

**To: North East and Yorkshire Region
Acute Trust Chief Executives
Acute Trust Medical Directors
Acute Trust Directors of Nursing**

Dr David Black
Regional Medical Directorate
North East and Yorkshire
Oak House
Moorhead Way
Rotherham
S66 1YY

**Copy to
Locality Directors
Richard Barker, Regional Director
Leaf Mobbs, Director of Performance
and Improvement**

david.black4@nhs.net
07957954040

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Dear Colleagues,

Service and staffing pressures in acute services and critical care.

The purpose of this letter is to recognise the pressures you are currently experiencing in acute care due to both covid and non-covid related urgent and emergency pathways and your ongoing work to provide elective services, particularly higher priority cases. In particular, as senior responsible officer (SRO) for critical care in the region to recognise the challenges in maintaining usual staffing ratios.

Background

Across primary, community, mental health, and acute services the needs and demands for care are running at historically high levels. Today, the joint regional operations Centre recirculated NHS England and NHS Improvement North East and Yorkshire Region – Incident Management Escalation and Mutual Aid Plan to support local systems across the Region, first issued in December 2020. This has been triggered by the ongoing pressures in the health and social care system.

In critical care, the number of patients with covid has been steadily increasing. There are now more than 100 patients critical care patients with covid across the region, occupying over one quarter of critical care beds. The situation is similar in the North-West region and Midlands region, in the other regions the proportion of critical care patients with covid is somewhat lower.

I recently chaired a series of meetings with all four integrated care systems and their critical care operational delivery networks (ODNs) to discuss adult critical care. Staffing is challenging and in some centres, it is not possible to open all baseline critical care beds and maintain staffing ratios laid out in Guidelines for the Provision of Intensive Care Services (GPICS standards), published by the faculty of intensive care medicine.

Colleagues may also be aware of particular challenges in acute paediatric care caused by high rates of respiratory tract infections. Planning is well underway, and should we find that paediatric intensive care (PIC) beds are all occupied, in the event

of PIC surge then children over 12 years may need to be cared for in adult critical care units at any of our Trusts.

It is important to reiterate that adult critical care operational delivery networks continue to operate effectively to manage capacity across units.

Pan regional mutual aid arrangements are in place to support paediatric critical care capacity which is managed by the Paediatric Critical Care Operational Delivery Networks (PCCODNs). Each hospital has a paediatric critical care link, who has access to information and support from the PCCODNs.

Oversight and support arrangements

The NHS continues to operate a level 3 incident. The region continues to operate a Joint Regional Operations Centre. The regional critical care cell (which I chair) is currently meeting every two weeks and NHS England and Improvement regional colleagues meet with adult critical care operational delivery network colleagues in regular 'huddles'.

Nationally, there is a monthly critical care oversight group and a weekly critical care capacity panel. The national critical care capacity panel was first established in late October 2020 to support critical care "level loading" where this could not be achieved within an individual region. It was paused in the spring but is meeting again now as part of being prepared for increasing pressures. At present, the panel is not facilitating inter-regional transfers as these are not currently required. Clearly, this situation will be kept under review. The region is well represented on both these groups and reports into the regional critical care cell.

Actions required by acute Trusts

The latest information I have from critical care operational delivery networks across the region is that whilst there is significant pressure, the need for critical care beds is being met within the region. Some surge capacity is being opened and the availability of critical care beds, general and acute beds and redeployment of staff to support critical care is affecting the delivery of elective care. In some units usual staffing ratios are being affected. I would be very grateful if acute trusts could:

- continue to support the ODNs for both adult and paediatric intensive care
- continue to work collaboratively across their system
- note that the region wide Incident Management Escalation and Mutual Aid Plan continues to be in place
- note that as per the Incident Management Escalation and Mutual Aid Plan, that staffing ratios may need to be reduced following risk assessment (see section 8.0 'requesting mutual aid' on page 6)
- note that for critical care this may mean diverging from the staffing standards laid out in the 'Guidelines for the Provision of Intensive Care Services' (GPICS standards), published by the Faculty of Intensive Care Medicine. I know that trust will follow appropriate clinical governance processes in order to meet the needs of patients, taking account of staffing guidelines, the significant levels of need and demand, availability of staff and staff well-being

- work to redeploy staff as most appropriate to meet patient need, including into critical care
- continue to optimise the provision of elective care, prioritising those patients in greatest need and ensuring that commissioners, including specialised commissioners, are informed regarding any difficulties in providing timely care to 'P1' and 'P2' patients.

Conclusion

There continues to be a high level of need for urgent and emergency care in general, and steadily increasing numbers of patients who are presenting due to acute covid infection. This is placing significant pressure on acute services, including critical care. In addition, a lot of work continues to provide urgent elective care and recover services. This in the context of significant staff absence.

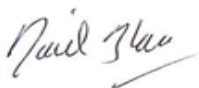
This letter acknowledges these pressures, highlights that we continue to be in a level 3 incident, highlights the Incident Management Escalation and Mutual Aid Plan that remains in place across the region and recognises the need to continue collaborative working, appropriately prioritised patient care, consider the redeployment of staff where appropriate and recognises that use of surge staffing models may be necessary to meet patient need.

Should further developments occur in national or regional oversight, coordination or patient transfer we will of course be back in touch.

I would like to thank you and your staff for their continued hard work and care for patients. I know how hard trusts are working to support staff and I would like to thank you also for this important work.

Please not hesitate to contact me if I can be of any assistance.

Yours sincerely,



Dr David Black
Regional Medical Directorate
NHS England and NHS Improvement
North East and Yorkshire Region