University Hospitals of Leicester NHS Trust
Caring at its best

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 10TH SEPTEMBER 2014

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

THE FUTURE OF INTENSIVE CARE AT UNIVERSITY HOSPITALS OF LEICESTER

Executive Summary

Introduction:

1. The Trust is about to commit to a significant investment in intensive care services, which will ultimately see intensive care for the sickest patients consolidated at the Royal Infirmary and Glenfield hospitals. The £3.2m programme will involve the creation of two 'super' Intensive Care Units (ICU) a doubling of level 3 capacity, (level 3 is where we care for the 'sickest of the sick') and the development of the largest ICU transport service outside the nation's capital.

2. The plan is part of the Trust's overall vision, which was shared with Health Overview and Scrutiny colleagues in 2012, to become smaller and more specialised as more patients are treated out of hospital and is a major building block in the £320m development of Leicester's hospitals.

Current status:

3. Currently, there are three ICUs, one at each hospital site; however there is not enough capacity at the Leicester Royal Infirmary and the Glenfield Hospital, where the highest number of the sickest patients is to be found, whilst there is overcapacity at the General.

4. Allied to this is the fact that in Leicester and across the NHS, experienced ICU staff are few and far between meaning that the Trust is increasingly spreading its ICU expertise too thinly. This combined with the fact that the ICU at the General looks after less sick patients has resulted in the General's status as a unit for training the next generation of intensivists (Intensive Care Consultants) being revoked.

The future:

5. The transfer of level 3 ICU beds at the General to the Leicester Royal Infirmary and the Glenfield Hospital will bring a number of important benefits.

   a) Fewer cancelled operations as a result of the scarcity of ICU beds on the emergency sites.

   b) Faster access to theatre and ICU for emergency cases

c) 24/7 consultant cover in both ICUs

d) More attractive to the next generation of intensivist (Intensive Care Consultants) in training

e) Better access to diagnostics, physiotherapy, imaging and pharmacy.

f) The capacity to create a regional intensive care transport service for the East Midlands.

6. In short, the plan will deliver extra ICU capacity; better clinical outcomes, shorter waits and units, which are attractive to new doctors and nurses.

Timing:

7. By December 2015 all level 3 ICU beds will be consolidated at the Leicester Royal Infirmary and the Glenfield Hospital. In the interim, the current ICU at the General would become a High Dependency Unit (Level 2). In other words, it would be more specialised than a normal ward, but not as specialised as an ICU.

Engagement and involvement:

8. The project team are undertaking the necessary analysis of patient flows, transport and equality impact of this plan. The numbers of patients directly affected by this move (circa 320 per year) is small but the team recognise that it is nonetheless important to engage during the creation of two super ICUs.

Recommendations:

9. The Trust's intensivists (Intensive Care Consultants) would like the support of the Health Overview and Scrutiny Committee to proceed with this plan. They recognise that this is a significant change to the service, albeit one that was shared in the 2012 vision. With the necessary checks and balances referred to above, the team are convinced that clinically this is the right plan to deliver a new and better future for intensive care in Leicester.

Officer to contact:

Kate Shields, Director of Strategy

Appendices:

The full report is attached as Appendix 1.

THE FUTURE OF INTENSIVE CARE AT UNIVERSITY HOSPITALS OF LEICESTER

Context

1. The Intensive Care Unit (ICU) at the Leicester General Hospital (LGH) site will face significant operational difficulties within the next 12 months in maintaining a safe and high quality service for patients requiring level 3 (the most acute level) intensive care; reasons for this include:

   - The opportunities for critical care staff to gain adequate experience in providing care for the most ill patients is being affected by a reduction in the number of level 3 patients cared for at the LGH site.
   - Changes in the way medical training for intensive care staff is structured has led to the removal of training designation status at the LGH unit
   - The retirement of experienced consultant grade staff.
   - Recruitment to substantive posts at the LGH has failed repeatedly owing largely to the loss of training designation and the reduction in patient acuity is making posts an unattractive proposition for applicants.
   - A national shortage of experienced critical care nursing and medical staff compounding recruitment problems.

2. This means that towards the end of 2015 the level 3 ICU service at the General Hospital will not be clinically sustainable.

Background

3. A report completed by external experts in November 2014 has shown that the LGH does not treat a sufficient number of critically unwell patients to safely maintain a level 3 critical care service on the site, in terms of both emergency and elective work. The report is based on national clinical standards and recommended the merging of units across the Trust into two larger units to improve quality, governance and efficiency. Previous reviews by the Critical Care Network showed environmental and quality issues across University Hospitals of Leicester (UHL) critical care services.

4. The Trust Board has agreed that providing level 3 and level 2 activity in two large critical care units on the Leicester Royal Infirmary (LRI) and Glenfield Hospital (GH) sites appears to provide the most flexible, efficient and viable option to meet national standards for critical care units. Addressing the immediate issue of unsustainable level 3 critical care cover at the LGH site is the first step in delivering this.

5. In summary, even if the current service was clinically sustainable, it would still need to undergo change to ensure modernisation of its ICU infrastructure and capacity.

Governance and Project Framework

6. An ICU reconfiguration steering group has been established which meets bi-weekly and reports into existing UHL governance structures through the UHL Bed Programme Board.

7. The steering group oversees the work of three implementation groups established to address the following areas:

    - Surgical services moving to and from the LRI;
    - Surgical services moving to and from the GH;
    - The creation of a retrievals pathway to transfer patients who require level 3 care post operation (where this could not reasonably have been anticipated) from the LGH to LRI and GH units.

8. The implementation groups are chaired by clinicians and include representation from all affected Clinical Management Groups (CMG). Expertise from the East Midlands Ambulance Service (EMAS) informs the work of the retrieval pathway.

9. The working groups meet weekly and each have been charged with producing:

    - A business case which sets out the potential options for changes to services on each site and a reasoned and justified rationale for selection of a preferred option;
    - A detailed implementation plan which will deliver the required consolidation of level 3 ICU capacity on two sites.

10. A number of options are being considered, that range from the do-minimum through to moving some or all of the high volumes specialties from the LGH site. Any option selected will have an impact on a number of different clinical services. A request for an estate feasibility study was approved by the UHL Capital Investment Committee on the 16th January. This will help scope the likely capital consequences of the options being considered.

11. Of these specialties General Surgery, Hepatobiliary, Nephrology, Urology, Neurology, Obstetrics and Gynaecology draw most heavily upon Level 3 critical care services. The project will assess the most suitable method to enable the delivery of these services in the immediate future, through either re-location to GH or the LRI sites or continued provision on the LGH site, supported by the establishment of a robust retrievals service.

Timeline

12. A full project plan has been compiled that sets out the key milestones and deliverables for the project:-

    - Options appraisals, assessing each potential site solution, to be carried out in February 2015 with the preferred way forward to be sanctioned by the ICU reconfiguration steering group;
    - Feasibility study currently being undertaken by the estates team to ensure full visibility of site utilisation options;
    - Outline Business cases and granular implementation plans to be produced by each workstream for submission to the UHL Bed Programme Board in March 2015;
    - Outline business cases, once authorised to progress through Better Care Together (BCT) UHL Programme Board and Leicester, Leicestershire and Rutland Bed Reconfiguration Board for executive approval;
    - Implementation of agreed action plans enabling a period of shadow running from 1st October 2015;

- New model of level 3 ICU provision to be fully operational by 18th December 2015.

Benefits

13. The remodelling of level 3 service provision across UHL will bring a number of important benefits:

    - The ability for UHL to continue to provide specialist surgical activity for patients in Leicester, Leicestershire and Rutland;
    - Contribution to the rationalisation of ICU beds in UHL to two sites improving quality, safety and sustainability of care;
    - Improved patient experience and quality of care through maintenance of critical skills for the most acute patient;
    - Sustainable 24/7 consultant cover;
    - Better recruitment and retention, providing a more attractive proposition for the next generation of intensivists (Intensive Care Consultants) in training;
    - Better access to diagnostics, physiotherapy, imaging and pharmacy, by having more ICU beds on the two sites;
    - The potential to create a regional intensive care transport service for the East Midlands. This clearly is a longer term benefit and would require a separate business case and planned benefits realisation;
    - The plan will deliver more appropriate ICU capacity where it is most needed, better clinical outcomes, shorter waits and units, which are attractive to new doctors and nurses.

Risks and Issues

14. Failure to secure sustainable level 3 facilities will mean that consideration will need to be given to either transferring patients requiring ICU support across sites, transferring their care to another Trust or alternatively stopping the dependent service. All clearly have very significant clinical, financial and reputational risks associated with them which is why delivery of this business case is so important.

Engagement and communications

15. A communication and engagement plan has been developed and will form part of the overarching messaging within the Better Care Together communication plan. The Director of Communications and Marketing is leading on this and discussions are at an advanced stage around recruiting a communications specialist to work with the reconfiguration team.

16. Members of staff have been involved agree the current issues and what the future state should look like. Weekly meetings with staff are planned for the next two months and the project engagement is supported by human resources representation co-opted onto the steering group.

17. Staff meetings with ICU and theatre staff at the LGH have been taking place since November 2014 and will continue throughout January and February 2015.

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