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Wave 2 Surge Plan & Checklist Adult Critical Care (ACC)

The Adult Critical Care Surge Plan is one of three specialised services surge plans that have been developed in discussion with NHS England and NHS Improvement's national clinical and commissioning leads. The plans aim to aid local and regional discussions and to act as a brief guide and checklist in support of planning for a potential rise in hospitalisations due to COVID-19 infection.

The three plans – covering Adult Critical Care, Respiratory Extracorporeal Membrane Oxygenation (ECMO) and Renal Replacement Therapy in Critical Care - have been developed for those specialised services which would provide direct care to a rapidly rising number of patients within the adult critical care setting, in a surge scenario.

Surge Plan:		Adult Critical Care (ACC)
National Leads:	Ramani Moonesinghe / Jane Eddleston (Clinical)	Jacquie Kemp (Commissioning)
Summary of Approach to Surge	• Severe COVID Response Cell provides national leadership and co-ordination of over-lapping critical care workstreams and associated interdependencies – provides national oversight of surge / expansion plans. • Identification / introduction of new evidence based COVID-19 treatments via multi-agency RAPID-19 Oversight Group. • Surge planning led at regional level, supported by national modelling, alongside requirement to maximise the protection of elective and other urgent care provision (EU Exit, winter pressures, seasonal 'flu and recovery). • Adult critical care transfer model and toolkit available to regions enabling mutual aid as part of expansion plans. • Linked capital investment programme to support ACC expansion. • Pooled access to oxygen, equipment and consumables managed through national mechanism and NHS England and NHS Improvement (NHSE&I) cell. • Linked Respiratory Extracorporeal Membrane Oxygenation (ECMO) and Renal Replacement Therapy (RRT) in Critical Care plans.	
Key Considerations	• Access to equipment and consumables. • Continued oxygen infrastructure roll out in progress but noting additional demand in winter. • Ensure centres not significantly affected in wave 1 are as prepared for surge demand. • During wave 2 seek to avoid dependence on redeployment of paediatric intensive care capacity for adult patients.	
Supporting Data	New aligned data platform being developed to rationalise operational reporting – launched in October. Provides national operational data for day to day management, escalation and mutual aid.	
Inequalities Considerations	Wave 1 saw an increase in the percentage of admissions for Black, Asian and minority ethnic (BAME) groups compared to usual winter viral pneumonia admissions (25.5% compared to 8.6%%). 70% of admissions were male compared to 54% of historic viral pneumonia admissions.	
Mechanism for Escalation of Issues *(Where Local Resolution Not Possible)*	Point of contact: england.ncpt@nhs.net Weekly call with regional critical care cell leads. National co-ordination and oversight provided by the Severe COVID Response Cell.	

ACTION CHECKLIST	
Providers:	
Graded surge plans are in place by individual providers and Integrated Care Systems / Sustainability and Transformation Partnership (ICS / STP) networks in order to enable a step-wise approach to reduction in non-emergency services in the event of a major surge, rather than a binary stop / start approach.	√
Develop realistic plans for expansion of critical and enhanced care services given staffing constraints.	√
Ensure there are robust plans for transfer and mutual aid and that smaller units have ongoing support to manage capacity and intensity of work (including use of telemedicine and other remote support services).	√
Providers to support staff training to be able to deliver enhanced and intensive care. This might be in the form of secondments; study leave or provision of courses. Access is now available to a European training programme.	√
Continue to ensure oxygen and estates provision are sufficiently robust to provide anticipated increase in capacity.	√
Develop research pathways to enable active engagement with patients to support COVID-19 research in wave 2 and beyond.	√
Networks:	
Ensure transfer of patients across the networks is happening in a timely and safe manner to assist individual centres with capacity management.	√
Provide daily oversight of activity, demand and capacity, ensuring national data requirements are met.	√
Support mutual aid across providers as appropriate.	√
Supra-Regional / Regions / Integrated Care Systems:	
SR: Proactive discussion between neighbouring regions about conditions in which mutual aid between regions would be enacted.	√
R: Facilitate mutual aid within and between regions given potential for geographical surge.	√
R: Endorse and support the development of ACC transfer services.	√
R: Working with ICSs manage equipment and consumable demand and allocation when shortages or crisis in supply occur.	√
ICS: Facilitate mutual aid within systems.	√
ICS: Provide oversight of resource and ability to deliver critical care, proactively monitor activity and capacity and be first point of contact for facilitating mutual aid across the ICS.	√
ICS: Working with regions, manage equipment and consumable demand and allocation when supply issues occur.	√
National:	
Establish and run Severe COVID Response Cell.	√
Use updated pandemic CRITCON levels (a scale used to describe the surge status of intensive care units) on the basis of learning in wave 1 to allow regions to respond rapidly and identify the need for mutual aid.	√
Support providers and regions in step down/step up planning and service protection planning for elective services with guidelines around procedure and patient prioritisation.	√
Support rapid development of enhanced care guidelines in collaboration with colleges, to enable regional development of enhanced care provision.	√
Provision of a national transfer model and toolkit and support to the regions in the development of regional business cases to optimise access to revenue funding.	√
Develop and deliver a national dataset and single reporting point of entry for operational data.	√