NHS

Management of surge and escalation in critical care services

Standard operating procedure for adult critical care transfer services

Version 1, August 2021

Contents

1. Introduction and context

While adult critical care transfer services (ACCTS) are regionally commissioned and delivered, they are nationally networked to provide resilience during periods of escalation and surge.

ACCTS provide co-ordination, triage, decision-support and transfer of critically ill adult (>16 years of age) patients between hospitals for escalation to specialist care, repatriation and capacity reasons.

This standard operating procedure (SOP) forms part of a suite of NHS England SOPs covering the following services:

- adult critical care services
- paediatric intensive care services
- adult respiratory extra corporeal membrane oxygenation (ECMO) services
- paediatric respiratory ECMO services.

It is recognised that:

- there are mutual interdependencies between these services
- surge pressures are not solely linked to winter and can occur at any time, such as during a major incident or mass casualty event.

In the context of this SOP, the term **surge** describes pressure on the whole adult critical care system rather than an individual critical care unit or region.

All capacity reporting and bed management will use, as its basis, the NHS Pathways Directory of Services (Pathways DoS) system to monitor the bed availability for adult critical care in England.

2. Purpose

This SOP sets out:

- a consistent national approach for England by which providers of the services covered by this document can escalate capacity pressures to their commissioners in NHS England
- how the services covered by this document and the stakeholders should act
- the process for the identification of current and potential capacity for the services covered by this document
- the anticipated escalation process nationally across the NHS in England, in support of the services covered by this document (including the NHS Strategic Command arrangements to be implemented by NHS England should they be required)
- the approach to supporting NHS England Emergency Preparedness, Resilience and Response (EPRR) planning in relation to any incident, event or outbreak of disease that may result in the need for adult critical care transfer
- the NHS England reporting and governance structures in place for the service with specific reference to the COVID-19 pandemic response.

All processes described take account of the specific commissioning arrangements for the services covered.

The need to reinstate the Critical Care Capacity Panel (CCCP) will be considered when/if there is a significant surge in activity (identified via the Pathways DoS system) within our adult critical care (ACC) units or a declared level 4 national incident (control). Aligned to the CCCP, the National Critical Care Transfer Cell (NCCTC) will be reinstated to co-ordinate NHS England's inter-regional transfer response. All surge issues should be referred to the NCCTC in-hours and to the NHS England EPRR team out-of-hours. Outside surge, the National Critical Care Transfer Lead (NCCTL) should be contacted (see **Appendix 1**).

3. Strategic aims

The strategic aims of this document are for the services covered to:

- prevent avoidable mortality and morbidity due to patients requiring care and not being able to access this in a timely manner
- maximise capacity in the health and social care system in a range of scenarios through a co-ordinated escalation and de-escalation approach across geographical footprints
- support national co-ordination of ACC capacity during periods of escalation
- ensure accurate and systematic data reporting to support service planning and response to all stages of surge and escalation, to enable national co-ordination of care for patients (where required).

(**Appendix 2** gives detail about ACCTS and their scope.)

4. Target audience

The primary audiences for this document are:

- regional/integrated care system (ICS) commissioners of ACC
- those involved in planning ACCTS
- others involved in the oversight of specialised services in NHS England
- those involved in strategic command arrangements out-of-hours in NHS England (ie EPRR staff)
- providers of ACCTS
- providers of ACC.

5. Surge and escalation management arrangements

This section sets out the roles, responsibilities, actions and monitoring requirements for any surge and escalation situations including, but not limited to:

- any surge and escalation situations including pandemics such as COVID-19 and influenza
- major incidents
- mass casualty incidents.

Key points in each phase are summarised in the tables and action cards in **Appendices 3 and 4**.

Regions must have escalation plans and agreed triggers for:

- increasing ACC capacity
- capacity transfer to manage operational pressure
- ACCTS to increase operational capacity above the commissioned baseline in a stepwise fashion to meet regional and national surge and escalation requirements.

5.1 Pre-surge phase

The pre-surge phase occurs during most periods of higher activity (eg average winter) and is defined as the majority of critical care units declaring CRITCON 0-1.

ACCTS continue business as usual function within their commissioned baseline and facilitate capacity transfers within and between systems if required.

5.2 Surge phase

Surge represents expected winter pressures where critical care units, systems and regions are operating within regional winter planning assumptions with the majority of units declaring CRITICON 2. Frequent capacity transfers are occurring within regions with preparation to utilise capacity in geographically adjacent regions as required.

NHS England will consider standing up the CCCP to allow the NCCTC to reinstate the structures to enable inter-regional mutual aid between geographically adjacent regions.

The NCCTC will establish a videoconference with a call frequency of twice weekly (or more frequent, if required) on Mondays and Thursdays at 09:30 to discuss the following:

- ACCTS activity, particularly capacity and mutual aid transfers
- establishing the structures for enabling inter-regional mutual aid between geographically adjacent regions
- confirmation of ability to increase capacity to meet regional surge planning requirements
- ACCTS equipment stock.

ACCTS will facilitate capacity transfers between systems and within their region. It is anticipated that during this phase, ACCTS will need to increase operational capacity to manage these transfers.

5.3 Escalation phase

Escalation occurs when critical care units, systems and regions are operating above expected winter pressures with the majority of units declaring CRITCON 2 and an increasing number of units declaring CRITCON 3. Multiple capacity transfers are required within a region and between geographically adjacent regions each day. The majority of critical care units are operating within their surge capacity and there will be a need for nationally co-ordinated inter-regional mutual aid within the next 48–72 hours.

The CCCP will meet regularly and provide strategic direction for inter-regional capacity transfers.

The NCCTC will establish a videoconference with a call frequency of daily to discuss the following:

- ACCTS activity, particularly capacity and mutual aid transfers
- daily submission of regional transfer requirements
- co-ordinating inter-regional mutual aid under the strategic guidance of the national CCCP
- confirmation of ability to increase capacity to the required national surge planning levels
- ACCTS equipment stock.

ACCTS will facilitate capacity transfers within and out of their region. It is anticipated that during this phase, ACCTS will need to further increase operational capacity to a maximum to manage these transfers.

5.4 Heightened escalation phase

Heightened escalation occurs when critical care units, systems and regions are operating under severe pressures, and multiple capacity transfers are required within and between adjacent regions each day.

The CCCP will meet regularly and provide strategic direction for inter-regional capacity transfers.

The NCCTC will establish a videoconference with a call frequency of daily to discuss the following:

- ACCTS activity, particularly capacity and mutual aid transfers
- daily submission of regional transfer requirements
- co-ordinating inter-regional mutual aid under the strategic guidance of the national CCCP
- confirmation of the increase in capacity to the required national surge planning levels
- ACCTS equipment stock.

ACCTS will facilitate capacity transfers within and out of their region. It is anticipated that during this phase, ACCTS will need to further increase operational capacity to a maximum to manage these transfers.

5.5 Major or mass casualty incidents

A major incident or mass casualty incident is declared regionally or nationally. ACCTS are a key element of each region's critical care response.

Regional ACCTS leads should inform the NCCTL(s) of the declaration via the secure messaging application.

5.6 Recovery phase

The recovery phase is defined as the point at which surge and escalation phases (or initial response and consolidation phases) have passed, and pre-surge arrangements are reinstated. This position is confirmed by the NCCTC in-hours.

ACCTS may experience a prolonged period of increased activity depending on the nature of the incident. Transfer of critical care patients may be required to facilitate

the restoration of business as usual functions within trusts and systems. Depending on the nature of the incident, this phase may be when transfer activity is at its highest and increased ACCTS capacity is required the most.

The NCCTC will:

- co-ordinate a debrief of ACCTS involved in the incident
- prepare a report including recommendations for improvement of this surge plan
- implement changes agreed.

6. Interdependencies/links with other services

ACCTS will work under the strategic guidance of critical care operational delivery network(s) within their operating geographical region and NHS England regional response teams.

The following services have links with ACCTS and may provide additional surge transfer or transport capability:

- **Paediatric transport services:** Each service should have a SOP for the transfer of adult patients, including how team availability is recorded, how teams are tasked, how clinical advice is accessed and how patient records are maintained.
- **ECMO retrieval teams:** ECMO services may enter surge and escalation alongside ACC and ACCTS. There should be regular communication between services to utilise available capacity in both directions, depending on operational requirements.
- **NHS ambulance service trusts:** Each ACCTS has a formal agreement with its corresponding regional NHS ambulance service trust(s) to provide additional vehicles and drivers in the event of heightened escalation.

As part of the COVID-19 operating model for 2021, ACCTS form part of the NHS England Specialised Services Critical Services Cell and Severe COVID Response Sub-cell structure.

Appendix 1: Contact details

National Critical Care Transfer Leads in-hours

Please email the NCCTC SPOC inbox and copy in the Trauma POC inbox:

National Critical Care Transfer Cell
england.ncctc@nhs.net

Trauma POC
england.npoc-trauma@nhs.net

National Critical Care Transfer Lead out-of-hours

NHS England EPRR Team
england.eprr@nhs.net
0844 822 2888 ask for 'NHS 05'

In the event either of the two in-hours leads are unavailable (eg because of annual leave), the role will usually be undertaken by the other in-hours lead. An out-of-office message will be left in response to e-mails and a voicemail message in response to phone calls.

Specialised Services COVID-19 Issue Notification

In the event an issue has not been addressed via the routes noted above, it can be raised through completion of an 'Issue Notification' following the link below. Only include issues that should be raised with the national specialised commissioning team.
https://specialisedservices.formstack.com/workflows/covid19_issue_log

Appendix 2: Background to adult critical care transfer services

ACCTS ensure critically unwell patients ensure high standards of critical care throughout the referral and transfer process. They co-ordinate, triage and provide decision support to all referrals for critical care transfer, regardless of the provider undertaking the transfer.

The service specification commissioned by NHS England includes the following care pathway:

- electronic referral and single point of access telephone number
- real-time consultant-led joint decision-making involving referring and receiving clinicians, transfer service and specialty teams
- co-ordination and triage to regionally agreed criteria, including circumstances where the ACCTS does not undertake the transfer
- consultant-delivered decision support throughout the referral and transfer pathway
- consultant-led dedicated transfer teams, equipment and vehicles
- transfer for ACC patients requiring time critical and urgent escalation of care
- transfer for ACC patients requiring repatriation
- operational ACC capacity co-ordination, management and transfer within and between regions during periods of high operational activity
- clear protocols for handover from referring to receiving units.

ACCTS work collaboratively as part of a national network of services during business as usual times to support transfer between regions, when required.

Appendix 3: Surge summary and action cards

	CRITCON scores within regions	Descriptor	Actions	Monitoring requirements
Pre-surge **Sustain** **Incident level 2**	**Majority of units reporting CRITCON 0 to 1**	• Business as usual during an average winter	• None	• Notification updates via secure messaging application (Siilo) as required
Surge **Monitor** **Incident level 3**	**Majority of units reporting CRITCON 2**	• Expected winter pressures • Operating within regional winter planning assumptions • Significant increase in capacity transfers	• Consider standing up the CCCP to allow NCCTL(s) to reinstate the structures to enable inter-regional mutual aid between geographically adjacent regions • ACCTS preparing to increase capacity to meet regional surge plan levels • ACCTS review surge equipment stock • ACCTS to initiate cross-regional mutual aid under the direction of regional teams	• CCCP meeting frequency – x 2 week (or more if required) • Regional cell and ACCTS call frequency – x 2 week (or more if required)

Escalation Protect Incident level 4	**Majority of units reporting CRITCON 2 with increasing number reporting CRITCON 3**	• Exceeding expected winter pressures • Multiple capacity transfers are required within a region and between geographically adjacent regions each day • Need for nationally co-ordinated inter-regional mutual aid within the next 48–72 hours • Enhanced monitoring and reporting • Increased national and regional commissioning input may be required	• CCCP meeting regularly • CCCP to provide strategic direction for inter-regional capacity transfers • Daily submission of regional transfer requirements • ACCTS increase capacity to regional surge plan levels • Preparing to increase capacity to national surge plan levels • ACCTS surge equipment stock in place	• CCCP meeting frequency – daily • Regional cell and ACCTS call frequency – daily • National capacity transfers
Heightened escalation	**Increasing number of tertiary units reporting CRITCON 3** **Some units at risk of moving to CRITCON 4**	• Escalation of need for inter-regional mutual aid to decompress multiple hospital sites • Enhanced monitoring and reporting will be in place • Enhanced national and regional commissioning support will be required	• ACCTS increased capacity to meet the required levels of the national surge plan • Daily identification of suitable patients for inter-regional transfer by regions under surge (as per guidance) • Daily identification of capacity for receiving inter-regional transfers by regions able to do so (as per guidance)	• CCCP meeting frequency – daily • Regional cell and ACCTS call frequency – daily • National capacity transfers

ADULT CRITICAL CARE TRANSFER SERVICE ACTION CARD CRITICAL CARE SURGE	
ROLE	**ACCTS CLINICAL LEAD (ACCTS CL)**
1	Remain in contact with National Critical Care Transfer Lead (NCCTL) via the secure messaging application
2	Make preparations to increase capacity and review equipment, consumables and drugs stock
3	Initiate and co-ordinate cross-regional mutual aid under regional team leadership
4	Increase capacity to regional surge plan levels
5	Ensure daily submission of inter-regional transfer requirements
6	Prepare to increase capacity to national surge requirements
	Follow the strategic guidance of the NCCTC and the CCCP

ADULT CRITICAL CARE TRANSFER SERVICE ACTION CARD CRITICAL CARE SURGE	
ROLE	**NATIONAL CRITICAL CARE TRANSFER LEAD (NCCTL)**
1	Remain in regular contact with ACCTS CLs via the secure messaging application
2	Plan for stand up of the National Critical Care Transfer Cell (NCCTC)
3	Report into, and receive strategic guidance from, the Critical Care Capacity Panel (CCCP)
4	Provide tactical oversight of inter-regional mutual aid in collaboration with ACCTS CLs

Appendix 4: Major incident and mass casualty incident summary and action cards

Phase of incident	Activation	Descriptor	Actions	Monitoring requirements
Initial response	• ACCTS lead(s) within affected region(s) informs NCCTL(s)	• Early phase of an evolving incident	• NCCTL(s) receives Sitreps from EPRR team • Regional ACCTS put on standby or activated as required by NCCTL(s) to provide surge capacity • Additional ACCTS requested to offer mutual aid as required by NCCTL(s)	• Notification updates via secure messaging application (Siilo) • Frequency as required by nature of the incident • Video conference as required • NCCTL(s) reporting regularly to EPRR team • Video conference as required
Consolidation phase	• ACCTS lead(s) within affected region(s) provide regular sitreps to NCCTL(s)	• Established incident • Trajectory becoming clear in terms of numbers and types of casualties • Critical care capacity requirements established	• ACCTS within affected region operating at maximum capacity • Additional ACCTS providing mutual aid as directed by NCCTL(s) • Forward plan for next 12–24 hours established by ACCTS within the incident region	• Notification updates via secure messaging application (Siilo) • Frequency as required by nature of the incident • NCCTL(s) reporting regularly to EPRR team

ADULT CRITICAL CARE TRANSFER SERVICE ACTION CARD MAJOR INCIDENT/MASS CASUALTY INCIDENT	
ROLE	**ACCTS CLINICAL LEAD (ACCTS CL)**
1	Inform National Critical Care Transfer Lead (NCCTL) when incident that may require critical care transfer occurs within region: • type of incident • anticipated number of casualties requiring critical care • whether mutual aid is required (note: this may be the transfer of non-incident patients to create capacity)
2	Provide regular Sitreps to NCCTL to enable planning for the next 12–24 hours
3	Inform NCCTL when major incident stood down

ADULT CRITICAL CARE TRANSFER SERVICE ACTION CARD MAJOR INCIDENT/MASS CASUALTY INCIDENT	
ROLE	**NATIONAL CRITICAL CARE TRANSFER LEAD (NCCTL)**
1	Receive Sitrep from regional ACCTS CL and EPRR team when incident that may require critical care transfer occurs. Liaise with NHS England EPRR team
2	Notify regional ACCTS CLs to prepare to offer mutual aid and co-ordinate delivery as required
3	Support ACCTS CL within affected region to plan for next 12–24 hours
4	Provide regular Sitrep to NHS England EPRR team and regional ACCTS CLs, including notification of stand down