

**Board of Directors Meeting in Public - Cover Sheet**

<b>Subject:</b>	Critical Care Anaesthetics Workforce Review		<b>Date: 2 December 2021</b>	
<b>Prepared By:</b>	Jamie-Rae Burgoyne – Operations Manager, Critical Care			
<b>Approved By:</b>	Simon Barton – Chief Operating Officer			
<b>Presented By:</b>	Richard Mills – Chief Financial Officer			
<b>Purpose</b>				
To request Board of Directors' approval for investment to increase capacity and staffing within Adult Critical Care Services.			<b>Approval</b>	X
			<b>Assurance</b>	
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
	X			
<b>Risks/Issues</b>				
<b>Financial</b>	Will require significant financial investment (capital and revenue) but will safeguard elective activity equating to £4.7m per year			
<b>Patient Impact</b>	Increase the availability of services we can offer to patients and ensure we can continuously accommodate elective activity			
<b>Staff Impact</b>	Ensure safer staffing levels without relying on bank/agency/locum to avoid staff burnout			
<b>Services</b>	Increase the range of services offered to patients and enable a 24/7 service with full cover			
<b>Reputational</b>	Maintain and improve the reputation of the unit and care delivered in CCU			
<b>Committees/groups where this item has been presented before</b>				
TMT – 18 August 2021				
Finance Committee – 22 November 2021				
<b>Executive Summary</b>				
<p>The aim of this document is to outline a proposal for Adult Critical Care services to establish an additional 2 bed spaces within the CCU footprint and sufficient staffing to cover unplanned admission, scheduled elective and non-elective surgical activity. This will improve CCU staffing levels, On-Call and Out of Hours (OOH) which fails on many accounts to meet the current national guidelines for delivery of basic critical care services (including poor estate, GPICS2 gap analysis) and obstetric cover.</p> <p>This proposal aims to achieve the following as a direct result of the additional bed spaces:</p> <ul style="list-style-type: none"> <li>▪ Increased throughput of patients to allow increased capacity for both Critical Care and the wards in a number of different specialities</li> <li>▪ Ability to keep Critical Care within its geographical footprint; reducing the possibility of surge into Recovery / Theatres</li> <li>▪ Mitigation of risks ≥9 on the Risk Register</li> <li>▪ Reduce pressure and stress on staffing, helping to increase their mental and</li> </ul>				

physical well-being

- Reduced Critical Care length of stay
- Reduced hospital ward length of stay
- Release of resource in terms of bed days through a reduction in length of stay
- Improved functional status of patients at Critical Care and hospital discharge
- Improved quality of life in survivors of critical illness

In order to achieve the above aims, the objectives of this proposal are to:

- Decrease the staffing gap analysis as set out in the GPICS2 (see Appendix 1) standards
- Increase to 12 x L3 equivalent bed spaces within CCU and/or 15 beds in total in line with NHSI requests to maintain 125% capacity
- Invest in Multidisciplinary Rehabilitation and Support Services to meet service specification, improve flow and deliver quality improvement which has previously been described as a 'struggle' in our last CQC report
- Deliver 24/7 CCOT cover as described in the CQC 'should do's' through the reduction of pressures and interventions required across all ward areas and support services, providing Divisional benefits across the Trust as a whole

## Benefits

Through the increase of CCU bed base to 15 this will safeguard elective activity as it will enable the unit to consistently offer 1 x L3 equivalent or 2 x L2 equivalent bed spaces meaning the likelihood of patient procedures being cancelled is reduced, circa. £4.7m per year.

### • What is preventing progress?

Without investment we will be unable to invest in the proposed service through the increase of staffing and ability to meet CQC and GPICS2 standards.

### • What do you need to progress?

Approval for investment.

### • What are the consequences of not doing it?

The implications of not approving the proposal with the current demands on the service are:

- Inability to protect the current level of elective activity due to increase geographical footprint
- Increase the potential for staff sickness which currently stands at >8% per year (25% of this is anxiety / stress / depression related as of June 2021) and increased staff turnover rates of 0.3% per year
- Reduce the potential to avoid Trust incidents / 'Never' events
- Likelihood of increased Hospital Acquired Infections due to length of stay and

reduction of resources when surging into other clinical areas

- Long stay Critical Care patients requiring lengthy periods of inpatient rehabilitation
- Reduced capacity of Critical Care and wards to new admissions
- Poor long term physical and non-physical outcomes for survivors of critical illness
- Non-compliance with NICE guideline CG83 (see Appendices)

## **Conclusions**

There is a requirement for the service to address a number of key issues:

- Increase level of clinical support at resident level
- Right-Size in and out of hours staffing resources
- Increase levels of rehabilitation support
- Plan for increase in activity and acuity of admissions
- Mitigate Junior Out of Hours Provision
- Deliver NHSI requirement of 90% elective workload whilst maintaining 125% critical care capacity

**The Trust's Board of Directors is requested to consider and approve the proposal for investment to increase capacity and staffing within Adult Critical Care Services.**