Ashford and St. Peter's Hospitals
NHS Foundation Trust

PAEDIATRIC ESCALATION PLAN

Author: Dr Shailini Bahl and Dr Ruth Mew

Supervisor: Dr Claire Mitchell, Guideline Lead for Paediatrics

Contact details: erin.dawson@nhs.net

Guideline History		
Date	**Comments**	**Approved By**
26/02/2018		Consultant Group
11/11/2021	Reviewed and transferred into Trust Format by Dr Erin Dawson – no changes	

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Contents

Page

1.

Paediatric Escalation Plan

Introduction

This escalation plan refers to covering middle grade essential shifts. Middle grade essential shifts are; long day ward registrar, long day A&E registrar, night registrar. The plan is for use in the exceptional circumstances that an essential middle grade shift cannot be covered, and refers to the provision of patient care outside of normal practice.

If an essential shift is vacant:

- Managers put the shifts out on Locums Nest for our bank staff and liaise with Brookson who puts the shift(s) out to the authorised locum agencies.
- Communications via group e mail and Whatsapp to trainees
- Direct contact with trainee doctors on the ward.

If vacancy is not filled within 2 weeks of the shift the problem is escalated via managers for authorisation of enhanced payment.

If vacancy is not filled within 1 week of the shift, registrar clinics are cancelled to mobilise middle-grade doctors to cover.

If despite all the above the shift cannot be covered:

- **Long day ward registrar**:

9am to 5pm covered by short day registrar with the support of the attending consultant.

5pm to 9.30pm covered by long day SHO with the support of the doctors in Paediatric ED (Paediatric ED registrar and/or Paediatric ED consultant) and the on-call consultant. The on-call consultant is usually present on the ward until 7pm.

Paediatric ED registrar to hold the bleep.

- **Long day ED registrar**:

9am to 5pm covered by Paediatric ED SHO with support from ward registrar and attending consultant. The ward registrar to hold the bleep.

5pm to 9.30pm covered by Paediatric ED consultant with the support of the Adult ED team, ward registrar and on-call Consultant. If the ward is stable, ward registrar to work in ED and hold the bleep. If the ward is busy, Paediatric ED consultant to hold the bleep.

- **Night registrar:**

If **sufficient notice**:

One of the day registrars may be sent home to return to do the night shift. Liaise with Neonatal Consultant on-call to see whether a Neonatal Registrar could help cover.

If **late notice** or night doctor does not arrive for the night shift:

Long day ED registrar and/or ward registrar asked to work for 24 hour shift. This may result in an essential shift becoming uncovered the following day.

On call consultant to inform Brookson out of hours service and site practitioner. Send e mail and WhatsApp to trainee doctors to request emergency cover for the night shift if possible.

If **no middle grade doctors** are available despite the above:

Both the on-call consultant and Paediatric ED consultant have an obligation to provide safe patient care. Both should stay on site and decide how to most appropriately cover the shift. Options include splitting the night shift, as both will have worked all day, or splitting the areas between ward cover and ED cover.

If only one consultant is available to stay on site, other consultant colleagues (who have agreed to help on these occasions) should be contacted via telephone, email and WhatsApp. An additional consultant must be available to be on-call from home to support the consultant on site.

The following should actions should occur in the event of consultant only cover:

Contact the Site Practitioner to divert ambulances to neighbouring hospitals.

Inform Adult ED that there may not be any senior paediatric presence in PED overnight.

Inform Anaesthetists (Intensive care and theatre)

Inform the Neonatal team

A DATIX should be completed

Accommodation should be provided

Appropriate remuneration and/or TOIL should be agreed before a consultant agrees to act down for a shift.

2. **Supporting References**

3. Consultant cover arrangements (bma.org.uk)

4. **Supporting relevant trust guidelines**

2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Paediatric Escalation Plan

Policy (document) Author:

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Yes**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Paediatric Guideline Group**
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Yes**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**Yes**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**	**11/11/2024**	
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		**Clinical Guideline Group**
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Yes	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Claire Mitchell**	**Date**	**November 2021**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			