

The relocation of Intensive Care capacity and associated specialties from the Leicester General site

Rutland Adult and Health Scrutiny Panel

Thursday 5th April

Paul Traynor – Chief Financial Officer
Nicky Topham – Reconfiguration Programme Director
John Jameson – Deputy Medical Director
Rakesh Vaja – Head of Service Critical Care

One team shared values



Background

The current configuration of ICUs / the whole Trust is an accident of history not an act of design

The need to consolidate ICU became urgent in 2014 – Business Cases were approved internally by the Trust in 2015, but were not progressed due to the national lack of capital for NHS developments.

The Trust was then successful in its bid for £30.8 million to consolidate ICU at the Royal and Glenfield in the 2017 Spring Budget.

The OBC was supported by the Trust and CCG Boards in November 2017 and is currently with NHSI for approval.

The FBC is due to be taken to Trust & CCG Boards in June 2018 for support.

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Why is this important?

Historically 3 ICUs, one on each site - this triplication of services is unsustainable & inefficient; the biggest risk is the lack of a suitably qualified clinicians to maintain safe Level 3 ICU services across the three sites.

The Leicester General does not treat a sufficient number of critically unwell patients to safely maintain Level 3 ICU services.

Sticking plasters have been put in place to provide interim safe service provision – the service however remains clinically unsustainable in the longer term.

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Factors requiring change

The opportunities for critical care staff to gain experience in providing care for the most ill patients was affected by a reduction in the number of level 3 patients cared for at the General.

Changes in the way medical training for critical care staff is structured led to the removal of training status at the General

The retirement of experienced consultant grade staff

Recruitment to posts failed repeatedly largely due to the loss of training status and reduction in patient acuity.

A national shortage of experienced critical care nursing and medical staff compounding recruitment problems.

Summary: Qualified staff are in short supply nationally, the ones that are available can pick and choose and they choose the bigger centres with sicker patients and designated training. We need to compete.

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Engagement

In February and March 2015 the issue was shared with Leicester City and Leicestershire County Health Scrutiny Committees; both understood the clinical priority and supported the plan with the County waiving the option of public consultation and City noting that for safety and welfare reasons consultation was unwarranted.

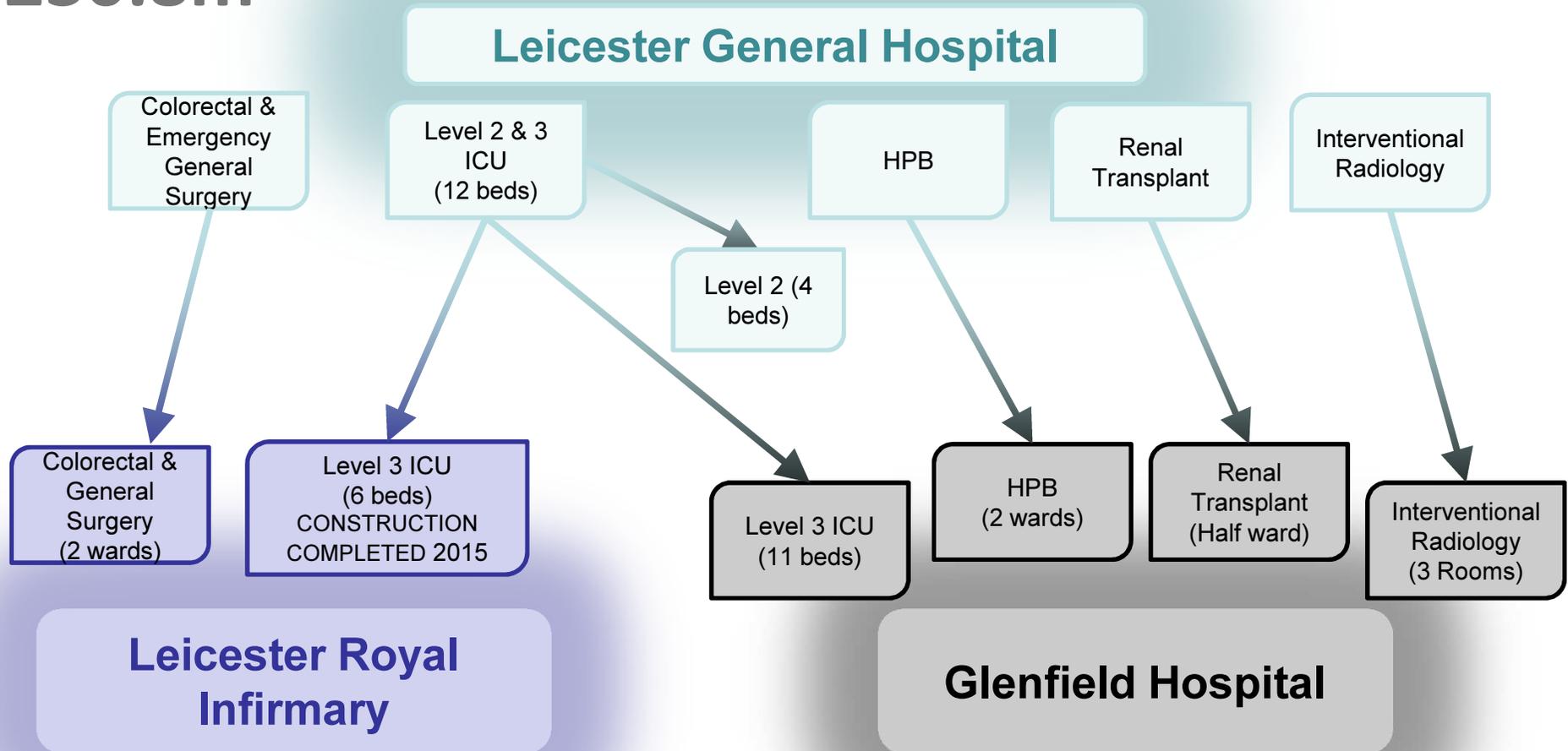
A presentation was not made to the Rutland committee at this time and we are here to make amends.

As part of the national Outline Business Case approval process CCGs have reaffirmed support for these service changes.

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The creation of 2 super ICUs: £30.8m



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Summary

1. The current configuration of the hospitals / ITU is an accident of history, not a design.
2. Trying to run 3 ITUs for the size of population across Leicestershire and Rutland makes no sense and stretches clinical teams beyond what can reasonably be expected... not to mention the cost of triplication.
3. We have too little ICU capacity at Glenfield / Royal and too much at General, meaning we're cancelling sick patients for want of ICU beds
4. The clinical team have been brilliant and tolerant but getting by on goodwill alone is not sustainable
5. The £31m investment means we can finally fix this, consolidate clinical talent and resources and start to get the right clinical services next to one another.
6. We'd like your approval please.

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