Paediatric Intensive Care Surge Standard Operating Procedure

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1 Contents

2. Introduction

2.1 This document provides a framework for the Paediatric Intensive Care (PIC) community response to manage escalating and unplanned peaks in demand for critical care beds.

2.2 It is intended for use by all NHS acute hospital providers with paediatric intensive care facilities on site but recognises that whole system solutions may sometimes be required to ensure timely access to intensive care for the sickest children.

2.3 The regional specialised commissioning teams are responsible for working with Providers to plan bed capacity and to refer to this policy to determine where a surge requiring escalation occurs.

2.3 In the context of this Standard Operating Procedure (SOP), the term surge is used to describe pressure on the whole paediatric intensive care system rather than referring to day to day peaks within individual units that can be reasonably managed locally.

3. Context

3.1 This National Standard Operating Procedure (SOP) forms part of a suite of national SOPs that cover the services listed below. These are accessible on the NHS England website.

- Adult Intensive Care Services
- Adult and Paediatric Burn Care Services
- Adult Respiratory Extra Corporeal Membrane Oxygenation (ECMO)
- Paediatric Respiratory Extra Corporeal Membrane Oxygenation (ECMO)

3.2 Paediatric critical care services include those delivered within dedicated critical care units.

The whole pathway of care includes paediatric intensive care transport services and limited high dependency care where this is commissioned by NHS England.

The table below is from the NHS England Paediatric Critical Service Specification E07/S/a and identifies the varied complexity of patients.

PCC Level	Provided in	Description
1	Level 1, 2 & 3 PCCU	Children requiring monitoring or interventions defined by the PCC HRG 07Z
2	Level 2 & 3 PCCU	Children requiring monitoring or interventions defined by PCC HRG 06Z
3	Level 3 PCCU	Children requiring ventilatory support or support of two or more organs systems. Children at level 3 are usually intubated to assist breathing. PCC HRG 05Z/04Z

		Children undergoing complex monitoring and / or therapeutic procedures including advanced respiratory support. PCC HRG 03Z/02Z.
3	Level 3 PCCU which supports cardiac surgery	Children receiving treatment by extra corporeal membrane oxygenation (ECMO) PCC 01Z

Within the UK, services are organised such that the most acutely unwell children or, those requiring intensive care after surgery are cared for in an intensive care unit.

3.3 The list of interventions that define paediatric intensive care is available by viewing the Paediatric Critical Care Minimum Data Set (PCCMDS).

Data Set: Paediatric Critical Care Minimum Data Set

3.4 There are 29 units across the country and the list of these is attached for reference at **Appendix 1**.

3.5 The contacts for escalation PIC surge out of hours are attached at **Appendix 2.** PIC Units will have contact details for the regional teams who will monitor PIC surge in hours.

3.6 This document should be read with reference to individual Provider organisation's Incident Response Plan (IRP) e.g. NHS England Incident Response Plan or Local Service Providers Incident and Escalation Plan. It should be noted however that the steps applied in this document aim to mitigate the risk of escalation to this point.

4. Surge and Escalation Management Arrangements

4.1 Surge capacity requirements are usually agreed at a regional level. Only when referrals increase above NORMAL* levels and capability within the service is exhausted will escalation be required.

4.2 The levels of surge and escalation are described using the OPEL (previously Critcon) definitions as shown in **Table 1** below

4.3 The escalation levels in this version have been adjusted to reflect the terminology referenced in the NHS England Operational Pressures Escalation Levels Framework document which can be accessed here:

https://www.england.nhs.uk/wp-content/uploads/2012/03/operational-pressures-escalation-levels-framework.pdf

It should be noted however that the action cards to be followed in the event of a paediatric intensive care surge are included in this procedure at **Appendix 3** AND that further work will be undertaken during 2017 to consider any further alignment of this procedure to the OPEL framework.

Paediatric Critical Care OPEL escalation levels and associated unit information on CMS2 will be monitored by NHS England regional specialised commissioning teams or nominated representative (ie local critical care networks). This information will

form the basis of the regional and national discussions (including with clinical leads) described in this document.

5. Description of Escalation OPEL Levels

Table 1	
Definition	**Status**
NORMAL - Normal, able to meet all paediatric critical care needs, without impact on other services. - Normal activity levels of non-clinical transfer and other 'overflow' activity.	**Business as Usual**
LOW SURGE - The service's bed capacity and or skill mix within a region is becoming limited but is able to receive patients and maintain optimal care. *A region is defined by the hospitals shown in Appendix 1*.	**OPEL one** **Previously PCC Critcon 1**
MEDIUM SURGE - All services within a single region are operating at maximum capacity and are unable to accept new referrals within 12 hours, and, when the number of children awaiting admission exceeds the number of beds that will be released.	**OPEL two** **Previously PCC Critcon 2**
HIGH SURGE - 3 of the 4 Regions are declaring OPELOPEL 2. There is very limited capacity or capability available. The initiation of alternative capacity must be considered.	**OPEL three** **Previously PCC Critcon3**
TRIAGE - - All 4 of the regions are declaring that there is no capacity or capability available and alternative capacity is required.	**OPEL four** **Previously PCC Critcon 4**

6. Data Sources

6.1 Data held on the (CMS2) bed management system MUST be updated by individual services twice daily at 10.00 and 20.00. The system provides information for service managers, commissioners and clinicians and although it does not provide an unequivocal view of available capacity due to real time changes that may not be immediately reflected on the system it will be widely utilised by regional commissioning hubs to determine capacity at regional level. Units must ensure that they access to CMS2.

6.3 Trusts and regional specialised commissioning teams will be responsible for collecting additional data to inform more regular situation reports as and when required. These will be identified and agreed as part of the surge calls described in the escalation OPEL levels and units may be asked to provide information more frequently.

7. Roles and Responsibilities

7.1 The clinical teams remain responsible for the management of children at all times. Providers MUST work together across the critical care pathway / network in order to ensure that optimal care is delivered for each child as close to home as possible. During surge periods it is essential clinical representation on conference calls is achieved.

7.2 It is the role of the regional specialised teams to determine the service capacity required reflecting any seasonal variation in demand.

Regional specialised commissioning teams should also have processes in place to understand and assess regional capacity, to make decisions about the OPEL levels and to escalate these accordingly.

7.3 The Action Cards at **Appendix 3** set out the headline roles and responsibilities to be undertaken during periods of surge.

8. Engagement

8.1 This document will be reviewed annually and has been agreed with the Paediatric Critical Care Clinical Reference Group.

9. Monitoring

9.1 Implementation and amendments to this policy will be led via the NHS England Women & Children Programme of Care Board and Paediatric Critical Care Clinical Reference Group.

10. Equality and Health Inequalities Analysis

10.1 This procedural document forms part of NHS England's commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age

and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

Every corporate procedural document must include an assessment of the impact it will have on inequalities and on addressing health inequalities and the following template must be completed. Further advice can be obtained from the Equality & Health Inequalities Team.

Appendix 1 – Paediatric Critical Care Units

LONDON	
	PICU: Barts Health (Royal London)
	PICU: Evelina Children's Hospital
	PICU: Great Ormond Street Hospital
	PICU: Imperial (St Marys Hospital)
	PICU: King's College NHS Foundation Trust
	PICU: Royal Brompton Hospital
	PICU: St Georges Hospital
	Retrieval Team: Children's Acute Transport Service (CATS)
	Retrieval Team: STRS
	Retrieval Team: Neonatal Transfer Service (NTS) London

MIDLAND AND EAST	
	PICU: Addenbrookes (Cambridge)
	PICU: Birmingham Children's Hospital
	PICU: Glenfield Hospital (Leicester)
	PICU: Leicester Royal Infirmary
	PICU: University Hospital of North Staffordshire PICU
	PICU: Nottingham Children's Hospital
	Retrieval Team: ANTS Addenbrookes (Cambridge)
	Retrieval Team: KIDS Birmingham retrieval team

NORTH	
	PICU: Alder Hey Children's Hospital (Liverpool)
	PICU: James Cook University Hospital (Middlesborough)
	PICU: Leeds Teaching Hospitals
	PICU: Sheffield Children's Hospital

	PICU: The Freeman Hospital (Newcastle)
	PICU: The Royal Victoria Infirmary PICU (Newcastle)
	PICU: Royal Manchester Children's Hospital
	Retrieval Team: Embrace – North Trent and Yorkshire retrieval team (based in Sheffield childrens)
	Retrieval Team: NECTAR – North East Children's Transport and Retrieval Service
	Retrieval Team: NEWTS – North West and North Wales Team – (Manchester and Alderhey)

SOUTH	
	PICU: Bristol Children's Hospital
	PICU: John Radcliffe Hospital (Oxford)
	PICU: Southampton University Hospitals NHS Trust
	Retrieval Team: Bristol PIC retrieval service.
	Retrieval Team : SORT – Southampton and Oxford

OTHERS	
	PICU: Cardiff Children's Hospital for Wales
	PICU: Edinburgh Hospital for Sick Children
	PICU: Glasgow Royal Hospital for Sick Children
	PICU: Royal Belfast Hospital for Sick Children

Appendix 2 – Regional Contact Details In and Out of Hours

1. North Region

Area Team	Out of Hours Contacts
North East and Cumbria	0191 4302453 or (back-up 0191 4302498) Please ask for the regional specialised commissioning manager
North West including South Cumbria	
Yorkshire & Humber	

2. South Region

Area Team	Out of Hours contact for specific PIC unit issues
Wessex In C. Cairns absence	07623 503888 (Pager)
South West	03030338833
Wessex & Thames Valley	07623 503888 (Pager)

3. Midlands & East

HUB	Telephone
Midlands & East	07623503831 (Pager) Please ask for the regional on call manager

4. London Region

Contacts (In Hours)	Contacts (Out of Hours)
London Region	08448222888 Leave a message for NHS01

In the event that a national escalation call is required out of hours this can be organised by escalating to the NHS England National On Call Operations Director and will usually be instructed by a regional director on call – 0844 822 2888 requesting NHS 05

Appendix 3 – Surge Action Cards

PCC Level – Normal THE SERVICE IS ABLE TO MEET ALL CAPACITY REQUIREMENTS WITHOUT IMPACTING ON OTHER SERVICES OR ORGANISATIONS	
Critical Care Service	
1. 2.	Will update the CMS2 system as and when patients are admitted or discharged at least twice daily at 10am and 8pm during normal service delivery. Each service will signify the Escalation OPEL Level in the "Service Notes" section of the system.
1. 2.	The PIC service and Trust bed managers will meet routinely (frequency as per organisation's policy) to discuss the management of bed capacity, capability (skill mix of staff). Trusts should review the CMS2 system to consider regional bed availability to inform decision making locally.
NHS England Regional Team	
1.	Will regularly monitor bed capacity for the PIC units within their region using CMS2.
2.	Will maintain a log of the capacity figures and status of all critical care services,
NHS England On Call	
1.	No action required – routine monitoring out of hours.

PCC OPEL 1 **EXPECTED WINTER PRESSURE OR OUT OF SEASON DEMAND SURGE** **THE PIC UNIT BED CAPACITY AND/OR SKILL WITHIN ONE REGION IS BECOMING LIMITED BUT THE SERVICE IS ABLE TO RECEIVE PATIENTS AND TO MAINTAIN OPTIMAL CARE**	
Critical Care Service	
1.	Will immediately amend the CMS2 system to signify OPEL 1.
2.	Inform the Emergency Paediatric Transport Service (PTS) and regional contacts by telephone that the service is operating at OPEL1 and include the rationale for declaring OPEL 1 status.
3.	The service will continue to update on any change in the situation and amend the status on the CMS2 system as soon as admitting capacity changes.
4.	Maximise repatriations and ward discharges to general paediatric or neonatal care.
NHS England Regional Team	
1. 2.	Will regularly monitor bed capacity for the PIC units within their region using CMS2. On being notified of OPEL1, regions should consider the position of neighbouring services and consider whether any further escalation is required to contain the situation. Regional calls should be instigated weekly during the Winter period. Each region will be asked to confirm its escalation OPEL status on Monday by midday to the national Lead Commissioner. The template attached at **Appendix 4** should be completed. This will enable information about expected pressures to be relayed by NHS England to both the PIC community and Trust management teams (across the region) but also to the Local A&E Delivery Boards referenced in the OPEL framework. Details of those hospitals proceeding with planned elective surgery and those units which may already have taken a decision to double patients where clinically appropriate should also be provided.
NHS England On Call	
1.	No action required – routine monitoring out of hours.

PCC OPEL 2 **ALL PIC UNITS WITHIN ONE OF FOUR REGIONS ARE OPERATING AT MAXIMUM CAPACITY AND ARE UNABLE TO ACCEPT NEW REFERRALS WITHIN 12 HOURS AND THE NUMBER OF CHILDREN AWAITING ADMISSION EXCEEDS THE NUMBER OF BEDS TO BE RELEASED THAT DAY**	
Critical Care Service	
1.	Immediately amend the CMS2 system to signify OPEL2.
2.	Continue to notify Paediatric Transport Service and the region and amend the status on the CMS2 system as soon as admitting capacity changes.
3.	Maximise repatriations and ward discharges to general paediatric or neonatal care.
4.	Trust Chief Operating Officer (COO) & Clinical Director to review paediatric elective surgery requiring PIC
5.	Consider cancellation of study leave for PIC trained medical, nursing and key support staff.
6.	Consider skill mix and resource allocation.
7.	Review utilisation of adult intensive care for any age / clinically appropriate young people.
7.	On Call Consultant and COO to participate in all agreed teleconferences when requested.
8.	Agree with the Trust Medical Director when that the PIC unit has reached capacity within individual Trusts
NHS England Regional Team	
1.	During the Winter November to January, regional teams (or critical care networks where these are established) must monitor escalating demand for Paediatric Intensive Care Beds and should have systems in place to do this. In the event that OPEL 2 has been confirmed the Regional contacts listed in in **Appendix 2** will ensure a) that they coordinate the collection of the information at **Appendix 5** and assure that it accurately reflects actions taken by Providers in their regions and b) that they confirm the likely duration of the OPEL 2 position.
2.	Will ensure that units correctly reflect their status on the CMS2 system.
3.	Having collated information in **Appendix 5,** the regional lead in the affected area will arrange a teleconference with the other regions to discuss the situation, to confirm the position and to agree any on-going actions for escalation if appropriate. In office hours, the contacts to initiate cross regional calls at OPEL 2 are: Clinical Co Chair, Women & Children PoC Paediatric Intensive Care CRG Lead Commissioner In addition to the Clinical Co Chair (or a nominated deputy if he is unavailable) the regional contact and Consultant On Call for each transport team will be required to join this call. Where an out of region transfer is being considered, the Executive Directors On Call at Trust level may be asked to join to consider any further actions to mitigate long distance transfers. The telephone conference details used will be: **08009171950** **Participant: 44744236 then #**

	Notes from the meeting will be drafted and circulated by the Lead Commissioner for dissemination to the Local A&E Delivery Boards. The regional teams will be responsible for circulation to the Chief Executives, Medical Directors and named Clinical Contact for each PIC service in their areas. .
4.	Will work with general paediatric services to ensure that all reasonable steps are taken to discharge children suitable for acute care in order to release PIC beds.
5.	Where a prolonged delayed discharge occurs which requires external facilitation the regional lead will issue the communication attached at **Appendix 6** to the receiving unit and agree an indicative timescale for admission.
6.	The nominated regional lead will provide the local NHS England regional On Call lead with any information or situation reports, as required.
NHS England On Call	
1.	NHS England regional On Call will be aware of the status from regional handovers. In the event of escalation out of hours, the regional On Call teams (Appendix 2) will oversee and manage the process. Where a regional On Call manager receives an OPEL alert they should ensure they are aware of capacity within their own region AND that of their neighbouring units / regions who should gather the information referenced in **Appendix 5.** This will enable decisions about escalation can be made.

PCC OPEL 3 **3 OF THE 4 REGIONS ARE DECLARING OPELOPEL 2 RESULTING IN VERY LIMITED CAPACITY OR CAPABILITY AVAILABLE** **SOURCES OF ADDITIONAL CAPACITY MUST BE CONSIDERED** **Actions as above for OPEL 1 and 2 must be completed prior to the following actions**	
Critical Care Service	
1.	Ensure that CMS2 system accurately represents the OPEL Level.
2.	Continue to notify PTS and the regional team and amend the status on the CMS2 system as soon as admitting capacity changes.
3.	Maximise repatriations and ward discharges to general paediatric or neonatal care
4.	Trust COO & Clinical Director to review paediatric elective surgery requiring PIC.
5.	Ensure cancellation of study leave for PIC trained medical, nursing and key support staff wherever possible.
6.	Consider skill mix and resource allocation
7.	Review utilisation of adult ICU for any age / clinically appropriate young people.
8.	On Call Consultant and COO to participate in all agreed teleconferences.
NHS England Regional Team	
1.	Provide the local NHS England Regional On Call team with any information or situation reports as required.
2.	Will participate in any teleconference co-ordinated by London Region as the national PIC Surge lead, implement and oversee any actions arising from the TC.
NHS England Lead Commissioner and On Call teams	
	In hours, the national Lead Commissioner will convene a teleconference comprising: • The On Call PIC Consultant in each unit and transport teams • All nominated regional leads • 4 Regional Medical Directors for Specialised Services Where a regional On Call manager receives an OPEL alert they should ensure they are aware of capacity within their own region AND that of their neighbouring units / regions who should gather the information referenced in **Appendix 5.** This will enable decisions about escalation can be made. Where OPEL 3 is subsequently confirmed a regional On-call Director will request a national conference call. This is arranged by calling **08448222888 requesting NHS 05.** The regional On Call manager will ensure that the On Call Consultant in each PIC unit, the Executive Director on Call for each Trust AND transport team are aware of the call and that they dial into it. The aim of the TC is to review and confirm the current situation, to agree the next steps and who will be responsible for implementing these. This should include: • What is causing the current source of pressure referencing the regional status reports at **Appendix 5** and to **discuss** and **agree** any further actions that could be taken to reduce system pressure. • Impact on the critical care system • Potential recourse to whole system responses required in light of respective

	major incident plans The telephone conference details used will be: **08009171950** **Participant: 44744236 then #** A proposed agenda is included at **Appendix 7.**
NHS England On Call	
1.	NHS England regional On Call will be aware of the status from regional handovers. The teams will oversee and manage the process out of hours and consider any ongoing national coordination required.

PCC OPEL 4 **ALL 4 CRITICAL CARE REGIONS ARE DECLARING NO NHS CAPACITY OR CAPABILITY AVAILABLE** **ADDITIONAL CAPACITY FROM OTHER PIC PROVIDERS OR MUTUAL AID IS REQUIRED** **Actions as above for Level 1, 2 and 3 must be completed prior to the following actions.**	
Critical Care Service	
1.	Ensure that CMS2 system accurately represents the OPEL Level.
2.	Continue to notify PRS and amend the status on the CMS2 system as soon as admitting capacity changes.
NHS England Regional Team	
1.	The nominated regional lead will provide the local NHS England regional On Call with any information or situation reports (SitReps) as required.
2.	Will participate in any teleconference co-ordinated by London Region as the national PIC Surge lead and facilitate any agreement stemming from the TC.
NHS England Lead Commissioner and On Call teams	
1.	In the event of OPEL 4, in hours, the national Lead Commissioner will convene a teleconference comprising: • The On Call Consultant for each unit and transport service • 4 Regional Medical Directors for Specialised Services • NHS England regional On Call leads (for continuity out of hours) The aim of the TC is to review and confirm the current situation and agree the next steps and who will be responsible for implementing these and should include. • What is causing the current source of pressure, actions already taken and additional steps that could be taken to reduce pressure (step-down, repatriation etc) • Impact on the critical cares care system • Potential recourse to whole system responses required in light of respective major incident plans Where a regional On Call manager receives an OPEL alert they should ensure they are aware of capacity within their own region AND that of their neighbouring units / regions who should gather the information referenced in **Appendix 5.** This will enable decisions about escalation can be made. Where OPEL 4 is subsequently confirmed, a regional on-call director will request a national conference call. This is arranged by calling **0844 822 2888 requesting NHS 05.** The regional On Call manager will ensure that the On Call Consultant in each PIC unit, the Executive Director on Call for each Trust AND transport team are aware of the call and that they dial into it. The aim of the TC is to review and confirm the current situation, agree the next steps and who will be responsible for implementing these. This should include: • What is causing the current source of pressure referencing the regional status reports at **Appendix 5** and to **discuss** and **agree** any further actions

	that could be taken to reduce system pressure • Impact on the critical care system • Potential recourse to whole system responses required in light of respective major incident plans The telephone conference details used will be: **08009171950** **Participant: 44744236 then #** A proposed agenda is included at **Appendix 7.**
Paediatric Transport Service	
1.	In the event that a new referral is made, the regional paediatric transport team will determine (as routine) the requirement for a PIC bed and advise the referring clinician that an alternative is being sought. The PTS will continue to manage referrals for beds and ensure that details of cases are relayed accurately for consideration in the national calls as outlined above.
NHS England On Call	
1.	NHS England regional on-call will be aware of the status from regional handovers. The teams will oversee and manage the process out of hours and consider any ongoing national coordination required.

APPENDIX 4 – Capacity Monitoring Report

Paediatric Critical Care Status Report

Date

PIC Unit	Update	
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known /pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known /pending referrals		
Other notes or issues		
PIC Unit		
Overall service capacity / bed availability		Surge Status
Known / pending referrals		
Other notes or issues		

Next Call Details	

Escalation Plan

Escalation Plan (if required): date	

Discussion Notes

Discussion Note 1:

Discussion Note 2:

Discussion Note 3:

Contact Details:

Teleconference number:	**0800 917 1950**
Participant passcode:	**44744236#**
Chair Passcode:	

Rachel Lundy
Lead Commissioner, NHS England
Email:rachel.lundy@nhs.net

APPENDIX 5 – Regional Status Report

How many beds are typically available within each unit?
How many beds are currently occupied? Nb: This aims to identify any significant issues (eg: staffing shortfalls) impacting normal bed capacity
Have Providers updated the CMS2 system to accurately reflect the OPEL Level based on available bed capacity
Do you know how many children are awaiting admission via retrieval services and whether there is a delay in their transfer?
Have Providers identified the numbers of children eligible for ward discharge, general paediatric care? Nb: for the purpose of this submission please identify children who have been assessed as suitable for discharge for +4hours
Have Providers considered whether is additional capacity that can be established by: • managing suitable babies with neonatal service support • considering the use of adult ICU for any age / clinically appropriate young people
Are there patients who could be repatriated to their local hospital to complete in patient care vs completing inpatient stay in tertiary centre and would this improve PCC bed availability?
Can Providers identify any additional capacity through review of skill mix and acuity of patients?
Are the Tertiary hospitals currently admitting patients for paediatric elective surgery requiring PIC?
Are acute hospitals still undertaking paediatric elective surgery potentially impacting demand for general paediatric beds and repatriation from PICU

Information Collated by:

Name

Title:

Region:

Date and Time:

Address 1
Address 2
Address 3
Address 4
Address 5

Date

Appendix 6 – Delayed Discharge Letter Template

Dear COO Name

Paediatric Intensive Care Delayed Discharge

NHS England has been notified today of a delay in the discharge of a medically fit child from the Paediatric Intensive Care Unit at (PIC unit).

I note that the discharge of this child, aged X has been delayed due to (insert reason) and as a consequence capacity to admit a critically unwell or unstable c hild is now compromised. The intensive care network is currently operating at OPEL **OPEL Level X (insert level) as described in the attached surge standard operating procedure.**

Whilst acknowledging that there will of course be periods of unprecedented demand on acute and critical care beds, we would ask you to liaise with the paediatric clinical team to expedite the discharge of this child in line with the inter hospital transfer guidelines referenced in the NHS England contract. Standard 15 requires a repatriation to occur within 24 hours of the notification to the receiving hospital's bed management team.

Please can you contact (enter name of regional lead) to notify them of the action taken in response to this letter and confirm the date that the Trust is able to accept the transfer.

Thank you for your assistance in this matter.

Yours sincerely

Name
Associate Director
X Regional Hub

Appendix 7 - NHS England Paediatric Critical Care Teleconference

Aim

To review and confirm the current situation, agree the next steps and who is responsible for implementing

Dial in details

0800 917 1950

Participant code **44744236#**
Chair code

Agenda

1. Welcome and Introductions
   Name, role and organisation

2. Notes from last teleconference and review of actions (if applicable)

3. Regional updates (using Appendix 5 Paediatric Intensive Care Surge Standard Operating Procedure)

   - North
   - Midlands and East
   - South
   - London

4. Likely duration of current surge

5. Open discussion - Additional actions to be considered to reduce short term pressure: Issues, risks and possible mitigations

6. Overall impact on paediatric critical care system and identify causes where possible

7. Media/Communications Update

8. Any Other Business

9. Review of agreed actions to be undertaken and deadlines for completion

10. Date and time of next teleconference