NHS England

Management of surge and escalation in critical care services: standard operating procedure for adult critical care

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Description	A suite of five standard operating procedures (for adult critical care, paediatric intensive care, burn and respiratory extra corporeal membrane oxygenation) that set out (a) consistent approaches by which providers can escalate pressures to NHS England and (b) how NHS England will manage capacity pressures.
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Superseded Docs (if applicable)	N/A
Action Required	Recipients are required to review the responsibilities outlined in the documents and ensure that arrangements are in place to implement these in the event of capacity pressures in the five identfied services.
Timing / Deadlines (if applicable)	**N/A**
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Document Status

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MANAGEMENT OF SURGE AND ESCALATION IN CRITICAL CARE SERVICES: STANDARD OPERATING PROCEDURE FOR ADULT CRITICAL CARE

Note on terminology

Throughout this Standard Operating Procedure the following terminology is used:

- in the context of this document 'CCU' refers to an Adult Critical Care Unit and not a Coronary Care Unit.
- the term "NHS Pathways DoS" is used instead of the full description of '*NHS Pathways and Directory of Services*' system (provided by the Health & Social Care Information Centre),
- the term "Critical Care Network" is used instead of the full description of '*Critical Care Operational Delivery Network*'.

Finally reference is made to the "Level" of an Adult Critical Care Bed throughout this document. A description of these different 'levels' can be found in the table below:

Level	Description
Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
Level 2	Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care.
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

Source: Comprehensive Critical Care, Department of Health 2000

Contents

1. Purpose

1.1. This document sets out the background, principles and process for the management of surges in demand for Adult Critical Care Services in England. It describes how organisations, Critical Care Networks (Operational Delivery Networks) and others involved in the planning and delivery of Adult Critical Care Services identified in the Standard Operating Procedure should act.

1.2. This Standard Operating Procedure specifically sets out:

a) a consistent national approach by which providers of Adult Critical Care Services can escalate capacity pressures to their commissioners and NHS England (see Figure 1);
b) how organisations, Critical Care Networks and the stakeholders should act;
c) the process for the identification of current and potential critical care capacity;
d) the anticipated escalation process locally, regionally and nationally across NHS England, in support of local Critical Care Networks (including the NHS Strategic Command arrangements to be implemented by NHS England should they be required).

1.3. In particular this Standard Operating Procedure ***requires***:

a) Adult Critical Care Units to submit daily information on their bed capacity through NHS Pathways DoS[1];
b) groups of Adult Critical Care Units to work jointly together through a *fully functional* Critical Care Network where possible;
c) each organisation with an Adult Critical Care Unit will have their own *escalation plan and business continuity plan*, together with their Critical Care Network's *local escalation policy* (where applicable), which describes the triggers and actions required to be undertaken by Adult Critical Care Units, their organisations, Critical Care Networks and their commissioners during the different levels of escalation identified in their escalation plans;
d) the ability of all stakeholders to respond to escalation pressures at all times;
e) a process for the identification of current and potential capacity and which clarifies the process for a rapid escalation;
f) commissioners (Clinical Commissioning Groups and NHS England) to be assured that all Adult Critical Care Units in their locality have adequate escalation and business continuity plans in place which, where appropriate, link to the Critical Care Network response. These plans are required to have clear escalation triggers to the "on call" arrangements locally for commissioners and NHS England.

[1] The frequency and format of which will be determined subject to the level of escalation.

1.4. This Standard Operating Procedure supplements and / or needs to be read in conjunction with:

a) site specific escalation plans and business continuity plans (in existence within all individual NHS-funded providers of Adult Critical Care Services);
b) local escalation plans for Adult Critical Care Services that exist across groups of NHS funded providers that provide Adult Critical Care Services and their commissioners (often coordinated on a sub-regional level by local Critical Care Networks);
c) local escalation plans for health and social care services that exist across local health and social care economies for the escalation of primary, community, secondary and social care services (coordinated operationally by local Clinical Commissioning Groups);
d) other critical care service operational policies together with national and professional bodies' guidance.

1.5. This Standard Operating Procedure also outlines how site-based and local escalation plans will work in conjunction with the coordination and, if required, NHS Strategic Command arrangements which can be deployed by NHS England to support the escalation of Adult Critical Care Capacity during periods of significant demand.

1.6. It is recognised that the escalation arrangements outlined in this Standard Operating Procedure may not be required solely as a result of increased demand for Adult Critical Care Services, but also as a requirement to support increases in demand for the following types of critical care services:

- paediatric and neonatal intensive care;
- burn care;
- adult respiratory extra corporeal membrane oxygenation (ECMO) services; or
- paediatric respiratory ECMO services,

1.7. This Standard Operating Procedure builds on the current evidence of best practice in existing Critical Care Networks and has had the benefit of senior clinical involvement. A list of contributors is shown in Appendix 4.

2. Strategic Aims

2.1. The strategic aims of this Standard Operating Procedure are to:

a) prevent avoidable mortality and morbidity due to patients requiring adult critical care not accessing an appropriate level of care / organ support in time;
b) maximise capacity in the critical care system in a range of scenarios through a coordinated escalation and de-escalation approach across geographical footprints;
c) avoid *triage by resource* (as opposed to *triage by outcome*) until all potential escalation options have been exhausted.

3. Background

3.1. Principles

3.1.1. In managing local surge and escalation pressures for Adult Critical Care Services the principles of the national critical care escalation approach in this Standard Operating Procedure are:

a) the stepped increase in capacity in response to demand;
b) the preservation of the 'standard' clinical pathway for critically ill patients for as long as possible;
c) the preservation of emergency, general and specialist services (as determined by the Critical Care Unit / local Critical Care Network) for as long as possible;
d) that equity of access and treatment will be maintained wherever possible;
e) that the management of local Adult Critical Care Capacity as a single entity will ideally be maintained across a local Critical Care Network (recognising the discrete conurbations and the location of specialist centres) whilst trying to keep the population as close to their home as possible;
f) at times of escalation and de-escalation recognising that inter-hospital transfers will be used as necessary as a mechanism to manage demand across a local Critical Care Network and that all member Adult Critical Care Units will attempt to accept such transfers, subject to maintaining normal clinical pathways (this is particularly relevant for paediatric patients);
g) that a stepped decrease in capacity and return to normal activity will be resumed as soon as possible in response to demand.

3.2. Accessing Support from Commissioners

3.2.1. Unlike some other types of critical care services (for example ECMO and Paediatric Intensive Care Unit[2] services), Adult Critical Care Services does not have a national Adult Critical Care Service lead manager based within NHS England. This is because, unlike the paediatric and highly specialised critical care services, the majority of Adult Critical Care Services are commissioned by Clinical Commissioning Groups. This is in addition to a proportion of the specialised services care pathways which require post-operative adult critical care support commissioned by NHS England (through the 10 lead Area Teams).

3.2.2. A diagram (see Figure 1) outlines the process by which the Adult Critical Care system can access support from commissioners (both in and out of hours) when the service experiences capacity pressures beyond 'normal business' arrangements.

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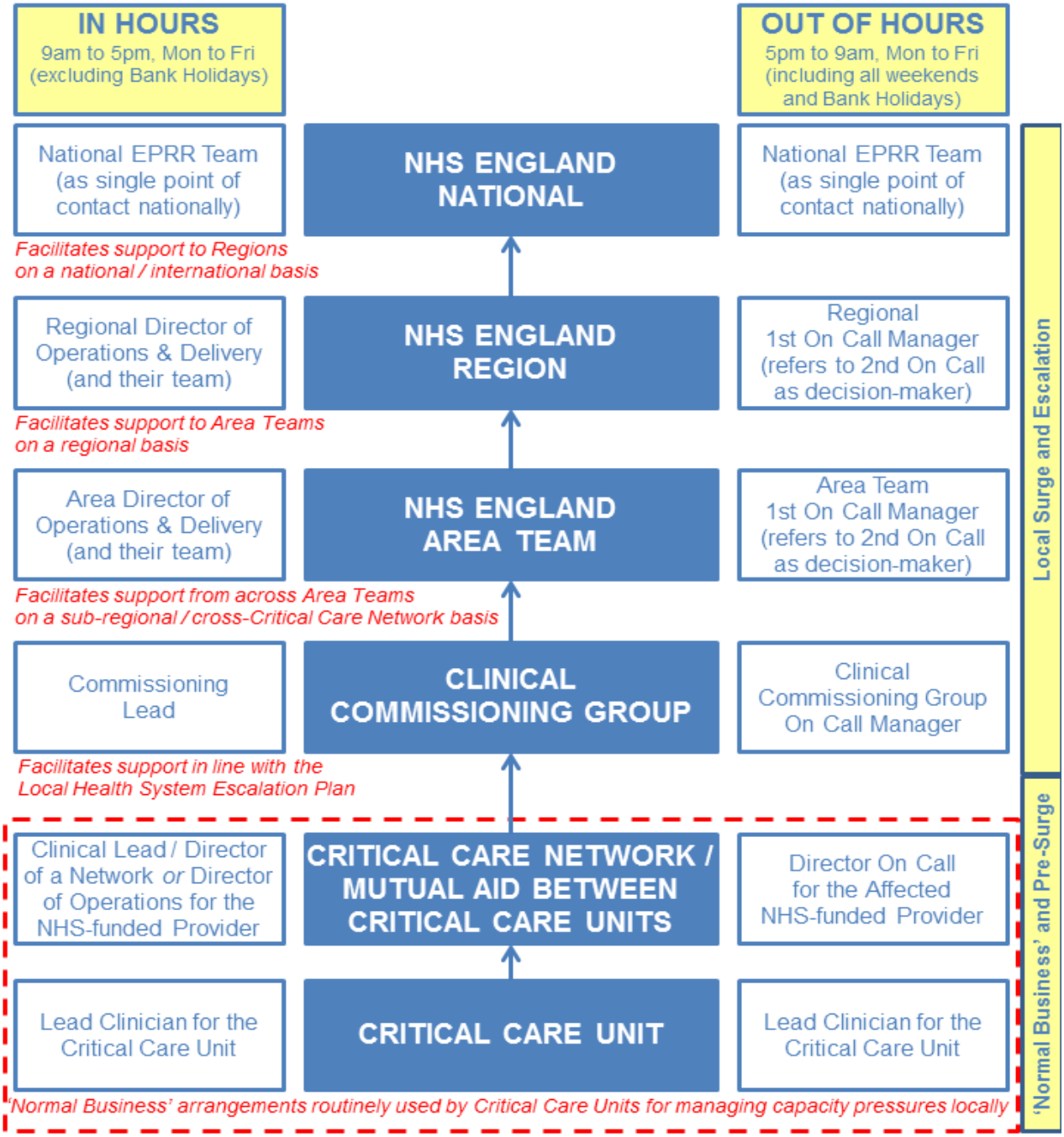
[2] These are frequently referred to as 'PICU' services.

Figure 1 – How Adult Critical Care Services can access support from Commissioners in hours and out of hours



Note – the structure for NHS England is different for London, which means that effectively the role of the Area Teams and Region in London are combined for resilience activities.

3.2.3. It is recognised that the management of local surge and wider escalation pressures will be dependent upon the consideration of a number of factors. These factors include:

a) the case-mix of patients in local units;
b) the expected length of stay of patients (and case-mix) in local units;

c) the available capacity (or forecasted) [3];
d) any underlying disease rates impacting on critical care admission rates;
e) the availability of suitably-trained staff and equipment and specialist supplies to provide critical care services (especially during infectious and novel disease / pandemic influenza outbreaks).

3.2.4. It is imperative that the triggers to activate additional capacity are sensitive enough to give sufficient time to free up capacity before the system is grid locked.

3.2.5. It is recognised that PICU services may experience severe operational difficulties ahead of the adult units given existing capacity pressures. Once all available (expanded) PICU capacity is exhausted, where clinically appropriate and safe, older children may stay in local hospitals with inpatient paediatric services, including paediatric medicine and paediatric anaesthetic experience, on site.

3.3. Local Escalation Plans

3.3.1. Adult Critical Care Units will need to work closely with their local Critical Care Network (if available) to consider if the factors (as highlighted in paragraph 3.2.3 above) that can result in capacity pressures are managed locally or where they will need the support of NHS England to assist in managing wider escalation pressures.

3.3.2. When responding to local surge / wider escalation pressures certain planning assumptions need to be reflected in Critical Care Network local escalation plans, i.e., that NHS-funded providers, in line with their local Critical Care Network plans (where in place), will:

a) collectively deliver a 100% increase in Adult Level 3 Critical Care bed capacity (both in response to a 'big bang' and a 'slow burn' scenario);
b) where possible, provide mutual aid to one another, thereby ensuring optimal use of the critical care capacity locally;
c) identify non-critical care trained nursing staff to care for patients within critical care using a "buddy" system (these staff should, where possible, be suitably trained in this role in advance of a contingency occurring);
d) increase capacity in a stepped approach according to demand;
e) be guided by the coordination activities of Critical Care Networks during a local surge response and by NHS England Strategic Command arrangements during wider escalation (thereby ensuring equity of access and treatment across conurbations and regions);

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[3] For modelling purposes the Level 3 Adult Critical Care Units are assumed to be working at approximately 85% occupancy with a 10% elective throughput and a length of stay of approximately 4 days

f) ensure the local surge / wider escalation response in capacity is realistic and sustainable for the necessary periods determined in accordance with the local escalation plans;
g) ensure that difficult clinical decision-making and implementation of policies in relation to triage and futility of patient interventions should only be made after consultation with the wider critical care community, rather than on a purely physiological scoring system such as Sequential Organ Failure Assessment (SOFA).

3.4. Impact on Elective Activity

3.4.1. In order to maximise Adult Critical Care Capacity outside of 'normal business' mutual aid arrangements, it may be necessary to uniformly suspend elective activity which will require Adult Critical Care Services post-operatively. Such temporary suspension of elective activity will be implemented (as clinically appropriate) on the following phased basis:

a) Step 1 – temporary cancellation of all elective non-life threatening ***adult non-oncology*** surgery, where it is expected the patient will require Adult Critical Care Service support in the immediate post-operative period;
b) Step 2 – as step 1 but also the temporary cancellation of all elective non-life threatening ***adult surgical and cardiothoracic surgery***, where it is expected the patient will require Adult Critical Care Service support in the immediate post-operative period;
c) Step 3 – as step 1 and 2 but also the temporary cancellation of all ***elective major adult oncology and cardiothoracic surgery*** where it is expected the patient will require Adult Critical Care Service support post-operatively.

3.4.2. It is expected that during Adult Critical Care Services escalation / de-escalation activities overseen by NHS England, instructions will be issued by NHS England Strategic Command (at a local, regional or national level as appropriate) to implement the above steps, taking consideration of advice from a range of clinicians and managers (as appropriate).

3.4.3. During those times when elective activity requiring Adult Critical Care Services is suspended across large areas, Medical Directors from NHS-funded providers, Clinical Leaders from Clinical Commissioning Groups and National Clinical Directors / Medical Directors from across NHS England should support their adult critical care colleagues in communicating the reasons for this suspension to other clinicians. In particular National Clinical Directors are asked to liaise with the appropriate Royal Colleges / professional bodies to communicate these actions to the wider clinical community.

3.5. Managing Capacity Data about Adult Critical Care Services

3.5.1. Adult Critical Care Units should ensure they have systems and processes in place to update their current bed capacity availability, on the NHS

Pathways DoS system, as part of their admission and discharge process. Where there is no change in the capacity available, Adult Critical Care Units should acknowledge this within the system ***every six hours***.

3.5.2. Further details about the NHS Pathways DoS system, including the *Escalation Capacity SITREP* can be found in Appendix 1.

4. Phases

4.1. Site and local escalation plans should take account of the following phases in respect of local surge / wider escalation management (shown in the table below). Movement between these phases will depend upon the interpretation of the capacity pressures being experienced by the Critical Care Network taking account of the converging factors highlighted in paragraph 3.2.3 above. Local trigger points will need to be identified within each Critical Care Network local escalation plan.

Phase	Indicative Activities
Please Note *1) Given there is no single Adult Critical Care lead manager nationally based within NHS England, commissioners will be dependent upon notification / guidance from local Adult Critical Care Units (CCUs) / Critical Care Networks when local surge and / or wider escalation activities will need involve commissioners and NHS England.* *2) Further details about the roles of organisation, particular the 3 levels of NHS England, can be found in the supporting Action Cards (see Appendix 3).*	
Normal Business / Pre-Surge	<u>Adult Critical Care Providers</u> • all CCUs to have sufficient capacity available <u>*or*</u> • some specific short-term activity spikes requiring patient transfers and rescheduling of electivity within specific sites • all CCUs are submitting routine data on NHS Pathways DoS <u>Commissioners</u> • to ensure local critical care unit escalation plans are developed • monitoring NHS Pathways DoS <u>Critical Care Networks</u> • developing / maintaining local critical care escalation plans • monitoring activity pressures, including NHS Pathways DoS <u>NHS England</u> • ensuring local critical care escalation plans are developed • monitoring activity pressures, including NHS Pathways DoS
Local Surge and Escalation	<u>Adult Critical Care Providers</u> • continuing capacity issues at a site means on-going requirement for mutual aid from <u>some</u> of the other Adult Critical Care Units in the local area / Critical Care Network in line with the local critical care escalation plan • all CCUs are submitting routine data on NHS Pathways DoS <u>Commissioners</u> • CCGs to consider activation of local health economy escalation plans • CCGs to raise concerns about capacity pressures with Critical Care Unit / Area Team

Phase	Indicative Activities
	Critical Care Networks • assisting with capacity management • monitoring activity pressures, including NHS Pathways DoS • liaising with CCUs, CCGs and notifying the Area Team NHS England • ensuring local critical care escalation plans are developed • monitoring activity pressures, including NHS Pathways DoS …./continued on the next page
Wider Escalation	Adult Critical Care Providers • all CCUs in a Critical Care Network to provide mutual aid in line with local escalation plans / arrangements • curtailing elective activity across the wider footprint • submitting the *Escalation Capacity SITREP* in the manner and frequency prescribed through the NHS England Strategic Command arrangements. • responding to instructions from NHS England Strategic Command Commissioners • managing implications of reduction in elective activities upon contracts and local health economy escalation plans • responding to instructions from NHS England Strategic Command Critical Care Networks • assisting with capacity management • liaising with CCUs • advising the Area Team and taking part in escalation teleconferences • responding to instructions from NHS England NHS England • coordinating the provision of Adult CCU escalation across CCUs / Critical Care Networks / Regionally / Nationally (through existing NHS Strategic Command arrangements) • communicating with key stakeholders through teleconferences (at least daily) • issuing instructions in relation to the management of elective activity, and communicating this with the wider clinical community and the public • analysing the *Escalation Capacity SITREP* and activity pressures • providing clinical advice to NHS England escalation decision-makers through Medical Directors / National Clinical Directors • responding to instructions from NHS England Note – NHS England will consider actions on a: 1) sub-regional / cross Critical Care Network basis (Area Teams) 2) regional basis (by Regions) 3) national basis (by NHS England nationally)
Recovery Note – once escalation has proceeded	Adult Critical Care Providers • resetting / returning to 'normal business' capacity as soon as is possible • producing a debrief report (shared with Critical Care Network) • submitting routine data on NHS Pathways DoS

Phase	Indicative Activities
beyond one organisation, de-escalation is a ***joint*** decision and ***not*** one for one organisation to make alone	<u>Commissioners</u> • agreeing revised targets following the resumption of elective activity • considering lessons learnt when reviewing contracts <u>Critical Care Networks</u> • monitoring activity pressures, including NHS Pathways DoS • producing a report combining feedback from each CCU's debrief report • revising local critical care escalation plans (if appropriate) <u>NHS England</u> • considering lessons learnt for future escalation

4.2. **Note** – the level of NHS Strategic Command arrangements to be instigated by NHS England at Area Team, Region or National level will be dependent upon the level of coordination required. For example:

a) it may be that a significant failure of services within a single Critical Care Network could require a regional / national response and not just an Area Team response;
b) if a response involves escalation across two or more Area Teams, it may be necessary for a Region to initiate coordination activities;
c) if a response involves escalation across two or more Regions, it may be necessary for NHS England national support centre to initiate coordination activities

As such the Strategic Command response of NHS England will be dynamically assessed, using the national decision-making model in each level's Incident Response Plan, and will take account of the level of support required by the affected local Critical Care Network(s).

Adult Critical Care Bed Capacity Data

'Normal Business' Capacity Data

Adult Critical Care Bed Capacity is normally collected using three data sources. These are:

1) **Unify2** – this data collection system is used by NHS-funded providers to submit the following capacity data:
    a. **Monthly Trust SITREP** - a monthly 'snapshot' showing, amongst other data items, the number of funded Adult Critical Care Beds which are open in each NHS-funded provider,
    b. **Winter Reporting** – a daily 'snapshot' showing, amongst other data items, the number on non-clinical critical care transfers in and out of 'critical care transfer groups'. This data is usually submitted Monday to Friday from November.

2) **NHS Pathways DoS** – a data submission showing the number of Adult Critical Care Beds available throughout the day. Normally this information is submitted every six hours, seven days a week.

NHS-funded providers, Clinical Commissioning Group and NHS England (all levels) already have information as to how to access these systems. Please check with your information / analytics department for information how to access these systems.

NHS Pathways DoS – Adult Critical Care Bed State Dataset

Column 1: Unit name	
Definition	Name of the hospital, unit to include Intensive Care Unit (Level 3) / High Dependency Unit (Level 2), specialty if appropriate i.e. Neurology, (please avoid using acronyms in isolation). (*NHS Pathways DoS includes a prefix centrally to facilitate a geographical search)*
Rationale	Unique identifier and location for beds and patient activity being recorded
Column 2: Level 3 beds empty and available	
Definition	Number of Level 3 beds that are available to take a Level 3 patient immediately, subject to referral and Consultant to Consultant level acceptance, i.e. not booked or awaiting a discharge / delayed discharge.
Rationale	Shows available Level 3 capacity to facilitate patient transfer for clinical /non-clinical reasons and / or for planning and escalation.
Column 3: Level 2 beds empty and available	
Definition	Number of Level 2 beds that are available to take a Level 2 patient immediately, subject to referral and Consultant to Consultant level acceptance, i.e. not booked or awaiting a discharge / delayed discharge.
Rationale	Shows available Level 2 capacity to facilitate patient transfer for clinical /non-clinical reasons and/or for planning and escalation.
Column 4: Total Level 3 / Level 2 mix	
Definition	Total funded Level 3 / Level 2 beds on the unit
Rationale	Provides a baseline of bed capacity against which escalation and patient need can be compared
Column 5: Level 3 Patients on Unit	

Definition	Number of Level 3 patients on the unit
Rationale	To demonstrate acuity of patients in mixed units and to inform on acuity across Networks and regions (and nationally) in times of surge. Will support potential escalation locally. Aggregated it will support escalation regionally and nationally.
Column 6: Level 2 Patients on Unit	
Definition	Number of Level 2 patients on the unit
Rationale	To demonstrate acuity of patients in mixed units and to inform on acuity across Networks and regions (and nationally) in times of surge. Will support potential escalation locally. Aggregated it will support escalation regionally and nationally
Column 7: Level 1 / Level 0 Patients on Unit	
Definition	Number of Level 1 / Level 0 patients on the unit
Rationale	To show number of Level 1 / level 0 patients in units that are awaiting discharge from a Critical Care Unit and may indicate difficulty in accessing "patient step down" to appropriate ward level beds
Column 8: Level 3 Patients outside Unit	
Definition	The number of Level 3 patients being managed outside designated critical care beds (i.e. theatres, recovery, escalation areas). This is NOT to capture patients that have gone to theatre for surgery or to CT etc.
Rationale	To identify the potentially unmet patient need for critical care beds in i) normal working circumstances ii) in periods of surge. To support targeted escalation of response and/or support planning and commissioning of bed capacity
Column 9: Level 2 Patients outside Unit	
Definition	The number of Level 2 patients being managed outside designated critical care beds (i.e. theatres, recovery, escalation areas). This is NOT to capture patients that have gone to theatre for surgery or to CT etc
Rationale	To identify the potentially unmet patient need for critical care beds in i) normal working circumstances ii) in periods of surge. To support targeted escalation of response and/or support planning and commissioning of bed capacity.
Column 10: Beds Committed	
Definition	Total number of beds booked on the unit for any incoming patients, including repatriations.
Rationale	To ensure beds remain available for expected incoming patients.
Column 11: Service Notes	
	This is a 'free text' box that permits the use of any text to provide further information. Different Adult Critical Care Units and Critical Care Units use different 'local descriptions' to outline capacity.
Column 12: Function Buttons / Icons	

Escalation Capacity Data

During times of escalated capacity arrangements, outside of 'normal business', it may be necessary to introduce an additional data SITREP to assist with / inform NHS Strategic Command arrangements. Wherever possible existing data sources will be used, but the following additional information – the ***Escalation Capacity SITREP*** – is likely to be collated on each Adult Critical Care Unit:

- Any beds closed due to Level 3 escalation? (Yes / No)
    - If yes, how many
- Any beds closed due to staffing problems? (Yes / No)
    - If yes, how many
- Any expected step down in the next 12 hours
    - Level 3 to Level 2
    - Level 2 to Level 1 / Level 0

- Any critical care transfers out of the Trust within the previous 12 hours? (Yes / No)
    - If yes, please provide number transfers to each Trust, i.e., would need to identify:
        - Name of Trust
        - Number and Type of Patients transferred
- Any further escalation measures taken since the last SITREP (Yes /No)
    - If yes, please outline (for units to provide a few line of briefing)
- Any further escalation measures planned (Yes /No)
    - If yes, please outline (for units to provide a few line of briefing)
- Please include any further information that may be relevant to inform the capacity management process (for units to provide a few line of briefing).

NHS-funded providers will be informed about the method and frequency of data collection, should this additional escalation capacity data be collated, through the NHS Strategic Command arrangements.

List of Critical Care Networks by NHS England Regions and Area Teams

(Critical Care Networks listed alphabetically by NHS England Region)

Critical Care Network	Area Teams Covered	Lead Area Team
NHS England Region: London		
North Central / North East London (in development) North West London South London (in development)	• Note – the structure for NHS England is different for London, which means that effectively the roles of the Area Teams and Region in London are combined for resilience activities.	NHS Region: London
NHS England Region: Midlands and East of England		
East of England (Essex, Hertfordshire & Bedfordshire, Norfolk, Suffolk & Cambridgeshire)	• East Anglia	
	• Essex	
	• Hertfordshire and the South Midlands	
Midlands (North West Midlands, Birmingham & Black Country, Central England)	• Arden, Herefordshire and Worcestershire	
	• Birmingham, Solihull and the Black Country	
	• Leicestershire and Lincolnshire	
	• Shropshire and Staffordshire	
Mid Trent (including Burton – Staffordshire)	• Leicestershire and Lincolnshire	
	• Derbyshire and Nottinghamshire	
	• Shropshire and Staffordshire	
NHS England Region: North of England		
Cheshire and Mersey	• Cheshire, Warrington and Wirral	Lead Area Team
	• Merseyside	-
Greater Manchester	• Greater Manchester	Lead Area Team
Lancashire & South Cumbria	• Lancashire	Lead Area Team
	• Cumbria, Northumberland, Tyne and Wear	-
North of England	• Cumbria, Northumberland, Tyne and Wear	
	• Durham, Darlington and Tees	
North Yorkshire & Humberside	• North Yorkshire and Humber	Lead Area Team
North Trent	• South Yorkshire and Bassetlaw	Lead Area Team
West Yorkshire	• West Yorkshire	Lead Area Team
NHS England Region: South of England		
South Central (including Thames Valley)	• Thames Valley	
	• Wessex	
South East (Surrey, Sussex, Kent & Medway)	• Kent and Medway	
	• Surrey and Sussex	
South West (Avon & Gloucester, South West Peninsula)	• Bath, Gloucestershire, Swindon and Wiltshire	
	• Bristol, North Somerset, Somerset and South Gloucestershire	
	• Devon, Cornwall and Isles of Scilly	

Note - in many circumstances, Critical Care Networks footprints differ from Area Teams. In these circumstances a '**Lead Area Team**' has been identified as a 'single point of contact' between NHS

England and the Critical Care Network. The 'Lead Area Team' will be responsible for liaising with all the other Area Teams in the area covered by the Critical Care Network.

Standard Operating Procedure Action Cards for Stakeholder Organisations

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**ADULT CRITICAL CARE UNIT**	
	The role of clinicians and managers of Adult Critical Care Units includes:	
1	Managing their services in line with their site-specific escalation plans and business continuity plans during times of increasing pressure on critical care capacity, no matter what its cause.	
2	All Adult Critical Care Units ***must*** be members of, and ***contribute*** to the success of, a ***fully functional*** Critical Care Network.	
3	Managing their sites critical care capacity (if required) in line with the agreed local escalation policies, including the provision of mutual aid (if required), by a) taking account of advice and coordination activities from local Critical Care Network (where it exists) when local surge pressures are being experienced across local critical care units / the Critical Care Network, and b) acting in accordance the instructions issued by NHS England should the NHS Strategic Command arrangements outlined in the Standard Operating Procedure be activated.	
4	Working with their Critical Care Network to inform local Clinical Commissioning Group(s) of local escalation activities (when appropriate).	
5	Submitting data onto NHS Pathways DoS at all times, even during normal business, in the manner and frequency prescribed.	
6	Submitting the *Escalation Capacity SITREP* during times of escalation in the manner and frequency prescribed by the body coordinating services (i.e., the Critical Care Network) or NHS England.	
7	Following periods of wider escalation (under NHS England's Strategic Command arrangements) undertake a full debrief (including a decision-making audit) and produce a debrief report which should be shared with the Critical Care Network.	
8	Taking account of any recommendations for Adult Critical Care Units endorsed by Local Health Resilience Partnership(s) / Urgent Care Working Group(s) (if any) following its consideration of the formal report following escalation produced by the Critical Care Network.	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS-FUNDED PROVIDERS OF ADULT CRITICAL CARE SERVICES**	
	The role of management and other non-critical care clinicians from NHS – funded providers which provide Adult Critical Care Services includes:	
1	Providing sufficient resource to support the collation of Adult Critical Care Service data in the manner and frequency prescribed both during normal business and during times of escalation.	
2	To support their Adult Critical Care Unit colleagues in reducing elective activity (as appropriate) in line with: a) the site-specific adult critical care escalation plan, b) the local adult critical care escalation plan, c) the local health and social care economy escalation plans (in discussion with their local Clinical Commissioning Group(s), as appropriate), d) the coordination of activities instigated by the local Critical Care Network (where in place), e) the NHS Strategic Command instructions issued by NHS England.	
3	To support their Adult Critical Care Unit colleagues during times of escalation (including out of hours) by ensuring suitable arrangements are put in place to also escalate access to the necessary services that support critical care escalation, for example, improved access to physiotherapy, laboratory services, clinical supplies services and cleaners.	
4	Following periods of wider escalation (under NHS England's Strategic Command arrangements) provide protected time to adult critical care colleagues and contribute to the site's debrief report.	
5	Taking account of any recommendations for NHS-funded providers endorsed by Local Health Resilience Partnership(s) / Urgent Care Working Group(s) (if any) following its consideration of the formal report following escalation produced by the Critical Care Network.	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**CRITICAL CARE NETWORKS** *(Note – Where these exist. Regions, Area Teams and Clinical Care Groups will work with those Adult Critical Care Units which do not have Critical Care Networks to develop local critical care escalation plans)*	
	The role of Critical Care Networks includes:	
1	It is expected that Critical Care Networks will work closely with NHS-funded providers, Clinical Commissioning Groups and NHS England to develop local critical care escalation plans to optimise the prediction of a requirement for expansion of capacity.	
2	Developing local critical care escalation plans which reflect the phases of local surge management outlined in this Standard Operating Procedure which identifies: a) what constitutes 'normal business', pre-surge, local surge and wider escalation activities [4]; b) the actions that will be taken by individual critical care units to: c) managing surge and escalation pressures, d) providing mutual aid to each other across their local area / network.	
3	Monitoring adult critical care pressures across their local area, considering when local surge activities and / or escalation activities will be required.	
4	Coordinating the mitigation and management of capacity pressures during local surge pressures across their critical care units (including advising when these local arrangements should be de-escalated).	
5	In hours, advising the local Clinical Commissioning Group and the Director of Operations and Delivery and their team from the *Lead Area Team* [5] either of: a) their decision to implement local surge arrangements in response to increased demands on adult critical care beds capacity, b) the need to implement wider escalation arrangements under NHS England's Strategic Command.	
6	Following periods of wider escalation (under the auspices of NHS England's Strategic Command arrangements), reviewing each site's debrief report and producing a formal report, including recommendations (as necessary), for submission to the Lead Area Team for consideration at the relevant Local Health Resilience Partnership(s) / Urgent Care Working Group(s) on the circumstances and lessons learnt from the wider escalation.	
7	Taking account of any recommendations for the Critical Care Network endorsed by Local Health Resilience Partnership(s) / Urgent Care	

[4] See section 4 of this Standard Operating Procedure

[5] See the Area Team Action Card for a definition of a 'Lead Area Team'

	Working Group(s) (if any) following its consideration of the formal report following escalation produced by the Critical Care Network.	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**COMMISSIONERS (CLINICAL COMMISSIONING GROUPS / NHS ENGLAND)**	
	The role of lead commissioners of Adult Critical Care Services, which are Clinical Commissioning Groups[6], includes:	
1	Considering the advice of the Critical Care Networks when commissioning Adult Critical Care Services.	
2	Requiring the development of local critical care escalation plan that is in line with this Standard Operating Protocol (including the development of such a local plan with local Adult Critical Care Unit / the Area Team where a Critical Care Network is not fully functional.	
3	As part of their contracts, requiring Adult Critical Care Units to submit: a) data onto NHS Pathways DoS at all times, even during normal business, in the manner and frequency proscribed, b) the required *Escalation Capacity SITREP* during times of escalation in the manner and frequency prescribed by the body coordinating services (i.e., Critical Care Network) or NHS England.	
4	Taking account of local escalation activities when considering the use / activation of the local health and social care economy escalation plan.	
5	Taking account of the consequences and impact of the wider adult critical care escalation processes on the ability of all NHS-funded providers to deliver elective targets if the delivery of elective surgery is significantly impacted as a result of responding to NHS England's Strategic Command arrangements.	
6	Taking account of any recommendations for lead commissioners endorsed by Local Health Resilience Partnership(s) / Urgent Care Working Group(s) (if any) following its consideration of the formal report following escalation produced by the Critical Care Network in future commissioning intentions.	

[6] Clinical Commissioning Groups may work in tandem with the 10 specialist commissioning teams based in Area Teams who have responsibility for commissioning access to adult critical care beds which support specialist services

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**PUBLIC HEALTH ENGLAND**	
	The role of Public Health England is to:	
1	Provide intelligence and forecasts in respect of outbreaks and illnesses which may impact on the demand for critical care services (e.g., the prevalence of respiratory diseases across local health systems).	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND AREA TEAM (Page 1 of 3)**	
	The role of the 'Lead Area Team' [7] / Area Team is to:	
1	Act as a 'single point of contact' for the designated Critical Care Network / Clinical Commissioning Group to discuss Adult Critical Care capacity issues.	
2	Through the Lead Commissioner(s) and the Critical Care Network (as appropriate), receive assurance that appropriate site escalation plans and local escalation plans for adult critical care capacity have been developed which take account of this Standard Operating Procedure.	
3	Where no Critical Care Network is fully functional, work with local Adult Critical Care Units and NHS England Region to develop a local adult critical care escalation plan, informed by this Standard Operating Procedure.	
4	During normal business and local surge arrangements, the Director of Operations and Delivery (and their team), in conjunction with the Critical Care Network, be aware of adult critical care capacity pressures.	
5	***On the advice*** of: a) the Critical Care Network in hours - the Lead Area Team's Director of Operations and Delivery and their teams (in conjunction with the 1st / 2nd On Call) to consider whether wider escalation measures are required to manage Adult Critical Care capacity pressures, or due to the complexity / nature of the pressure / geographical impact requires the NHS England to issue NHS Strategic Command instructions, or b) a range of available clinicians and managers out of hours - the Lead Area Team's 1st / 2nd On Call to consider, under NHS Strategic Command arrangements[8], whether wider escalation measures are required to manage Adult Critical Care capacity pressures as a result of the complexity / nature of the pressure / geographical impact.	
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[7] In many circumstances, Critical Care Networks footprints differ from Area Teams. In these circumstances a '**Lead Area Team**' has been identified as a 'single point of contact' between NHS England and the Critical Care Network. The 'Lead Area Team' will be responsible for liaising with all the other Area Teams in the area covered by the Critical Care Network (see Appendix 1). This principle of one Area Team leading the response of a number of Area Teams is referenced in paragraph 6.1.11 of the *Command and Control Framework* (issued by the NHS Commissioning Board, January 2013)

[8] Area Teams will need to use the national decision-making process described in their Incident Response Plan to inform their decision, as well as their Critical Care Network's local adult critical care escalation plan. Area Teams will also need to consider if they need to activate their Incident Coordination Centre or similar arrangements.

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND AREA TEAM (Page 2 of 3)**	
	The role of the 'Lead Area Team' / Area Team is to: (continued)	
6	Should the complexity / nature of the pressure / geographical impact mean the 'Lead Area Team' be required to implement wider escalation NHS Strategic Command arrangements, then in hours / out of hours the Lead Area Team will be responsible for: a) convening, chairing and minuting teleconferences with their Critical Care Network, to consider the necessary escalation actions (and any on-going de-escalation actions), b) liaising with neighbouring Area Teams which also are covered by the local Critical Care Network prior to making a decision to formally escalate (normally via teleconference), c) notifying local NHS organisations of their NHS Strategic Command decision, as well as clarify the escalation action[9] required, d) instigate the requirement for the *Escalation Capacity SITREP* to be collected and analysed (including confirming the frequency and chasing any units who do not provide returns on time), e) with the support and advice of the Critical Care Network, monitor Adult Critical Care capacity pressures across their local area, considering if further escalation activities will be required or if de-escalation measures can be implemented , f) with the support and advice of the Critical Care Network, consider if Adult Critical Care Services outside of their local area will need to be escalated to support the local response (and convening / chairing / minuting any teleconferences with the appropriate 'Lead Area Team' / NHS England Region), g) notify their NHS England Region, h) notify their NHS Communications support team, i) in hours, notifying their Medical and Nursing Director colleagues in respect of any support they can provide to the response.	
7	Liaise with their NHS England Region to access advice from a range of clinicians and managers (as necessary), both in hours and out of hours, to support NHS England's Strategic Command of Adult Critical Care capacity escalation arrangements (to also include interpretation of the activity data and advice as to further escalation de-escalation arrangements).	
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[9] See section 4 of the Adult Critical Care Services Resilience Standard Operating Procedure and the Critical Care Networks local escalation plan.

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND AREA TEAM (Page 3 of 3)**	
	The role of the Lead Area Team / Area Team is to: (continued)	
8	At the conclusion of any wider escalation, the Director of Operations and Delivery for each Area Team affected, as co-chair of their respective Local Health Resilience Partnership, should a) ensure that the Critical Care Network's formal report should be discussed with the Local Health Resilience Partnership; and b) ensure the Local Health Resilience Partnership monitors the delivery of any approved recommendations by local Adult Critical Care Units / lead commissioners (as appropriate).	
9	Taking account of any recommendations for NHS England endorsed by Local Health Resilience Partnership(s) / Urgent Care Working Group(s) (if any) following its consideration of the formal report following escalation produced by the Critical Care Network.	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND REGION (Page 1 of 2)**	
	The role of NHS England Region includes:	
1	To seek assurance from local Area Teams that appropriate local adult critical care escalation plans, informed by this Standard Operating Procedure, have been developed for each Critical Care Network.	
2	To identify a 'Lead Area Team' [10] for each Critical Care Network.	
3	Where no Critical Care Network is fully functional, work with Area Teams to develop a local Adult Critical Care escalation plan, informed by this Standard Operating Procedure.	
4	When notified of wider escalation activities by a 'Lead Area Team' to: a) notify Area Teams of this wider escalation, b) notify NHS England national support centre, c) make arrangements for the activation of the *Escalation Capacity SITREP* (together with mobilising appropriate analytical support)(if required), d) provide support and advice (as appropriate) to the 'Lead Area Team' affected), e) in hours, notify their Medical and Nursing Directors to support the Area Team.	
5	When notified of wider escalation across a number of 'Lead Area Teams' to: a) consider the activation of mutual aid from across a number of sub-regions in their region – or due to the complexity / nature of the pressure / geographical impact requires considering Region coordination across Area Teams, b) work with NHS England national support centre to consider mutual support nationally and internationally.	
6	Liaise with the 'Lead Area Teams' to access advice from a range of clinicians and managers (as necessary), both in hours and out of hours, to support NHS England's Strategic Command of Adult Critical Care capacity escalation arrangements.	
7	Provide a 'single point of contact' for a 'Lead Area Team' to raise issues in respect of general acute critical care capacity issues; a) in hours - through their Director of Operations and Delivery and their team; b) out of hours – through their 1st / 2nd On Call[11].	
…/ continued on the next page		

[10] See Appendix 1.

[11] In line with the NHS England Region's Incident Response Plan, the Region may establish an Incident Coordination Centre or similar coordinating arrangement.

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND REGION (Page 2 of 2)**	
	The role of NHS England Region includes: (continued)	
8	With NHS England national support centre, communicate with external regulators (e.g., Monitor, the Care Quality Commission, the Trust Development Authority) in respect of the mitigation of the delivery of certain targets and / or standards for those NHS-funded Providers which have been significantly affected by the suspension of elective surgery as a result of the escalation / de-escalation of elective activity.	
9	Following the completion of the wider escalation, taking account of any recommendations endorsed by Local Health Resilience Partnership(s) Urgent Care Working Group(s) (if any) from across the Region.	

ADULT CRITICAL CARE SERVICES – STANDARD OPERATING PROCEDURE ACTION CARD		
Role	**NHS ENGLAND NATIONAL SUPPORT CENTRE** The role of NHS England national support centre includes:	
1	To seek assurance from NHS England Regions that each Area Team has local Adult Critical Care escalation plans, informed by this Standard Operating Procedure.	
2	When notified by a NHS England Region of a wider escalation by a 'Lead Area Team' [12] to: a) notify the National Clinical Director for EPRR and the National Operations Director, b) consider if they need to establish coordination nationally[13], c) consider requests from NHS England Regions for mutual aid nationally and internationally, d) through the Medical Director, consider the establishment of a cadre of clinicians to: • support the National Clinical Director for EPRR, • make clinically informed decisions, • provide clinical spokespersons for the media.	
3	Provide a 'single point of contact' for a NHS England Region(s) to raise issues in respect of Adult Critical Care Capacity issues; a) in hours - through their Director of Operations / Head of Emergency Preparedness, Resilience and Response; b) out of hours – through their 1st / 2nd On Call[14].	
4	Communicate with external regulators (e.g., Monitor, the Care Quality Commission, the Trust Development Authority) in respect of the mitigation of the delivery of certain targets and / or standards for those NHS-funded Providers which have been significantly affected by the suspension of elective surgery as a result of the escalation / de-escalation of elective activity.	
5	Following the completion of the wider escalation, taking account of any recommendations endorsed by Local Health Resilience Partnership(s) / Urgent Care Working Group(s) (if any) from across the areas affected.	

[12] See Appendix 1.

[13] In line with the NHS England National Incident Response Plan.

[14] In line with the NHS England National Incident Response Plan, to consider the establishment of an Incident Coordination Centre or similar coordinating arrangement.

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