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North Thames Paediatric Network

Winter Surge Plan 2025-26

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This document is a live version and subject to update through Winter

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NHS Winter Planning for 2025-26: Background and Context

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- In July 2023, NHS England published a paper outlining the approach to development and operationalisation of the 2023/24 NHS winter plan.
- This builds upon the NHS England Urgent and Emergency Care Recovery Plan, an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter, along with the **NHS's primary care and elective recovery plans**, and the broader strategic and operational plans and priorities for the NHS.
- Winter planning in 2025/26 across the NHS will focus on the core areas outlined below:
  - High-impact priority interventions drawn from the UEC recovery plan that all systems will be asked to deliver and provide assurance against.
  - Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
  - Returns from systems on system-level resilience and surge planning in order to avoid services being overwhelmed at times of peak demand.

As part of this work led by the NHSE London Urgent and Emergency Care (UEC) planning teams, all ICBs have been asked to submit winter planning documents. The aim is to support provider and system level planning in preparation for winter, building upon the operational planning work that was completed at the start of the year. Specifically, this request from the UEC team includes:

- Confirming the base capacity for general and acute (G&A) beds
- Identifying the escalation capacity that could be established if demand warranted further capacity was required, in line with the recently refreshed guidance (NHS England » Process and definitions for the daily situation report)
- Identification of any operational or financial risks associated with the provision of capacity over and above that which was originally planned

London Critical Care Winter Planning for 25/26:
Overview and next steps for Paediatric Critical Care Networks

NHS England London

- The surge plan will outline current provision, surge potential, rate limiting factors & potential risks, local surge strategy planning to consider / include (NTPN Recommendations), explore recommendations for potential ICS level support, explore recommendations for potential NHSE level support and outline NTPN Level support.
- PICU is a regional resource and as such is split from General Paediatrics which should, where possible, be managed locally within ICS sector footprints. There is a focus this year on Level 2 care and ensuring additional commissioned capacity is in place to support with step down and flow.
- It will focus on areas that should be considered as priority areas for building and ensuring the most robust resilience strategies are in place across the system. These would, if implemented, preserve standard clinical pathways, and support seamless and safe service delivery across the region during peak periods.
- Identify the need for additional resources and funding to support this surge plan and the routes to funding requests via NHSE/ICS partners to enable this.
- The surge plans will describe the arrangements for supra regional planning and mutual aid.

Priorities

- Capacity – PICU/Ward Beds/Level 2
- Equipment and Consumables
- Workforce/Staffing/Training
- Transport
- Infection Control
- CAMHS
- Continuation of Elective Surgery
- Adult Surge Plans
- Environment
- Governance
- Mutual Aid

Partnership Working

- Acute Trusts/DGHs
- Tertiary/PICU Centres
- ICS Partners
- NHSE
- CAMHS
- Transport (CATS/LAS)
- London Adult Critical Care Network
- Neonatal Network
- Cardiac Networks
- London Region Communications Team (incl. 111)
- RCPCH

Risks/Caveats

- The size of the demand/surge
- Capacity for paediatric patients across ICS regional footprints, London and England
- Workforce availability (Skilled workforce/staff sickness/staff burnout)
- The timing of the surge in relationship to other illnesses or specialty demand (e.g. CAMHS) that may peak in the UK over Winter.
- Cross-sector mutual aid
- Availability of necessary equipment/consumables

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Stakeholder Roles and Responsibilities

Individual Trusts and ICB

Individual Trusts are responsible for holding local surge plans. These feed into wider ICS level sector plans. These should include plans such as cancellation criteria for elective surgery, movement of staff and plans on increasing capacity when there are known peaks in demand.

NHS England » Winter and H2 priorities

Paediatric Networks (including Transport) and Regional Specialised Commissioning Teams

The Paediatric Networks and Regional Specialised Commissioning teams are responsible for working with providers and where relevant ICS partners (for acute paediatric care) to plan bed capacity and transport; this includes planning for known surges. These teams will have processes in place to understand and assess capacity, to make decisions about PIC OPEL levels and respond to these accordingly. They will inform the respective ICS partners where challenges occur that might impact performance and/or patient safety.

In addition to Paediatric Critical Care, the Paediatric Networks also support with specialised paediatric pathways at multi ICB level e.g.

- Paediatric Cardiac and Congenital Heart Disease
- Long Term Ventilation
- Paediatric Cancer
- Surgery in Children
- Neurology and Epilepsy
- Time critical transfers and implementation of the STOPP tool

Home - North Thames Paediatric Network (ntpn.co.uk)

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PAEDIATRIC CRITICAL CARE SURGE PLANNING

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London Paediatric Intensive Care Units (PICU): Process for Requesting Mutual Aid (1/2)

BAU Capacity Management

- PICU capacity is updated daily via Network Sit Rep system (MediTrack/Beautiful Information). Regional report is completed to supplement DoS data for regional/EPRR team.
- PICU in either NT/ST is declaring no PICU beds – referral to be managed via the acute retrieval teams (CATS/STRS).
- Either NT or ST are declaring no PICU capacity via sit rep system– to be reviewed regionally

NT/ST or CATS/STRS escalate for regional discussion

Regional Capacity Management

- CATS/STRS continue to work together to utilise available capacity (including transport).
- Capacity is reviewed every 24 hours to monitor further increases in demand.
- PICUs review elective activity for next 24 hours and consider elective cancellations.
- NT/ST to work with PICUs and DGHs to support delayed discharges.
- Frequency of regional PCC escalation meetings determined by pressures with input from speciality groups (e.g. cardiac) as required.
- Out of region transfers will occur where necessary and regional capacity is exhausted.

Escalation via NHSE London processes to national teams

National Capacity Management

- National capacity calls and additional data reporting established to support high levels of surge in PCC and increased mutual aid/patient transfers as required.
- PCC regional team will attend national meetings and disseminate outputs / information.
- National transfer panel may be established to co-ordinate national patient transfers.
- **Regional NHSE / NHS E national to lead on Internal or Major Incident Stand – Up or down**

Paediatric Critical Care Networks London team actions:

- Plan debrief to capture learning if incident occurs
- Provide brief to London executives via GOLD as required

London Paediatric Critical Care: Process for Requesting Mutual Aid (2/2)

NHS England London

***Key notes:**

1. Local structures will vary but PCC units should escalate via their usual processes within the hospital and up via the acute retrieval services (CATS/STRS) in the first instance and/or North Thames/South Thames Networks.
2. PCC mutual aid requests should be reviewed and supported by acute retrieval services (CATS/STRS) and/or North Thames/South Thames Networks to ensure there are no actions that can be taken within Network area to support flow before an out of region transfer is considered. In normal hours these should also be notified to NTPN/STPN.
3. See process below.
4. Paediatric Critical Care Regional Team to support with confirming need for mutual aid and supporting identification of a suitable PICU to receive patient if this is not easily achieved within the pan London contact group.

Sitrep process:

- PCC units to update network sit rep systems (Meditrack/Beautiful Information) daily. Daily capacity updates also recorded by acute retrieval teams (CATS/STRS).
- North/South Thames Networks to monitor sit rep data and highlight any issues within network area including: staffing, acuity variation in access to surgery that may need to be considered etc.
- NHS England BCYP team to attend London regional EPRR weekly (Friday pm) with a London sitrep supported through ODN managers submissions and DoS
- If required the networks and / or NHS England will establish regional calls to support pan London mutual aid, where there is escalation from the Networks.

Paediatric Critical Care (PCC) Escalation during Surge

Business As Usual
Both NT and ST are declaring PCC beds via Network sit reps (Meditrack/Beautiful Information)
Acute Retrieval Teams (CATS/STRS) continue to manage referrals

Capacity Pressures Within PCC Network (POPEL 2-4)
Via Meditrack/Beautiful information or other escalation (e.g. provider/retrieval teams)

Provider, Retrieval & Network Action:
Follow POPEL Actions for relevant network (South or North Thames) paying particular attention to:

1. Units (prompted by retrieval teams) to review and report on CRISIS criteria (Use Referral pathway SOP's* to assist) inclusive of elective activity daily
2. Consider use of AICU capacity for YP > 14 years where appropriate
3. Review staffing ratios and best placed areas for surge beds should demand continue to rise
4. Network colleagues to provide summary updates to regional leads prior to Friday PM NHSE internal meeting with UEC & EPRR colleagues or sooner should network colleagues consider appropriate e.g. to escalate decision to cancel all elective surgery

Further escalation required
POPEL 4 or anything affecting capacity requiring further escalation
(In addition to continued use of Referral Pathway SOP's* by retrieval teams)

Mon-Friday 9-5
Retrieval teams or Networks to contact London Regional Key Contacts
(& STPN to Email NHS SE for information)

Out of hours
London Region EPRR on call team via page message to NHS01 (accessed via 03332005022)
For SE Region England.SE-ROC@nhs.net

UEC team
7 day 8am-6pm monitored inbox
england.london-uecops@nhs.net

Regional level Action:
Escalate to **National** Programme of Care Leads as appropriate and liaise with network colleagues to ensure ongoing updates are managed

Regional level Action:
Regional Paediatric Critical Care Programme of Care Leads to continue to work with NT and ST Networks, EPRR, UEC to ensure co-ordinated regional response and clear communication including UEC attendance at Wed 13:00 PCC touch-point and Regional POC to UEC/EPRR touch point Friday 16:00

***Reference: STRS Referral pathway**
NTPN STPN

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V2: 20/09/2024

Specialist/Non PCC Paediatric Escalations during Surge

Business As Usual
Specialist/Non PCC Referrals follow normal pathway

Capacity Pressures Within Network – Gen Paeds & Elective Surgery
Acute Trust Paediatric Demand and Capacity or Emergent Issue Creating Inability to Admit Further Paediatric Patients

Capacity Pressures Within Network Specialist Bed e.g. Neurology, Emergency or Specialist Surgery
All Network Specialist Hospitals unable to admit the patient

Escalation via Normal Trust / ICS Pathways

Key decision: ***Has the Trust/ICS ensured conversations been concluded with all specialist hospitals within the Network***

Capacity challenges unable to be managed internally within the Trust/ICS footprint

Mental Health capacity issues – follow individual ICS Mental Health Escalation Plan

Escalation via Normal Trust Pathways who will escalate to a ICS level for bed identification.

In Hours
Provider to escalate to an ICS level following local Paediatric Escalation Pathways

Out of hours
London: Provider to escalate through Trust process to EPRR on call team via page message to NHS01 (accessed via 03332005022) **SE:** Trust escalation through system

Action: ICS to continue to support capacity identification, linking Paediatric compromise in with their system co-ordination centre teams. ICB should then escalate to regional team for support. Mutual aid to be utilised from neighbouring ICS footprints on a system-system level. *Support from NTPN/STPN if requested & appropriate.*

Action:
- Networks to support ICS if required and appropriate in hours to provide intelligence to support ICS in bed identification
- Networks to support with decision to transfer out of region if no specialist bed available and share information with neighbouring Networks
- Network to capture data and review out of region and delayed transfers when notified by ICS or Trusts
- ICS to continue to lead capacity identification, linking Paediatric compromise in with their Surge teams.

Surge Services Paediatric Pathway Escalation Tool Kit
1. Assessment made of ICS paediatric capacity / actions and mitigation
2. Assessment of neighbouring ICS capacity
3. Assessment of network capacity and discussion with NTPN/STPN on ICS pressures and agree approach
4. System call as required convened by System co-ordination centre leads. Chair by ICB Gold or relevant Clinical Lead. Agreeing actions and evaluation plans

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23/10/2023

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PAEDIATRIC GENERAL AND ACUTE BEDS SURGE PLANNING

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North Thames Paediatric Network Contacts		
	Name	**Email**
Network Director	Sophie Scott	Sophie.scott3@gosh.nhs.uk
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Paediatric Critical Care Leads	Dr Andrew Jones Dr Emma-Jane Bould	andrew.jones@gosh.nhs.uk emma.jane.bould@nhs.net
Childrens Acute Transport Service	Linda Chigaru Mark Clement	linda.Chigaru@gosh.nhs.uk mark.clement@gosh.nhs.uk
South Thames Paediatric Network	Sally Watts/Sarah Herbert/Dr N Prince/Dr J Jeeta	england.stpn@nhs.net

	Email
NCL	Nclicb.scc@nhs.net/ via pager to NCLSCC1
NEL	nelondonicb.scc@nhs.net/via pager to NELSCC1
NWL	nhsnwl.scc@nhs.net /via pager NWLCP01

Paediatric Retrieval Teams

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CATS 0207 430 5850
STRS 0207 188 5000

For NHS England EPRR and UEC Teams

For NHS England, POC, EPRR and UEC Teams

For PCC the regional BCYP programme should be contacted on: England.cyptransformationldn@nhs.net

07900 712998 (Rachel Lundy) or 07872 814150 (Stacey Bedford)

For non PCC London UEC cell operates 7/7 – (0800-18:00) england.london-uecops@nhs.net which would usually be an escalation via the ICS System Co-ordination Centre

Outside of UEC hours escalate to London EPRR via the 03332005022 (asking for NHS01 – November – Hotel – Sierra – Zero – One)

Surge Progression by Site by ICB

Please note, all local escalation strategies are contingent on staffing availability.
Updated November 2025.

ICS & Site	PICU Beds Baseline	General Paediatric Beds Baseline	Total Beds	Max Local escalation capacity declared	Local Escalation strategies
North West London	**31 (27 Level 3 + 4 Level 2)**	**189 (of which 20 x Level 2)**	**224**	**231**	
St Mary's	15 (of which 4 x Level 2)	36	51	56	Additional ward beds
Chelsea Westminster		52 (of which 8 x Level 2)	52	62	Additional ward beds
Royal Brompton	16	33 + 4 (of which 10 x Level 2 + 4 Sleep)	53	57	Additional ward beds
Hillingdon		24 (of which 2 x Level 2)	24	28	Use of PAU
West Middlesex		20	20	24	Additional ward beds
Northwick Park		24 (of which 4 x Level 2)	24	28	Additional ward beds
North Central London	**45**	**115 (of which 5 x Level 2)**	**160**	**195**	
Great Ormond Street PICU/CICU/NICU	45 (17 PICU, 19 CICU, 9 NICU)		45	64	Comprehensive escalation plan for Surge 2, 3 & 4
University College London		38 (of which 2 x Level 2)	38	-	-
Royal Free		20	20	20	No increased winter capacity
Barnet		22	22	24	Additional ward beds
North Middlesex		16	16	26	Use of PAU
Whittington		19 (of which 3 x Level 2)	19	23	Use of CAU
Royal National Orthopaedic		27 (Specialised services beds, not for general admissions)	-	-	-
North East London	**10 (8 Level 3 + 2 Level 2)**	**161 (of which 10 x Level 2)**	**166**	**174**	
Royal London	10 (of which 2 x Level 2)	71 (of which 4 x Level 2)	76	87	Additional ward beds
Newham		18	18	22	Additional ward beds
Whipps Cross		24	24	-	-
Homerton		18	18	22	Additional ward beds
Queens (BHRUT)		30 (of which 6 x Level 2)	30	-	Use of PAU

Paediatric Capacity – North Central London (NCL)

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Paediatric Critical Care (PICU)

Site	Baseline capacity	Local plan Surge 2	Local plan Surge 3	Local plan Surge 4
GOSH	45 (17 PICU, 19 CICU, 9 NICU)	49 + 2 HDU (18 PICU, 20 CICU, 11 NICU)	56 + 4 HDU (22 PICU, 21 CICU, 13 NICU)	59 + 9 HDU (22 PICU, 21 CICU, 16 NICU) (Cease non-urgent elective work)

GOSH PICU: This would be in exceptional "super surge" circumstances and would rely on Trusts ability to escalate

DGH/Acute Hospitals

Site	Baseline capacity	Of which HDU Beds	Total Beds breakdown by type	Local Escalation capacity	Local Escalation strategies	Surge Capacity (Capacity increase rate)
Barnet	22	0	11 beds + 13 cubicles	24	Additional ward beds	9% increase
North Middlesex	16	0	10 beds + 6 cubicles	26	use of PAU	63% increase
Royal Free London	20	0	16 beds + 9 cubicles	20	No increased winter capacity	0% increase
UCLH	38	2	31 General Paeds/ Adolescent + Use of specialised services ward	-	-	-
Whittington	19	3	14 beds + 9 cubicles	23	Additional ward beds + use of CAU	21% increase

Paediatric Capacity – North West London (NWL)

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Paediatric Critical Care (PICU)

Site	Baseline capacity	Local plan Surge	Local plan Surge 3	Local plan Surge 4
St. Mary's	15 (11 x Level 3 + 4 x Level 2)	-	-	-
Royal Brompton	16 (16 x Level 3)	* Nursing establishment limitations		

Elective surgery can be largely protected at the Chelsea & Westminster site.

DGH/Acute Hospitals

Site	Baseline capacity	Of which HDU Beds	Total Beds breakdown by type	Local Escalation capacity	Local Escalation strategies	Surge Capacity (Capacity increase rate)
Hillingdon	24	2	12 beds + 12 cubicles	28	use of PAU	17% increase
West Middlesex	20	0	11 beds + 13 cubicles	24	Additional ward beds	20% increase
Chelsea & Westminster	52	8	30 beds + 28 cubicles	60	Additional ward beds	36% increase
Northwick Park	24	4	16 beds + 12 cubicles	28	Additional ward beds	17% increase
St Mary's	36	0	25 + 11 for Specialist Infectious disease and Hametology	30	Additional ward beds	20% increase
Royal Brompton	33 + 4 Sleep	0	23 beds +10 (+4) Cubicles	37	Additional ward beds	12% increase

Paediatric Capacity – North East London (NEL)

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Paediatric Critical Care (PICU)

Site	Baseline capacity	Local plan Surge	Local plan Surge 3	Local plan Surge 4
Royal London	10 (8 x Level 3 + 2 x Level 2)	12	-	-

Homerton and Newham sites would likely need additional support from the Royal London within surge.

RLH PICU: This would be in exceptional "super surge" circumstances and would rely on Trusts ability to escalate

DGH/Acute Hospitals

Site	Baseline capacity	Of which HDU Beds	Total Beds breakdown by type	Local Escalation capacity	Local Escalation strategies	Surge Capacity (Capacity increase rate)
Queens - BHRUT	30	6	16 beds + 14 cubicles	-	use of PAU	-
Homerton	18	0	11 beds + 7 cubicles	22	Additional ward beds	22% increase
Newham	18	0	12 beds + 6 cubicles	22	Additional ward beds	22% increase
RLH	71	4	-	75	Additional ward beds	6% increase
Whipps X	24	0	7 beds + 17 cubicles	-	-	-

Paediatric Capacity – East of England Border Hospitals

(specialist pathway flows into North Thames)

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DGH/Acute Hospitals

Site	Baseline capacity	Of which HDU Beds	Total Beds breakdown by type	Local Escalation capacity	Local Escalation strategies	Surge Capacity (Capacity increase rate)
Basildon	20	2	15 beds + 5 cubicles	26	-	30% increase
Broomfield	20	2	6 beds + 14 cubicles	-	-	-
L&D	34	5	13 beds + 21 cubicles	38	Additional ward beds	12% increase
PA Harlow	16	0	9 beds + 10 cubicles	19	Additional ward beds	19% increase
Southend	16	2	6 beds + 10 cubicles	-	-	-

* Luton & Dunstable HDU is unique amongst DGHs in being able to initiate CPAP in children > 1 year, and the unit is able to provide BiPAP to children of all ages. Potential option of moving children into Luton. Similar to C&W HDU, although to be aware Luton do not have the same paediatric anaesthesia support.

** Please note East of England Region is served by a PICU at Addenbrookes Hospital. The above capacity provision is included in the North Thames Network plan to take account of specialist pathways flows in North Thames Network Area.

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PAEDIATRIC OPERATIONAL PRESSURE ESCALATION LEVELS (POPEL)

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OPEL score	Description	Footprint
POPEL 1	Normal - Capacity within individual providers and therefore across the region is meeting demand	Local level
POPEL 2	Low surge - Restricted capacity within one or more providers with mitigations in place mostly meeting demand across the region	Local and regional ICS level NTPN
POPEL 3	Capacity significantly restricted within multiple providers leading to delays in treatment likely across the region	Local and regional ICS level NTPN
POPEL 4	Regional and supra regional capacity severely restricted with delays to treatment highly likely across the region and wider	Local, regional, NTPN and supra regional level leading to National Incident Coordination if required

Roles/Responsibilities – POPEL One

PIC Level/Gen Paediatric Admission Levels – POPEL 1	Trust Level/ICS Level – PICU	Trust Level/ICS Level – General Paediatric	Network/Regional Level - PICU Network/Regional Level – General Paediatric.
The PIC Service and General Paediatric Wards are able to meet all capacity requirements without impacting on other services or organisations.	1. Trusts will update the Meditrack paediatric bed system when patients are admitted/discharged or at least twice daily (before 8.30am and before 8.30pm) during normal service delivery. 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). 3. Trusts should use the Meditrack system to review and consider regional bed availability to inform their own planning decisions. PIC bed capacity must be consistently reviewed as part of wider Trust capacity at an operational level including all Trust central bed meetings.	1. Trusts will update the Meditrack paediatric bed system when patients are admitted/discharged or at least twice daily (before 8.30am and before 8.30pm) during normal service delivery 2. Trust bed managers will meet routinely with paeds management (frequency as per organisation's policy) to discuss the management of general paediatric bed capacity, capability (skill mix of staff). 3. Trusts should use the Meditrack system to review and consider regional bed availability to inform their own planning decisions. G&A bed capacity must be consistently reviewed as part of wider Trust capacity at an operational level including all Trust central bed meetings.	1. The paediatric network will regularly monitor bed capacity for the PIC units and general paediatric bed levels within their region. North Thames Paediatric Network will produce a regional daily report for stakeholders together with the transport team daily sit rep. This will be circulated daily via email. 2. During Winter regional monitoring will be in place. The London Paediatric Networks meet bi-weekly with regional specialised commissioning to review PIC capacity. 3. There will no out of hours on-call system required – routine monitoring only.

For details of how to access the Meditrack paediatric bed system please contact: england.ntpn@nhs.net. Meditrack submissions are updated daily to the National PIC Directory of Service Bed Monitoring Tool.

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Roles/Responsibilities – POPEL Two

PIC Level/Gen Paediatric Admission Levels – POPEL 2	Trust Level/ICS Level – PICU	Trust Level/ICS Level – General Paediatric	Network/Regional Level - PICU Network/Regional Level – General Paediatric.
The PIC Service and/or General Paediatric Ward capacity and / or skill mix within one ICS sector is becoming limited but it is able to receive patients and maintain all optimum care.	1. As above in POPEL One and in addition 2. The PIC service and Trust bed managers must meet (frequency as per organisation's policy) to discuss management of capacity, elective admissions and workforce pressures. PIC capacity must be reviewed as part of the wider Trust capacity at an operational level including all Trust central bed meetings. This will trigger Trust escalation procedures to ensure that appropriate action is taken (e.g. maximise repatriations and ward discharges to general paediatric or neonatal care, informing ODNs of delays >24h). 3. Trusts must review elective admissions to PIC for the next 24 hour period and consider the use of adult critical care beds.	1. Trusts together with their ICS sector should continue monitoring of weekly waiting lists and capacity for all children's surgery and GA lists. 2. Trusts together with their ICS sector should monitor GP/Community pressures and ED referrals (e.g. in local UEC meetings). 3. ICS sector level internal decisions re mutual aid between Trusts within sector to ensure care remains as close to home as possible. 4. Trusts together with their ICS sector to continue review of equipment/consumables to support increasing demand.	1. The paediatric network will regularly monitor bed capacity for the PIC units and general paediatric bed levels within their region. North Thames Paediatric Network (NTPN) will produce a regional daily report for stakeholders together with the transport team daily sit rep. This will be circulated daily via email. 2. Regional monitoring will be in place. The London paediatric networks will meet weekly with regional team to review PIC capacity. 3. Ongoing NTPN communication with Trusts and attendance at ICS Operational meetings/London Regional Adult Critical Care Cell meetings to understand priorities and pressure points, and how these correlate with adult surge plans. 4. Ongoing weekly liaison with CAMHS teams. 5. There will no out of hours on-call system required – routine monitoring only.

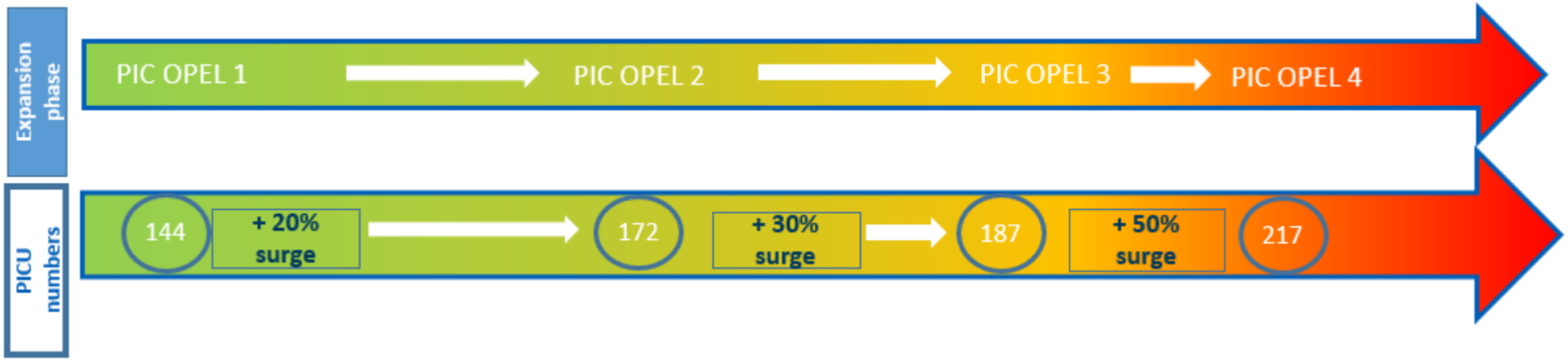
Roles/Responsibilities – POPEL Three

PIC Level/Gen Paediatric Admission Levels – POPEL 3	Trust Level/ICS Level – PICU	Trust Level/ICS Level – General Paediatric	Network/Regional Level - PICU Network/Regional Level – General Paediatric.
All PIC services/ general paediatric services within North Thames Paediatric Network area are operating at maximum capacity AND are unable to accept new referrals within 6 hours (PIC) or compromised in admitting general paediatric beds **Supraregional planning arrangements are enacted**	1. Maximise repatriations and ward discharges to general paediatric or neonatal care, this should include all children who are delayed for >4 hours 2. Trust Chief Operating Officer (COO) & Clinical Director to review paediatric elective surgery requiring PIC level 3 against all current unplanned demand. 3. Consider cancellation of study leave/annual leave for PIC trained medical, nursing and key support staff. 4. Consider skill mix and resource allocation e.g. doubling patients post risk assessment. 5. Review utilisation of adult intensive care for any age / clinically appropriate young people. 6. Trust Operational meetings to be informed that the PIC unit has reached capacity and is unable to admit within 6 hours AND trigger local escalation procedures to ensure appropriate action is taken. Ensure PIC Unit has informed the local specialist paediatric transport team (CATS) and North Thames Paediatric Network. 7. CATS or North Thames Paediatric Network to escalate in hours to NHS England's Regional Specialised Commissioning Team to flag that services are at maximum capacity and there is a risk that regional capacity may have been or will be reached – therefore potentially at POPEL 3. If maximum capacity is reached out of hours (OOH) between 17:00 - 09:00 CATS to telephone the Regional On Call Manager	1. Trusts together with their ICS sector should review the impact of surge and workforce/staffing to support increased surge and the ability to continue delivering elective care. (Look to continue P1, P2 and if possible 52 week waits). 2. Trusts together with their ICS sector should monitor GP/Community pressures and ED referrals (e.g. in local UEC meetings). 3. Trusts together with their ICS sector should utilise the Meditrack tool to monitor general paediatric bed admissions and where possible make internal decisions re mutual aid between Trusts within sector to ensure care remains as close to home as possible. If the sector reaches maximum capacity for general paediatric beds and all possible re-purposed estate/redeployed workforce has been allocated, this should be escalated as per the PIC escalation protocol to the Paediatric Networks/London Regional Specialised Commissioning team. 4. Any risks/incidents related to RSV surge that potentially compromise patient safety or care should be escalated as per point 3.	1. The paediatric network will regularly monitor bed capacity for the PIC units and general paediatric bed levels within their region. North Thames Paediatric Network (NTPN) will produce a regional daily report for stakeholders together with the transport team daily sit rep. At Opel 3 this report will be circulated twice daily. 2. The London paediatric networks will meet daily with regional team to review PIC capacity and any general paediatric escalations. 3. Ongoing NTPN communication with Trusts and attendance at ICS Operational meetings/London Regional Adult Critical Care Cell meetings (stood up to daily where required) to understand priorities and pressure points, and how these correlate with adult surge plans. 4. Ongoing weekly liaison with Mental Health teams. 5. Please refer to Escalation Process

Roles/Responsibilities – POPEL Four

PIC Level/Gen Paediatric Admission Levels – POPEL 4	Trust Level/ICS Level – PICU	Trust Level/ICS Level – General Paediatric	Network/Regional Level - PICU Network/Regional Level – General Paediatric.
Paediatric units / staff partially repurposed to cope with increasing surge of circa 40% above baseline capacity. AND / OR **No PICU in region has capacity to admit children within 6 hours, and no general units within sub-regions able to accept admissions or discharges**	1. As above plus in addition 2. Trusts to consider if all possible surge capacity has been exceeded. Consideration of consolidated/single PICU across North Thames (not including specialist/liver transplant patients). 3. Trusts to ensure necessary capacity and theatre workforce to ensure P1 surgery can safely continue. 4. CATS or North Thames Paediatric Network to escalate in hours to NHS England's Regional Specialised Commissioning Team to flag that regional capacity has been reached – therefore potentially at POPEL 4 and requiring some supra-regional support. Out of escalations can be made between 17:00 - 09:00 CATS by telephoning the Regional On Call Manager	1. As above plus in addition 2. Trusts together with their ICS sector to consider whether re-configuration or consolidation of paediatric services onto single site required to enable continuation of services. 3. Trusts together with their ICS sector should continue to monitor and suggest where out of sector mutual aid is required or can be offered.	1. The paediatric network will regularly monitor bed capacity for the PIC units and general paediatric bed levels within their region. North Thames Paediatric Network (NTPN) will produce a regional daily report for stakeholders together with the transport team daily sit rep. At POPEL 4 this report will be circulated twice daily. 2. The London paediatric networks will meet daily with regional specialised commissioning to review PIC capacity and any general paediatric escalations. 3. Ongoing NTPN communication with Trusts and attendance at ICS Operational meetings/London Regional Adult Critical Care Cell meetings (stood up to daily where required) to understand priorities and pressure points, and how these correlate with adult surge plans. 4. Ongoing weekly liaison with CAMHS teams. 5. Networks to offer facility for daily calls so that providers/ICS can receive updates on current situation and escalate concerns and facilitate local support/collaboration 6. Please refer to Escalation Process

NTPN Surge Escalation Plan – Stakeholder Communication and Support



POPEL 1 (BAU)

- Bi-Monthly Paediatric Clinical Directors Meeting
- Bi-weekly NHSE meeting with STPN
- Bi-weekly NTPN Clinical Leads meeting
- Regular transport meetings (CATS and PaNDR)
- Daily Sit Rep reports (Meditrack)
- Bi-weekly meetings with Adult Critical Care Cell Network
- National PIC Calls
- NTPN Escalation Whats App Group (please email england.ntpn@nhs.net to be added)

POPEL 2 (During 20-30%+ Surge)

As per Opel 1 with exception as below:

- Weekly NTPN / STPN Paediatric Critical Care meeting if needed
- Sit Rep and Exception Reporting weekly via NTPN Escalation Whats App Group

POPEL 3 + (During 40-50%+ Surge)

As per Opel 1 and 2 with exception as below:

- Twice weekly NTPN / STPN Paediatric Critical Care meeting Sit Rep and Exception Reporting weekly via NTPN Escalation Whats App Group
- Twice daily sit rep reports.

NETWORK SURGE IDENTIFIED RISKS AND RECOMMENDATIONS

NHS England London

North Thames Paediatric Network
Connecting paediatric services

Identified Risks and Recommendations (1/6)

	Risks	Recommendations
Capacity and Flow	• Anecdotal evidence of families bypassing primary care • Increased activity within Emergency Departments • Potential for providers to have significant increased activity as all levels • Units can increase capacity but unable to staff additional beds • Ability to deliver surge, elective recovery and BAU activity	**Local Organisations/Trust Level** • Use of Meditrack sit rep system by staff to understand bed capacity pressures. • Adult ICU may be able to provide support for a small number of older children. • Agreeing oxygen saturation targets for admission and discharge across all hospitals • Agreeing acute hospitals that are able to provide specific areas of enhanced care for example, CPAP or long term ventilation • Collaboration to ensure timely step-down to Level 2 care or DGH • NTPN Escalation Whatsapp group (please email england.ntpn@nhs.net if you need to be added) **ICS Level** • Keeping children with complex physical or mental health needs out of hospital where appropriate supported by appropriate Hospital@Home services and Virtual wards. • Identify ability of community and Hospital@Home teams to support early discharge • Link with local GPs/A&Es to increase care out of hospital • Investment Acute Respiratory Hubs BW2064-combined-adult-paediatric-ari-hubs-october-22.pdf (england.nhs.uk) • Vaccination uptake – ensure robust plan in place to maximise update of childhood and flu vaccinations • Supporting self-care management of minor illness – using Healthier Together as standard approach • Investment in strengthening community services, ambulatory services and H@H staffing/ services to help facilitate early discharge of appropriate children. e.g. on ambulatory antibiotics etc. • Support the strengthening of links between local GPS, A+E, Urgent care to optimise care out of hospital • Optimise care for children in community e.g. LTV to reduce risk of admission – NB make every effort to avoid them. getting RSV / other respiratory viruses **NTPN/London Regional Level** • Standing up of weekly NTPN paediatric clinical director calls as surge requires. • Working with Neonatal Networks • Distribute NTPN PICU Step Down Policy • CATS to support with repatriations • Request for support from ACC letter (agreed) • Referral guidance for young people 16-17 years old requiring general critical care – available here • NTPN website to access all guidelines and education videos Home - North Thames Paediatric Network (ntpn.co.uk)

Identified Risks and Recommendations (2/6)

	Risks	Recommendations
Workforce	• Current vacancy rates and workforce gaps • Availability of staff for bank and agency (and variable bank rates across NT) • Skill mix • Variation in utilisation and expectation from non-qualified staff • Restrictions of early agency booking (often restricted to NHS BANK staff) • Impact on resilience and wellbeing of staff	**Local Trusts/Organisation Level** • Identified lead nurse & consultant for PCC with relevant and recent PICU-PCC experience in each hospital site with specific role to interface with ODN and retrieval teams. • Adequate number and skill mix per shift of medical and nursing staff, considering also use of non-registered staff and their role in supporting care delivery. • At least 1 EPL/APLS/PCC trained nurse per shift. • Daily discussions with senior site management on possibility of available NNU/Adult staff that could be redeployed to support paediatrics. • Seek opportunities created by the use of annualised hours, risk assessment of doubling, nurse associate roles, overseas nurses and use of off ward staff. • For PICU - Seek opportunities created by the use of critical support roles (i.e. medicine support worker, critical care admin) and use the *Pan Thames Paediatric Workforce guideline (2019)* • Seek opportunities created by the employment of discharge coordinators and RSV Surge Matrons. • Use of pool of LTV trained agency staff to follow patients into hospital when acutely unwell (relevant centres). • Utilise the Pan London Rate Caps for Bank Staff 2023/2024 • Ensure workforce is prepared –mitigate any loss of education and training during the periods of greatest winter service pressures • Agency and bank incentive: offer courses and study days • Paediatric Digital Skills Passports have been created to support teams in preparing for winter surge. These passports support cross skilling of both adult nurses and general paediatric nurses into PCC. (See Education page for more information) **ICS Level** • Utilise the *Pan London Rate Caps for Bank Staff 2023/2024 (circulated in May 2023)* **Network/NHSE/Regional Level** • Larger workforce review with skills gap analysis. Further investment into nursing and medical staffing as well as AHP provision in the DGH setting (SALT, Physio, OT etc) – CYP workforce summit • Pan London PCC matrons workforce workshop held September 24. Discuss next steps and outputs. • NTPN Education Programmes (please see Education page)

Useful Documents

- Respiratory syncytial virus 2021 preparedness: Children's safer nurse staffing framework for inpatient care in acute hospitals (england.nhs.uk)
- PCC Standards (2021)
- Safer Nursing Care Tool (2018)
- Safe, sustainable and productive staffing for CYP Workforce (2018) https://www.england.nhs.uk/wp-content/uploads/2021/04/safe-staffing-cyp-june-2018.pdf
- Safer Staffing: A Guide to Care Contact Time (NHS, 2014) https://www.england.nhs.uk/wp-content/uploads/2014/11/safer-staffing-guide-care-contact-time.pdf
- Defining staffing levels for children and young people (RCN, 2013)

Identified Risks and Recommendations (3/6)

	Risks	Recommendations
Equipment and Consumables	• Availability of equipment and consumables. • Supply disruption and production of products suspended.	**Local Trusts/Organisation Level** • Equipment available should be appropriate for the critical care interventions provided. Drugs and equipment should be checked in accordance with local policy and equipment should be tested/working. An equipment and drugs list can be found on the PICS website (http://picsociety.uk/) as well as a comprehensive list as part of the RCPCH doc (2014) https://www.rcpch.ac.uk/sites/default/files/2018-07/high_dependency_care_for_children_-_time_to_move_on_appendices.pdf • Using data to support modelling of worst case scenario – ensure adequate supplies of equipment HiFlow, CPAP and infant ventilators and consumables are available. • Paediatric departments with high dependency areas without central monitoring to implement this to improve safety. • Staff aware of where all equipment is stored and House keeper regularly checking and maintaining this. • Trusts should consider rental/loan equipment where there are gaps. • Trusts should collaborate with neonatal network and IPC/sterile services where shared equipment to ensure robust strategy for use. • Ensure staying up to date with risk stratification tools (e.g. Bivona Tracheostomy paediatric risk stratification tool, June 2022)
Transport	• In surge, demand on transport could increase (availability of third team) • PaNdr transport in East of England must be included in planning.	**NHSE/Regional Level and Transport Teams** • Funding and mobilisation of a 3rd CATS team • Confirmation of surge plan from PaNDR team in East of England • Liaison with LAS over possible mutual aid for adolescent/older children • Conversations with ACCESS and FALCK to support transport of older children if needed. • CATS – Children's Acute Transport Service

Identified Risks and Recommendations (4/6)

	Risks	Recommendations
Infection Control and Immunisations	• Rapid point of care testing for RSV, Influenza and COVID testing results needed to enable safe cohorting of patients. • Limited access to cubicles for isolation of patient • Unwarranted variation in applying NTPN IPC guidelines for acceptance of repatriations. • RCPCH guidance does not provide advice on the management of pyrexia. • Staff sickness and unvaccinated staff (Winter Flu/Covid).	**Local Trusts/Organisation/ICS Level** • Facilitate flu, covid and MMR vaccination ASAP for all staff • Facilitate the early start for the Palivizumab vaccination for vulnerable infants / children – Oct 2023 **NTPN** • Re-circulation of NTPN/STPN IPC guidelines • Re-circulation of RCPCH and PHE guidance 2025 NHSE/NTPN/STPN IPC Guidance - letter format 2025 NHSE/NTPN/STPN IPC Guidance – poster format RCPCH: National guidance for the management of children in hospital with viral respiratory tract infections (2025) | RCPCH (last modified 11th November 2025)
CYP Mental Health	• Upwards of 20% paediatric bed occupancy with CAMHS patients in DGHs. • Reduced capacity for medical & surgical inpatients. • Complexity and acuity of CAMHS patients requires significant increased staffing cover. • Safety of CAMHS patient, other ward patients and staff. • Difficulty in accessing RMN/HCA staff for bank shifts. • Safeguarding risks.	**Local Trusts/Organisations** • Adequate provision of mental health trained staff on wards. Access to e-learning on E-lfh platform. • CYP Mental Health Ambassador – funding available for each hospital **ICS Level** • Arrange weekly meeting with Mental Health providers and Social care to facilitate onward pathways for any mental health children admitted in Gen Paeds beds • Please see *CYP Mental Health* page for more information **NTPN** • Facilitate greater collaboration between the acute services, CSC, ICS leads and the provider collaboratives • Share principles of best practice guidance documents and education available here: NTPN CYP Mental Health document

Identified Risks and Recommendations (5/6)

	Risks	Recommendations
Continuation of Elective Surgery	• Considerable backlogs exist in Paediatric Elective Surgery with a large proportion of children waiting over 52 weeks. There are also a significant number of cardiac children awaiting surgery at P2 level. • Current recovery plans are based on increased capacity above 100% in some specialty areas. • Staffing may be compromised (anaesthetists, ODPs, etc) if surge support required (paediatric/adult)	**Local Trusts/Organisation Level** • Trusts should look to protect elective surgery capacity wherever possible – day surgery in particular (e.g. ENT/General Surgery) where there are large backlogs. • Trusts should ensure the use of mutual aid/regional solutions to capacity e.g. Project Tooth Fairy. **ICS Level** • Planning for the continuation of surgery for children (emergency and elective) across region and within individual centres **NTPN and Regional Level** • Discussion with adult networks re support for day surgery and anaesthesia • Mutual aid protected centre(s) • Discuss with Independent Sector
Adult Surge Plans	• Adult surge plans for further Covid surge/Winter planning may compromise staffing/capacity plans for paediatric respiratory surge	• Regular meetings continue to take place between paediatric networks and adult critical care networks • Paediatric/adult surge plans are considered in the round to ensure no duplication of available capacity/staffing/etc. • Joined up sharing of surge plans with ICS partners to ensure that ICS plans match with paediatric network recommended surge plans. .

Identified Risks and Recommendations (6/6)

	Risks	Recommendations
Environment	• Environmental factors can compromise capacity. • Estates logistical layout can sometimes make caring for these children in an appropriate setting difficult. • Availability of adequate piped air, oxygen, suction and electrical sockets • Cramped spaces with too much furniture	• Identify areas to be utilised as surge capacity and ensure that they are fully equipped and monitored area where resuscitation/ stabilisation will be possible in a timely manner. • Ability to cohort/use of cubicles for appropriate patents – confirm local IPC practices (RVS, Influenza) • Adequately accessible PPE within reach • Follow recommendations as set out by the HPL, RCPCH and PCCS Standards • Identify areas to be utilised as surge capacity and ensure that they are fully equipped and monitored area where resuscitation/ stabilisation will be possible in a timely manner.

NHS England London

SURGE PLANNING SUPPORT AND GUIDANCE

North Thames Paediatric Network
Connecting paediatric services

Steps to Reduce and Manage Winter Demand on Capacity

NHS England London

COMMUNICATION
- Information for Families: messaging through GPs and communication
- Information in Pregnancy for better care
- Hand Hygiene
- Immunisation for child – vaccination campaigns

COMMUNITY HEALTH
- Direct access to advice for children with long term needs
- Management of children with Complex medical needs
- Standardising CCNT hours
- CAMHS pathways

OUT OF HOSPITAL:
- Hospital at Home
- Continuing care team
- Virtual clinics
- Carers in hospital
- CAMHS
- Sats monitors / Oxygen for complex

SUPPORT:
- Check in for high risk
- Hospital at home
- Health visitors
- Parent leaflets
- Sats monitors /Oxygen at home
- Physio at home

FOLLOW UP:
- Not necessary for most children
- Impact mostly on children with co morbidities

1. Parents

2. Child

3. Hospital

4. Discharge

5. Follow up

PREHOSPITAL
- 111
- Access to GP out of hours
- UTC support
- Paediatric hotline for GP's and UTC
- BEACH
- Physicians response unit
- Acute Respiratory Hubs

A&E
- CDU
- Ambulatory service
- Neonatal pathways redefined
- Rapid access Clinics
- Hospital at Home

INPATIENT:
- Ambulatory care
- Paediatric Short stay
- Complex needs
- Elective care
- High dependency
- PICU

DISCHARGE:
- Nurse led discharge
- RCPCH guidelines re saturations
- Hospital at home
- Pharmacy support
- Support to bereaved

WELLBEING OF STAFF:
Active monitoring of impact on surge in hospital
- Out Patients
- Elective Medical
- Elective surgical Care
- Diagnostics

North Thames Paediatric Network
Connecting paediatric services

Transport

1) **Critically unwell children (level 2 and 3):** The NHSE commissioned North Thames paediatric critical care transport service **(CATS)** will perform transports, with mutual aid employed as required **(STRS, PaNDR, ACCESS).** An additional daytime team has been commissioned for the duration of the winter to support with acute work and repatriations from PICUs.

2) **ED Overflow:** If decision to admit and no beds, then consider transport to another DGH within the sector. If DGH patients are being transported to a tertiary unit consideration should be given to transporting level 2 patients to support the staffing skill mix. All such transports should involve a consultant-to-consultant referral. The **FALCK transport** team may be able to assist (as LAS likely to be overwhelmed).

3) **ED Full:** Intelligence conveyancing should be employed. These triggers should be instigated during a daily cross site operations call; dependent on available beds, number of sick children in the ED, and cross site pressures. This shall be supported by **LAS**.

4) **Time critical transport:** CATS will source the PICU bed and facilitate discussions with the relevant surgical team; primary responsibility for transport sits with the local team, but under some circumstances the CATS will be able to assist with transport.

Adult Critical Care Network

NHS England London

- The aim is for all critically ill children to be cared for on a PHDU or a PICU. In some circumstances, children over the age of approximately 14 years (and over 40kg) could be considered for admission to an Adult ICU (AICU), to allow younger children to be accommodated within the paediatric critical care system. This scenario will be envisaged in POPEL 4, or when staffing ratios are unsafe. This will be a temporary measure, with an expectation that whilst a child is in an AICU, on site support will be provided by the local paediatrician or paediatric intensivist, and remote support provided by the paediatric critical care transport service (CATS).

- If there is a child in an AICU in a local hospital within sector, transport to a tertiary centre AICU – co-located with a PICU – may be desirable. This could mean that sector partners will need to accept adult critical care patients in return, to support the transfer of the child. This will be escalated regionally via CATS. Within sector, this should be escalated daily via the cross-site calls.

- Resources for the upskilling of adult intensive care staff can be found here: https://cats.nhs.uk/respiratory-surge-in-children/ and Critical Care – Skills Passport

- Request for adult critical care support letter - available here

- Referral guidance for young people 16-17 years old requiring general critical care – available here

Level 2 Care Principles

- High dependency care: Safety of care delivered depends on the number of children receiving high dependency in the ward and the number of patients in the ward.
- Supporting the care of children on CPAP in the DGHs needs to be considered within the ICS sector health capacity. If children on CPAP are being moved out of a DGH purely for capacity reasons, it would be safer to select the more stable children, as this would expose the child to less risk.
- Daily huddle with PICU Consultant and Outreach team at tertiary units with wards which have CPAP children.
- High Dependency transport will be supported by the CATS team.
- Site POPEL triggers should take into account the number of children on CPAP on the ward.
- It is not expected that non-invasive BiPAP or CPAP be initiated in older children (>1 year old) in the majority of DGHs. However, children on long term NIV or stable tracheostomy ventilated children can stay in the local hospital, with support if needed provided from the local tertiary hospital.
- Northwick Park and BHRUT designated level 2 beds – please consider for LTV step down patients
- Chelsea & Westminster is stand alone Level 2/HDU unit that often has capacity and should be considered for the following patient example types:
    - Slow NIV wean (cardiac/neonatal/general)
    - Tracheostomy & Tracheostomy-ventilated (after day 7)
    - Sedation wean
    - All stable NIV
    - Acute NIV
    - Complex discharge planning (excluding housing only)

Infection Control Guidance

NHS England London

1. Point of care testing: SOP for testing children. Children to be tested for RSV/COVID when decision made to admit in ED or when being admitted to PICU. Please contact the North Thames Paediatric Network if POC testing is not available in your Trust.
2. Each site to have IPC sign off for the expansion of bedspaces within the site (including where doubling of patients in bedspaces has been considered)
3. Following regional IPC guidelines re stepdown beds and creating PIC capacity
4. National guidance for the management of children in hospital with viral respiratory tract infections (2025) | RCPCH
5. NTPN/STPN IPC letter available to download

Also available in Poster format

6. Measles Guidance , NTPN Measles Toolkit and Triage Poster

The Network has a supportive Infection Control Team (made up of Paeds Infectious Disease clinicians from the Network) – please email england.ntpn@nhs.net if you have any queries and we will seek to support you with the relevant advice/guidance.

Long Term Ventilation Recommendations

All Providers

- LTV Hub poster & Long Term Ventilation in Children and Young People (CYP) Clinical Guideline should be easily accessible to all staff to gain familiarity with LTV patient care & equipment.

Tertiary LTV Centres

- Update Respiratory Action Plans (RAP) & share with relevant teams. To include: clear pathways for advice, thresholds & pathways for admission & discharge of CYP on LTV.
- Support colleagues in CCNT/Continuing Care teams & DGH to avoid unnecessary delays during escalation of care for an unwell CYP.
- Early communication with colleagues in DGH & CCNT/Continuing Care teams to avoid unnecessary delays in discharge.

DGH

- Ensure Respiratory Action Plans (RAP) are available for each CYP requiring LTV within the DGH catchment area, and that staff on the ground are aware of where these are filed.
- Early communication with colleagues in LTV Teams/ Specialist Centres & Transport Teams such as CATS/ STRS to avoid unnecessary delays during escalation
- Early communication with colleagues in. CCNT/Continuing Care teams to avoid unnecessary delays in discharge.

During times of surge, always remember the basics:

A-E Assessment
Don't stop at "B-Breathing" just because the CYP is on a ventilator

RAP
The CYP's Respiratory Action Plan should form part of hand held records to support in informing care decisions & escalation

LTV Centre
Inform the LTV Team/ Specialist Centre as soon as a CYP presents to hospital

Early Escalation
Contact Specialist Centre +/- CATS/ STRS as appropriate for advice and escalation

Clinical Considerations

- Consider why CYP is receiving LTV and how it is supporting them
- Consider adding humidity, *refer to CYP's RAP for guidance*
- Utilise CYP equipment where possible, *refer to CYP's RAP for guidance*

Equipment

- Ensure adequate supplies of consumables are available & local teams are aware of processes for obtaining LTV equipment, particularly out of hours or urgently in the event of ventilator failure.
- Consumable shortages: the respectful use of resources & avoidance of over stocking items is encouraged.
- Notify Pan London Paediatric LTV Programme & the CYP LTV Team of any new difficulties
- Updates will be shared on our website.

Education and Training

- Clinical teams to review skill levels in relation to LTV care. Regular local in situ SIM training is recommended to maintain MDT LTV skills.
- Notify Pan Thames Paediatric LTV Programme if teams would like support with LTV training. We can provide support through our LTV eLearning & LTV study days
- Join STPN LTV Winter Webinar on 22/10/2025.
- Educational resources can be accessed via the LTV website or by joining the NHS Futures page

ICB

- To continue to engage with Pan Thames LTV Programme to enable the Hospital Admission Protocol to be used Pan-London.

Pan Thames Resources

LTV Hub

Helpful quick links poster of LTV & Ventilator specific resources. Available on the Pan Thames website.

LTV Clinical Guideline

Supports in the care of the CYP receiving LTV who are admitted into hospital. Covers: safety, staffing, documentation, monitoring, assessment, troubleshooting & escalation.

Discharge Hub

Useful resources for different steps of the discharge process.

Long Term Ventilation Recommendations

Prevention

- Encourage early uptake of Influenza vaccine, COVID vaccine (as per JCVI guidance) & RSV prophylaxis as appropriate

Contact us: gstt.panthamesltv@nhs.net

Prolonged ED stays – LTV CYP

- CYP presenting to hospital with an acute illness or deterioration requiring admission should be discussed with the CYP's LTV specialist centre as soon as possible for management advice and to determine the most appropriate site for admission.
- **Do not delay contacting the retrieval team if clinically indicated.**
- Utilise the STOPP Tool to support safe transfer if non urgent transfer is required.
- The LTV specialist centre should be updated at least daily on the clinical condition to support management and support escalation as appropriate
- Escalation via usual Trust processes should take place in the following circumstances:

1. If a CYP remains in ED for more than 12 hours.
2. If a CYP remains in a Paediatric Assessment Unit (PAU) for more than 24 hours and cannot be cared for in an appropriate inpatient ward.

Caveat: If the Paediatric Assessment Unit is being used as a contingency area for ward overflow beds **AND** the unit has appropriately skilled staff to safely manage the CYP **AND** the CYP is clinically stable, not requiring retrieval.

Please also notify the Pan Thames Paediatric LTV Programme gstt.panthamesltv@nhs.net for data purposes and to support escalation. Please note that the LTV Programme is not a patient facing service and has no out of hours cover.

Support available from the Pan Thames Team

- **Education support** - for full details click here
- **Level 2 site visits-** Our team will be dropping in to the L2 units in our region to understand challenges in relation to LTV at your unit & offer support as needed.
- **Vent & Learn online drop-in sessions-** A space for shared learning, discussion & peer support aimed at professionals involved in paediatric LTV and HDU care across Pan Thames DGHs. Please register your interest here
- **Operational support-** Starting from October 2025, the Pan Thames Team will be reviewing NTPN & STPN dashboards to proactively contact DGHs and provide support, links to LTV Teams & resources when an LTV patient is admitted.
- **Regional meetings/ forums-** The Pan Thames team regularly deliver and attend the following regional meetings, where we are available to support with any LTV-related enquiries.
  - STPN & NTPN network calls
  - Network PDN forums
  - Pan Thames LTV Discharge Forum
  - Pan Thames LTV Physio Peer Group
  - Attendance at PPLLTV CNS peer support meetings
  - National LTV Collaborative – Peer support group

Pan Thames Resources

Cold Weather, Warm Care: Winter Support for Paediatric LTV in the Community

Winter Welfare Hub

Resources to support patients with financial concerns during the winter.

Pan Thames Website

https://ltv.services/

Additional Resources

- Well Child 10 Principles for Complex Discharge: Guidance & Toolkit
- LTV pages on NHS Futures
- NCEPOD resources

NTPN Martha's Rule pilot

- An NTPN pilot to complement and enhance local escalation – enables access to a paediatric critical care opinion for children admitted to hospitals across the network.
- NTPN is one of three ODN pilots across the country, funded until May 2026.

NTPN pilot aims and objectives

- Collaboration with CATS to deliver Family Initiated referral via phone
- Improve accessibility to mechanisms for raising concerns to the diverse NTPN population
- Work with local service providers to support them in delivering Martha's Rule pilots
- Referral followed up by Martha's Rule support nurse and clinical Lead on the next working day

NHS England London

www.cats.nhs.uk Children's Acute Transport Service NHS @catsretrieval

martha's rule detecting deterioration

North Thames Paediatric Network
Connecting paediatric services

NTPN Martha's Rule pilot

Clinical Deterioration:

- 24/7 hotline in partnership with CATS
- Following trust internal escalation, family or staff can request a call to CATS and join an MDT call (including CATS Consultant and local medical & nursing staff)

Challenging Communication:

- Independent support or communication assistance that is not directly linked to patient deterioration
- Online referral form available on NTPN and CATS websites.
- Referral followed up by family support nurse and Clinical Lead on the next working day

Education support:

- Bespoke education provided for each trust in relation to Martha's rule and the network pilot
- Advanced communication study days organised to provide de-escalation and conflict management skills

NTPN Martha's Rule Pilot Team

Consultants

Beatrice Allnutt

Javier Gavela

Craig Knott

Janani Pallawela

Martha's Rule Pilot Nurses

Anne Dowson

Annie Bruce

Kylie Lyons

Martha's Rule Fellow

George Lawson

North Thames Paediatric Network
Connecting paediatric services

www.cats.nhs.uk
Children's Acute Transport Service
NHS
@catsretrieval

Children and Young People Mental Health (CAMHS) Support

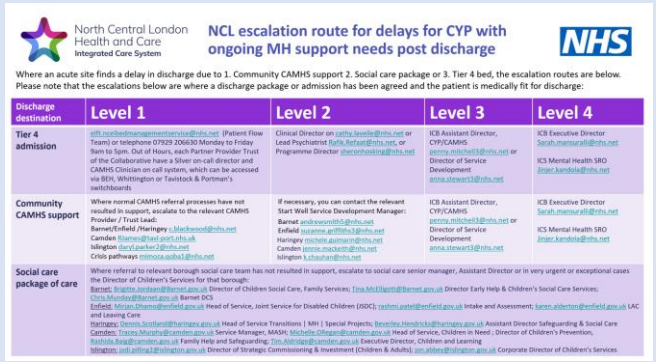
NWL

- NWL Mental Health Escalation Flowchart
- Intelligence gathering – whole system integrated care (primary / secondary / local authority)
- Good links with inpatient CAMHS providers and acute trusts
- Focusing on preventative measures
- CAMHS and Paediatric flow chart –protocol updated for 23/24 Winter
- Roles and responsibilities highlighted for local authority (Tier 4 bed vs social care) - Pan-Thames published document
- Hospital discharge service – pilot

Main contact: George Katsande
George.Katsande@westlondon.nhs.uk

NCL

- NCL Mental Health Escalation Flowchart
- Main contact: Andrew Smith andrewsmith5@nhs.net – NCL CYP Mental Health Lead
- Mental Health Training Across NCL has been organised:



North Central London Health and Care Integrated Care System

NCL escalation route for delays for CYP with ongoing MH support needs post discharge

NHS

Where an acute site finds a delay in discharge due to 1. Community CAMHS support 2. Social care package or 3. Tier 4 bed, the escalation routes are below. Please note that the escalations below are where a discharge package or admission has been agreed and the patient is medically fit for discharge:

Discharge destination	Level 1	Level 2	Level 3	Level 4
Tier 4 admission				
Community CAMHS support				
Social care package of care				

NEL

- NEL Mental Health Escalation Flowchart

ELFT CAMHS -services covering Tower Hamlets, Newham and City & Hackney.
Work closely with colleagues in Royal London and Homerton in regards to winter pressure planning:

- Crisis huddles to discuss YP in A&E and in the community being considered for admission twice weekly internally in ELFT including colleagues from the patient flow team, who co-ordinate reviews of NCEL T4 admission requests
- System meetings in place to discuss escalations with wider partners in the ICB, local authority and acute colleagues
- Additional staffing in the Crisis Team who provide 24/7 support in A&E across the three ELFT sites
- Funding for the development of HTT services to support timely discharge alongside social care (called ICCS) – full effect by winter 2023/2024
- Non recurrent funding for temporary posts in the Paediatric Liaison Team- ran by Barts.

Main contact: George Chingosho
George.Chingosho@nhs.net – NEL CYP Mental Health Programme Manager

NHS England London

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Children and Young People Mental Health (CAMHS) Support Cont…

NHS England

London

[NHS England » Supporting children and young people (CYP) with mental health needs in acute paediatric settings: A framework for systems]

[NTPN CYP Mental Health Resources available here]

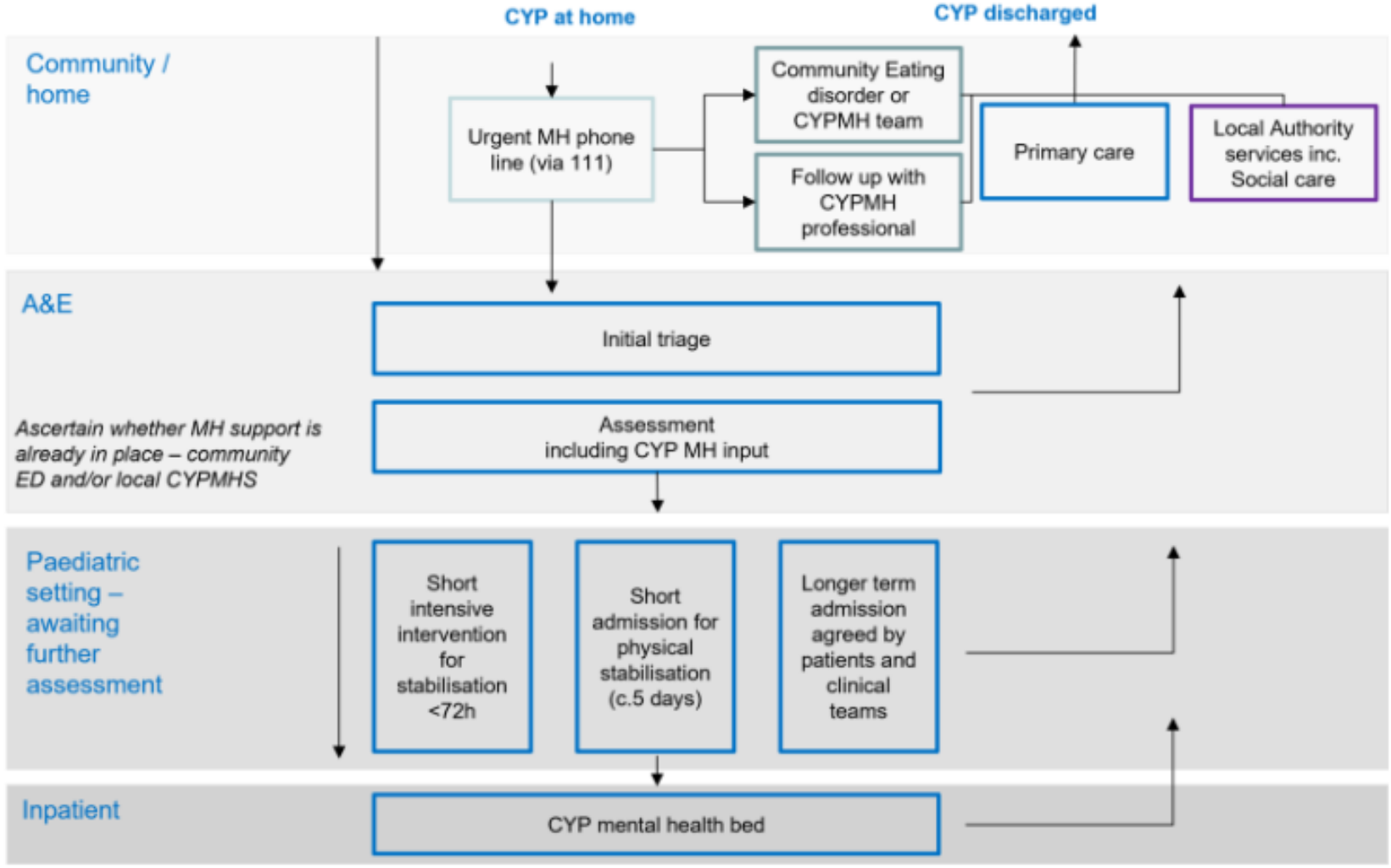

Figure 2: Aspirational pathway for CYP with mental health needs in acute paediatric settings

Pan London Neonatal Operational Delivery Network

NHS England London

Contacts:

Suzanne Sweeney, Network Director, London Neonatal ODN Suzanne.Sweeney@nhs.net

Tel: 07783 883936 www.londonneonatalnetwork.org.uk

For Neonatal Emergency Bed Finding please call the Neonatal Transfer Service Team on their 24 hour hotline **0207 407 4999**

Non urgent queries: **02035940888**

Key support available via –

- Close collaboration and communication during surge period to share capacity and demand information, and to agree implementation of any mitigations/surge plans
- Local SITREP and daily capacity huddles in situ within NICU can be shared with NTPN
- Units have some flexibility in delaying step across of 44+weekers either medical or surgery
- (including cardiac) to help ease paediatric bed capacity
- Breast feeding and Expressed Breast Milk services support could be available
- Prophylactic immunisation programme with Palivizumab will be implemented via neonatal teams
- Potential for sharing equipment e.g. ventilators, High flow oxygen therapy devices, Non-invasive ventilators, babytherm or similar
- Redeployment of junior doctors may be possible
- Redeployment/sharing of staff from neonatal units within SE Region may be possible
- Share training and education resources to enable upskilling of staff

To note:

Demand for neonatal beds is difficult to predict as there is no set seasonal pattern. Workforce nationally is a challenge and within London does not currently meet required standard staffing ratios so redeployment of nurses into paediatrics is unlikely.

Specialist Pathways – Cardiac/CHD

NHS England London

Contacts:

One Heart CHD Network - GOSH/Barts – Victoria Jowett (Clinical Director), Adrienne Cottam (Nurse Lead), Lauren Martin (Deputy Network Director)

Email: lauren.martin@gosh.nhs.uk

Lifelong Cardiac Network – Evelina/Royal Brompton - Lynda Shaughnessy (Co -Clinical Director), Nathalie Chung (Co -Clinical Director) Joe Eurell (Network Manager) Susanna De Sousa (Lead Nurse)

Email: joe.eurell@gstt.nhs.uk

Close collaboration and communication during surge period to share capacity and demand information, and to agree implementation of any mitigations/surge plans.

Of note:

- Each CHD network reports monthly waiting list data to NHSE via the National NHSE CHD Programme Director, Marion Eaves.
- If any capacity/demand issues are found then this triggers a discussion with local regional commissioners for support and problem solving
- The One Heart CHD Network has a website where further details can be obtained. Please find a QR code for the website below:

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one heart
congenital heart disease network

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Specialist Pathways – Surgery

Contacts:
Tanya O'Driscoll – Lead Nurse **tanya.o'driscoll@gosh.nhs.uk**

There is ongoing work to provide support for surgical transfers requiring emergency surgery, for 2025 / 26 the escalation SOP should be followed.

Email: England.ntpn@nhs.uk with any out of area transfers

NetTrack is also available to report any incidents involving the transfer of children and young people between trusts or incidents involving patient pathways.

Regular network M&Ms are held to discuss incidents reported to encourage shared learning and development of the pathways, invites are sent to all involved trusts and other stakeholders in the network.

NTPN Escalation SOP 2025, please download:

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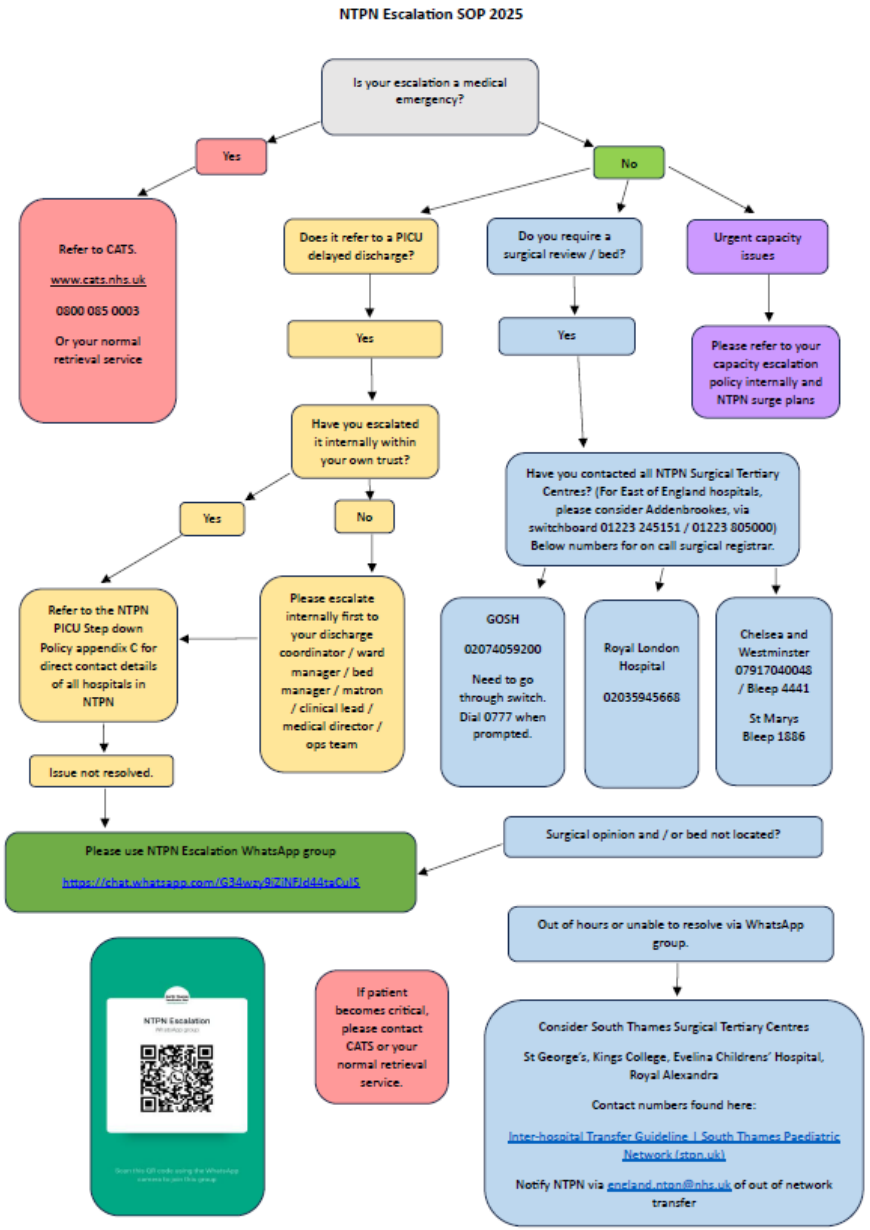

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Wellbeing Resources & Toolkits for Staff

NHS England London

Employers Toolkit | Good Thinking (good-thinking.uk)

Good_Thinking_Employers_Communications_Toolkit_fa62adfa5a.docx (live.com)

Wellbeing Toolkit - This toolkit aims to help leaders break down the wellbeing challenges facing themselves and their teams and quickly find high quality resources to inspire and assist them.

PCCS Wellbeing Resources

Videos

Getting through it - https://youtu.be/c48M7qJUdpg

Leading and responding to uncertainty - https://www.youtube.com/watch?v=VYTHmzXFCrQ

To debrief or not to debrief? - https://www.youtube.com/watch?v=tYskzKOUiMc

How do we relax and recharge? - https://www.youtube.com/watch?v=A7IDjGIE3y8

National wellbeing resources on offer - https://www.youtube.com/watch?v=XplDh9XcOrQ&t=11s

Bereavement – what has changed? - https://www.youtube.com/watch?v=HBb4xjBu4IE

Wellbeing App to support staff

ShinyMind – co-created with the NHS

Shiny Mind

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Guidelines, Resources and Education to support surge

NHS England London

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Guidelines and Training Resources (1/5)

In accordance with the RCPCH Time To Move On (2014) and PCCS (2021) standards, clinical guidelines / clinical pathways should be in use covering the provision of paediatric critical care support, including:

Care of children with:
- Bronchiolitis and acute respiratory failure
- Seizures and Status epilepticus
- Diabetic ketoacidosis
- Acute asthma
- Upper Airway obstruction
- Pain management
- Infection Prevention Control (IPC)
- Heated Humidified High Flow Therapy (HHHFT)
- Cardiac arrhythmias
- The child undergoing surgery
- Trauma
- Long-term ventilation (for those hospitals established in this)

All hospitals should either have their own local policy on the above or utilise the CATS guidelines (https://cats.nhs.uk/clinical-guidelines/). They should also utilise the **STOPP tool** for the safe transferring of patients and adopt the **Pan London HHHFT Guidelines** and the **Acute CPAP guidelines**.

Please note: **the NICE Management of Bronchiolitis Guidelines** were updated in 2021: The oxygen saturation cut off of 90% rather than 94% for sending recovering infants home was agreed. Note: Over 92% for babies under 6 weeks or children of any age with underlying health conditions. https://www.nice.org.uk/guidance/ng9/chapter/1-Recommendations

NTPN/STPN/NHSE Infection Prevention and Control guidelines updated in October 2024 by PHE representative Sally Kingsland, the DIPC's, NHSE and the Network Clinical Leads and Lead Nurses. Found in letter format here or in poster format here

The rate limiting factors for implementation and utilisation of relevant policies and guidance could be due to lack of effective communication and cascading of information throughout the teams. It could also be impacted by ease of access to documents in times of urgent need.

Implementation of the **Acute CPAP guideline** going above 1 year/ 10 kg will be determined by local teams based on available expertise, equipment and local agreed policy.

Local surge strategy planning to consider / include (NTPN Recommendation)

1. Ensure **STOPP Tool** available and embedded in practice.
2. Ensure **Pan London HHHFT guideline** in place.
3. Ensure **NTPN/ EoE Acute CPAP guideline** in place.
4. Ensure adequate **IPC guidelines/policies** in place which are agreed across units, PHE, London DIPC's, NTPN and NHS England.
5. Ensure **LTV Hub poster** and **Long Term Ventilation in Children and Young People Clinical Guideline** in place
6. Ensure **NTPN PICU Step Down Policy** and **16-17 Referral Guideline** available
7. All these guidelines are available on the **Winter Surge Hub** poster

NTPN Posters (2/5)

Pan Thames Paediatric LTV Programme

North Thames Paediatric Network | South Thames Paediatric Network

LTV HUB

V6: October 2025—Information was correct at time of printing. For review: September 2026. *Some equipment and policies differ slightly between LTV centres, please contact your local LTV Centre for more information and ensure that you are working to local policy .*

Access more Resources, Videos, e-learning and Competency Documents on our Website: https://ltv.services/

Access Complex Discharge Guidance and Tools (developed in collaboration with WellChild) https://www.wellchild.org.uk/10-principles-for-complex-discharge

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LTV Guideline

MEDICAL EQUIPMENT USER GUIDES AND TROUBLESHOOTING

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Astral 150 | Trilogy 100 | Trilogy Evo | Nippy Junior + | Nippy 4/4+

AirSense 10 | Stellar 100 & 150

CIRCUIT SET UP

NIV | Trache LTV

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LTV E-Learning

EDUCATION RESOURCES - VIDEOS

Aerogen | Respiratory Action Plan (RAP) | Mask fitting for NIV | Pressure sores & NIV | NIV Equipment troubleshooting

Suctioning a tracheostomy | Partially blocked Tracheostomy | Blocked Tracheostomy | BLS Tracheostomy | LTV Safety Checks Video

Further information: https://ltv.services/

Or contact the Team: gstt.panthamesltveducation@nhs.net

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Winter Surge Hub

V5 November 2025—Information was correct at time of printing. For review: September 2026

EDUCATION

E-lfh Resp Surge | Don't forget the bubbles | NTPN Moodle | E-lfh Mental Health | NTPN Education

RESOURCES

CATS | PICU Step Down policy | LTV Guideline | STOPP tool | Wellbeing

GUIDELINES

CPAP Guideline | Acute NIV >10KG | IPC Guidance | RCPCH Viral Resp | HHHFT

For further information please contact: North Thames Paediatric Network: england.ntpn@nhs.net

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Measles Toolkit

Acute setting—For use by health professionals to support sharing of information

V2 September 2025 - Information was correct at time of printing.

Information for Health Professionals

National Guideline | Post Exposure Prophylaxis | Oral Fluid Test | Green Book | HPT

Information for Health Professionals

NICE Guideline | UKHSA Briefing Note May 2023 | UKHSA Measles Fact Sheet | RCPCH webinar

Information for YP

Think Measles

Information for Parents/Carers

NHS Poster | NHS Leaflet - Adults | Healthier Together | NHS Page | UKHSA Posters

For further information please contact: North Thames Paediatric Network: england.ntpn@nhs.net

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NTPN Education and Resources (3/5)

NHS England London

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Children and Young People Mental Health – resources, guidelines, forums and education

Frameworks and Standards

CYP Mental Health Resources
https://docs.google.com/document/d/1Ztpr2xvLA9W_Y8ANONeiQotNmk3ZK-W8/edit?usp=sharing&ouid=109468467138659762106&rtpof=true&sd=true

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Long Term Ventilation **Clinical Guidelines**

LTV HUB

2025_LTV-Hub_V5-FINAL-08.10.2025-inc-Aerogen.pdf
Medical Equipment & Educational Resources

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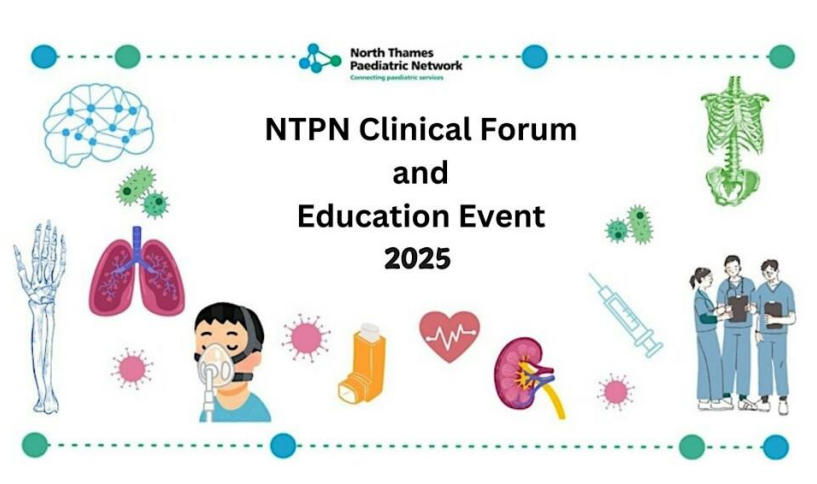
NTPN Education and Resources (4/5)



Free NTPN Monthly Education Sessions

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SCAN ME TO WATCH

Eventbrite sign up link:
https://www.eventbrite.co.uk/e/north-thames-paediatric-network-clinical-forum-education-webinar-series-tickets-135519748215

Free recorded education videos:
Education Forum Videos - North Thames Paediatric Network

2025 Free Recorded Sessions:

CYP Long Term Ventilation
Paediatric Safeguarding
Paediatric Critical Care
Paediatric Nephrology
Autism Inclusion
Paediatric Palliative Care
Paediatric Mental Health
Paediatric Trauma

Upcoming Sessions:

Paediatric Emergency Medicine
Congenital Hearing Loss
Haemoglobinopathy
More to come in 2026

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Education (5/5)

Respiratory Surge in Children

Enhancing capability in the care of the unwell child

The London Transformation and learning collaborative created a national resource to support respiratory surge in children.

Respiratory Surge in Children - elearning for healthcare (e-lfh.org.uk)

This contains a searchable index, AHP resources, educator resources, equipment support and and rapid resource access lists:

- Basics of RSV and bronchiolitis (PDF, 67KB)
- High Flow Oxygen Therapy – no prior knowledge (PDF, 140KB)
- High Flow Oxygen Therapy – refresher (PDF, 137KB)
- Physiotherapists on paediatric wards (PDF, 131KB)
- Community Nurses – Bronchiolitis Revision (PDF, 107KB)
- Paediatric nurse to critical care L2 (PDF, 143KB)
- Adult nurse to paediatric ICU (PDF, 99KB)
- Adult nurse to ward and HDU (PDF, 108KB)
- GP refresher (PDF, 93KB)
- Hospital doctor (PDF, 137KB)
- Paediatric nurse to critical care L3 (PDF, 112KB)

Healthier Together is a growing resource originally created in Dorset, Hampshire and Isle of white. It provides useful resources to Parents and well as health care professionals Home :: Healthier Together (what0-18.nhs.uk)

Healthier Together
Improving the health of children and young people in Dorset, Hampshire and the Isle of Wight

Children and Young People with Mental Health Needs, Autism or Learning Disability: Online resources for staff in acute settings

The London Transformation and learning collaborative created a national resource to support staff caring for Children and young people with Mental Health needs, Autism and learning disabilities in acute settings.

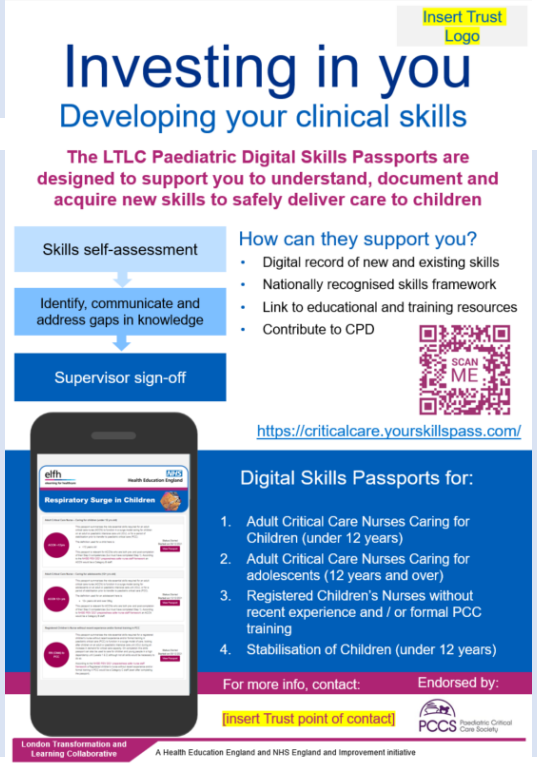
Children and Young People with Mental Health Needs, Autism or Learning Disability - elearning for healthcare (e-lfh.org.uk)

Use this flow chart to find the correct resources:

Basic Flowchart Template (e-lfh.org.uk)

Paediatric digital skills passports have been created to support teams in preparing for a respiratory surge in children. These passport's support cross skilling of both adult nurses and general paediatric nurses into Paediatric Critical Care or to support stabilisation of children.
https://criticalcare.yourskillspass.com/public/report.aspx?memberqueryid=24C08538-802F-4FF0-815F-A9D3739F2290&nodeid=72982CFD-4312-48E5-A848-555B164240C5

This video explains how to use the digital skills passports:
https://vimeo.com/694359836



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