

Witness Name: Dr Michael Charles Prentice

Statement No. 2

Exhibits: N/A

Dated: 18 September 2024

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF DR MICHAEL CHARLES PRENTICE

I, Dr Charles Michael Prentice, of NHS England, Wellington House, 133-135 Waterloo Road, London, SE1 8UG will say as follows:

Introduction

1. My professional and clinical background is set out in the corporate witness statement I submitted on behalf of NHS England in connection with Module 1 of the UK Covid-19 Inquiry.
2. This corporate witness statement was drafted on my behalf, and with my oversight and input, by external solicitors acting for NHS England in respect of the Inquiry. It responds specifically to the request received by NHS England on 27 August 2024 pursuant to Rule 9 of the Inquiry Rules, relating to Module 3 of the Inquiry. That request asks for particular data and information relating to CRITCON level 4 declarations during the Relevant Period, which is set out below along with some brief explanatory material.
3. This statement is the product of drafting after communications between NHS England's external solicitors and a small number of senior NHS England individuals in writing, by telephone and by video conference. I do not, therefore, have personal knowledge of all the matters of fact addressed within this statement. However, given the process here described, I can confirm that all the facts set out in this statement are true to the best of my knowledge and belief.

CRITCON DECLARATIONS DURING THE RELEVANT PERIOD

4. I note that an overview of the role and purpose of the CRITCON process is included in paragraphs 99 to 106 of the expert report prepared on behalf of the Inquiry by Professor Summers and Dr Suntharalingam (**INQ000474255_0043-0045**). That overview takes into account the definitions of the various CRITCON levels (which are published by the Intensive Care Society) as applied during the pandemic, as per INQ000409921. I do not therefore rehearse or otherwise repeat that detail in this statement, and nor do I repeat the detail provided by NHS England on measures taken to maintain critical care capacity (notably in paragraphs 467 to 529 of the Second Witness Statement of Amanda Pritchard, **INQ000409251_0119-0142**, and paragraphs 920 to 945 of the Third Witness Statement of Professor Sir Stephen Powis, **INQ000412890_0245-0250**).

5. The main point worth noting for the purpose of this statement is the manner in which CRITCON declarations are reported and validated. Individual NHS Trusts are responsible for reporting their CRITCON levels twice daily (at 8am and 8pm). During the pandemic the process was that those Trusts would manually declare their assessment of applicable CRITCON level, via the Directory of Services system ("**DOS**"). That assessment would take into account objective factors, such as bed occupancy levels and staffing ratios, but was inevitably also influenced by subjective factors such as the general perception of the pressure that the Trust was under. CRITCON levels can change within a short period of time, even within an hour, and so could reduce very quickly if (for example) patients were transferred. Each CRITCON declaration is therefore a snapshot of a very specific point in time. If a Trust made a CRITCON level 4 declaration on DOS, the next step in the process was for this to be discussed with, and agreed by, NHS England. CRITCON declarations were therefore one source of intelligence used by NHS England to monitor strain on critical care units across the country, alongside daily data returns and discussions with individual NHS Trusts through regional meetings as well as the Critical Care Capacity Panel. Daily data returns included the Covid-19 specific SitReps established and developed by NHS England during the Relevant Period, as outlined further in paragraphs 416 to 433 of the Second Witness Statement of Amanda Pritchard for Module 3 (**INQ000409251_0103-0111**).

6. Very few level 4 declarations were made (we have identified a total of nine declared incidents during the Relevant Period, noting that some of these lasted longer than a

single declaration). Further, we can also see that several declarations were (or appear to have been) data reporting errors by the relevant Trust (as itemised further below). We have reached this conclusion, having reviewed the notes of relevant meetings in order to determine whether the declarations outlined below were accepted, at the time, as having been made correctly.

7. It is unsurprising to see a handful of data reporting errors in the context of over 200 NHS critical care units making manual declarations twice daily. The declarations reported via DOS are not amended retrospectively and so all level 4 declarations remain on the system irrespective of whether they were correctly declared and validated.

8. With that background in mind I therefore set out below a table which details all of the CRITCON level 4 declarations made by NHS critical care units in England during the pandemic, including the dates on which they did so. This data is produced in tabular form only, on the basis that given the very small number of declarations it could not be presented meaningfully in any other way (such as a graph):

	East of England				London	Midlands	North East and Yorkshire	North West	South East
	Cambridge University Hospitals NHS Foundation Trust		James Paget University Hospitals NHS Foundation Trust	The Princess Alexandra Hospital NHS Trust	North Middlesex University Hospital NHS Trust	University Hospitals Of North Midlands NHS Trust	South Tyneside and Sunderland NHS FT	Manchester University NHS Foundation Trust	Dartford And Gravesham NHS Trust
	Addenbrookes Hospital CCU	Addenbrookes Hospital ICU	James Paget Hospital	The Princess Alexandra Hospital	North Middlesex Sterling Way	Royal Stoke University Hospital	Sunderland Royal Hospital	Wythenshawe Hospital CICU	Darent Valley Hospital, Dartford
2020-04-15							■		
2020-04-16							■		
2020-05-01							■		
2020-05-02							■		
2020-05-03							■		
2020-05-04							■		
2020-05-05							■		
2020-05-06							■		
2020-05-07							■		
2020-05-08							■		
2020-05-09							■		
2020-05-10							■		
2020-11-10			■						
2020-12-30					■				
2020-12-31					■				
2021-01-01					■				
2021-01-02					■				
2021-01-07								■	
2021-01-14	■	■							
2021-01-22							■		
2021-08-06				■					
2021-11-01						■			

9. NHS England has interrogated its records relating to the relevant periods of the individual declarations to confirm whether or not the Trusts in question were actually at CRITCON level 4. Taking each in turn:
- a. Cambridge University Hospitals NHS Foundation Trust: The cardiac critical care unit and intensive care unit at Addenbrookes Hospital declared CRITCON level 4 on 14 January 2021. This is the only declaration that we have identified as having been confirmed as level 4 following review with NHS England. It was noted following this review that the units did not need support to decompress (whereby patients would be transferred to other nearby critical care units), and the units were 'not completely overwhelmed. The Trust was no longer at CRITCON level 4 the day after the declaration i.e. 15 January 2021;
 - b. James Paget University Hospitals NHS Foundation Trust: this declaration appears to have been made in error; i.e. the relevant critical care unit incorrectly reported themselves as being at level 4;
 - c. The Princess Alexandra Hospital NHS Trust critical care unit: NHS England has checked both its central and regional records and cannot find any discussion or confirmation of a CRITCON 4 declaration by this critical care unit (although the notes do show that it was under pressure around 6 August 2021, and that the Trust was under pressure overall in the days leading up to 6 August 2021); nor can it find any record of the trust following up on its initial CRITCON 4 declaration with the regional NHS England team;
 - d. North Middlesex University Hospital NHS Trust: this declaration appears to have been made in error; i.e. the relevant critical care unit incorrectly reported themselves as being at level 4;
 - e. University Hospitals of North Midlands NHS Trust: NHS England has checked both its central and regional records and cannot find a record of any discussion or confirmation of a CRITCON 4 declaration made by this particular Trust; however, notes suggest NHS England was aware of mutual aid being provided to the Royal Stoke Hospital on the same day as the declaration;

- f. South Tyneside and Sunderland NHS Foundation Trust: this declaration appears to have been made in error; i.e. the relevant critical care unit incorrectly reported themselves as being at level 4;
- g. Dartford and Gravesham NHS Trust: this declaration appears to have been made in error; i.e. the relevant critical care unit incorrectly reported themselves as being at level 4; and
- h. Manchester University NHS Foundation Trust:
 - i. the DOS records a level 4 declaration on two consecutive days, from 15 April 2020 to 16 April 2020, at the Wythenshawe intensive care unit for Extracorporeal Membrane Oxygenation (“ECMO”), providing specialist care for patients with the most severe forms of heart and lung failure. NHS England can find no records of discussions having taken place between NHS England North West and the Trust about this declaration specifically, although it is apparent that NHS England was aware the Trust was increasing its ECMO beds from 12 to 20 during this time. It is also relevant to note that the Wythenshawe ECMO unit is one of several intensive care units within the wider Trust and so most pressures were managed through transfers within the Trust before requiring transfer out of Trust, and that ECMO capacity is managed through a national networked approach of the nine ECMO centres in England; and
 - ii. The DOS also records a level 4 declaration for Wythenshawe ECMO unit on ten consecutive days, from 1 May 2020 to 10 May 2020. We have no records of that declaration having been discussed or confirmed, either with NHS England or by Manchester University NHS Foundation Trust. However, NHS England records indicate the Wythenshawe ECMO unit was under pressure during this period, and the unit was supported by the NHS England regional team to help manage capacity concerns. This is a helpful illustration of some of the limitations of the CRITCON system as it operated, especially during the first pandemic wave, and in particular the subjectivity of the perceived level of strain a particular unit felt they were operating under. In any case, CRITCON was not

the only measure used by NHS England to monitor critical care strain: the fourth witness statement of Professor Sir Stephen Powis summarises the range of data gathered from critical care units by NHS England during the Relevant Period, in addition to CRITCON scores, to measure operational strain and support oversight of critical care capacity (INQ000485652_0024-0026, paras 91-94).

10. The CRITCON definitions have been updated since the pandemic, with the current version in use published by the Intensive Care Society in August 2023. The revised definition of CRITCON level 4 is stated to be a "*significant and sustained derogation from usual care for all critically ill patients within a region*". In addition there must be either be 10% or more of units within a network (or equivalent) at CRITCON 3 or capacity transfers having to be made outside of usual (regional or network) transfer boundaries due to inadequate capacity. Those revised definitions were incorporated into updated adult critical care surge planning guidance published by NHS England in December 2023.
11. Further, individual units can no longer declare CRITCON level 4, on the basis that it is a measure of local system strain, and in any event the more robust mutual aid plans which have been implemented since the pandemic should mean in practice that there is less likelihood of CRITCON level 4 declarations. This is primarily because of the local collaboration which would kick into effect once a local system is found to be under increasing pressure, and as set out in further detail in paragraphs 946 to 958 of the Third Witness Statement of Professor Sir Stephen Powis.
12. As noted above, CRITCON scores were one measure amongst several for assessing the pressure at individual units. However NHS England recognises, and recognised at the time, that quantitative data alone could never fully communicate the personal experiences of staff working in critical care units. Front-line critical care staff were under sustained and significant pressure during the pandemic, sometimes irrespective of whether their unit reported increased operational strain via formal escalation routes.
13. NHS England engaged with a range of qualitative and informal information from the front-line during the pandemic, including peer support visit reports, surveys, and informal trust communications, to improve its own understanding of the situations on

the ground. These accounts highlighted the overwhelming personal challenges faced by many front-line staff. The first witness statement of Dame Ruth May (INQ000479043_0039-0041, paras 176-189) and the third witness statement of Professor Sir Stephen Powis (INQ000412890_0183-0224, section 4) outline how NHS England engaged with, and responded to, this evidence as it emerged.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 18 September 2024