**WELSH HEALTH CIRCULAR**

**Issue Date:** 30 January 2017

**STATUS:** INFORMATION  
**CATEGORY:** POLICY

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>ALL WALES CRITICAL CARE ESCALATION GUIDANCE FOR THE MANAGEMENT OF LARGE UNPLANNED INCREASES IN DEMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Review</strong></td>
<td>Annually, or as required</td>
</tr>
<tr>
<td><strong>For Action by:</strong></td>
<td>Health Boards and Trusts</td>
</tr>
<tr>
<td><strong>Action required by:</strong></td>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Sender:</strong></td>
<td>Dr Frank Atherton, Chief Medical Officer/Medical Director</td>
</tr>
</tbody>
</table>
| **DHSS Welsh Government Contact(s):** | Caroline Lewis, Major Health Conditions Policy, Health and Social Services, Welsh Government, Cathays Park, Cardiff, CF10 3NQ  
Tel: 02920 823953  
Email: majorhealthconditionspolicyteam@wales.gsi.gov.uk |
| **Enclosure(s):** | see hyperlinks |
Summary
1. The purpose of this Welsh Health Circular is to highlight the publication of the revised All Wales Critical Care Escalation Guidance.

2. These guidelines replace all previous versions of escalation and emergency planning guidance for critical care services issued by the Welsh Government.

Action
3. Health Boards and NHS Trusts, where appropriate, are expected to work with the critical care and trauma network, WHSSC, other health boards and NHS Trusts in England, to ensure their arrangements for critical care escalation meet the requirements of this guidance.

4. Each health board, NHS Trust, where appropriate, needs to assure themselves that they have plans in place to respond swiftly to manage unplanned or sustained increases in demand for critical care, for adults, children and neo-nates.

5. In particular, each health board must ensure they have a robust plan in place for the resuscitation/stabilisation of critically ill children and where necessary the provision of ongoing paediatric critical care whilst awaiting for arrival of the specialised transport service, or where capacity issues mean a PICU bed is unavailable for a prolonged period.

Background
6. Guidance was first issued by the Welsh Government during the pandemic and winter flu outbreaks in 2009 and 2010 respectively, and updated interim guidance was issued in December 2014. The guidance set out the key actions to direct and guide the development of surge capacity to manage unplanned increases in demand for critical care.

All Wales Critical Care Escalation Guidance
7. There are times when critical care services get over-stretched due to a major incident, infectious disease outbreak or other sustained increase in demand, and this document provides guidance on how to respond on such occasions to optimise services and maintain equity of care.

8. Capacity issues within critical care in Wales means services are often stretched in Wales. Each health board should have arrangements in place to deal appropriately with these capacity issues and these should be managed separately from the escalation arrangements.

9. The updated All Wales Critical Care Escalation Guidance sets out the requirements on NHS organisations for developing surge capacity to manage unplanned increases in demand for critical care. Escalation may be required to respond to a local, regional, or national sustained surge in demand, major incident or emergency, and to manage recovery.

http://gov.wales/topics/health/nhswnes/plans/delivery-plan/background/?lang=en
10. The guidance should be read alongside local escalation plans, regional/network plans and other national guidance such as NHS Wales Emergency Planning Core Guidance and Wales Framework for Managing Major Infectious Disease Emergencies.

11. The guidance aims to:
   a) prevent avoidable mortality and morbidity due to patients requiring 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 areas;
   c) avoid triage by resource (as opposed to triage by clinical need) until all potential escalation options have been exhausted.

12. All acute hospitals/health boards and NHS Trusts, where appropriate, must demonstrate clearly that their arrangements for critical care escalation meet the requirements of this guidance.

13. Each health board, NHS Trust (where appropriate), and each critical care and trauma network needs to assure themselves that they have plans in place to respond swiftly to such demand for services. Those plans need to take into account this guidance and major incident guidance, and include business continuity plans.

14. For further information or advice please contact Caroline Lewis, Senior Policy Manager – Major Health Conditions on 029 20823953 or email: majorhealthconditionspolicyteam@wales.gsi.gov.uk.
Distribution to:

Board Secretaries, Chief Executives and Chairs of:
Abertawe Bro-Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff & Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board
Public Health Wales NHS Trust
Velindre NHS Trust
Welsh Ambulance Service NHS Trust

Secretary to Board Secretary Group
Managing Director of Welsh Health Specialised Services Committee (WHSSC)
Director of Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru
Chief Ambulance Services Commissioner
Members of the Critical Care Implementation Group

Medical Directors and Critical Care Teams of:
Abertawe Bro-Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff & Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board
Welsh Ambulance Service NHS Trust

Welsh Government
DG/Chief Exec NHS Wales
Deputy Chief Exec NHS Wales
DHSS Operations Team
DHSS Comms Team
Chief Medical Officer
Chief Nursing Officer
Director of Digital, Change and Innovation
Deputy Director for Major Health Conditions
Heads of Emergency and Unscheduled Care