

Association of British Paediatric Nurses (ABPN)

Briefing paper: Managing NHS Service Pressures in England

Purpose

The purpose of this paper is to inform ABPN members of the key issues within the NHS England advice on Temporary Escalation Spaces. It also includes relevant resources within Northern Ireland, Scotland and Wales

Background

NHS England published [Principles for providing safe and good quality care in temporary escalation spaces](#) on 16 September 2024.

Key points

Temporary Escalation Spaces (TES): NHS England believes that providing care in TES is not acceptable as standard and should only be used in unplanned settings like corridors.

TES should never be used to care for children¹

The document sets out core principles to support point-of-care staff to provide the safest, most effective and highest quality care possible when TES care has been deemed necessary. These are:

1. assessment of risk
2. escalation
3. quality of care
4. raising concerns and reporting incidents
5. data collection and measuring harm
6. de-escalation

Resources NHS England Services

Some useful resources to consider during periods of high pressure:

- **Patient flow and escalation policy:** This policy prioritises patients for available capacity based on clinical urgency, previous cancellations, and RTT waiting time. It also considers the complexity of the arrangements, such as joint cases or the need for specialist equipment. An example of a patient flow and escalation policy is available at <https://www.sfh-tr.nhs.uk/media/prtk3ivw/patient-flow-and-escalation-policy.pdf>

¹ The term child/children is used to describe infants (including neonates), children and young people up to the age of 25 years

- **Safe staffing levels escalation procedure:** This procedure outlines the actions to take, who should be involved in decisions, and contingency steps if capacity problems can not be resolved. The NHS Safe Staffing Levels Escalation Procedure is a process for addressing staffing shortages and ensuring safe patient care. The procedure includes:
 - **Shift-by-shift assessments:** Assess the patient acuity and dependency, and review staffing rosters
 - **Escalation:** Escalate concerns to the appropriate person or group, such as the Directorate Manager, Clinical Site Management Team, or senior manager on call
 - **Staff redeployment:** Consider redeploying staff from nonessential activities or other areas to support patient care
 - **Staffing risk assessments:** Undertake staffing risk assessments on a shift-by-shift basis
 - **Governance processes:** Escalate unresolved issues in line with provider governance processes
 - **Communication:** Ensure that all staff are clear about the escalation mechanisms and governance processes
 - **Staff support:** Support staff to discuss and raise concerns about staffing

An example of a Safe Staffing Levels Escalation Procedure is available at <https://www.tevv.nhs.uk/wp-content/uploads/2022/12/Safe-Staffing-Levels-Escalation-Procedure-Inpatient.pdf>

- **Operational Pressures Escalation Levels (OPEL) Framework:** This framework helps local A&E Delivery Boards align their escalation protocols to a standardised process across local health systems. An example of a framework is available at <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/08/nhse-sc-opel-framework.pdf> Specific children's frameworks are in use locally, you are advised to consider whether local frameworks are in use and relevant for children's services.
- **Emergency preparedness, resilience and response (EPRR).** The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather conditions and outbreaks of infectious diseases. More details can be found on the NHS [EPRR](#) pages. Services should ensure that they are following their local EPRR processes.
- **NHS 111 National Business Continuity Escalation Policy:** This [policy](#) outlines how to respond to situations where patient safety is compromised due to a delay in accessing the NHS 111 service
- **Patient Safety Incident Response Framework:** This [framework](#) sets out NHS England's approach to systems for responding to patient safety incidents.
- **Patient safety commissioner:** Dr Henrietta Hughes is the [Patient Safety Commissioner](#) for England, her role is to promote patient safety and patient voices

throughout the healthcare system. The Commissioner published the Patient Safety Principles [toolkit](#). The toolkit provides a guide for service leaders at all levels on how to design and deliver safer care for patients and reduce avoidable harm.

Resources NHS Northern Ireland Services

The Department of Health have published the [Winter Preparedness Plan 2024-25](#). It sets out some of the key measures and steps that the Department, the Trusts and other key partners are taking to prepare for the coming period, including the provision of additional resources for Primary Care and for the Care Home sector, along with a focus on getting people back into the community as quickly as possible.

The plan specifically mentions children's services, with the main priority for contingency planning trying to ensure access to tertiary services are maintained throughout the main winter pressures period.

The major issue facing paediatric units annually is the increase in RSV infections and the potential for an increase in pertussis and measles presentations.

Resources NHS Scotland Services

Scotland passed the [Health and Care \(Staffing\) \(Scotland\) Act](#) in 2019, which sets out safe staffing requirements across health and social care services.

Services still must escalate service pressures, including staffing issues (shortages and sub-optimal skill mix) through Adverse Incident Reporting (known as DATIX) and Clinical Governance systems in addition to identifying risks through the risk assessment process and the use of organisational risk registers.

Resources NHS Wales Services

In 2016, Wales passed the [Nurse Staffing Levels \(Wales\) Act](#). It was the first country in Europe to recognise – in legislation – the link between numbers and skill mix of nursing staff and patient outcomes.

Services still must escalate service pressures, including staffing issues (shortages and sub-optimal skill mix) through Adverse Incident Reporting (known as DATIX) and Clinical Governance systems in addition to identifying risks through the risk assessment process and the use of organisational risk registers.

REMEMBER: TES should never be used to care for children

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