Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Temporary changes to Critical and High Dependency Care provision across Carmarthenshire.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ken Harries, Clinical Director, Scheduled Care Stephanie Hire, General Manager, Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper appraises the Quality, Safety and Experience Committee (QSEC) of the latest Critical Care service provision at Prince Philip Hospital (PPH) position. Since the 25 July 2022 the Critical Care Unit in PPH has worked to an amended admissions protocol due to challenges in the anaesthetic rota.

The purpose of this report is to provide assurance to the committee that the current patient pathway and governance arrangements have appropriate mitigating actions and monitoring, and patient safety is maintained. There have been no reported incidents or complaints relating to individual episodes of care, or reported to the Adult Critical Care Transfer Services (ACCTS) colleagues supporting the transfer arrangements, despite the challenges faced in consultant anaesthetic recruitment.

Cefndir / Background

On 25 July 2022, the admission protocols to the Critical Care Unit at PPH was amended as a consequence of a deterioration in the availability of critical care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28 July 2022 by the Operational Planning & Delivery Group, chaired by the Director of Operations. In September 2022, the Board considered the arrangements and agreed a continuation of the amended admission protocols whilst recruitment efforts continued. In December 2022, QSEC considered the patient safety, quality and experience implications of the arrangements. There is ongoing review of the situation as part of the escalated Enhanced Monitoring arrangements introduced by Welsh Government.

With the current arrangements, patients in PPH assessed as needing Level 3 care or those at Level 2 for active escalation are transferred to neighbouring Intensive Care Units (ICUs) appropriate to their clinical needs. This adjustment to the admission protocol was intended as a

temporary measure, with restoration of the previous arrangements dependent upon an improvement in consultant level critical care staffing resources.

An interim Standard Operating Procedure (SOP) was developed with multi-disciplinary clinicians providing guidance on the assessment, decision-making, communications, and management of patients within PPH ICU, and facilitating transfers to neighbouring ICUs as required.

Communication also took place with the Welsh Government, the All-Wales Critical Care Network and the Health Board's Community Health Council.

Asesiad / Assessment

Current provision:

Aligned to the Standard Operating Procedure (SOP) the following patient management arrangements remain in place:

- PPH Critical Care admission criteria amended to provide support of Level 1 & 2 patients, with 24/7 on-site support from ICU nursing staff and resident Anaesthetic middle grade doctors. Patients requiring escalated / Level 3 care are considered for transfer to neighbouring critical care units as appropriate for their needs.

- PPH ICU has 24/7 ability to support, and manage, escalated Level 2 and Level 3 patients for stabilisation and assure readiness for transfer to neighbouring units.

- The consultant critical care roster has been reconfigured to provide 24/7 cover based at the larger critical care unit at GGH, assuring the ability to support escalated Level 2 / Level 3 transfers from PPH.

- A critical care consultant is available to provide remote 24/7 advice to support advice and referrals for ICU management from PPH. As the rota in place prior to July 2022 was supported by consultants based at GGH, the requests for remote advice are predominantly routed to the GGH team which is responsible for accepting patients for stabilisation and transfer to GGH primarily or to other locations as clinically indicated. Advice would be sought from critical care consultants based at other hospitals should operational challenges compromise the ability of the GGH based consultants to respond in a timely manner.

- PPH Consultant Physician is available 24/7 for advice / support as per the on-call rota. Any decisions regarding the transfer of patients are jointly discussed between the critical care and medical teams, taking account of patients' condition, and intended management plan.

- Wherever possible, transfers are to be enacted during daylight hours. The Adult Critical Care Transfer Services (ACCTS) have facilitated additional availability of capacity to support transfers.

Stakeholders from a multi-disciplinary perspective were engaged in the planning and effective implementation of the above arrangements.

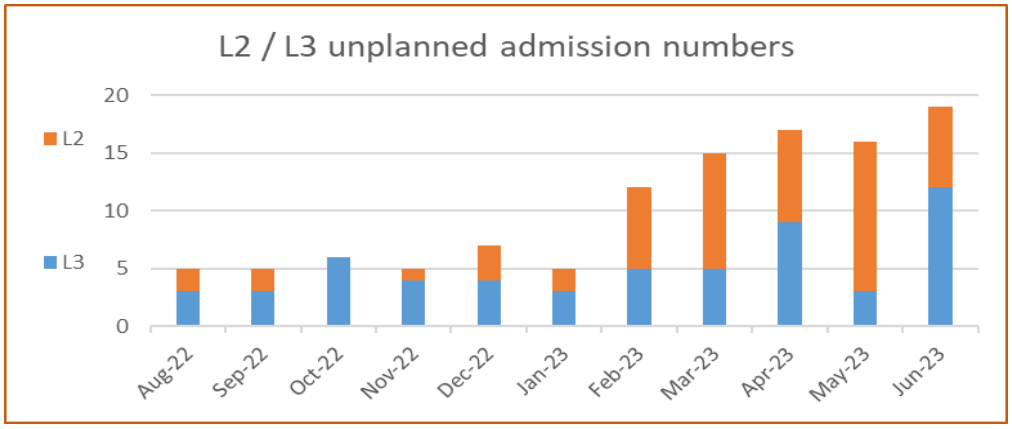
Elective Surgery patients requiring Level 1 or 2 support post operatively remain unaffected, with Level 2 patients receiving care within ICU, usually for up to 48-hours. The Enhanced Care Unit, (ECU), located on Ward 7 at PPH (elective surgery / cancer pathway ward), supports the Level 1 / 1.5 post-operative enhanced care pathway. The ECU also serves as the stepdown location for post-operative patients from ICU. (Data capture: Jun22-Feb23 – direct admissions from Theatres average: 9.7 per month; admission as 'step down' from ICU average: 3.4 per month).

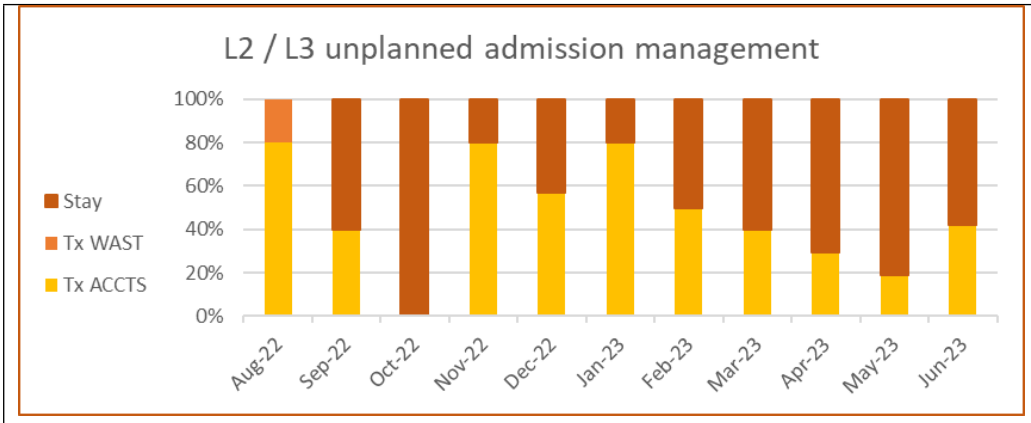
Patient activity and flow:

Arrangements have been, and are, in place to continuously monitor and review patients transferred to ensure continuing appropriateness and consistency with the current admission protocols. The data captures all patients reviewed and assessed for transfer under the criteria as outlined in the SOP and those where a multi-disciplinary decision was made to maintain care in PPH.

Data capture: 01/08/2022 to 30/06/2023

	L3	Tx ACCTS	Tx WAST	Stay	L2	Tx ACCTS	Tx WAST	Stay	TOTAL	NUMBERS *EXCLUDE* L2 ELECTIVE
Aug-22	3	3	0	0	2	1	1	0	5	CASES BUT INCLUDE 10 X L1,
Sep-22	3	1	0	2	2	1	0	1	5	AND 2 X L3 ELECTIVE CASES
Oct-22	6	0	0	6	0	0	0	0	6	
Nov-22	4	3	0	1	1	1	0	0	5	
Dec-22	4	2	0	2	3	2	0	1	7	
Jan-23	3	3	0	0	2	1	0	1	5	
Feb-23	5	4	0	1	7	2	0	5	12	
Mar-23	5	3	0	2	10	3	0	7	15	
Apr-23	9	2	0	7	8	3	0	5	17	
May-23	3	1	0	2	13	2	0	11	16	
Jun-23	12	6	0	6	7	2	0	5	19	
TOTALS	57	28	0	29	55	18	1	36	112	





Data captured to date continues to show that the number of patients transferred away from the unit as a direct consequence of the amended admission protocols is significantly below initial estimates and equates to an average of 1 patient per week over the 48-week period. ACCTS have been able to assist with 98% (46/47) of the transfers to GGH.

Medical Workforce update:

Staffing of the consultant rota remains significantly challenged. Of the 9 funded critical care consultant posts in Carmarthenshire, there are 6, including a recently appointed locum, in post with an additional consultant anaesthetist temporarily undertaking sessions to support the ICU rota. Gaps across the rota remain a concern to backfill with limited support available from other units within the Health Board due to workload and rota demands at each site.

The efforts to recruit both substantive and locum positions have continued. Adverts are monitored on TRAC to assess interest. On closure of adverts, if no suitable candidates apply, vacancies are re-advertised. The team are working closely with Medical Recruitment, and potential candidates are encouraged to make contact for discussion on the posts. The recruitment challenges are consistent with other Health Boards in Wales and across the United Kingdom. The Faculty of Intensive Care Medicine, (FICM), suggests approximately one third of units across the UK continue to report 3 or more vacancies within their critical care consultant staff base.

Assistance continues to be sought from medical staffing agencies with either no suitable candidates or no response; and from fellow Health Boards, who, whilst aspiring to assist cannot practically consistently support due to their own staffing challenges.

As noted in previous submissions, the numbers of consultant staff available cannot support a rota managing 2 locations that aligns with the FICM guidance - Guidelines for the Provision of Intensive Care Services (GPICS) - which recommends the following:

- A consultant in Intensive Care Medicine must undertake ward rounds twice a day, seven days a week
- The consultant rota should seek to avoid excessive periods (>24 hours) of direct patient consultant responsibility.
- A consultant rota with fewer than 8 participants is likely, with the frequency of nights and weekends to be too burdensome over a career.

With reference to the previously highlighted concern on the SAS workforce, where in PPH, a resident grade anaesthetist provides emergency anaesthetic critical care and resuscitation cover for PPH: To date, rota cover is satisfactory, but this has been reliant on a relatively small number of individuals which does not support sustainability. Progress has been made in recruiting to SAS grade posts in Carmarthenshire, but in view of the relatively isolated nature of the role, these doctors need to have significant experience to safely staff the unit. The SAS rotas for Carmarthenshire are under review with a view to exploring options to redesign commitments. This work is being undertaken in partnership with Medical Workforce, with the objective of providing and assuring sustainable rotas which support needs and expertise of the Service and the individual.

Nursing Workforce update:

The Scheduled Care leadership team continue to engage and communicate with the critical care nursing team to provide reassurance with regard to their roles and responsibilities during the period in which the admission protocols to the unit have been amended. No changes to current rosters have been applied as the unit continues to care for Level 1 & 2 patients on a 24/7 basis.

All staff have the opportunity, and are encouraged, to undertake shifts on GGH ICU in support of maintaining skills in the management of the Level 3 patient. Daily support is provided to nursing staff at PPH by the Senior Nurse Manager with regular multi-site support meetings scheduled with Band 7 staff.

Conclusion:

With regular review, the volume of patients transferred from PPH as a direct consequence of the amended admission protocols has remained below anticipated numbers. The intensive care consultants and consultant physicians continue to work together in support of the safe management of critically ill patients in PPH.

Whilst these protocols and supporting transfer arrangements have proven to be effective and safe, the joint critical care and acute medical teams will continue to monitor and assess all transfers to identify any opportunities for learning and to further inform appropriate thresholds for transfer.

The *Sustained Model for Critical Care in Carmarthenshire and Medical Emergencies in Prince Philip Task and Finish Group* is established to consider more sustainable alternative staffing models for the longer term with the potential for greater consultant physician input for patients with higher level needs in PPH but not requiring intensive care management/transfer.

Argymhelliad / Recommendation

The Committee are asked to consider the information provided in the report. The information is provided for assurance that the critical care provision in Carmarthenshire is safe, effective and equitable, as evidenced by the lack of any reported incidents relating to individual episodes of care, or reported via AACTS colleagues supporting the transfer arrangements, despite the challenges faced in consultant anaesthetic recruitment. Discussions are ongoing regarding future planning for critical care and the impact that may have on PPH. All key stakeholders are

actively involved in this, and the relevant data from the past 12 months is available and utilised to support the decision-making process.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.9 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1363 – April 2022, relating to risk of PPH service collapse due to ongoing gaps in Consultant Intensivist rots.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive 1. Leadership 3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 4a Planned Care and Cancer Recovery 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Reflected in paper.
Rhestr Termau: Glossary of Terms:	Reflected in paper.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod:	Operational Planning & Delivery Board

Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No additional financial implications.
Ansawdd / Gofal Claf: Quality / Patient Care:	Reflected in paper.
Gweithlu: Workforce:	Reflected in paper.
Risg: Risk:	As reflected in RR 1363.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Potential for political or media interest or public opposition mitigated by impact of protocols in place.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable