



Thames Valley & Wessex Paediatric Critical Care  
Operational Delivery Network

Post Exercise Report  
Exercise Little Problem

Event kindly sponsored by



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## Executive Summary

Exercise Little Problem was delivered on 8<sup>th</sup> November 2017, supported by NHS England and Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network. The exercise was designed to explore the response from a major incident involving paediatric casualties and provide an opportunity to explore the challenges that may arise from a major incident involving paediatric casualties.

The exercise was prepared following lessons highlighted at Exercise November Spirit which tested the Thames Valley and Wessex Trauma Network but didn't involve paediatrics. Incidents and exercises have consistently highlighted the need for the NHS in England to scale up their response to deal with paediatric casualties.

The first planning meeting for the event was held in May 2017. It is recommended that such an event has a minimum of 6 months planning and preparation.

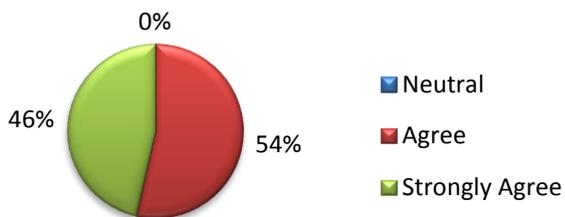
The intended audience for this report are key stakeholders in paediatric services:

- NHS England local hubs
- Women & Children's Programme of Care
- Paediatric Critical Care Clinical Reference Group (CRG)
- Ambulance Services
- Other paediatric ODNs where in existence
- Informal paediatric networks nationally

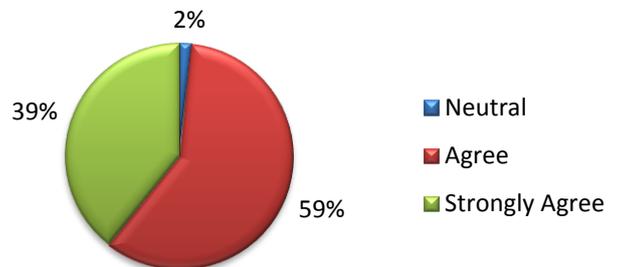
Participants in the exercise came from member hospitals of the Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network, with subject matter expert representatives from South Central Ambulance Service, NHS Blood Transplant, Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network Clinical Lead and NHS England.

Delegate feedback indicated that the exercise was considered to be a valuable opportunity for participants to explore the key issues in managing the response to a major incident involving paediatrics.

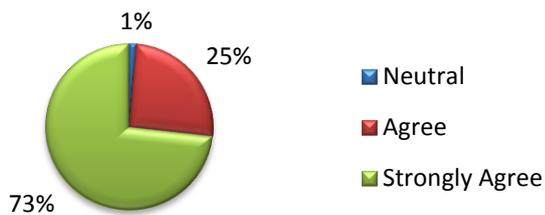
### The aim of the session was achieved



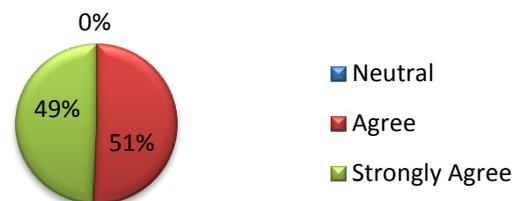
### The Objectives were met



### Valuable discussions were generated



### The exercise had helped to develop local plans



There were a number of lessons identified from this exercise and the themes focused on the following main headings:

- Command and Coordination
- Communication
- Resources – both clinical and staffing
- Mutual Aid
- Business Continuity
- Recovery

## Introduction

The exercise provided participants with an opportunity to explore a range of challenges in a discussion based table top exercise with other NHS partners.

## Aim of the Exercise

To assess the acute provider response across the network to a significant road traffic incident involving children

## Objectives of the Exercise

1. To apply the NHS England-South mass casualty framework for use in an incident involving children
2. To assess the health command, control and coordination arrangements in responding to an incident involving children
3. To assess the plans for the acute providers to respond to a large major incident involving traumatic injuries to children
4. To inform the development of provider and network plans to respond to an incident involving children
5. To evaluate the current processes for information sharing and improve methods for systems resilience for paediatric acute care across the Thames Valley and Wessex regions

## Exercise Format

Exercise Little Problem was a one-day table top exercise which was delivered by NHS England and Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network. The exercise consisted of injects with a group plenary feedback session. Subject Matter Experts (SMEs) from a number of supporting organisations were available to contribute and respond to any issues raised. The exercise materials included a breakdown of casualties by priority (P1, P2 and P3), who arrived at each hospital A&E with media and information injects to add realism.

It should be noted that for this table top exercise all hospitals received the same patient casualty list and as such all hospitals were fairly rapidly overwhelmed. For any future exercise it may be preferable to have separate casualty lists per hospital putting different hospitals under different stresses and as such seeing what mutual aid requests and arrangements develop.

Participants were grouped within their hospital teams (a list of participants is below). Subject Matter Experts (SMEs) from a number of supporting organisations were available in the room to contribute and report to issues raised and a simulated

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telephone line was in place for Southampton and Oxford Retrieval Team (SORT) covered by a single PICU consultant.

Four hospitals took up the optional element of an in house clinical simulation receiving and managing a critically ill / injured child from the table top scenario. This element was designed to add an additional aspect to the exercise ensuring realistic and local MDT learning. Whilst a table top exercise allows Trust systems to be tested, and lines of clinical and non-clinical communication, it does not easily replicate or test full clinical management of patients.

The live simulation was carried out at 10:30 on 8<sup>th</sup> November to coincide with an inject of patients at the table top exercise. There was a choice of two simulation patients for participating hospitals to choose from based on their preferred clinical learning. Coinciding the live simulation with the table top exercise meant that teams in the hospital and exercise could interact in a realistic way. It also allowed for feedback from the live simulation to be fed back to the larger group at the table top exercise to augment learning in the afternoon.

Testing of communications and media were out of scope of the exercise.

### Programme of the Day

Facilitators from each hospital were briefed before the start of the morning whilst other delegates were registering. After a whole room exercise briefing, and a presentation from SCAS on pre-hospital care, the day was divided into three sessions:

1. Table top exercise
2. Period of reflection within the hospital team
3. A group feedback session focussing on lessons identified

The scenario and injects enabled participants to consider their understanding of current procedures, roles and responsibilities and capabilities, to share information, and to highlight potential areas of vulnerability and areas for development. Each group had a facilitator to guide the group's discussion through the challenges raised by the injects and to capture the main lessons, key points, suggested improvements and local actions.

Participants were encouraged to bring any relevant plans and appraise themselves of plans and procedures prior to the exercise.

Participants were also asked to bring a realistic bed state with them to work from on the day. Some Trusts waited until the day to capture a live bed state covering ED inpatients, elective programme, assessment units etc.

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The event was sponsored by a number of key clinical suppliers who had stands in the foyer allowing attendees to visit them and network during lunch. The event was free for participants to attend.

### Scenario

Shortly after 0900 on Wednesday 8<sup>th</sup> November Emergency Services were called to a serious road traffic accident on a dual carriage way near your hospital involving a bus and a lorry.

Initial information from the scene indicated that an articulated lorry has crashed into a bus as the bus was joining the dual carriage way. Both vehicles were travelling at approximately 60 mph. The lorry intruded into the right side of the bus. Following initial impact, the bus rolled several times. No other cars were involved.

The bus was carrying around 48 children aged 10-11years old, 7 members of staff and a driver. There was only one occupant of the lorry – the driver. A number of fatalities were also reported

A major incident had been declared.

### Exercise Planning Team

A small planning team was pulled together to design and facilitate the exercise. The planning team consisted of:

Louise Cadle	NHS England
Jill Oxley	NHS England
David Smith	Oxford University Hospitals NHS Foundation Trust
Carolyn Cairns	Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network
Deidre O'Shea	Oxford University Hospitals NHS Foundation Trust
Kim Sykes	University Hospitals Southampton NHS Foundation Trust

### Participants

#### Trusts

Buckinghamshire Healthcare NHS Foundation Trust  
Frimley Health NHS Foundation Trust – Frimley  
Frimley Health NHS Foundation Trust – Wexham  
Milton Keynes University Hospital NHS Foundation Trust  
Oxford University Hospitals NHS Foundation Trust  
Royal Berkshire NHS Foundation Trust  
Hampshire Hospitals NHS Foundation Trust  
Isle of Wight NHS Foundation Trust  
Poole Hospital

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Royal Bournemouth Hospital  
Salisbury NHS Foundation Trust  
University Hospital Southampton NHS Foundation Trust  
Western Sussex Hospitals NHS Foundation Trust

Supported by Southampton Oxford Retrieval Team (SORT)

## Subject Matter Experts

NHS England – EPRR  
NHS Blood and Transplant  
Operational Delivery Network  
South Central Ambulance Service

## Next Steps

The exercise was widely regarded as beneficial for all participants on training and exercising level.

The lessons identified have been identified for local, regional and national action. It was felt that Trusts and organisations should be given time to work through the lessons and develop detailed actions to take forward.

It was felt that a follow up exercise should be run in the summer of 2019 to test the developed plans. Planning a summer exercise would give Trusts more time to schedule a live simulation to be run on the day. Ideally the live simulation would have been carried out by all hospitals. It is hoped that the hospitals who did not undertake the simulation on the day will use the case for a future simulation.

There was strong feedback that the exercise scenario would have been much more difficult to manage if the setting had been out of hours and it is recognised that out of hours scenarios do need to be tested in the region.

Next steps include:

- To ensure that local Trusts sharing of learning and completion of local action plans are followed up by the ODN.
- A repeat exercise in summer 2019 with possible variation to distribution of patients and time of day of incident.
- Create package of Little Problem Scenario including patient list, live simulation cases suitable to share with other regions wishing to run the event in their area.
- Formally sharing this report nationally with key stakeholders listed to ensure spread of learning.

## Findings

Action Reference		Responsible	Level
<b>Command and Coordination</b>			
1	Coordination of resources (Clinical Coordination Cell) would be critical and will require a paediatric specialist or somebody with paediatric expertise to ensure appropriate prioritisation and coordination of resources. It was noted this is not just applicable to Paediatric services but also Adult ITU, Trauma and other Tertiary services.	Paediatric Critical Care Network	Regional
2	Clarify and produce a simple major incident overview document with what support and capabilities are available to the network and hospitals for paediatric care.	Paediatric Critical Care Network	Regional
3	Casualty tracking will be challenging and particularly with safeguarding of children. This must be confirmed in ambulance and hospital plans	Ambulance Acute Trusts	Local
4	Local plans may need further work on the management and discharge of patients close to being medically fit to enable capacity within the Trust. This may be more challenging on paediatric wards	Acute Trusts	Local
5	Situation Reporting was a useful tool enabling a Trust to pause and gain overall status however the NHS England template is too complex to complete. This provided a barrier for completion.	NHS England	National
6	A local hub approach with representatives from key stakeholders worked well.	All to note	Regional
7	Identification of casualties will be problematic for unaccompanied minors and procedures must adhere to safeguarding and police protocols including management of consent.	Acute Trusts Ambulance	Local
8	Consideration of language barriers for non-English speaking casualties and relatives.	Acute Trusts Ambulance	Local

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9	It may become necessary to enact decisions relating to care during a mass casualty incident to ensure the greatest number of survivors possible. This may include the decision to invoke the expectant triage category at the scene. This decision will be time limited, continually under review and only used at a time when NHS resources are overwhelmed	NHS England	National
10	The coordination of repatriating a large number of P3 paediatrics with their next of kin proved challenging and further work may be required to ensure the process adheres to safeguarding protocols and meets casualty identification protocols of the police.	Acute Trusts	Local
11	The management of unaccompanied P3s and keeping them occupied may prove challenging although a number of hospitals cancelled clinics so the P3s could remain in the play areas within outpatient departments and pulled in play specialists to support.	Acute Trusts	Local
12	The management of parents / relatives will be even more challenging with a paediatric scenario. It is critical this is written into local plans – cohort, use of a safe place, staffing to monitor and providing practical and emotional/psychological support to next of kin while they wait for news. This may need to include support from the police	Acute Trusts	Local
13	Consider the requirement for having a planning lead from the paediatric medical / clinical team to plan for major incident response and build in local plans on responding to a paediatric incident.	Paediatric Critical Care Network	Regional / Local
14	Generate a hospital capacity matrix for Wessex Trauma network (to match the one in the Thames Valley Major Incident Plan).	Wessex Network	Regional
15	Role of police within casualty identification and tracking for a large scale paediatric incident at scene / hospital needs confirmation. This may include police family liaison officers.	Acute Trusts Police	National
<b>Communication</b>			
16	Ensure there is sufficient resilience and capability within SORT to receive and manage a large volume of calls in the event of a paediatric incident.	SORT	Regional
17	Ensure switchboard / reception desks are aware of the situation and also	Acute Trusts	Local

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	additional safeguarding around paediatric patients		
18	Currently NHS Blood and Transplant do not receive notification of a major incident involving casualties with trauma injuries. The notification will come from the Trust when supplies are required. Trusts or NHS England should build in NHS Blood and Transport as part of their major incident cascade rather than wait for supplies to be depleted. Approximate number of casualties and the type of injury would also aid their response.	NHS England	National
19	Use of psychosocial support leaflets that are aimed at specific age groups would be helpful to hand to casualties which highlights symptoms following the incident and how they may feel and that it's normal.	NHS England	National
20	Media requests will be challenging for a paediatric incident, the nature of the incident, the numbers and ages will increase speculation and a relentless request for information. Plans must include how this will be managed for a paediatric scenario to ensure safeguarding etc. is in place.	Acute Trusts	Local
<b>Resources – Clinical</b>			
21	<p>Potential shortage of the following:</p> <ul style="list-style-type: none"> <li>• Paediatric trolleys</li> <li>• Paediatric transfer bags (consider appropriate locations)</li> <li>• Paediatric monitoring kit</li> <li>• Ventilators</li> <li>• Kit on Ambulances – is it suitable for monitoring of paediatrics?</li> <li>• Ambulance replenishing stock held on vehicle – needs to be scoped as this will vary across Ambulance Trusts (also access to replenishments)</li> </ul>	Paediatric Critical Care Network Acute Trusts	Regional Local
22	<p>Consider</p> <ul style="list-style-type: none"> <li>• Kit on Ambulances is suitable for monitoring paediatrics.</li> <li>• Ambulance MCVs may replenish stock in Trusts.</li> <li>• Trusts should have agreements in place with the Ambulance Service to enable this should it be required.</li> </ul>	Acute Trusts Ambulance	Regional
23	Ensure timely thawing of FFP is built into local action cards.	Acute Trusts	Local

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24	Confirmation on the process and timings from NHS Blood and Transplant stock and supplies would be helpful to include in Trust plans and also what can be done to expedite stocks.	NHS Blood and Transplant	Regional
25	Trusts need to review their supply chains and define what stock is from NHS Supply Chain and what is purchased outside of national arrangements. There may be differing contractual arrangements and supply times. This will need to be built into local plans.	Acute Trusts	Local
26	Sterile services will be critical to theatres and clinics with demand on limited equipment.	Acute Trusts	Local
27	Further guidance on clinical supplies that should be held is required from the national programme which is underway.	National Trauma Clinical Reference Group	National
<b>Resources – staffing</b>			
28	Demand on staff with paediatric skills e.g. on call paediatric anaesthetist.	Paediatric Critical Care Network Acute Trusts	Local
29	Ratios of staffing per paediatric casualty needs to be confirmed and built in plans.	Acute Trusts	Local
<b>Logistics</b>			
30	At what point does SORT / Critical Care and trauma become a national challenge? It was noted that secondary transfers would be far more common for paediatrics than adults.	NHS England	National
31	Management of PTS contracts needs to be reviewed to include support in a major incident and mutual aid for neighbouring Trusts/Networks.	Acute Trusts CCGs	Local/ Regional
32	Some hospitals are on a number of sites, movement of patients across those sites will prove challenging.	Acute Trusts	Local
33	Trusts should confirm whether adult general ITU could be used for paediatric casualties and whether they can care for young/small ventilated/unventilated	Acute Trusts	Local

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	patients.		
34	Contingency arrangements for restocking blood supplies, blood products and platelets must be built into local plans.	Acute Trusts	Local
35	Movement of blood components from the Trust's blood bank to clinical areas for increased demand may be an issue.	Acute Trusts	Local
36	Blood donors need to be redirected to the national call centre so a coordinated response to additional supplies is maintained.	NHS Blood and Transplant	National
37	Staffing and shift rotas for the next 24 / 48 / 72 hours will require stringent planning and use of mutual aid / business continuity plans. Recognised that neonatal teams can often be used to support paediatrics, as can adult services.	Acute Trusts	Local
38	Hospital security and in particular casualty management will be challenging with paediatric casualties, requests from next of kin, media.	Acute Trusts	Local
<b>Mutual Aid</b>			
39	If the Ambulance service has the contract for delivering PTS services this may be compromised in the event of a mass casualty incident (however noted that it's in the interest of the ambulance service to assist with PTS to create capacity thus enabling flow at A&E).	Ambulance Service Acute Trusts CCGs	Regional/ Local
40	Explore protocols for Trusts on the edge of network and what pathways are in place to utilise key support such as SORT. Important to recognise that such Trusts should look outside the region in preference to within the region at times of regional incidents.	Paediatric Critical Care Network	Regional
41	Paediatric support will be required from other networks. This may be equipment, staff or bed space.	Paediatric Critical Care Network	Regional
42	Use of Ambulance, SORT, helimed, and coastguard should be considered in regional planning.	Paediatric Critical Care Network	Regional
43	Innovative use of facilities will be required to support P3 or A&E minors triage (Walk in centres, ETC etc.). Local arrangements should be built into plans to aid capacity.	NHS England	Regional

<b>Welfare / Crisis Support</b>			
44	Welfare / crisis support for responders from scene to those involved at the hospital will be vital to have in place early on. This is especially important where paediatrics are involved.	Acute Trusts	Local
45	Crisis support – emotional, psychological and practical will be required for families and next of kin for casualties and those of the deceased. Links with police and other providers of support will be crucial.	Acute Trusts	Local
<b>Business Continuity</b>			
46	The increased numbers of paediatrics in the hospital will require a staggered recovery in certain areas of the hospital.	Acute Trusts	Local
47	Consider replenishment of stock etc.	Acute Trusts	Local
<b>Recovery</b>			
48	Large incidents including a significant number of paediatrics will impact on the NHS – and will require recovery plans to include psycho-social support to staff as well as casualties	NHS and providers of NHS funded care	Local