- PIC Surge Capacity across the region and supraregion is at maximum capacity and units are unable to accept new referrals within 6 hours

Actions: In hours

- **Discuss any concerns with ODN Lead Nurse.**
- Ensure DoS updated with RAG status
- Ensure all actions in OPEL THREE undertaken and ongoing work to maximise discharge, step down and repatriation to create capacity
- Trusts to be informed that escalation to OPEL FOUR has happened and they should ensure all internal actions completed
- ODN to communicate regularly as required with regional and national teams on status position including Regional Medical Director and ICC teams or liaise with NHSE/ EPRR strategic command structure when activated and Trust Command and Control Groups
- Relevant participation in regional/national surge calls

Action: Out of hours

- Embrace to contact NHSE on call team (tbc) and inform them of status
- Ensure DoS updated
- Relevant participation in regional/national surge calls.
- Trigger Trust Escalation procedures as appropriate
- ODN Lead Nurse to be informed (via email) of agreed 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

Y&H PCCODN Operational Matrix for Surge & Escalation (October 2020)

RAG RATING	OPEL LEVEL	Triggers	ACTIONS	
			In Hours	Out of Hours
Green	OPEL ONE	<ul style="list-style-type: none"> PIC Service is able to meet all paediatric critical care capacity requirements without impact on other services. Working within PIC Baseline Bed Capacity 	<ul style="list-style-type: none"> Ongoing monitoring of capacity via DoS Prior to anticipated winter pressure, review triggers and actions, reissue escalation plans Embrace & PICU teams to complete DoS twice daily ODN / NHSE Regional Commissioning weekly call PCCU Sitreps to be sent to ODN Lead Nurse daily by each Trust Trusts should discuss management of bed capacity as per organisational policy taking into consideration regional bed availability. ODN Lead Nurse to attend weekly Critical Care Specialised Cell Meetings for NEY 	<ul style="list-style-type: none"> Ongoing monitoring of capacity via DoS Embrace & PICU teams to complete DoS twice daily Inform ODN Lead Nurse via email if any capacity issues overnight
Amber	OPEL TWO	<ul style="list-style-type: none"> The service's bed capacity across the region is becoming limited Unable to admit pending patient within 6 hours unless surge beds opened within regional units 	<ul style="list-style-type: none"> Discuss any concerns with ODN Lead Nurse Update status on DoS and review of daily SITREP 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. ODN Lead Nurse to work with DGHs to manage PCC level 1 and 2 patients and to facilitate step-down level 2 patients from level 3 units. Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate Internal unit specific review of paediatric elective surgery requiring PIC, cancelling on basis of lower clinical need. Urgent specialised surgery as identified in SOP to continue based on existing pathways. Initiate Y&H Paediatric Critical Care Control Group (PCCCG) to discuss activation of surge bed capacity, communicate decision to Trusts. Carry out risk assessment of existing PIC Patients and consider change in staff ratios in accordance with PICS guidance. Coordination of referral pathway via Embrace of patient flow to ensure equal distribution of admissions to both PICU sites to ensure mutual aid in terms of workload, surge bed utilisation and resources across the Y&H PIC footprint. ODN Lead Nurse to complete Capacity Monitoring Report as requested by NHSE 	<ul 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 DoS Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24 hour period Carry out risk assessment of existing PIC Patients and consider change in staff ratios in accordance with PICS guidance. Email ODN Lead Nurse to inform her of escalation and actions taken

			<ul style="list-style-type: none"> • ODN Lead Nurse to inform Regional team lead at NHSE and confirm capacity in other PCCU's in North Region via DoS/Sitrep or ODN Group Call. 	
	OPEL THREE	<ul style="list-style-type: none"> • Actions at OPEL TWO failed to deliver the required capacity • PIC Surge Capacity across the region is being utilised and staff ratios at maximum capacity • units are unable to accept new referrals within 6 hours • More than one PICU across North supra region utilising surge capacity in their area 	<ul style="list-style-type: none"> • Discuss any concerns with ODN Lead Nurse. • Ensure DoS updated with RAG status • Ensure all actions in OPEL TWO undertaken • Trusts to be informed that escalation to OPEL THREE has happened and they should ensure internal actions completed such as review of elective surgery requiring PIC capacity, resource allocation to PICU • Urgent specialised surgery as identified in SOP to continue based on existing pathways. • Maximise repatriations and ward discharges • ODN Lead Nurse to work with DGHs to manage PCC level 1 and 2 patients and to facilitate step-down level 2 patients from level 3 units. • Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate • Activate supraregional mutual aid support across North liaising with ODN colleagues/ Transport and PICU teams. • ODN/Embrace to inform NHSE Regional Team and complete capacity monitoring report if requested • Relevant participation in regional/national surge calls 	<ul style="list-style-type: none"> • Embrace to contact NHSE on call team (tbc) and inform them of status • Ensure DoS updated • Relevant participation in regional/national surge calls. • Trigger Trust Escalation procedures as appropriate • ODN Lead Nurse to be informed (via email) of agreed actions taken.
	OPEL FOUR	<ul style="list-style-type: none"> • Actions at OPEL THREE failed to deliver the required capacity • PIC Surge Capacity across the region and supraregion is at maximum capacity and units are unable to accept new referrals within 6 hours 	<ul style="list-style-type: none"> • Discuss any concerns with ODN Lead Nurse. • Ensure DoS updated with RAG status • Ensure all actions in OPEL THREE undertaken and ongoing work to maximise discharge, step down and repatriation to create capacity • Trusts to be informed that escalation to OPEL FOUR has happened and they should ensure all internal actions completed • ODN to communicate regularly as required with regional and national teams on status position including Regional Medical Director and ICC teams if in place or liaise with NHSE/ EPRR strategic command structure when activated and Trust Command and Control Groups 	<ul style="list-style-type: none"> • Embrace to contact NHSE on call team (tbc) and inform them of status • Ensure DoS updated • Relevant participation in regional/national surge calls. • Trigger Trust Escalation procedures as appropriate • ODN Lead Nurse to be informed (via email) of agreed actions 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
DoS	NHS Pathway's Directory of Service Capacity Monitoring Tool
EMBRACE	Yorkshire & Humber Specialist Transport Service
GICU	General Intensive Care Unit
ODN	Operational Delivery Network
PCCCG	Paediatric Critical Care Control Group – PICU, Embrace & ODN Leads
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'
- <https://www.england.nhs.uk/wp-content/uploads/2019/02/operational-pressures-escalation-levels-framework-v2.pdf>

Appendix 1- 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 V12.5 October 2020
Description of exception	
Parties involved in decision	
Escalation / PCC OPEL Level at time of decision	
Action / Outcome	

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

Karen.perring@nhs.net

Appendix 2 DGH Challenges for Level 1 and 2 care for Winter 2020

Overview

There are 14 Acute Hospital Trusts across covered by the Y&H PCCODN based over 19 hospital sites. This includes the two tertiary hospitals in Leeds and Sheffield that have paediatric intensive care units and a commissioned level 2 PHDU at Hull Royal Infirmary.

All DGH's provide level 1 care and some provide level 2 care mainly around stabilisation prior to transfer but also some respiratory support to children especially in the winter months. The Y&H PCCODN have collated a large amount of data through the regional HDU audit each winter and the service evaluation process which has enabled them to identify the levels of care provided in each hospital across the region and the capability to do so.

During Phase 1 and 2 of the Covid pandemic the Y&H PCCODN met regularly with the DGH's to provide support around challenges in managing critically ill children. An ODN covid data collection took place during this time on a weekly basis to provide an overview of service provision.

As part of the preparation in developing this year's surge plan a mapping tool developed by the national level 2 PCCODN working group was used to collate information on each units capacity, challenges and level 1 and 2 capability going forward in phase 3 and winter 2020. The tool also allowed the DGH's to identify areas where they may need support from the ODN.

DGH Mapping for Surge Summary

- Many of the DGH's have changed flow during the pandemic from the ED to the children's ward for paediatric admissions – they identified that this would not be sustainable in winter due to an increase in capacity
- Most DGH's had seen a reduction in activity during the pandemic but activity was slowly returning to normal.
- All had plans in place to resume elective surgery and the Y&H Surgery in Children ODN is monitoring this across the region.
- Some DGH inpatient wards have had to reduce beds due to social distancing guidance however all had plans in place to review this regularly and are working to identify solutions to meet capacity.
- Many DGH's identified that they had some surge bed availability if needed but staffing would be a challenge.
- There was minimal redeployment of staff to support adult services from paediatric across the region. No one identified this as an issue going into winter.
- Staff competency across the region in delivering high flow nasal cannula oxygen therapy was > 80% and all areas have guidelines accessible to them and designated.
- All area's identified clearly what level 1 and 2 support they could provide.
- The requests for support from the ODN in terms of critically ill children were focused on providing education and training support and communication in terms of pressures on regional level 3 capacity in PICU.

The ODN has also asked hospital to look at their ability to manage high flow in light of PPE requirements for Aerosol Generating Procedures based on their previous winter activity and identify any challenges they may have this year. This will inform any changes required in surge planning and patient pathways that the PCCODN will need to consider this year. The ODN are currently in the recruitment process for an educator to provide support to DGH's as requested. The Y&H PCCODN will continue to communicate with the DGH's on a regular basis through the usual channels to ensure that any challenges are identified going forward.

Appendix 3 DoS Explanation booklet



DoS Explanation
Document v1.3 (3).pr

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Appendix 4 **Y&H Contacts**

Y&H Paediatric Critical Care ODN		
Network Manager & Lead Nurse	Karen Perring	karen.perring@nhs.net 07930683866
Clinical Lead North	Sian Cooper	Sian.cooper2@nhs.net
Clinical Lead South	Rum Thomas	Rum.thomas@nhs.net
Project Lead	Anne Donkin	Anne.donkin@nhs.net

Leeds PICU		
Clinical Lead	Jo Lumsden	jolumsden@nhs.net 0113 3927447
Matron	Donna Webb	Donna.webb3@nhs.net 0113 3927551
Sheffield PICU		
Clinical Lead	Rum Thomas	Rum.thomas@nhs.net 01142717494
Lead Nurse	Angela Hughes	Angela.hughes20@nhs.net 0114 2717560

Embrace Transport Team		
Clinical Lead	Steve Hancock	Stephen.hancock@nhs.net 0114 3053016
Lead Nurse	Jo Whiston	Jo.Whiston@nhs.net 0114 3053007

NHSE Specialised Commissioning NEY		
Julie Bloomfield Service Specialist Julie.bloomfield@nhs.net		