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Covid-19: Many hospitals “are not declaring critical incidents” despite severe pressures

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The number of official critical incidents declared by NHS hospital trusts is likely to massively underestimate the real severity of the situation in NHS acute care, a senior leader has told *The BMJ*.

Last week at least 24 of England's 137 NHS trusts officially declared critical incidents, many of which were driven by staff absences because of covid-19. But while declaring a critical incident is the formal mechanism for signalling that priority services at the organisation may be under threat,¹ other trusts have opted not to declare one despite struggling with similar levels of patient demand and staff absences.

For example, hospitals in Greater Manchester suspended some non-urgent appointments and surgery because of workload pressures but did not declare a critical incident.

Nick Scriven, past president of the Society of Acute Medicine and a consultant in acute medicine at Calderdale and Huddersfield NHS Foundation Trust, told *The BMJ* that the actual number of hospitals facing critical pressures could be three times the official number. He said that there was no incentive for hospitals to declare a critical incident because it brought no additional support or practical help but at the same time increased the scrutiny and attention on them.

Scriven said, “I’ve heard it said on multiple occasions: ‘We could declare a critical incident, but it doesn’t get us anything, we’d get no practical help—it just brings us reams of paperwork and inspections.’”

Safe patient care

NHS England's Emergency Preparedness, Resilience and Response Framework describes a critical incident as “principally an internal escalation response to increased system pressures/disruption to services that are or will have a detrimental impact on the organisation's ability to deliver safe patient care,” requiring special measures and support from other agencies to restore normal operating functions.² But it does not specify what support is available to organisations.

The document also warns that declaring a critical incident will generate “significant media interest” which, without effective communications management, “can reduce effective management of the wider incident.”

Trusts facing critical pressures are not obliged to declare critical incidents, NHS England said. When asked to define the benefits of declaring one, the only advantage a spokesperson provided was that trusts can use critical incidents to alert staff and encourage them to come into work.

On 9 January the *Independent* newspaper reported that NHS national and regional directors were putting pressure on trusts not to declare critical incidents and to maintain elective care despite soaring staff shortages. It said that trusts had received an email warning that they would face questions over their decision because “national scrutiny on the declaration on incidents has heightened.”³

A senior source at an NHS trust in the East of England region told the *Independent*, “There are probably more trusts on the cusp of critical incident declaration than is being let on. Maybe there are a significant number now on the cusp, who have already pressed the button internally . . . and for whatever reason this has not been announced locally.”

Another trust chief executive told the newspaper that “some trusts are just doing it under the radar because they feel they’re not going to get support” and that “the emergency command and control position [from NHS England] is more about managing the message rather than actually providing practical support.”

Rory Deighton, senior programme lead for acute care at the NHS Confederation, commented, “Trusts will declare internal critical incidents for a variety of reasons, but in general they are declared to address significant risks to patient safety, and to allow for additional flexibilities to deal with specific issues for short periods of time.”

1 Iacobucci G. Covid-19: NHS trusts declare “critical incidents” because of staff shortages. *BMJ* 2022;376:o3. doi: 10.1136/bmj.o3. pmid: 34983792

2 NHS England. NHS England Emergency Preparedness, Resilience and Response Framework. 10 Nov 2015. <https://www.england.nhs.uk/wp-content/uploads/2015/11/eprf-framework.pdf>

3 Thomas R, Lovett S. NHS leaders accused of ‘bullying’ hospitals into silence over scale of Covid crisis. *Independent* 2022 Jan 9. <https://www.independent.co.uk/news/health/nhs-leaders-covid-critical-incidents-email-b1988002.html>

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