LONDON TRANSFORMATION LEARNING COLLABORATIVE
SUPPORTING THE EXPANSION OF LONDON’S CRITICAL CARE TEAMS THROUGH AN INTERPROFESSIONAL TRAINING FRAMEWORK

STUDY DESIGN
A rapid qualitative appraisal based on telephone interviews with staff across ICUs in London and documentary analysis to:

- Document the changes made in ICU models of care in London as a result of the COVID-19 pandemic.
- Explore the challenges and enablers in the implementation of these changes.
- Identify the aspects of care delivery that worked well and areas for improvement.

CHALLENGES

- Dealing with new equipment staff were not familiar with (i.e. new ventilation).
- Concerns about potential PPE shortages and not allowing staff enough time for breaks while wearing PPE.
- High rates of staff sickness, particularly during early stages of the pandemic.
- Need to train redeployed staff.
- Negotiation of space, staff and equipment with other areas of the hospital, particularly in cases where elective procedures were not stopped early.
- Infrastructure limitations such as space for beds and ICU capacity.
- Lack of clarity on who would lead the changes in the model of care (mainly mentioned in relation to redeployment).

ENABLERS

- Active leadership role played by critical care (with senior leadership support).
- Buy-in and support at senior Trust level increased the speed of the changes.
- Informal communication (i.e. WhatsApp) with other hospital/clinical groups in order to keep up to date on guidance and changing clinical practices.
- Sharing of equipment and transfer of patients across sites.
- Good teamwork dynamics.
- Development of comprehensive training for redeployed staff.

AREAS TO IMPROVE

- Early and more in-depth focus on staff wellbeing.
- Develop a better roster to know which staff members are expected to work each day.
- Delegate responsibilities better across the hospital to use all capacity efficiently.
- Give more flexibility to staff in relation to the types of shifts they would like to do.
- Develop multi-modal training to combine classroom-based training and practice-based training.

PLANNING FOR THE SECOND WAVE OF THE PANDEMIC

- Identify who would like to work in the ICU again and continue to deliver training to prevent deskilling.
- Concerns that limited staff will be redeployed as effective activity will not be stopped.
- Develop a rotation programme through ICU and ED (obtaining clinical as well as leadership skills) and include this in revalidation requirements.
- Improve cross-site working so staff can familiarise themselves with different areas of the hospital.
- Debriefing exercises with staff and patients to learn from their experiences and request input on wave 2 plans.

LESSONS LEARNT

- Focus on the wellbeing of staff (during and after the pandemic).
- Develop a Pan-London critical care course for redeployed staff.
- Establish pastoral care for staff.
- Keep chill-out rooms permanently.

- Senior clinical staff should work clinically to act as role models.
- Understand staff anxieties and pressures and give them the opportunity to work differently and flexibly.
- Establish opportunities to communicate with staff face to face on a daily basis.
- Establish good MDT and cross-site communication.

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