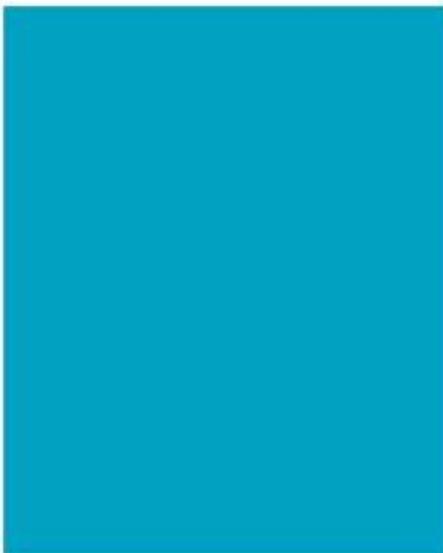
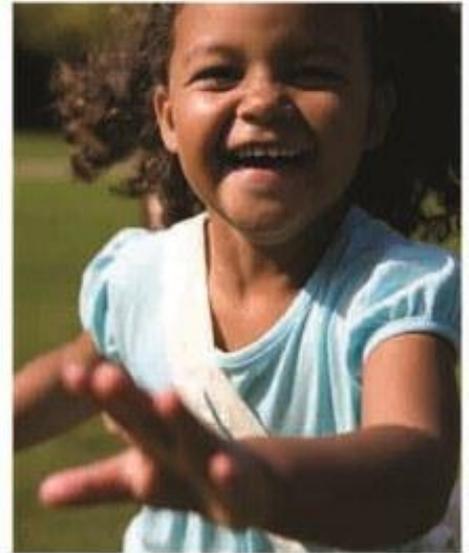


Management of surge and escalation in critical care services: standard operating procedure for paediatric intensive care



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Description	A suite of five standard operating procedures (for adult critical care, paediatric intensive care, burn and respiratory extra corporeal membrane oxygenation) that set out (a) consistent approaches by which providers can escalate pressures to NHS England and (b) how NHS England will manage capacity pressures.
Cross Reference	http://www.england.nhs.uk/epr/
Superseded Docs (if applicable)	N/A
Action Required	Recipients are required to review the responsibilities outlined in the documents and ensure that arrangements are in place to implement these in the event of capacity pressures in the five identified services.
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Fiona Marley Operations Directorate Area 5A, Skipton House 80 London Road, London SE1 6LH (07795) 636 830 TBC

Document Status

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MANAGEMENT OF SURGE AND ESCALATION IN CRITICAL CARE SERVICES: STANDARD OPERATING PROCEDURE FOR PAEDIATRIC INTENSIVE CARE

PURPOSE OF THE DOCUMENT

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

AUDIENCE

The primary audiences for this document are those involved in planning PICU services, providers, others involved in the oversight of specialised services in NHS England and communications staff.

SUMMARY

In the event of a surge in demand identified via the daily monitoring system or via alerts from the PICU centres, the national PICU Lead co-ordinates NHS England's response.

BACKGROUND

Paediatric intensive and high dependency care services are inherently linked to the delivery of other specialised children's services. 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 effect 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 can 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 critical care bed or being required to transfer a long distance to find one.

Local PICUs and areas/regions will have mapped what is considered a long distance transfer taking into account their geographical area and population. This will vary across the country. To allow for this local and area planning, in this instance, a long distance transfer is a capacity transfer to a unit that is not among the nearest neighbouring units.

There are currently 27 designated PICUs in England who work within local areas and co-ordinate care regionally. To date there has not been a nationally agreed method of dealing with critical surge pressures in PICU. This sometimes causes significant risks and delays in locating a suitably resourced bed and placement for a critically ill child.

Key risk areas for PICU patients during surge are

- a) Avoidable fatalities due to patients requiring critical care not accessing an appropriate level of care / bed in a timely and efficient manner

- b) Patients being transferred for non-clinical reasons and long distance
- c) Whole system delays in facilitating patient discharges from PICU and paediatric high dependency unit (PHDU) environments potentially blocking access for other patients
- d) Inter organisational delays in facilitating discharge from tertiary facilities to referring DGHs – thus delaying access for new patients to time critical specialist interventions, impacting on overall patient outcomes;
- e) Staffing –health and retention in specialist areas where key staff are in short supply
- f) Critical care facilities insufficient for peak demand due to any seasonal reduction by Trusts
- g) Capacity reduction due to infection outbreaks
- h) Procedural issues, internal and external communications, inadequate escalation – such as decision making at too junior level, poor implementation of PICU admissions policy, or escalation failures

Once a referral has been made to one of the PICU centres, it is the responsibility of that designated centre to source a bed within either, their unit or region, where local capacity is restricted. Capacity and surge management should be organised in the local area or region depending on how PICU pathways and transport are commissioned and managed within that locality.

Regions must agree with their providers of services and commissioners where their surge capacity for PICU is and agree how this is funded and accessed.

NHS ENGLAND will collate the daily status report during periods of peak activity. Regions must have robust capacity monitoring and national reporting in place via CMS2 <https://nww.pathwaysdos.nhs.uk/app/controllers/login/login.php>. This capacity must be reported daily to the central team during periods of surge management. When capacity is critical across England the national escalation plan will be triggered.

National co-ordination of PICU services will be implemented when demand is such that only a nationally coordinated response is appropriate. This would be reached following failed resolution after escalation through the local and regional escalation plans. (Appendix 1- gives an example of a PICU surge escalation and reporting protocol.)

ORGANISATIONS AND ROLES

NHS England

Paediatric Intensive care surge lead (in-hours): between the hours of 9am and 5pm from Monday to Friday (except for bank holidays), the national NHS England PICU Lead is:

Alastair Whittington

Telephone: 020 7932 3187,

e-mail: alastair.whittington@nhs.net.

Colleagues will be notified of any deputising arrangements for annual leave, etc.

The role of the PICU Lead in-hours during national surge management is to:

General:

- Be responsible for the day-to-day management of the standard operating procedure
- Review the standard operating procedure as necessary
- Convene and chair the weekly teleconferences during pre-surge and surge phases
- Ensure that any actions following the weekly pre-surge and surge teleconferences are implemented
- Send a status report to the PICU Lead out-of-hours every Friday at 4pm

Pre-surge and Surge:

- Confirm when a surge point is reached
- Inform other service leads that may be affected by surge management in PICU (i.e. Adult intensive care services)
- Monitor bed capacity on a daily basis when a surge point is reached
- Confirm when a surge point has passed and pre-surge arrangements can be reinstated
- Ensure (in conjunction with the Medical Directorate Lead) that any actions following escalation teleconferences are implemented

Escalation:

- Provide support to the PICU Lead out-of-hours during escalation phases
- Confirm (in conjunction with the Medical Directorate Lead) when an escalation point has passed and surge arrangements can be reinstated

PICU Lead out-of-hours: between the hours of 5pm and 9am Monday to Friday, at weekends and on bank holidays, the PICU Lead is the on-call Operations Director supported by the on-call EPRR officer, telephone 0845 000 5555, e-mail england.epr@nhs.net.

The role of the PICU Lead out-of-hours is to:

General:

- Convene and chair the weekly teleconferences during pre-surge and surge phases when the weekly teleconference falls during out of hours
- Ensure that any actions following the weekly pre-surge teleconferences are implemented when the weekly teleconference falls during out of hours
- Send an e-mail to the PICU Lead in-hours every Monday at 8pm

Pre-surge and surge

- Confirm when a surge point is reached
- Monitor bed capacity using CMS2 when a surge point is reached
- Ensure that any actions following surge teleconferences are implemented (in conjunction with the PICU Lead in-hours)
- Confirm when a surge point has passed and pre-surge arrangements can be reinstated

Escalation:

- Confirm (in conjunction with the Medical Directorate Lead) when an escalation point is reached
- Convene teleconferences during escalation phases
- Ensure (in conjunction with the Medical Directorate Lead) that any actions following escalation teleconferences are implemented (in conjunction with the PICU Lead in-hours)
- Confirm (in conjunction with the Medical Directorate Lead) when an escalation point has passed and surge arrangements can be reinstated

Medical Directorate Lead

- Confirm (in conjunction with the PICU Lead) when an escalation point is reached
- Chair teleconferences during escalation phases
- Ensure (in conjunction with the PICU Lead) that any actions following escalation teleconferences are implemented
- Act as the NHS England lead in the event of any media communications
- Confirm (in conjunction with the PICU Lead) when an escalation point has passed and surge arrangements can be reinstated

PICU centres and centres with agreed surge capacity

The role of the PICU centre is to:

- Complete/update the CMS2 PICU reporting module 6 hourly
- Alert the regional/local bed service (whichever applies) to any potential bed capacity issues outside of the update
- Inform the regional/area Clinical lead of any surge pressures.

The role of the bed service/retrieval teams or nominated lead for the PICU area or region

- ***Nominate a regional PICU clinical lead.*** Regions should nominate a lead clinician to take part in the national surge management teleconference calls.
- Monitor and collate the daily bed status from the CMS2 and daily phone calls
- Report bed status via e mail twice a day to the NHS England PICU Lead during periods of anticipated surge (as per pre-surge phase page 7)
- Regions should nominate a lead clinician to take part in the national surge management surge teleconference calls.
- Take part in surge teleconferences, reporting bed availability; make available surge capacity according the agreed protocol
- Take part in escalation teleconferences, reporting bed availability; instigate other actions, in line with the agreed protocol
- Take part in the weekly teleconferences during periods of potential bed capacity issues, reporting bed availability and any known issues

- Ensure that any transfers that may impact on other services (e.g. Adult intensive care) are highlighted to the local or regional lead.

Regional and local teams:

General:

- Regional teams must identify and put a management protocol in place detailing how clinical, pathways, involvement and leadership work within capacity management and where surge capacity is commissioned and the process regionally for accessing this.
- Regional or area teams are responsible for the local management of their capacity and the protocols agreed across the regions between commissioners and providers should be followed to ensure surge capacity is managed
- Management protocols must state where surge capacity is commissioned, transport arrangements and when PICUs should escalate capacity issues to the Area team.
- All PICUs will be asked to update the CMS2 tool 6 hourly
- Area Teams will send the current version of their surge management protocol to the PICU Lead.
- Emergency Bed Service (EBS) London will complete twice daily telephone call to all PICUs in the UK and update CMS2 with this information
- Each region will complete twice daily bed status reports after referring to the CMS2 status and/or completing a phone around to all local/regional PICUs.

Pre-surge and surge:

- When there is a shortage of beds a status report is sent daily to the appropriate NHS England Area Team lead at 10am and updated later in the day if there is a shortage of beds available at the time of the calls.
- During periods of anticipated surge pressures the nominated Area Team or Regional lead will send a daily sit rep for their PICU services to the NHS England PICU Lead
- When there are two or less beds reported in an area or region with no improvement anticipated within the following six hours, as per local surge management plan. The AT will inform the NHS England PICU Lead that there are regional surge/capacity issues.

Escalation:

- National co-ordination of PICU services will be implemented when demand is such that only a nationally coordinated response is appropriate. This would be reached following failed resolution after escalation through the local and regional escalation plans and will involve area team or regional lead and clinical lead.
- Individual Regions must have robust capacity monitoring and national reporting in place via CMS2. When capacity is critical across England the national escalation plan will be triggered.
- Regional teams must discuss with their Emergency planning team to ensure impacts on other services are shared. (e.g. if a young person is referred to an adult intensive care or if this is part of the capacity management plan)
- Regional teams should nominate a regional lead and clinical lead to participate in weekly teleconferences.

ACTION PHASES

The following sections describe actions in **pre-surge** (heightened risk of surge), **surge** (need for extra capacity to be deployed) and **escalation** (all surge capacity deployed) phases

Pre-surge phase

During periods when there are likely to be bed capacity issues (for example, between 1st November and 31st March and/or when there are pandemics), the PICU Lead convenes a weekly teleconference to discuss bed availability and potential issues. The frequency of calls is to be determined and the individuals taking part include:

- Nominated Regional clinical leads from each of the regions
- The PICU Lead in-hours or his/her deputy (Chair) [except when the teleconference takes place on a bank holiday when this role is undertaken by the PICU Lead out-of-hours]
- A representative from each of the four NHS England Regions
- A representative from the Communications Team
- A representative from the Medical Directorate
- A representative from Public Health England (as required)
- A member of the NHS England EPRR Team (as required)

The weekly teleconference will cover:

- An update of bed capacity from each of the centres
- Potential issues and a discussion of possible solutions

NHS England PICU lead will circulate a brief note of the meeting. The regional representatives will be responsible for feeding back to their constituent Area Teams if, for example, there is an indication that PICU capacity issues may impact on other services.

The teleconference details are as follows:

UK Freephone: 0800 917 1950

Participant passcode: 98686954#

The PICU Lead in-hours will send an e-mail to the PICU Lead out-of-hours every Friday at 4pm (or before a bank holiday period) and the PICU Lead out-of-hours will send an e-mail to the PICU Lead in-hours every Monday at 8am (or following a bank holiday period). The e-mail will either:

- a) confirm that there are no known issues;
- b) detail potential issues and what has been discussed in terms of possible solutions; or
- c) detail known issues and what has been put in place as a consequence

Surge phase

The surge point is defined as when there are one or more of the following situations arising and the regional teams have exhausted their local and regional resource and require capacity to be opened or made available in another region:

1. There are only two beds available in England in the PICUs

2. There are more children anticipated requiring admission to PICUs than current national declared beds available
3. There is a long distance transfer anticipated due to capacity issues
4. This position is confirmed by the PICU Lead.

Once the surge point is reached, the PICU Lead will:

- Review the bed status information from CMS2
- Convene a teleconference with the regional bed service leads (and the other attendees of the weekly teleconferences where feasible)
- Confirm that the surge point has been reached
- Agree which surge capacity should be made available
- Agree how the surge point will be monitored, for example, through frequent teleconferences
- Communicate information via the agreed surge sitrep template [to be developed]
- Agree the communications plan with the communications representative in line with the pre-agreed plan [to be developed]

The PICU Lead is responsible for liaising with other NHS England staff to ensure that the agreed actions are implemented alongside the agreed communications plan.

The PICU Lead will decide either:

- a) The surge point has passed and pre-surge arrangements can be reinstated;
or
- b) surge arrangements have been exhausted and the escalation point has been reached.

Escalation phase

The escalation phase is defined as all designated beds being full and all identified surge capacity being full. This position is confirmed by the PICU Lead in conjunction with the Medical Directorate Lead.

Once the escalation point is reached, the PICU Lead will:

- Review the bed status information from the CMS2 tool and regional team sit rep reports
- Convene a teleconference (to be chaired by the Medical Directorate Lead) with the regional bed services (and other NHS England staff as appropriate)
- Confirm that the escalation point has been reached
- Agree what other actions (in line with the protocol [to be developed]) should be instigated
- Agree how the escalation point will be monitored, for example, through frequent teleconferences
- Communicate information via the agreed escalation sitrep template [to be developed]
- Agree the communications plan with the communications representative in line with the pre-agreed plan [to be developed]

The PICU Lead, in conjunction with the Medical Directorate Lead, is responsible for liaising with other NHS England staff to ensure that the agreed actions are implemented alongside the agreed communications plan.

The PICU Lead, in conjunction with the Medical Directorate Lead, will decide when the escalation point has passed and surge arrangements can be reinstated.

Appendix 1

Example of a regional PICU surge management protocol:

London PICU surge management 2013/14

On behalf of the UK the Emergency Bed Service (EBS) in London complete twice daily telephone calls to all the PICUs in the country to establish the number of PICU beds open, the number staffed and available and whether there will be any change within the next 6 hours.

Commencing 1st November 2013 EBS will complete this exercise twice daily and input this information onto the CMS2 reporting system (see appendix 1). The PICU lead for London NHS England will access the CMS2 each morning to establish the current bed availability. If there is a shortage of beds (defined as 2 beds or less open with no more beds becoming available within the next 6 hours).

The Childrens Acute Transfer Service (CATS) and South Thames Regional Service (STRS) will have access to the CMS2 report to enable them to manage demand for transfer and escalate to NHS England as appropriate. If there is a shortage of beds this will be escalated to stage 1 of this protocol.

Surge stage 1

To be activated when there are 2 or less beds available with no planned increase within the next 6 hours across London:

- CATS will be responsible for a pan London response when there is a shortage of beds. STRS will work with CATS to ensure extra capacity is activated when capacity is restricted as outlined in this plan
- Before activating further capacity CATS will phone the PICUs to establish whether this due to:
 - the unit is already full
 - staffing issues
 - delayed transfers out (bed blocks)
- The London PICU lead in NHS ENGLAND to investigate any bed blocks and act to expedite transfer of these bed blocks.
- The London PICU Lead (Sandra Hurst) will coordinate weekly teleconference calls with the London PICU clinical leads. When these calls are required the PICU lead will send an email to PICU clinical leads.
- Timing for PICU conference calls: These will take place on **Thursday at 3pm**:
Dial in details for conference calls:
Freephone: 0800 917 1950
Participant Passcode: 44744236#
- When there are two or less available bed reported to CATs they will in the first instance refer to the CMS2 and if further information is required, phone the units including those outside London i.e. Oxford, Southampton, Leicester and Birmingham

- When capacity is restricted extra capacity will be managed by the two transport teams, as currently occurs.
- South Thames transport team will be responsible for co-ordinating bed capacity in the South and South Coast and report this to the NHS ENGLAND.
- CATs will be responsible for co-ordinating bed capacity in the North Thames and report this to the NHS England.
- CATs to alert NHS England that there is a capacity issue and go to stage 2.

Surge stage 2

ORGANISATIONS AND ROLES

If there are no beds available within or around London, or two beds with no plans to have improved capacity within 6 hours.

Transport teams:

- Weekly teleconference call will be coordinated by the London PICU lead with the PICU Clinical leads every Thursday at 3pm as detailed in Stage 1 above.
- CATs team will contact STRS to agree the Trusts/Units where they will be requesting extra capacity
- STRS and CATs to contact one of the agreed PICUs (St Mary's and GOSH for North London Kings and St Georges in South London) and ask them to open further capacity
- STRS will co-ordinate opening capacity for the South and South Coast; CATs will co-ordinate opening capacity for North Thames.
- CATS/STRS to inform the PICU lead at NHS ENGLAND that extra capacity is being opened and which of the agreed Trusts are opening an extra bed via e mail at the point of opening the bed.
- NHS England will be made aware by CATS/STRS before any transfer occurs, of any proposed out of London Transfers as a matter of urgency
- CATs to continue to refer to the CMS2 and phone the other PICUs in the country and continue to monitor and report bed capacity on an ongoing basis when a surge point is reached
- NHS England to be updated by CATS until capacity issues settle.

London PICUs

- Each PICU will nominate a clinical lead to participate in surge teleconferences

- PICUs will update the CMS2 6 hourly. (During transition to this method of capacity reporting EBS will populate CMS2 twice daily and the PICU will complete it 6 hourly.

CMS2 flags the current age and status of the update to ensure the most recent information is being viewed.)

- The PICU will return the Extra bed report monthly in line with monthly performance reporting to the PICU lead at NHS England to receive full payment as part of their annual contract management and capacity agreement.
- PICU to escalate to CATS and the PICU lead at NHS ENGLAND when there is restricted or no capacity between the reporting periods.

NHS England

- NHS England PICU lead for London will coordinate weekly teleconferences and implement any actions from this.
- NHS England PICU lead will receive twice daily bed status updates from CMS2 and/or the transport teams
- NHS England to maintain surge capacity reporting to track any surge management expenditure
- Be responsible for the day-to-day management of the standard operating procedure for London PICUs
- Manage the London PICU capacity and escalate nationally as necessary in accordance with the national standard operating procedure by contacting the national PICU lead
- Ensure that appropriate payments are outlined and understood for surge activity in line with Trusts agreement.
- Confirm locally and nationally when a surge point has resolved
- Provide a weekly report on Monday am to the SMT

Contacts at NHS ENGLAND:

In Hours 9am to 5pm

Sandra Hurst- Lead commissioner for PICU-

E mail: shurst2@nhs.net

D/L telephone: 020 7932 3813

Jacque Kemp – Children’s specialised services lead

E mail: jacquiekemp@nhs.net

D/L telephone: 020 7932 3946

Out of Hours 5pm to 9am and bank holidays.

- CATS and STRS (The retrieval teams) will prompt units to open surge capacity as per the London surge protocol
- The retrieval teams will inform NHS England PICU Lead (Sandra Hurst) and EPRR, via email, when surge capacity is opened and where
- The retrieval teams will inform NHS England PICU lead, via email, when a child is transferred out of London and the destination unit
- The retrieval teams will inform NHS England PICU lead, via email, when a child remains in the referring hospital PICU bed cannot be found
- CATS and STRS will update the PICU lead at 0800 after a surge management situation has been implemented out of hours.

PICU Clinical Leads in London

Organisation	Name	email	telephone
CATS	Daniel Lutman	Daniel.lutman@gosh.nhs.uk	
STRS	Sara Hanna	Sara.hanna@gstt.nhs.uk	
GOSH	Allan Goldman	Allan.goldman@gosh.nhs.uk	
Barts	Mamta Vaidya	Mamta.Vaidya@bartshealth.nhs.uk	
Brompton	Duncan Macrae	d.macrae@rbht.nhs.uk	
Evelina	Ian Murdoch	ian.murdoch@gstt.nhs.uk	
St Marys	Simon Nadel	s.nadel@imperial.ac.uk	
St Georges	Martin Gray	Martingray2@nhs.net	
Kings	Akash Deep	Akash.deep@nhs.net	

Appendix 2

List and contact details of area/regional leads for PICU

	Name	email	Telephone
<i>National PICU Lead</i>	<i>Alastair Whittington</i>		
<i>Operations lead</i>			
<i>London EBS(National bed status)</i>	<i>Alan Hay</i>		
London			
<i>PICU Regional lead</i>	<i>Sandra Hurst</i>	<i>Shurst2@nhs.net</i>	<i>0207 932 3813</i>
<i>PICU Regional clinician</i>	<i>Duncan Macrae</i>	<i>d.macrae@rbht.nhs.uk</i>	
<i>Retrieval service/Bed service lead</i>	<i>Daniel Luttmann</i>		
South			
<i>PICU Regional lead</i>			
<i>PICU Regional clinician</i>			
<i>Retrieval service/Bed service lead</i>			
North			
<i>PICU Regional lead</i>			
<i>PICU Regional clinician</i>			
<i>Retrieval service/Bed service lead</i>			
Midlands and East			
<i>PICU Regional lead</i>			
<i>PICU Regional clinician</i>			
<i>Retrieval service/Bed service lead</i>			

Appendix 3

CMS2 and access to the pathways system.

To register on the system go to:

<https://nww.pathwaysdos.nhs.uk/app/controllers/login/login.php>

Coordinators for the national roll out of the Pathways System:

Regional network lead via the email addresses provided below:

- North West – CMS.Team@nwas.nhs.uk
- South West (North/ Great Western) - gavin.reader@nhs.net
- South West (Peninsula) – Jas.Walker@swast.nhs.uk
- South Central – judith.collyer@scas.nhs.uk
- London – Alan.Hay@lond-amb.nhs.uk
- East of England - Christine.Ames@eastamb.nhs.uk

Responsible service Leads

Critical Care:

- Please Email your local Critical Care Network Lead for your area for more information. If you are unsure who this is, please email Alan.Stevens@cmft.nhs.uk who will endeavour to point you in the right direction.

Burns Network:

- Please contact your regional Burns Network Manager for more information. If unsure who this is, please contact Jayne Andrews, Northern Burns Network Manager on jayne.andrews@nhs.net

PICU:

- Coordinating communication nationally - Alan.Hay@lond-amb.nhs.uk

If you are user of Legacy CMS not covered by any of the areas listed above, please email CFH.CMSTeam@nhs.net with your details and we will advise who you should contact.