

**29 October 2020**

**Temporary consolidation of some paediatrics activity at Sheffield Children's Hospital  
during the covid-19 pandemic**

**1) Issue**

During the first wave of the Covid-19 pandemic, from April to June 2020, NHS England and the acute providers in South Yorkshire and Bassetlaw put in place a pathway to transfer children needing emergency surgery to Sheffield Children's Hospital. The pathway ran from 19<sup>th</sup> April to 22<sup>nd</sup> June for Rotherham, Barnsley, and Chesterfield, and is still in place for Doncaster and Bassetlaw.

On 27<sup>th</sup> October, in the light of growing pressures from Covid, the South Yorkshire and Bassetlaw Health and Care Management Group (the group that brings together NHS England, the Chief Executives of the acute Trusts and Yorkshire Ambulance Service, and the CCG Accountable Officers of SYB) took the decision to reopen the pathway from 2<sup>nd</sup> November.

This note is for information, to make Governing Bodies and Acute Trust Boards aware of the intention to reinstate the pathway for Barnsley, Rotherham, and maintain it for Doncaster and Bassetlaw. Chesterfield have chosen not to be part of the pathway this time.

**2) Background: declaration of a national incident**

NHS England has declared a national incident in relation to the Coronavirus pandemic and has enacted powers under the Health and Social Care Act 2006 (and as amended in 2012) to direct the NHS in its response. The directions cover all NHS providers and all providers of NHS funded care.

NHS England has issued guidance setting out how children's hospitals should work with District General Hospitals, to provide a regional and national response to pressures on the NHS during the pandemic. The guidance includes:

- Management of paediatric patients (17 March 2020)
- Management of paediatric intensive care (26 March 2020)

In addition, wider guidance such as that relating to major trauma (27 March 2020) and cancer services (30 March 2020) is applicable to how children's healthcare in south Yorkshire & Bassetlaw needs to be organised for the duration of the pandemic.

Specifically, the guidance requires children's hospitals, including Sheffield Children's NHS Foundation Trust, to:

- collaborate with hospitals and health systems on its local response and to prepare for surges.
- Co-ordinate with regional and national networks of care to ensure that resources are used equitably, consistently and effectively

During Wave 1, the NHS in South Yorkshire & Bassetlaw enacted the pathway outlined in this paper to re-direct emergency paediatric surgery to Sheffield Children's Hospital. This plan outlined in this paper sets out the local NHS's response to the directions from NHS England in relation to the second wave of the pandemic that we are experiencing, currently.

They will be enacted from 2<sup>nd</sup> November for the duration of the pandemic (or sooner, if pressures on the NHS ease sufficiently) and are not a permanent change to local services.

Other changes may need to be put in place if there is a need over the coming weeks, in the light of wider capacity challenges in the NHS. We will aim to introduce any such change in a planned approach but recognise that emergency measures may be required in response to any surge in COVID-19 demand.

We will keep this under review and will return to normal provision of services as soon as it is safe to do so.

### **3) Background: the emergency surgery pathway in wave 1**

In April 2020, as part of the Covid pandemic response, the providers and commissioners of SYB agreed to transfer all children's emergency surgery to Sheffield Children's Hospital. This was done in response to severe shortages of theatre space and staff (since some theatres had been converted into additional ITU beds) and concerns about the sustainability of the paediatric workforce.

To date, 254 patients have been transferred on the pathway. When the pathway was at its busiest, between April and June, around 60 patients a month were transferred, of whom around 30 required surgery.

Once the first Covid peak was over the pathway was stepped down, for all Trusts except Doncaster and Bassetlaw which has maintained the pathway owing to pressures on its theatre capacity.

Feedback from families and carers around the pathway was positive, commenting on the excellent care received from staff in the DGHs, ambulance transfers and at Sheffield Children's. Comments around areas for improvement were focused around, for example, parents wanting more information about the SCH site and its facilities.

### **4) Current pressures on the DGHs**

The NHS in SYB is now facing a significant increase in pressures, reflected in the fact that SYB is now in national Covid tier 3 and NHSE level 4. All of the DGHs report significantly increased numbers of Covid patients, and significant impact on their workforce. All of the Trusts have been forced to reduce the amount of elective activity that they had planned to carry out, and in some Trusts some theatres staff have been reallocated to support ITU.

In the light of these pressures, Sheffield Children's has offered to once again carry out emergency surgery for children under the age of 16. The intention is to reduce pressures on the theatre capacity and workforce of the DGHs, and to ensure that children are able to access emergency surgery quickly and safely.

### **5) The re-instated pathway**

As previously, the pathway will cover all emergency surgery, except for the most time-critical (eg patients with a compromised airway) which will be carried out at the nearest DGH unless a different pathway already exists.

The protocols are almost exactly the same as they were in the previous round of the pathway, with a few small amendments such as the process of identifying a patient's covid status starting prior to transfer.

### **6) Implications for the providers**

#### ***Implications for Sheffield Children's***

Sheffield Children's is very willing to support the pathway and to provide mutual aid to the DGHs during the Covid second wave. However, re-activating the pathway carries implications for SCFT and some of its patients, which are described here.

The main impact will be on SCFT's ability to maintain elective surgery. The experience of running the emergency surgery pathway earlier in the year showed that SCFT needs an additional emergency list at weekends to provide the pathway safely. The Trust proposes to provide a half day list (1 PA) on both Saturday and Sunday.

However, given the workforce challenges at the moment, the only way to find the workforce to run the extra weekend lists is likely to be to cancel the equivalent of two half-day lists from the elective lists in week. The numbers of patients affected depends on the surgery, but it is likely to mean reducing by 6-8 elective surgeries per week.

This will impact on Sheffield Children's ability to address its waiting lists (currently 8,400 patients on waiting lists including over 232 who have been waiting for more than 52 weeks and 195 priority 2 patients who do not have a TCI). Whilst this is in line with the prioritisation of elective activity in the other SYB Trusts (most Trusts are currently focusing on priority 1 and 2 patients and cancer patients, with some long waiters if possible) it clearly has implications for some SCFT elective patients.

**In this context, it will be important to ensure that all lists at SCFT are used efficiently.** If they are to reduce elective activity, SCFT will need to be assured that the DGHs are going to use the emergency surgery pathway and that there will be significant benefit to emergency patients. Towards the end of the first wave, some of the Trusts used the pathway as a 'safety net' at moments of particular pressure. In the current situation it will be important that the system makes full use of the pathway and gains as much benefit from it as possible.

#### ***Impact on the ambulance service***

YAS and EMAS are currently under considerable pressure, with increased demands and high levels of sickness absence. The additional journeys would be a small additional strain (the pathway accounted for 39 additional ambulance transfers between 16<sup>th</sup> April and 26<sup>th</sup> October 2020).

YAS and EMAS have confirmed that the most important issue from their perspective is consistency across the patch, so that all ambulance crews in SYB are following the same approach. As such, YAS and EMAS have been supportive of the current approach in which all Trusts will go live with the pathway simultaneously.

#### ***Impact on the other Trusts***

The precise impact on the other Trusts is difficult to quantify. The actual number of patients transferred from Barnsley and Rotherham is likely to be relatively small (the highest number of transfers from these Trusts was 9 per week when the pathway was running at full use). However based on past experience this should be helpful at the times of greatest pressure on theatre lists, and also help to reduce pressures on paediatric services more generally, at a time of reduced estate and workforce.

### **7) Changes to the pathway, including funding**

The pathway will be largely unchanged from the protocols that were agreed by Trusts in April. Some small changes will be made such as starting the process of identifying the patient's Covid status before transfer.

The financial regime for SYB has changed since wave 1 so the funding mechanism for the system will be adjusted in the second wave. Directors of Finance have discussed several options around how we might manage the costs of mutual aid and the approach for this programme will be agreed by DoFs on 5<sup>th</sup> November. However in the meantime the pathway will start from the 2<sup>nd</sup> November on the grounds of patient safety.

### **8) Monitoring**

The emergency surgery pathway will be monitored going forward by the working group; based on feedback from Trusts the group will meet twice weekly at first and the frequency will be reduced if possible. The working group is chaired by Alexandra Norrish as Programme Director for the project and reports to the Health and Care Management Team.

Owing to pressures on the SCFT PALS team there will be a less intensive approach to collecting patient feedback but patient experience will continue to be monitored.

The working group will also develop clear exit criteria, e.g. if Covid numbers decline significantly, or if the pathway is not needed or not being fully used by Trusts.

## 9) Timeline for reactivating the pathway

The timeline is as follows:

Tues 27 <sup>th</sup> October	Decision by the HCMG to reopen the pathway
Weds 28 <sup>th</sup> October	Meeting of the working group for the emergency surgery pathway, to review the protocols and identify any changes required, in particular around swabbing. Protocols revised and circulated for comment by the working group and COOs
Friday 30 <sup>th</sup> October	Communications issued to all key stakeholders
Mon 2 <sup>nd</sup> November	Pathway goes live
Thurs 5 <sup>th</sup> November	Confirmation by DoFs of proposed position on finance

## 10) Conclusion

The pathway will go live on 2nd November. The working group, which includes all the Trusts and ambulance services, will keep the situation under review.

The Programme Director will bring regular reports to Chief Executives and Accountable Officers via the weekly Health and Care Management Team meetings.

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