

Managing the COVID surge in ICU

10 quick wins that can be adopted in 48 hours

Presented by clinicians from the National CLEAR Programme and the **London Transformation and Learning Collaborative (LTLC)** supported by **NHS E/I and Health Education England**.



The National CLEAR Programme provides training, data analytics and modelling tools for Clinically-Led workforce and Activity Redesign (CLEAR).

While working collaboratively across four trusts during the recent COVID surge, we have identified “quick wins” we are sharing with colleagues across the NHS.

In these challenging times, we are also keen to hear from others. We welcome your feedback and findings that will contribute to our shared knowledge and learning. Write to us at clear.team@hee.nhs.uk

Communication



Do we need to increase accessibility to the ICU?

e.g. Enhance inclusion of staff involved in ICU care, provide swipe card access for a wide range of professionals, increase access to MDT huddles



Do we have immediate capability for effective communications?

e.g. Two members of each MDT to manage communications, share operational algorithms



Are we using communications technology to the full?

e.g. MS Teams can reach isolated staff or shielding staff, update home screen on trust computers, try new communications apps



Could we do more to support families?

e.g. Establish a Family Liaison Team to provide non-medical support, offer a dedicated phone line for relatives, support in-person visits at end-of-life

Staff wellbeing



Are we providing the right kind of support?

e.g. Enhance awareness of local and regional initiatives, proactively seek feedback from all staff to ensure initiatives are accessible and responsive



Do we promote the social fabric of teamwork?

e.g. Create smaller inter-professional teams, create a “wellbeing support hub”, telephone check-in with all staff once a week and screen for required support

Staffing, training and support



Can we increase clinical and management support?

e.g. Ensure clear role definition for redeployed staff and categorise staff visibly according to expertise, stagger doctors’ breaks, AHPs to support ICU tasks



Can we do more to promote motivation and flexibility?

e.g. Ensure staff are paid promptly for overtime, stagger shift times with 15 minute intervals, support communications across staff groups



Do we do enough to keep training up to date?

e.g. Shielding staff can provide virtual help with training, update skills database for all staff, review induction process and annual MAST

Administration



Could we be more strategic with our administration?

e.g. Support senior leadership to plan for bank and agency staff, streamline remote induction, create admin hub for support and crossover between wards

More information on each of these recommendations can be found on the [LTLC site](https://www.ltlc.nhs.uk).

We are keen to hear your views, whether it’s feedback on these 10 quick wins, or you have other suggestions to support critical care. Please write to us at clear.team@hee.nhs.uk

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