Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 January 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:**	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 report 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 (PPH) 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. The matter was considered in detail by the Board in September 2022 which agreed a continuation of the amended admission protocols whilst recruitment efforts continued and requested a further update in January 2023. The patient safety, quality and experience implications of the current arrangements were also considered in detail at the Quality, Safety & Experience Committee in December 2022 and the matter is subject to review as part of the escalated Enhanced Monitoring arrangements introduced by Welsh Government.

Since this date, the admission criteria to PPH Critical Care Unit have been amended, where patients assessed as needing Level 3 care or those at Level 2 for active escalation are transferred to neighbouring 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 Critical Care Unit, and facilitating transfers to neighbouring ICUs as required.

Communication has also taken place with Welsh Government, the All Wales Critical Care Network and the Hywel Dda Community Health Council.

Asesiad / Assessment

Current provision:

Aligned to the SOP the following patient management arrangements remain in place:

- 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.

- The consultant critical care roster has been reconfigured to provide 24/7 cover based at the larger 14 bedded Glangwili General Hospital (GGH) critical care unit, 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 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. 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

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.

Elective Surgery activity requiring Level 1 or 2 support post operatively remains unaffected and the patient flow management is as patient needs are assessed. Level 2 care is provided 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 the improving post-operative patients from ICU.

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: 25/07/2022 to 31/12/2023

	Level				Outcome			Transfer details		Comments
Patient Flow	1	2	3	TOTALS	Remains GGH ICU	Died	Discharged	ACCTS	WAST	
Transferred to GGH ICU	1	4	9	14	1	1	12	12	2	One patient died whilst receiving treatment in GGH ICUThe remainder were discharged from Intensive Care.
Remained in PPH ICU	0	6	12	18		9	9			All patients who died were managed under end of life care following active decision for cessation of life sustaining treatment due to assessed un-survivable conditions.
Repat/stepdown to PPH	1	0	1	2		1	1	2	0	
Totals	2	10	22	34						

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 0.6 patients per week over the 23-week period. ACCTS have been able to assist with 85% (12/14) of the transfers to GGH, and the median time to transfer is well within the 24/48-hour window anticipated, with only two transfers exceeding 24 hours post ICU admission and one exceeding 48 hours. All transfers have been undertaken safely without compromise in patient care.

All deaths in PPH Critical Care Unit were in accordance with appropriate end of life care plans and in keeping with the intended principle that wherever possible, patients on end-of-life care plans would not be transferred away from the unit.

Medical Workforce update:

Staffing of the consultant rota remains significantly challenged. Of the 9 funded critical care consultant posts in Carmarthenshire, there are 5 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.

There has been recurrent recruitment activity for both substantive and locum positions throughout the autumn & winter period. The adverts are monitored on TRAC to assess interest. On closure of adverts, if no candidates present, vacancies are re-advertised. The team is working closely with Medical Recruitment, and potential candidates are encouraged to make contact for discussion of the posts.

The most recent round of substantive appointment attempts closed on 8th January 2023 with no applicants. Recruitment attempts will continue. An interview is pending for a locum position with one applicant; however, this alone would be insufficient to enable restoration of the cross-site rota.

The ongoing recruitment challenge is consistent with the struggles of other Health Boards in Wales and across the United Kingdom; with the Faculty of Intensive Care Medicine (FICM)

suggesting 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 provide support, due to their own staffing challenges.

As noted in previous submission, the numbers of consultant staff available cannot support a rota supporting 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.

Since the temporary amendment was applied to the admission protocol of the unit at PPH, a separate potential concern has emerged in relation to the resident grade anaesthetic rota. Emergency anaesthetic critical care and resuscitation cover for PPH is provided by a single doctor out of hours. Whilst to date rota cover has been good, it has been reliant on a relatively small number of individuals. There is an indication that a number of staff on this rota are seeking opportunities elsewhere and are becoming fatigued with the intensity of the rota frequency. Progress has been made in recruiting to Specialist, Associate Specialist and Specialty (SAS) grade posts in Carmarthenshire, but in view of the relatively isolated nature of the role, these doctors do need to have significant experience to safely staff the unit. The result is that the resident grade rota has the potential to become increasingly fragile in the period ahead. Whilst the situation is not critical at present, it is important to signal this as an area of potential future concern. The Board should be aware of the potential for future difficulties in staffing the resident tier in PPH, although this is less of an issue at present than consultant cover.

In parallel with continuing recruitment efforts, the Deputy Medical Director has supported 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.

<u>Nursing Workforce update:</u>

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.

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:

To date, the volume of patients transferred from PPH as a direct consequence of the amended admission protocols has been low and has remained below expected limits. 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.

In light of repeated unsuccessful recruitment attempts and against the backdrop of critical care consultant workforce challenges across the UK, the prospects of securing sustainable consultant level recruitment solutions for qualified critical care consultants sufficient to re-establish the previous dual-site rota arrangements appear limited. Informal discussions have already commenced amongst the critical care and acute medical physician teams 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 whilst not requiring intensive care management/transfer.

It is, therefore, proposed that a more formal engagement process be commenced to support the development of a sustainable longer-term model, involving all appropriate stakeholders. If this principle is supported, it is proposed that a further paper be consider by the Board in March 2023 to describe the engagement process in more detail and the anticipated timelines to formalisation of a longer term sustainable service and staffing model.

Argymhelliad / Recommendation

The Board is requested 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** a continuation of the current amended admission protocols to the unit at PPH in the absence of sufficient consultant resource to support a dual-site rota and to **CONSIDER** a proposal in March 2023 for a more formal engagement process with stakeholders to support the development of a sustainable longer-term service and staffing model.

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 rots.
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 Termau: Glossary of Terms:	Reflected in paper.
Partïon / 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