

### Operational Checklist – Critical care capacity

The checklist below highlights expected actions at a unit, health board and network level for each critcon/escalation level. It is expected that health boards must provide mutual aid to one another on a regional, national and potentially cross border basis.

Critcon Level	Critcon Definition	Critical Care Unit	Health Board	Network
<p style="text-align: center;"><b>0</b> <b>Normal/ Business as usual</b></p>	<ul style="list-style-type: none"> <li>• Able to meet all critical care demands, without impact on other services</li> <li>• Staffed &amp; equipped available beds.</li> <li>• Normal levels of non-clinical transfers and other 'overflow' activity</li> <li>• Elective activity can still be accommodated.</li> </ul>	<ul style="list-style-type: none"> <li>• Routine reporting to NHS Wales Integrated Unscheduled Care Dashboard at least daily</li> <li>• Match critical care capacity to demand</li> <li>• Consistent implementation of best practice</li> </ul>		
<p style="text-align: center;"><b>1</b> <b>Low Surge /Preparatory 'Usual winter pressures'</b></p>	<ul style="list-style-type: none"> <li>• Normal staffed capacity full</li> <li>• Potential discharges to create capacity</li> <li>• Elective activity unable to be accommodated</li> <li>• Significant expansion of bed capacity supported by redeployment of staff and equipment from other areas</li> </ul>	<ul style="list-style-type: none"> <li>• Routine reporting to NHS Wales Integrated Unscheduled Care Dashboard at least daily</li> <li>• Escalate capacity issues to executive level with health board including use of locum/agency staff and redeployment</li> <li>• Open all possible critical care beds by redeploying all available staff</li> </ul>	<ul style="list-style-type: none"> <li>• Make physical preparation for critical care expansion</li> <li>• Prioritisation and reduction of elective work</li> <li>• Put arrangements in place to ensure zero tolerance for DTOCs from critical care</li> <li>• Identify and redeploy staff to support critical care units including locum, bank or agency staff</li> <li>• Identify regional mutual aid systems and patient flow</li> <li>• Ensure resilience in data collection arrangements</li> </ul>	

			<ul style="list-style-type: none"> <li>• Ensure good awareness of and engagement with capacity reporting mechanisms including CRITCON</li> </ul>	
<p><b>2</b> <b>Medium/ Sustained Surge</b> <b>'Unprecedented'</b></p>	<ul style="list-style-type: none"> <li>• Staffed capacity full using surge capacity outside of critical care</li> <li>• System at full stretch both in terms of capacity and staffing, with staff working outside usual roles, but adherence to usual clinical practice wherever possible</li> <li>• Other resources may be becoming limited eg renal replacement, ventilator capacity, oxygen</li> <li>• No identified discharges</li> <li>• Looking to transfer out to create capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Routine reporting to NHS Wales Integrated Unscheduled Care Dashboard at least <b>twice a day</b></li> </ul>	<ul style="list-style-type: none"> <li>• Whole hospital/health board response</li> <li>• All elective activity cancelled and careful consideration of urgent planned surgery requiring critical care on a case by case basis</li> <li>• Patients requiring discharge from a critical care facility must take precedence above all other patient flow requirements.</li> <li>• Mutual aid in place across health board/region</li> <li>• Escalate and ensure awareness of 'hotspots'</li> <li>• Ensure good governance and support for staff working flexibly</li> </ul>	<ul style="list-style-type: none"> <li>• Convene daily critical care SITREP meetings</li> <li>• Escalate any issues to national conference call</li> <li>• Help facilitate regional mutual aid</li> </ul>
<p><b>3</b> <b>High/ super surge</b></p>	<ul style="list-style-type: none"> <li>• All surge capacity full</li> <li>• Curtailing elective/urgent activity across a wider area</li> <li>• Some resources starting to be overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>• Routine reporting to NHS Wales Integrated Unscheduled Care Dashboard at least once <b>every shift</b></li> </ul>	<ul style="list-style-type: none"> <li>• Full engagement by executive team with unit, Network and Welsh Government</li> <li>• Health board/regional response</li> <li>• Need to facilitate active decompression of hot units</li> </ul>	<ul style="list-style-type: none"> <li>• Convene daily critical care SITREP meetings</li> <li>• Escalate any issues to national conference call</li> <li>• Help facilitate regional/national mutual aid</li> </ul>

	<ul style="list-style-type: none"> <li>• Full use of stretched staffing and cross skilling</li> <li>• Delivery of best available care but not usual care for the majority of patients</li> <li>• NIV/CPAP capacity full</li> <li>• Ventilated admissions will require transfer out</li> <li>• Mutual aid and transfers of patients required</li> </ul>		<ul style="list-style-type: none"> <li>• Mutual aid in place across region/nation</li> <li>• Maximum co-ordinated effort across Wales to prevent any individual unit or health board progressing to Critcon 4 including seeking cross border mutual aid where feasible.</li> </ul>	<ul style="list-style-type: none"> <li>• Escalate any requests for cross border mutual aid to NHS England</li> </ul>
<p style="text-align: center;"><b>4 Emergency /Triage risk</b></p>	<ul style="list-style-type: none"> <li>• Services overwhelmed, admission and delivery of critical care resource is limited</li> <li>• All mutual aid and transfer options exhausted</li> <li>• Focus on minimising loss of life</li> <li>• This stage should never be reached at an individual unit unless regionally and nationally declared</li> </ul>	<ul style="list-style-type: none"> <li>• Routine reporting to NHS Wales Integrated Unscheduled Care Dashboard at least once <b>every shift</b></li> <li>• Complete Critcon 4 declaration</li> <li>• Consider use of decision support tool</li> </ul>	<ul style="list-style-type: none"> <li>• Full engagement by executive team with unit, Network and Welsh Government</li> <li>• Escalate to Chief Executives, Network and Welsh Government</li> <li>• Kept under regular review at least every 12 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Convene daily critical care SITREP meetings</li> <li>• Escalate any issues to national conference call</li> <li>• Help facilitate regional/national mutual aid</li> <li>• Escalate any requests for cross border mutual aid to NHS England</li> </ul>

There is intentionally a very clear threshold for CRITCON level 4 which must be nationally agreed and declared. At CRITCON level 3, when a hospital runs out of available beds (both baseline and surge capacity) patients are transferred to other hospitals with capacity - either regionally, nationally or cross-border. The aim is that no hospital reaches CRITCON level 4 until all possible mutual aid has been exhausted, and every other critical care unit across the country is at CRITCON level 3 i.e. maximum physical capacity including all expansion areas in use.

## **Critcon escalation process in Wales – all steps below must be exhausted before declaring critcon 4:**

### **1. Exhaust you health board options**

- a. Engage with senior on-call executive
- b. open all possible critical care beds by redeploying all available staff i.e. stop elective surgery and non-urgent work.
- c. Use agency/bank staff.
- d. Ensure that all alternatives to critical care are exhausted –ie. provide maximum CPAP capacity outside of critical care.
- e. No critical care DTOCs over 24 hours.

### **2. Exhaust regional options (seek regional mutual aid)**

- a. each health board must update the NHS Wales Integrated unscheduled care dashboard every shift
- b. each health board must send a senior critical care nurse or doctor on duty to the daily 9.30am sitrep meeting – health board rep on the daily sitrep meeting declares whether the health board/unit needs or can provide mutual aid.
- c. if a health board can provide assistance, there should be a consultant to consultant agreement on individual patients. If this cannot be agreed, the referring consultant escalates it to their COO (or senior on call manager) to liaise with exec on call in the other health board for resolution. It is not acceptable to try to maintain a relatively comfortable position in one unit whilst another unit in Wales is in extremis – the critical care service must operate as one service for Wales (as much as is possible).
- d. If a health board needs to transfer a patient out then they should start the process as early as possible after the daily sitrep meeting to enable the ambulance service to cover as many transfers as possible (ambulance available Mon-Fri 8am - 4pm). Outside of these hours the usual ambulance process should be followed.

### **3. Exhaust national (Wales) options (seek national mutual aid)**

### **4. Exhaust cross border options** – Request cross border aid from NHS England via Critical Care Network (further guidance to follow)

### **5. Critcon 4 declaration** – All the above steps must be exhausted before considering critcon 4 and documented

- a. Senior on call executive will then liaise with the other CEOs (and the CC Network) to ensure that all options have been exhausted and, only then, do they contact WG to request critcon 4 is declared, Critcon 4 is not declared until confirmation is received from Welsh Government.

For further information please refer to:

- Wales Critical Care and Trauma Network – Guidance for enacting mutual aid for critical care
- Wales Critical Care and Trauma Network/Welsh Intensive Care Society COVID-19 guidance
- UKCCNA statement on critical care nursing staffing ratios - [https://www.ics.ac.uk/ICS/ICS/News\\_Statements/UKCCNA\\_updated\\_position\\_statement\\_13.1.21.aspx](https://www.ics.ac.uk/ICS/ICS/News_Statements/UKCCNA_updated_position_statement_13.1.21.aspx)
- All Wales critical care escalation guidance for the management of large unplanned increases in demand