



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2022
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:	Keith Jones, Secondary Care Director

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 Board of the latest position with regard to Critical Care service provision at Prince Philip Hospital following the adjustment to admission protocols to the Critical Care Unit at the hospital implemented with effect from Monday 25th July 2022.

The Board is requested to note the current position and take assurance from the mitigating actions in place to limit service disruption and maintain patient safety.

Cefndir / Background

On 25th July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at Prince Philip Hospital as a consequence of a further 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 28th July 2022 by the Operational Planning & Delivery Group, chaired by the Director of Operations, following discussion at the In-Committee Board session earlier that day.

From this date, admission protocols to the unit were amended to patients requiring Level 1 and 2 Critical Care, with patients requiring Level 3 care to be admitted/transferred to neighbouring Critical Care units, 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.

Historically, Critical Care consultant support for the two Critical Care Units at hospitals in Carmarthenshire has been provided by a team of Critical Care consultants operating between Glangwili Hospital and Prince Philip Hospital. Each unit is also supported by 24/7 medical cover at middle grade and a team of experienced Critical Care nurses at each site. The Critical Care Unit at Prince Philip Hospital is funded for 5 beds with a designated configuration of 1 x Level 3 bed and 4 x Level 2 beds. Until 25th July 2022, consultant cover was rostered on a daily basis Monday – Friday with overnight emergency cover provided by the consultant based at Glangwili Hospital. Weekend daytime consultant cover has historically been shared between both units.

Of the 9 funded Critical Care consultant posts in Carmarthenshire, 4 of these are currently vacant with weekly availability fluctuating due the impact of annual leave and incidental sickness/absence. Current consultant workforce availability does not meet the requirements of the Royal College to support cover across both units, with the existing team of consultants working significantly increased and unsustainable levels of additional hours in recent months to support both units. The Faculty of Intensive Care has issued national 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

Repeated attempts to recruit to substantive and/or locum positions over the past 18 months have, to date, proved unsuccessful. Whilst recruitment efforts continue, feedback from potential candidates has highlighted on-call frequency, duration and dual site cover during weekends on-call as significant barriers to recruitment. Remaining members of the Critical Care consultant team have signalled their consideration of opportunities to move to the non-Critical Care general anaesthetic rota due to the intense nature of workload faced by the Critical Care team.

There is significant pressure on the Intensive Care consultant group to backfill gaps in the current rota via provision of additional hours / shifts. The table below offers an illustrative forecast of additional/locum duties required over a 6-month period, based on current vacancies within the team:

	Week Daytime	Weekend Daytime	Week Oncall	Weekend Oncall	Total
Single Site Cover	5	10	19	10	44
Two Site Cover	55	10	24	10	99

Repeated requests to agency for consultant backfill on longer term contracts have not been fulfilled. Requests for assistance have also been made to other hospitals across the Health Board and the wider Critical Care network across Wales with available levels of support insufficient to sustain the level of cover required within the Carmarthenshire Critical Care rota.

The Critical Care consultant recruitment challenges experienced within Carmarthenshire are reflective of the national picture, with latest available data from the Faculty of Intensive Care Medicine (FICM) suggesting approximately one third of units across the UK reporting 3 or more vacancies within their Critical Care consultant resource.

In view of the continuing significant workload faced by the Critical Care consultant team in Carmarthenshire, the admission protocols to the Critical Care Unit at Prince Philip Hospital were temporarily amended on 25th July 2020 to enable the consultant rota to be reconfigured

whilst maintaining the safety of patient care. With effect from this date, the following arrangements have been applied:

- PPH Critical Care admission acuity has been 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 to be considered for transfer to neighbouring Critical Care units as appropriate for their needs.
- PPH Critical Care Unit has 24/7 ability to support, and hold, escalated Level 2 and Level 3 patients for stabilisation and assure readiness for transfer to neighbouring units.
- Consultant Critical Care roster has been reconfigured to provide 24/7 cover based at the larger 14 bedded GGH Critical Care unit, assuring the ability to support escalated Level 2 / Level 3 transfers from PPH
- GGH Critical Care consultant available to provide remote 24/7 advice to support referrals for ICU management from PPH. They will be responsible for accepting patients for stabilisation and transfer.
- PPH Consultant Physician is available 24/7 for advice / support. Any decisions regarding the transfer of patients are to be jointly discussed between the Critical Care and medical teams, taking account of patient 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

To support effective implementation of the above arrangements, several meetings have taken place with multi-disciplinary staff, advising the rationale for current arrangements, provide assurance regarding ongoing care and support for the deteriorating patient in PPH and to support decision making regarding potential transfers.

Communication has also taken place with the Welsh Government, the All Wales Critical Care Network and the Community Health Council. A Freedom of Information request has also been responded to.

Asesiad / Assessment

Patient activity and flow:

During the 6 week period 25th July to 4th September 2022, 4 patients have been transferred from PPH to the GGH Critical Care Unit as a consequence of the current amended admission protocol to the unit at PPH. A further 2 patients have been transferred to Morriston Hospital for tertiary level care. Of the 4 patients transferred to GGH, 2 remained on the Critical Care unit in receipt of Level 3 care as at 4th September 2022.

Prince Philip Hospital (PPH) - admissions and transfer activity										
	Level 2 - elective	Level 2	Level 3		L2 transfers to GGH		L3 transfers to GGH		Other transfers out	Comments
Admissions PPH				TOTALS	WAST	ACCTS	WAST	ACCTS	WAST / ACCTS	
w/c 25Jul	3	0	0	3					X1 - Morriston (ACCTS)	
w/c 1Aug	3	1	1	5						
w/c 8Aug	2	2	0	4					X1 - Morriston (WAST)	
w/c 15Aug	4	0	0	4		L2 x 1 Urology				Elective patient - developed post op sepsis
w/c 22Aug	4	0	2	6			L3 x 1 - Medical	L3 x 2 - Medical		3rd Level 3 managed in AMAU prior to transfer
w/c 29Aug	2	1	0	3						
TOTALS	18	4	3	25						

The patients transferred during the 6-week period have been transferred safely with multi-disciplinary staff at PPH ably managing and supporting the patient stabilisation and readiness for transfer. The Welsh Ambulance Service NHS Trust (WAST) and ACCTS have supported timely access for transfer. There have been no incidents where patient safety was compromised.

This level of transfer activity is significantly below the anticipated level of 2-3 transfers per week when the admission protocols were amended. Arrangements are in place to continuously monitor and review patients transferred to ensure continuing appropriateness and consistency with the current admission protocols. Following initial joint reflection and review between the Critical Care and acute medical teams, it has been agreed that a weekly Multi-Disciplinary Team (MDT) meeting be established to review each case and further inform clinical thresholds for transfer, with a particular focus on patients requiring escalating Level 2 care, taking account of the expertise of the medical team at PPH in managing patients with acute respiratory disease.

Latest Medical Recruitment Update

The amendment of the admission protocols to the PPH Critical Care Unit were applied for an initial period of 10 weeks until 3rd October 2022, pending review of, and improvement to, Critical Care staffing levels within Carmarthenshire. Unfortunately, the latest recruitment round which closed on 28th August 2022 generated no applicants with suitable experience and therefore 4 of the 9 funded posts remain vacant.

In the event that no suitable additional locum or substantive appointments are secured by 3rd October 2022, the current amendment to the admission protocols will need to be extended for a further indefinite period until recruitment levels improve to enable restoration of consultant cover at PPH sufficient to support management of Level 3 patients beyond the initial pre-transfer stabilisation period.

In parallel with continuing recruitment efforts, the Deputy Medical Director will support the Critical Care and acute medical teams in further assessing opportunities to enhance levels of clinical support for patients requiring Critical Care at PPH, with the aim of further minimising the impact on patient flows and the number of patients who may otherwise require transfer for escalated care.

If an improvement in Critical Care consultant staffing levels is not achieved in the intervening period, it is proposed that a further assessment and updated be provided to the Board in January 2023.

Nursing Workforce

The Scheduled Care leadership team, supported by the Assistant Director of Nursing, 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. Three recently appointed novice registered nurses have been provided with the opportunity to continue their orientation and competency programme at GGH to ensure their progression is not limited.

In keeping with normal practice, nursing staff are being utilised to support nursing deficits across both sites, where opportunities allow.

Daily support is provided to nursing staff at PPH by the Senior Sister at the PPH unit with regular support meetings scheduled with Band 7 staff.

Conclusion:

To date, the volume of patients transferred from PPH requiring enhanced Critical Care support has been low and has remained within expected limits.

As reflected above, it is anticipated that the amendment of the admission protocols to the Critical Care unit at PPH will need to extend beyond 3rd October 2022, in the absence of improved recruitment levels within the consultant Critical Care team across Carmarthenshire.

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.

Further engagement is planned with the ACCTS and WAST services to ensure continuing availability of enhanced transfer support for the anticipated period beyond 3rd October 2022.

Argymhelliad / Recommendation

The Board is asked to:

- **CONSIDER** the latest position in relation to the Critical Care service at Prince Philip Hospital, and **TAKE ASSURANCE** that the current arrangements in place to support transfer of patients requiring enhanced levels of care are both safe and effective;
- **AGREE** to receive a further assessment and update in January 2023, in the event that Critical Care consultant staffing levels do not improve to a sufficient level in the intervening period to enable restoration of the admission protocols in place prior to 25th July 2022.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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 rotas.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6K_22 workforce, clinical service and financial sustainability
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Reflected in paper.
Rhestr Termiau: Glossary of Terms:	Reflected in paper.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning & Delivery Board

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:	N/A
Enw Da: Reputational:	Potential for political or media interest or public opposition mitigated by impact of protocols in place.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A