

## CLAIRE HOUSE CHILDREN'S HOSPICE

### Novel coronavirus (COVID-19)

#### **Service Priorities for Children and Young People (CYP) with Palliative and End of Life Care needs who need care at the hospice, home or hospital**

These priorities have taken account of new national guidance that has been written in partnership with Association of Paediatric Palliative Medicine (APPM), Together for Short Lives (TfSL) and the guidance provided by the Royal College of Paediatrics and Child Health (RCPCH) [COVID-19 - guidance for paediatric services | RCPCH](#). TfSL also have useful information for parents, carers and professionals on their website <https://www.togetherforshortlives.org.uk/get-support/supporting-you/family-resources/coronavirus-ga/> It is essential that **all** providers of palliative care (statutory and voluntary sector) across each Sustainability and Transformation Programme (STP) or Integrated Care System (ICS) work collaboratively across health settings to ensure an effective and coordinated response to this rapidly changing situation. Commissioners need to support all care providers with additional resources required to provide the care and services needed.

These service priorities also take account of the Hospice operational guidance and policies and business continuity plans with respect to financial sustainability. Claire House (CH) have provided their baseline staffing and capacity model to NHS England will also be required to provide our bed and service capacity daily, through a national Capacity Tracker that is being put in place by NHS England.

#### **SERVICE PROVISION FROM March 23<sup>rd</sup> 2020**

**Planned respite care: all planned respite at the hospice and community settings has been cancelled for the foreseeable future and all families have been notified.**

The key priority for CH is to now work in partnership with families and other health and social care providers to rapidly evolve plans to support children and families throughout this health crisis.

The care team are contacting proactively every family to understand their current situation & identify key support concerns. The play, therapies & planned care teams are pulling together a whole range of interactive support activities to share through our parents Facebook pages & other interactive platforms. The counselling & family support team are developing virtual counselling & a range of other support activities.

#### **KEY SERVICE PRIORITIES**

**Service provision will take account of the staffing and resources available across all teams each day.**

#### **END OF LIFE CARE IN ALL CARE SETTINGS**

**Dr Susie Holt Palliative Care Consultant and Lesley Fellows Nurse Consultant** will be the lead professionals to lead, support and coordinate End of Life care (EOLC) across all care settings and will be liaising daily with the clinical teams at Alder Hey specifically working closely with the critical care teams. We will also continue to liaise with the perinatal teams at Liverpool Women's Hospital. They will also be working with the teams at Alder Hey to provide symptom management advice and support for children and families in the hospital setting.

**Claire House Rapid Response Team:** will continue to provide a 24/7 on call service for end of life care (all care settings) in collaboration with the Alder Hey SPCT.

#### **Symptom Management Telephone Advice Line:**

From Monday 30th March the Rapid Response Team will be providing a telephone advice line Monday to Friday 9-5pm for all children who access Claire House. This advice line will be staffed by one of our Nurse Specialists and will try and support you to care for your child at home if they are unwell. This is not to replace any other services such as 111 or attending hospital however we appreciate that such lines are very busy, and you may not be able to get through in a timely fashion. We are hoping that some hints and tips for managing mild symptoms both related to coronavirus or not will give you the reassurance to manage your child at home. **The direct number to call is 07766478404.**

### **Setting for end of life care:**

If a child is identified to be actively dying and a family's preferred place for care is for hospice or to stay at home, this should be considered our highest triage priority, as it is both important and urgent, and we are uniquely placed to accommodate such a request. However, this will only be possible if we have the appropriately skilled workforce and all equipment and medicines required available.

Consideration of end of life care for a CYP with an underlying life-limiting, life-threatening condition who have confirmed Covid-19, outside of a hospital setting will be considered on an individual basis, with a full risk assessment taking account the ability to provide this care safely and effectively for both the child and family and the care teams. This may not be possible if sufficient staff and the correct full PPE are not available.

### **HOSPICE BASED CARE**

**Jenni Bell (Hospice Manager), Ruth Varey (Lead Nurse)** and the in-house Team Coordinators will be the lead professionals to plan and coordinate this. All referrals either emergency step down and/or crisis respite will be triaged by this in-house leadership team daily, according to the agreed priorities for this care.

Please contact the main Hospice phone number **(0151 334 4626)** and ask for the Team Coordinator or Shift Coordinator if you require the support of the in-house team.

### **The other priorities for care that NHS England have asked Children's Hospices to consider include:**

**Emergency step down care from Hospital to free up acute care beds:** This would be for children who meet hospice eligibility at this stage.

**Emergency Respite:** If the normal day to day care delivery for a child or young person breaks down for example if apparent or main carer(s) become unwell.

**Preventing avoidable admissions to hospital** of children already known to CH

**It is important to highlight that CH will NOT be able to provide emergency respite in every situation** and will therefore have to triage & prioritise every referral received which will take account of the agreed priorities for service provision & the individual health & social care needs of each family alongside the availability of the nurses & support staff with the correct skills as well as additional resources required to support each family.

When considering emergency respite or emergency step down care at the hospice or at home, EOLC will always be the priority followed by CYP where there is a high degree of clinical risk, such as those children requiring assisted ventilation, or where the clinical situation is unstable or persistently difficult to manage. Consideration will also be given to the complexity of the family and the ability and capacity of other carers ability to continue to deliver care. Each referral will also be risk assessed with respect to the hospice being able to provide safe and effective care for both child and staff. The senior care team are developing a triage and decision-making framework that takes account of all these factors for every referral received.

This is clearly an unprecedented and rapidly changing and challenging situation and we will continue to frequently review our service priorities and communicate these to our families, our care team and external health care partners and commissioners.

Please do not hesitate to contact myself or any member of the Clinical Leadership Team if you need clarification or further information.

Kind regards

**Jan Sutherland Oakes**

Director of Clinical Services

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