

## **Update to Health Overview and Scrutiny Committee (OSC)**

**November 2015**

### **Improvements to intensive care provision at University Hospitals of Leicester NHS Trust**

#### **Introduction**

1. The Trust is currently committing significant investment into Intensive Care Unit (ICU) services, which will ultimately see intensive care for the sickest patients consolidated at the Royal Infirmary and Glenfield Hospitals. The plan is part of the Trust's overall vision, shared with OSC 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 capital development of Leicester's Hospitals.
2. At the OSC meeting in March of this year, the difficulties in recruiting staff to support the Leicester General Hospital intensive care unit were discussed; this challenge is exacerbated by the fact that previous service developments now see the highest number of the sickest patients requiring ICU care at the Royal and Glenfield. In order to maintain a safe service, the intention was for level three intensive care services (for our sickest patients) to transfer from the Leicester General to the Royal and Glenfield Hospitals by December 2015.

#### **Current status**

3. Whilst the challenge of the transfer of intensive care services was never underestimated, the complexity of the task has been, and continues to be, extraordinary. The move of level three ICU from Leicester General impacts over 15 services/specialities, including vital surgical specialties, pharmacy teams, medical records staff and space, therapists, administrative staff and on-call facilities. All services/specialities have been engaged in the project, with on-going engagement and negotiations undertaken between clinicians to ensure patient safety and quality of service remains central to planning.
4. We are ensuring that we only move the services that require co-location to level three ICU. This does however mean that where small services are effected, there are knock on consequences for the rest of the service, which will need managing.
5. Determining the workforce and financial implications of all the moves has required much discussion, and all affected groups mentioned above have been crucial to developing the final solutions for where services will be based. This has required full engagement from many individual staff and groups throughout the process, including patient representatives, and has seen lots of input from a variety of people from across the Trust.

6. As planned, the current ICU service at the Leicester General will become a High Dependency Unit. Plans for a 'Stabilisation and Retrieval' service have been developed that will ensure any patient who becomes very sick whilst at the Leicester General will be stabilised on site, then safely transferred by ambulance to either the Royal or Glenfield Hospital when it is safe and clinically appropriate to do so.
7. As part of the overall plan, additional ICU beds will be made available at both the Royal and Glenfield Hospitals by the end of December 2105; this will provide much needed additional capacity for the winter months and help to reduce the number of cancelled operations as a result of lack of ICU beds on the emergency sites.

### **Timescales**

8. Whilst the original timeframes to relocated level three ICU dependent services were by December 2015, it became apparently earlier this year that given the complexity of the task, the required engagement and time to develop viable and safe solutions for each of the services, this was not going to be achievable by that deadline.
9. The intensive care team was charged to explore whether it was possible to extend the time that level three services could be safely provided at the Leicester General for a finite period in order to enable the project to progress to final a solution. The outcome of the discussions was that it would be possible for resource to be relocated from the Royal to the Leicester General for a seven month period to ensure a continued safe service; this is based on the goodwill of our clinical teams and is not sustainable moving forward. Without this goodwill, surgical operations that need multiple organ support and ventilation would have to be cancelled.
10. As it remains a clinical imperative to transfer ICU services to the Royal and Glenfield Hospitals, the timeline for the moves remain outside of the Better Care Together (BCT) consultation process. Level three ICU will move from Leicester General in July 2016. The BCT consultation is due to start on the 30 November 2015.
11. The final business cases outlining the solutions reached, will be presented to the Trust Board in December.

### **The future**

12. As discussed with OSC colleagues previously, the transfer of services will ensure extra ICU capacity, better clinical outcomes, a reduction in elective cancellations, shorter waits for patients, and units that are more attractive to new doctors, nurses and other health practitioners. There will be faster access to theatres and ICU for emergency cases, 24/7 consultant cover in both ICUs, and better access to diagnostics, physiotherapy, imaging and pharmacy.

### **Engagement and involvement**

13. Staff engagement has been on-going; there will be staff briefings in November, followed by Listening into Action events in the New Year. This will give all staff an

opportunity to ask questions and discuss the implications for them personally. Information has been shared regularly with staff via the Chief Executive monthly briefing, and managers have been engaging with their staff on the plans.

14. A patient representative sits on the ICU Reconfiguration Board that meets fortnightly, to ensure the voice of the patient is thoroughly considered when making decisions. Moving forward, implementation groups will be set up on each site to manage the moves; they will report to the ICU Reconfiguration Board and provide further assurance to the patient representative as we move closer to July 2016. A plan is in place to communicate with patients about the changes from March 2016.

### **Recommendation**

15. The Trust would like the OSC's on-going support with this plan and the revised timescales. Our clinicians remain in agreement that this plan is the right one for patients and for a better future for intensive care in Leicester.