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Deep Dive: Critical Care

Quality, Safety and Experience Committee

September 2025

Situation

The purpose of this report is to provide the Quality, Safety and Experience Committee with an overview and update on the current provision of Critical Care across HDUHB, focusing on Carmarthenshire.

Carmarthenshire has provided an amended patient pathway through PPH ICU since July 2022 supported by a SOP. Following concerns from clinical incidents in late 2024, a GGH ICU clinician led decision to manage patients outside of the SOP was made in January 2025. This led to a decrease in patients remaining in PPH and an increase in transfers to GGH. There are concerns that the latter change is seen as pre-empting outcome of the CSP and has potentially placed patients at higher risk of harm. There are ongoing active discussions with clinicians on the current management of patients within PPH ICU.

The overview and update contains information relating to patient flow volumes and source, a review of recorded incidents, complaints, and risk and how these are managed and supported; and to the current medical staffing challenges

The data capture a date range of 1st January 2024 – 31st August 2024 comparing with the same timelines in 2025.

Background

- Currently there are 14 Critical Care Units supporting Level 3 patients across Wales, with 4 in HDUHB. (Note: Pending CSP, PPH's current interim SOP does allow for a stabilise and transfer process for Level 2 (for escalation) and Level 3's and has not formally been changed from a Level 3 facility).
- The Faculty of Intensive Care Medicine (FICM) publication Guidelines for the Provision of Intensive Care Services (GPICS V2.1 2022) contains the nationally recognised standards for critical care provision. The Care Quality Commission (CQC) in England and the All-Wales Critical Care Network use these when undertaking inspections (CQC) and conduct peer review (Critical Care Network).
- FICM and the Intensive Care Society (ICS) publish the guidance of level of dependency within Critical Care.

Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the Critical Care team.
Enhanced Care	An intermediate level of care where a higher level of observation, monitoring and interventions can be provided than on a general ward but not requiring high dependency care/organ support.* **Enhanced** advice and support from the Critical Care team can be accessed.
Level 2	Patients requiring more detailed observation or intervention including support for a failing organ system or postoperative care, and those stepping down from higher levels of care.
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least 2 organs systems. This level includes all complex patients requiring support for multi organ failure.

Background

- Current Critical Care provision in Hywel Dda:

Location	Bed spaces	Staff funded Level 3	Staff funded Level 2	*	Clinical Staffing Consultant	Clinical Staffing SAS	Nursing
Nurse / Patient Ratio:		*1 to 1*	*1 to 2*				
GGH	18	7	6	13	8 - budget of 9. Based GGH ICU. Daytime resident / Oncall from home.	011 Junior / 013 Senior 24hrs	24 hrs
PPH	6	1**	4	4		604 - 24hrs - resident	24 hrs
WGH	9	2	4	6	5. Daytime resident Monday to Friday, with 10 covering out of hours oncall from home.	Tier 1 - 24hrs resident	24 hrs
BGH	5	2	2	4	10 - all with ICU rotation into jobplans. All resident.	No Juniors	24 hrs
				Total: 20			

* Bed configuration can fluctuate depending on patient care status and related nurse staffing availability.

** PPH - stabilise and transfer bed

Background

- On 25th July 2022, an operational decision was implemented to amend the admission protocols to the PPH ICU as a consequence of a vacancies and the availability of current critical care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28th July 2022 by the Operational Planning & Delivery Group, chaired by the Director of Operations.
- A SOP outlining the criteria and care pathways supporting the admission and management to patients into PPH ICU was written and agreed by the multi-specialty clinician leads in ICU and PPH.
- A Task and Finish Group was set up to support discussion and review the critical care provision across Carmarthenshire. With the emergence of the Clinical Service Plan (CSP) a decision was made to suspend the Task and Finish Group. At the outset of the CSP, it was Carmarthenshire Critical Care provision that drove discussion; later the provision of critical care in WGH and BGH was incorporated, and the work expanded to explore and review critical care provision HB wide.
- To date CSP discussions have been supported by multi-disciplinary representation from clinicians, nursing, administration and allied health. The work has been supported by data capture, which explored patient flow, service utilisation and patient transfers.
- While the initial final discussion provided 4 options for the future of critical care provision, the period of public consultation has contributed further variations that might be considered as suitable and sustainable in future provision.
- The critical care multi-disciplinary team supporting CSP remain committed to supporting critical care provision that is sustainable in the medium and longer term, that is underpinned by best practice as set out in the GPICS standards and aligns with critical care provision across Wales.
- A Consultant lead for Critical Care was appointed in July 2025 to lead and support continuity and development of Service provision across the Health Board.

Background

- In Carmarthenshire there has been a prolonged period of uncertainty on the future of PPH ICU. In late 2024, there was growing concern from the supervising consultant anaesthetist body on the safety of leaving any patient within PPH ICU. This was escalated in writing in December 2024. This prompted a clinician led amendment to PPH ICU admission for transfer profile in late January 2025.
- The SOP in brief:
  - All patients requiring level 3 must be discussed with the ICU Consultant on call in Glangwili Hospital.
  - All level 3 patients, accepted by the ICU consultant will be cared for directly by the resident SAS anaesthetic doctor with guidance and support from 24/7 intensive care consultant in GGH.
  - All Level 3 patients with multi-organ support, or Level 2 predicted to require this, will be transferred to GGH at the earliest and safest opportunity. Patients awaiting transfer will be cared for on ICU in PPH.
  - Where intubated patients who are predicted to be extubated within the 12–24-hour pre-transfer window, it is reasonable to plan to keep these patients in PPH.
  - Level 1/low risk level 2 post-operative care will continue to be supported in PPH ICU, but with patients admitted formally under care of surgeons. The on-call Intensive care consultant in GGH should be made aware of elective surgery admissions.
  - Elective surgery patients deteriorating with prolonged need for intensive care admission, including patients requiring further operative intervention will need to be transferred to GGH Critical Care Unit.
- The amendment since January 2025.
  - Since January 2025, admission to PPH ICU has been part in line with the SOP, with the principal amendment being the transfer of <u>all</u> patients requiring Level 2 and Level 3 care to GGH ICU.

Assessment

- Current challenges:
  - PPH and the current amended* pathway; unresolved concerns on patient safety raised by ICU clinicians; and impact on all involved and concerned including elective surgery pathway for orthopaedic patients.
  - Medical staffing: Limited SAS to support GGH senior 013 rota and PPH 604, due to vacancies created by recent leavers x 4 joining Deanery pathway. Reference recruitment, there is no issue with volume of applicants, however on average 50% of offers are declined within 10 days as they have accepted other opportunities

Assessment: PPH and the current amended pathway

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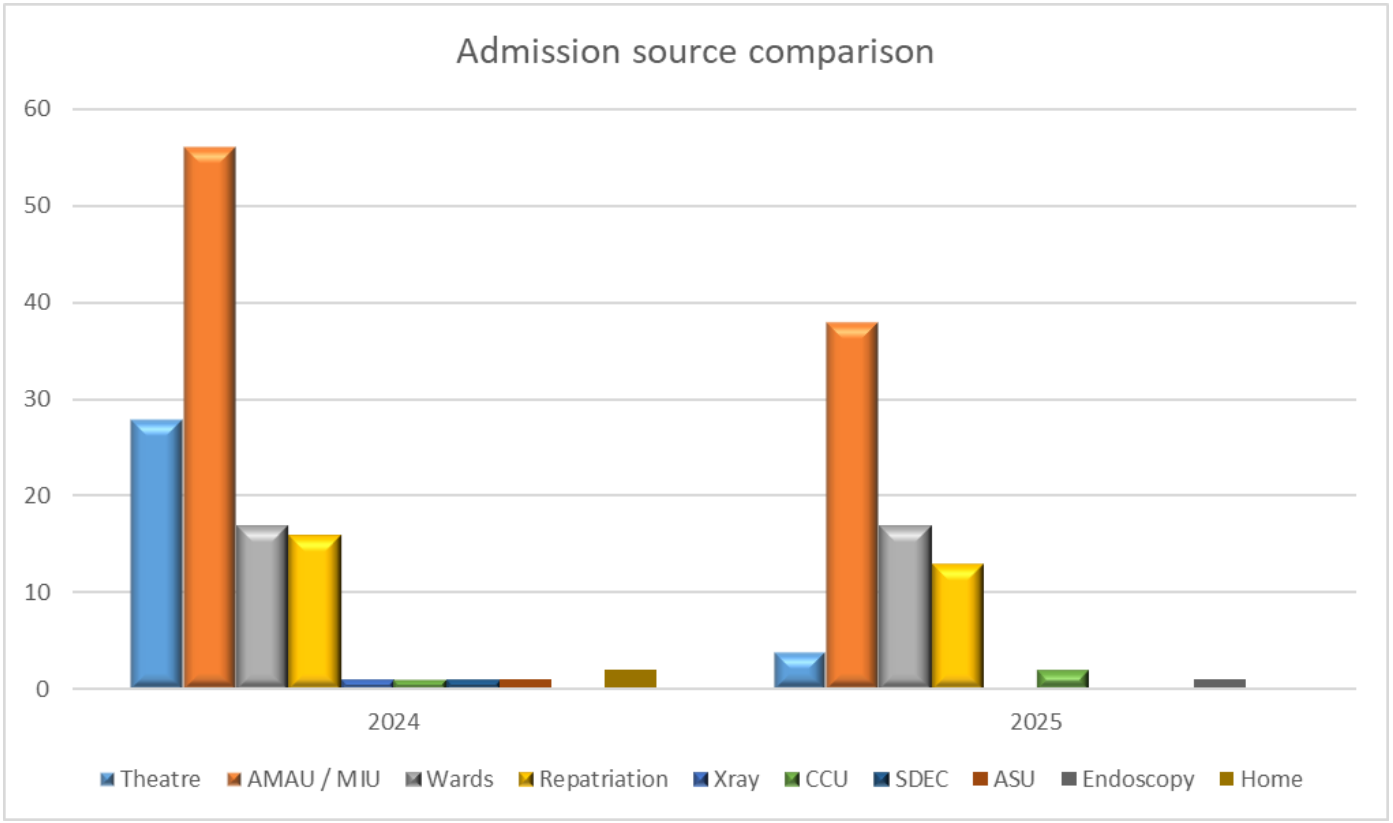
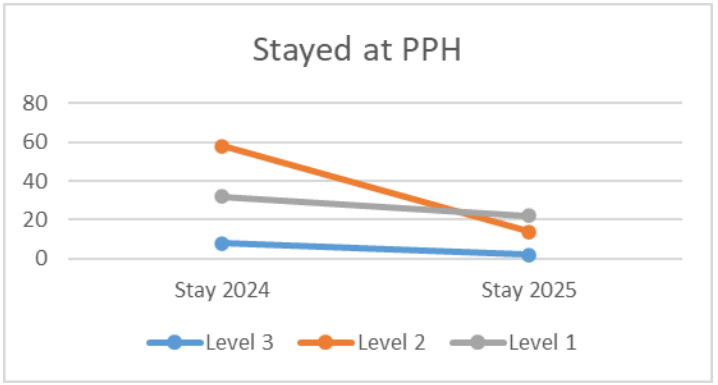
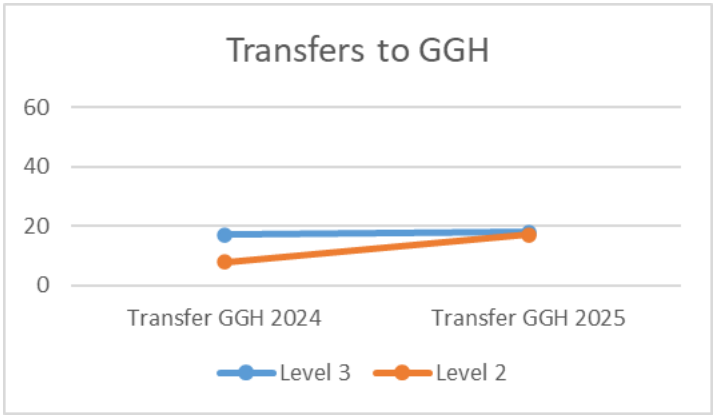
Actual provision in PPH since late January 2025 – no admissions supported by GGH ICU consultant team, other than those for stabilisation and transfer. Patients can and have been admitted under local Consultant agreement.

Impact on activity, admission data capture comparison January to August 2024 and 2025:







Assessment: PPH and the current amended pathway

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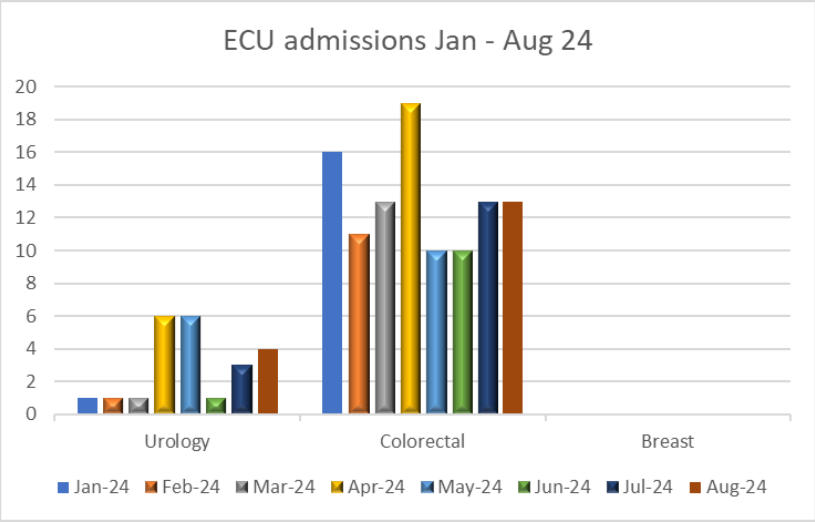
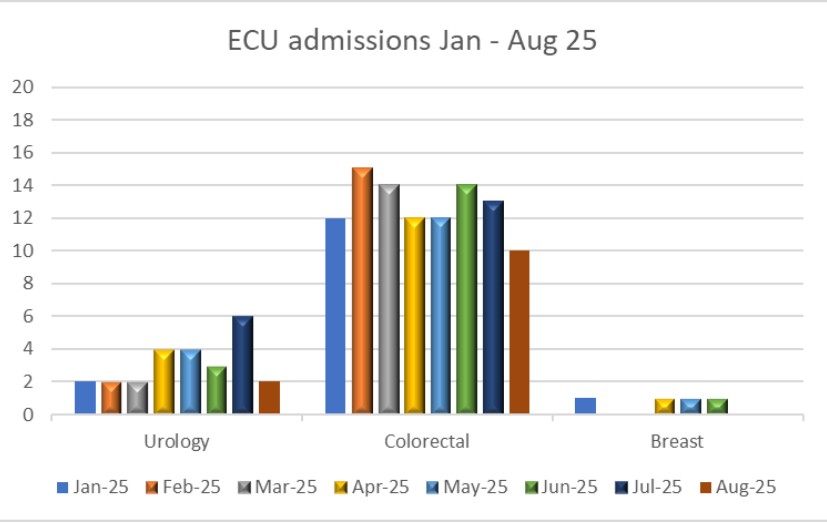
Impact analysis - elective surgery pathway and admissions to the Enhanced Care Unit (ECU) on Ward 7:

- In theory the amended pathway has required a move of certain elective colorectal and urology patients, where there has been low confidence that ECU support would be adequate, to GGH for surgery and post op care in GGH ICU. However elective admissions into GGH ICU from theatre show that 10 elective case were admitted Feb to Jul 24 and 12 in the same period in 2025. This is assessed a minimal impact.
- There has been no impact on the ECU pathway on Ward 7, on assessment there is minimal difference across the 8-month period 12 months apart. Average number of patient per month, 16 in 2024, 16 in 2025.





- Whilst the number of orthopaedic patients assessed as requiring ECU has remained stable – 10 to15 per year; there are ongoing discussions on how an ECU pathway for this cohort can be provided at PPH. Currently, 2 patients are awaiting surgery and are assessed as needing ECU pathway post op, with a further 7 within Q 3/4.

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Assessment – Medical Staffing
Limited SAS to support GGH senior 013 rota and PPH 604

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- The current Consultant budget has 8 of the 9 posts filled, with a 9th consultant temporarily supporting from BGH. The group has 6 anaesthetic / ICU staff and 3 pure ICU.
- The current SAS rotas within Carmarthenshire are supported by funded FTE of 22.
- The oncall commitments are:
  - 011 GGH ICU 24/7 – junior SAS and trainees signed off by consultant team.
  - 012 GGH Obstetrics 24/7 (and supports theatre out of hours) – have completed specific training and experience and been signed off by lead for Obstetric anaesthetics.
  - 013 GGH ICU 24/7 – senior SAS staff
  - 604 PPH ICU and rapid response 24/7 – senior SAS staff and trainees only – signed off by consultant team.
- Current vacancies: 6 x SAS.
- Current plans against the 6: Senior Clinical Fellows x 2 onboarding from interviews 20Aug25. SAS interviews planned for 17Sept25 – 8 candidates for 4 places.
- Workload commitment assessment completed. With Medical Workforce for validation. Preliminary assessment would suggest an increase of SAS x 6 FTE to support workload and provide prospective cover.

Current SAS staffing challenges:

Despite consistent ample applicants for shortlisting and interview; approximately 50% of offers are declined within 10 days of offer – with candidate accepting offers elsewhere. This includes the reserves.

Recent success of 4 staff returning to Deanery training in August – all 013 seniors; replacements are junior and will requirement time to develop skills and confidence for the role.

Assessment Summary:

- A review of documented clinical incidents and complaints does not evidence that patient care, decision making or safety has been compromised by the amended transfer profile applied in January 2025.
- The number of admissions to PPH ICU in the period 1st January to 31st August 2025, reduced by 48 from the same time period in 2024.
- The number of transfers to GGH ICU increased, in the same period, from 25 in 2024, to 35 in 2025. The increase in transfers of the Level 2 group is the principal reason for this.
- There is no documented evidence to suggest that patient access to GGH ICU has been compromised by the increase in transfers from PPH ICU.
- Risk 1880 - risk to the sustainability of critical care services due fragility of medical workforce, outlines the concerns on the availability consistent trained and experienced medical staff supporting ICU provision in Carmarthenshire. Whilst the presence of 8 consultants has mitigated the original source of the risk, the risk now incorporates the SAS staff group. On assessment of the 16 SAS in post to support the 011, 013, 604 rotas supporting ICU GGH and PPH: 4 can support all; 4 can support 011 and 013, 2 can support 011 only. The 16 include 2 August joiners. To backfill gaps in the rota, staff pick up extra shifts; in addition to the core staff there are 5 staff on the Medical Bank and 3 trainees that can support 011 and 013; a further 6 trainees are signed off to support 011.
- The multi-disciplinary team across GGH and PPH ICUs remain unsettled on the unresolved situation of the provision across Carmarthenshire; and remain committed to participate and support CSP discussions related to the future of ICU provision across the Health Board.

Conclusion

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Plans:

- Ongoing, clinically led, discussion and collaboration with clinicians to confirm and apply agreed PPH ICU admission and management pathway for patients with current SOP or SOP with new amendment.
- Maintain collaboration with Medical Recruitment and process assuring onboarding and induction commitments are met in timely manner.
- Participation in Medical Stabilisation project – progressing anaesthetic workload assessments and the workforce required to sustainably meet it. Meeting to follow.
- Support ongoing collaboration and participation in CSP programme.

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The Duty of **Candour**

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality

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Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.