FROM Name Redacted

DATE 18 DECEMBER 2020

TO 1. CHARLOTTE MCARDLE (*AGREED – 18/12/20*)
2. ROBIN SWANN MLA, MINISTER

**REGIONAL ICU SURGE PLAN ASSESMENT**

**SUMMARY**

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| **ISSUE:** | The Critical Care Network for Northern Ireland (CCaNNI) has been reviewing its critical care surge plan to ensure the number of beds available to the region is robust and deliverable in advance of the anticipated third surge.<br><br>In parallel, Trusts have considered the likely impact of the expected severe pressures on delivery of elective care. |
| **TIMING:** | Desk Immediate. |
| **PRESENTATIONAL ISSUES** | Sent to Press Office in parallel due to urgency.<br><br>There is significant and ongoing media interest in the availability of critical care beds, operation of the Nightingale and staffing levels. Press Office will continue to liaise with officials if approached for comment. Cleared by Press Office (YS), 21/12/2020 |
| **FOI IMPLICATIONS** | Possible exemption under s35 (formulation of government policy). |
| **EXECUTIVE REFERRAL:** | None. |
| **FINANCIAL IMPLICATIONS:** | None. |
| **LEGISLATION IMPLICATIONS:** | None. |
| **EQUALITY AND HUMAN RIGHTS IMPLICATIONS:** | None. |

**RURAL NEEDS:** **None.**

**SPECIAL ADVISOR COMMENTS:**

**RECOMMENDATION:** **It is recommended that you:**

- **Note the recommendations from the MAT review of critical care surge plans;**
- **Note CCaNNI's revised critical care surge plan;**
- **Note the proposed steps to introduce a regional command and control structure to oversee the plan;**
- **Note that Trust Chief Executives are fully supportive; and**
- **Note the continued impact on surgery and agree the approach to Trust activity projections as set out in paragraphs 13 to 19.**

## Background

1. In advance of the anticipated third surge in COVID-19 cases post-Christmas, the Critical Care Network for Northern Ireland (CCaNNI) has been reviewing its critical care surge plan to ensure the number of beds available to the region is robust and deliverable.

2. You will be aware of the severe pressures expected to face the hospital system in the coming months. Given the level of anticipated pressures, it is important that there are clear plans in place and that each individual Trust understands and agrees its commitments and obligations under the revised plan.

## Assessment of critical care surge plans

3. As you are aware, critical care surge plans were assessed by medical colleagues from 38 (Irish) Brigade from 9 to 11 December 2020 (SUB-2235-2020 refers). Following completion of their assessment, the Military Assessment Team (MAT) made a number of recommendations (**Annex A**), which are contained within a short report which MAT provided on their key findings (**Annex B**).

## Recommendation 4

There is a requirement for timely authority to change surge level and again, this need to be seen to be equitable across all Trusts. **RECOMMENDATION**: consider managing this regionally.

DoH Response

Agreed, as per response to recommendation 3.

## Recommendation 5

Very limited use of nursing students, medical students, GDPs, army personnel or other multi-professionals as suggested, for provision of Category "B" Nursing Staffing to maintain bedside staff ratios of 1:1 under supervision of Category "A" supplementary staff with some previous ICU experience or transferrable skills (including anaesthetic and recovery nurses). (Ref NHS England *C0087 Clinical Guide to Adult Critical Care during the Coronavirus Pandemic: Staffing Framework*, 25 March 2020 - potential for a more updated version). One example was cited, of using medical students to support FY1/2 throughout the wards, as Medical Student Technicians, paid Band 4 with a job description. **RECOMMENDATION**: consider a voluntary bank of medical/nursing student staff and non-nursing professionals available and willing to train and work shifts in critical care in their spare time. Also refer to NIPEC recommendations.

DoH Response

Agreed. HSCB / CCANNI to consider in conjunction with individual Trusts.

## Recommendation 6

Trusts appeared to hold little flexibility or willingness to share redeployed staff to other Trusts. However, most recognised that ultimately patients from their area may need to be referred to a central surge ICU. **RECOMMENDATION**: explore option requiring Trust to provide small deployable teams who can train and work together (mutual support not only to the area but provide better support to each other) with the aim of short-term secondments if requested on a rotational basis. Not necessarily full skill and experience mix teams and could consider supplementing this from voluntary bank as in previous point. Consider incentives.

DoH Response

Agreed. HSCB and CCANNI to consider the issue of small deployable teams in conjunction with individual Trusts. DoH to consider the issue of incentives.

## Recommendation 7

Variance in training packages for non-specialist ICU nurses ranging from half a day to two weeks. Some Trusts engaged in anticipatory, proactive training, others felt that proactive