

Critical care response: where we came from and where we need to go

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NHS England and NHS Improvement



Thank you

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NHS intensive care 'at its limits' because of staff shortages

Units are so overwhelmed that life-saving operations are having to be delayed, warn senior doctors



Many units are frequently at 100% capacity when they should not exceed 85%, said one senior doctor. Photograph: Christopher Thomond for the Guardian

NHS intensive care bed delay 'led to patient's death'

15 February 2017

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Doctors had to approach a consultant out of the area

Where we were..

Intensive care 'disaster' warning

9 October 2010

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The relatively low number of intensive care beds in UK hospitals means it is poorly prepared for major disasters, a report in the Lancet says.



Experts believe there will not be more intensive care beds as health budgets shrink

Critical care experts say there may be as few as 3.5 intensive care beds per 100,000 people in the UK, compared with more than 24 per 100,000 in Germany.

The experts from Canada also said demand for intensive care was likely to rise with an ageing population.

A Department of Health spokesman said the number of beds was rising.

Critical care units 'too full and understaffed'

By Owain Clarke
BBC Wales health correspondent

26 August 2016

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Demand for critical care is rising but more patients are surviving, the report says

NHS intensive care units sending patients elsewhere due to lack of beds

Exclusive: Doctors say 80% of units sending patients to other hospitals amid chronic shortages

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Health

Bowel surgery death rate 'too high'

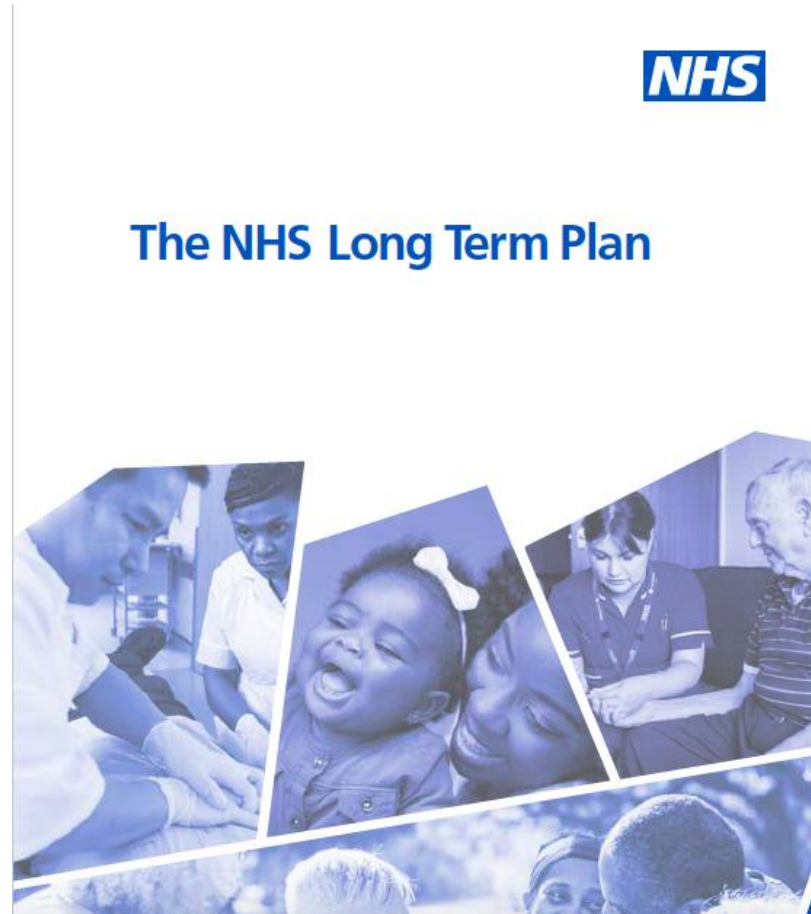
Too many patients are dying following emergency bowel surgery, experts who have done a comprehensive audit warn.

6 hours ago | Health

Trainee surgeons use TV-soap dummies



Where we were



Where we were...

3.108. For those patients that do need an operation, whether for MSK or any other condition, short waits are important. Cataract extraction, joint replacements and other planned surgery all help people stay independent and yield important quality of life gains. In the 1990s and 2000s the NHS made large investments in reducing waiting times for planned surgery. Waiting times remain low by historic standards, and GP referrals are flat, but in recent years treatment capacity has not grown fast enough to keep up with patient need, and the number of patients waiting longer than 18 weeks has been steadily increasing. **Under the Long Term Plan, the local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.** The phasing of this improvement will partly be shaped by the availability of staff to expand treatment capacity in hospitals, and will be determined annually through the planning guidance process.

can also provide training and support for local clinicians working with women, such and midwives.

3.18. **All maternity services that do not deliver an accredited, evidence-based feeding programme, such as the UNICEF Baby Friendly Initiative, will begin accreditation process in 2019/20.** Only 57% of babies in England are currently born in an accredited 'baby friendly' environment. Our breastfeeding rates compare unfavourably with other countries in Europe⁸⁸. There is substantial variation between parts of England, with over 80% of babies breastfed at 6-8 weeks in some parts of London compared with 32% in parts of the North East⁸⁹.

3.19. **We will redesign and expand neonatal critical care services to improve the safety and effectiveness of services and experience of families.** In particular, we will address the shortage of neonatal capacity through the introduction of more Neonatal Intensive Care Cots where the Neonatal Critical Care Review has identified under capacity. We will improve triage within expert maternity and neonatal centres so that the right level of care is available to babies as close to the family home as possible. This will improve survival, safety and the quality of outcomes for babies.

3.20. **We will develop our expert neonatal nursing workforce.** This will mean extra neonatal nurses and expanded roles for some allied health professionals to support neonatal nurses.

3.21. **We will enhance the experience of families during the worrying period of neonatal critical care.** From 2021/22, care coordinators will work with families within each of the clinical neonatal networks across England to support families to become more involved in the care of their baby and invest in improved parental accommodation.



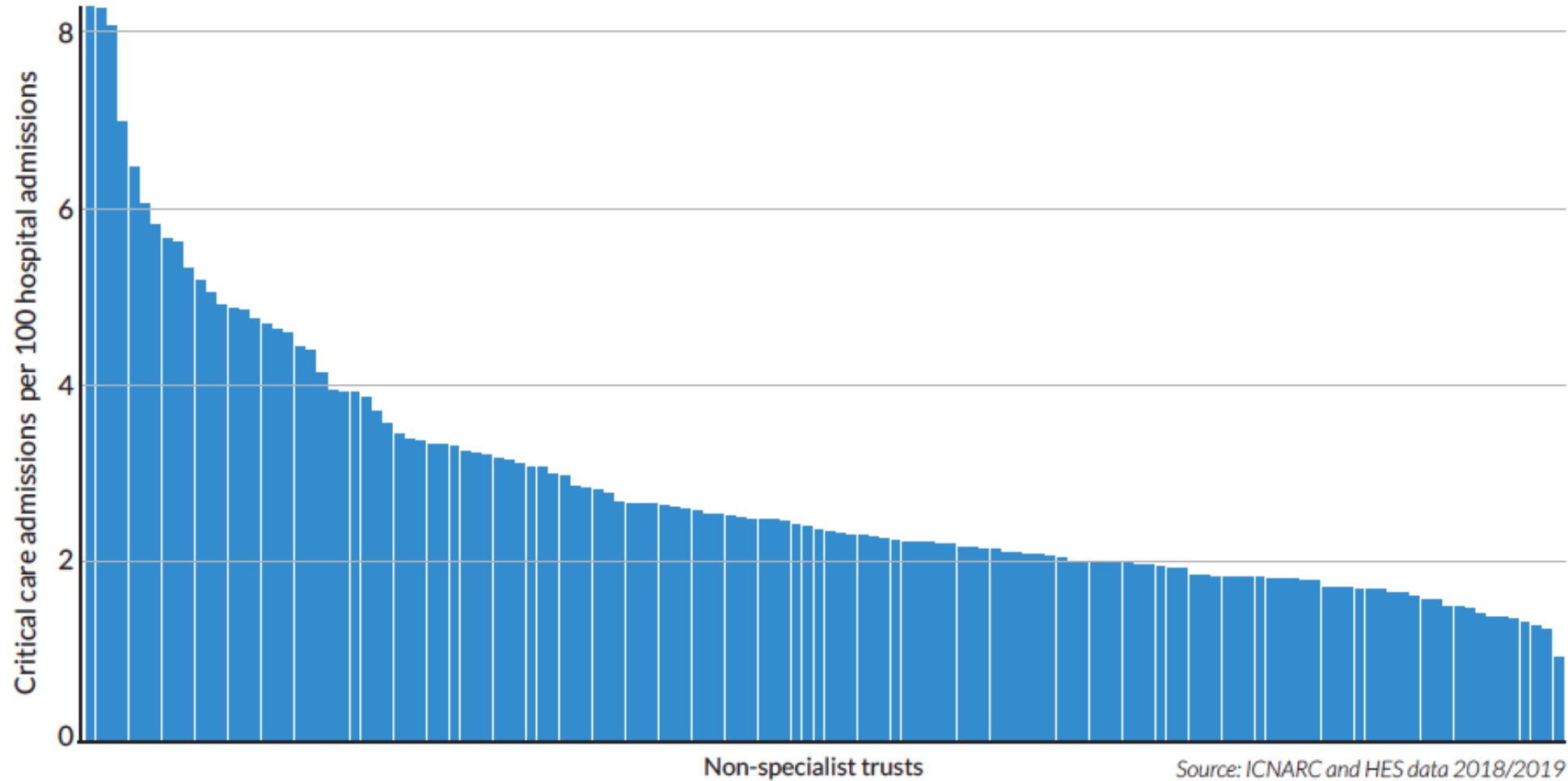
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For those patients that do need an operation, short waits are important. People who have planned surgery all help people stay independent and yield important quality of life gains. In the 1990s and 2000s the NHS made large investments in reducing waiting times for planned surgery. Waiting times remain low by historic standards, and GP referrals are flat, but in recent years treatment capacity has not grown fast enough to keep up with patient need, and the number of patients waiting longer than 18 weeks has been steadily increasing. **Under the Long**



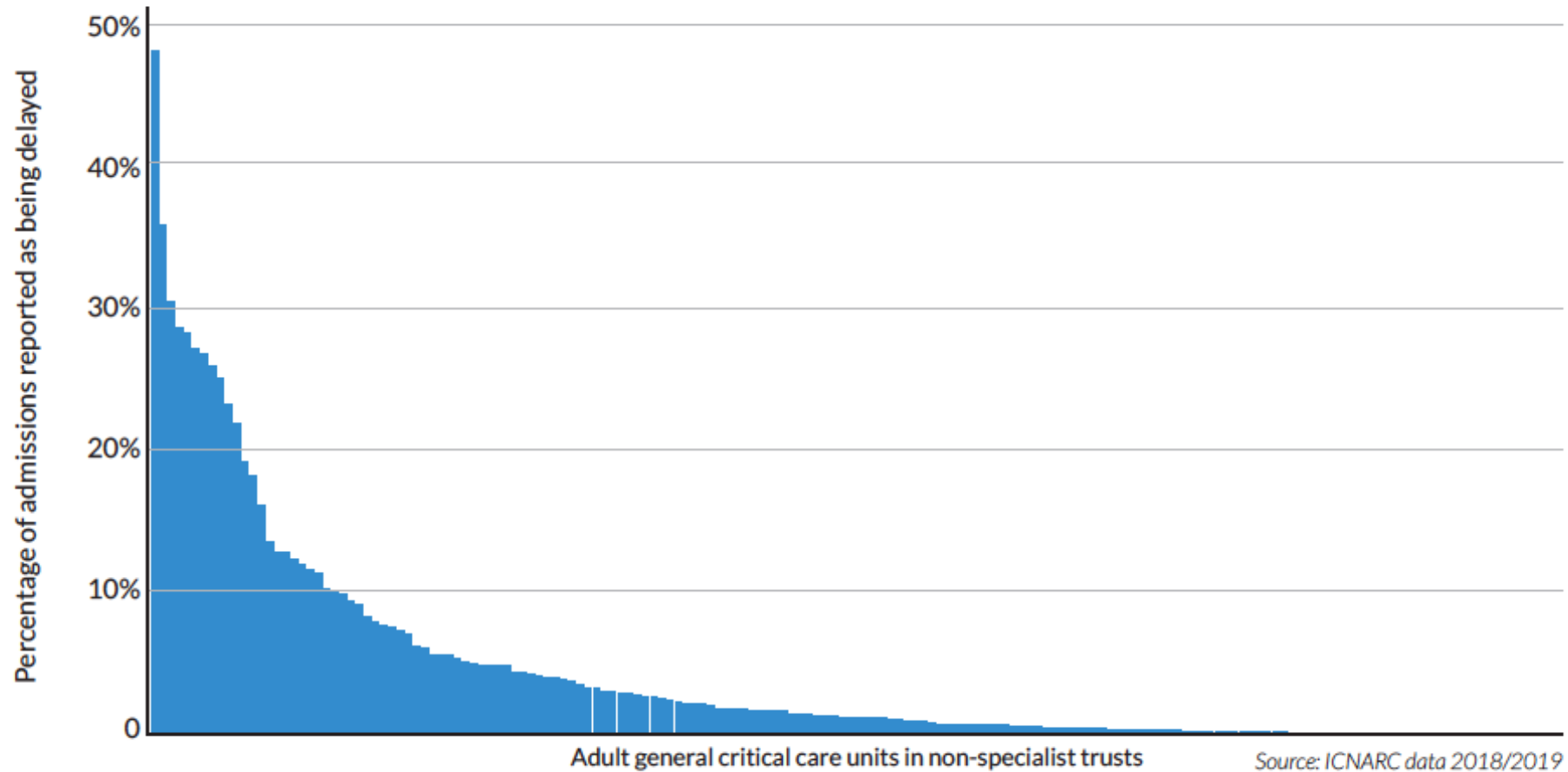
Where we were...inequity of access?

Figure 4: Critical care admissions relative to hospital admissions (non-specialist trusts), April 2018–March 2019



Where we were...inequity of access?

Figure 5: Delayed admissions to critical care (non-specialist trusts), April 2018–March 2019

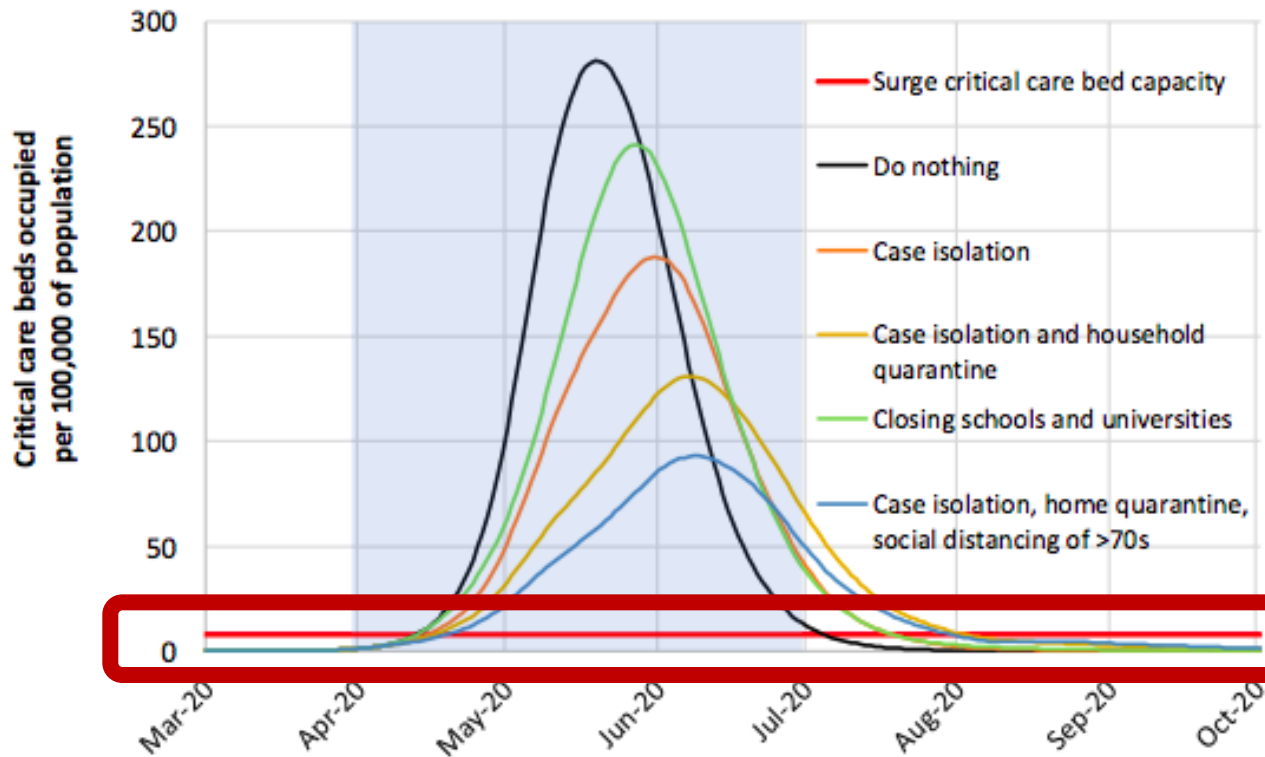


Where we went...Covid

NHS England and NHS Improvement



Predicted number of critical care beds required – Imperial model March 2020



The Countries With The Most Critical Care Beds Per Capita

Total number of critical care beds per 100,000 inhabitants in selected countries*



* Most recent U.S. and EU data from 2009 and 2012 respectively. Asian data is from 2017.

Sources: National Center for Biotechnology Information, Intensive Care Medicine (journal), Critical Care Medicine (journal)

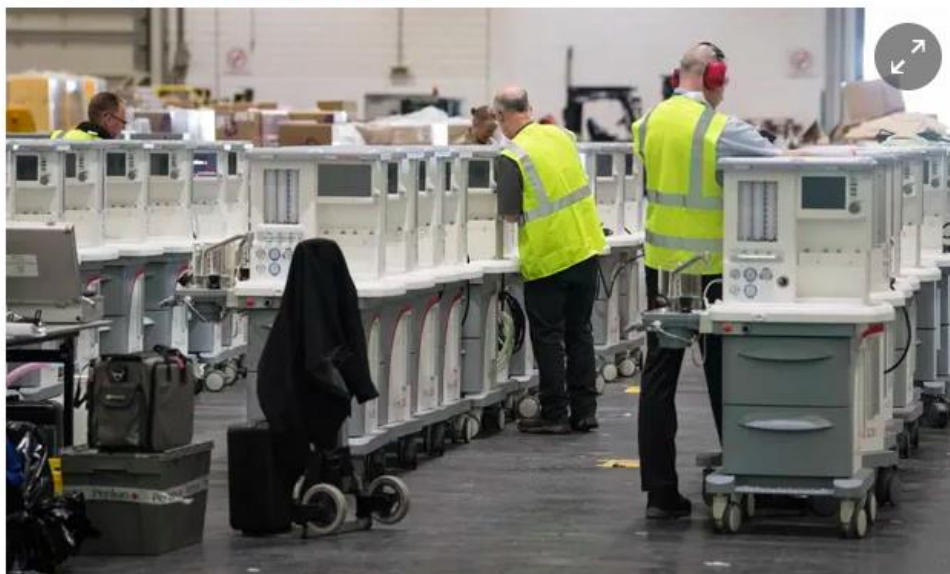
Where we went...Covid

Where we went...Covid

Coronavirus: London hospital almost runs out of oxygen for Covid-19 patients

Incident at major hospital raises fears over pressure on supplies during pandemic

● [See all our coronavirus coverage](#)



▲ Ventilators being prepared at the ExCel centre in London, which is being turned into a temporary hospital.

This is what an 'overwhelmed NHS' looks like. We must not look away

Christina Pagel

With the NHS stretched to the limit by Covid, here is the grim truth of what is unfolding in Britain's hospitals

- Christina Pagel is director of UCL's Clinical Operational Research Unit
- [Coronavirus - latest updates](#)

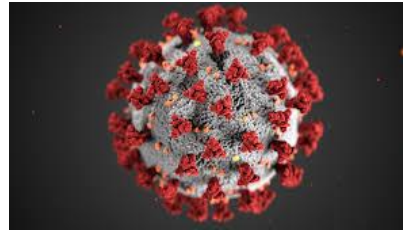


Where we went...Covid



Reflections

- Remember the context



Coronavirus

'I shook hands with everybody,' says Boris Johnson weeks before coronavirus diagnosis - video

Fri 27 Mar 2020 17:43 GMT

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Reflections



- Remember the context
- Preparation, preparation, preparation...

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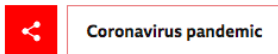
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Covid PPE: How healthcare workers came to feel 'expendable'

By David Shukman
Science editor

🕒 6 February 2021



Shortage of personal protective equipment endangering health workers worldwide

3 March 2020 | News release | Geneva | Reading time: 2 min (471 words)

WHO calls on industry and governments to increase manufacturing by 40 per cent to meet rising global demand

The World Health Organization has warned that severe and mounting disruption to the global supply of personal protective equipment (PPE) – caused by rising demand, panic buying, hoarding and misuse – is putting lives at risk from the new coronavirus and other infectious diseases.

Reflections



- Remember the context
- Preparation, preparation, preparation...
- **Bad news sells newspapers**

Entire UK order of 250 Chinese ventilators ditched over danger to lives

Doctors found breathing kits were so badly made they feared they could kill patients

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)



The ventilators were shared among hospitals in the West Midlands. Photograph: Ket Sang

The young were favoured over the old, who made up the vast majority of the deaths. The chief medical officer, Chris Whitty, commissioned an age-based frailty score system that was circulated for consultation in the health service as a potential “triage tool” at the beginning of the crisis. It was never formally published.

It gave instructions that in the event of the NHS being overwhelmed, patients over the age of 80 should be denied access to intensive care and in effect excluded many people over the age of 60 from life-saving treatment. Testimony by doctors has confirmed that the tool was used by medics to prevent elderly patients blocking up intensive care beds.

INSIGHT INVESTIGATION

Revealed: how elderly paid price of protecting NHS from Covid-19

While ministers delayed lockdown, soaring cases were putting immense pressure on hospitals. Our investigation shows officials devised a brutal ‘triage tool’ to keep the elderly and frail away

£13m wasted on inferior Nightingale beds

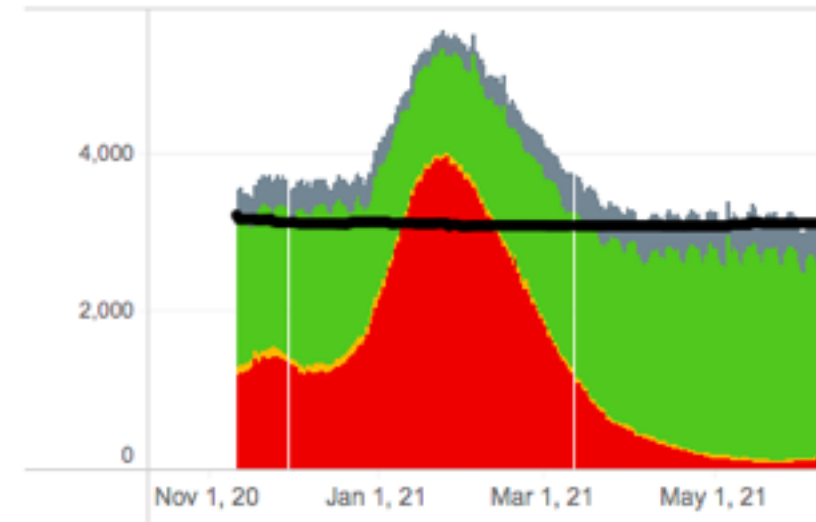


Hundreds of beds bought for Nightingale wards do not meet the standards required for other NHS hospitals
JOEL GOODMAN/LNP

Reflections



- Remember the context
- Preparation, preparation, preparation...
- Bad news sells newspapers
- **But we got a lot right**



Reflections



- Remember the context
- Preparation, preparation, preparation...
- It's easy to focus on the stuff which wasn't perfect
- But we got a lot right
- **We were all just trying our best**

Where we are



Bed Numbers

	Bed Numbers	Occupied
Within ACC	3,762	2,901
Surge	237	32
Total Beds	3,999	2,933
Up in 48 hours	176	

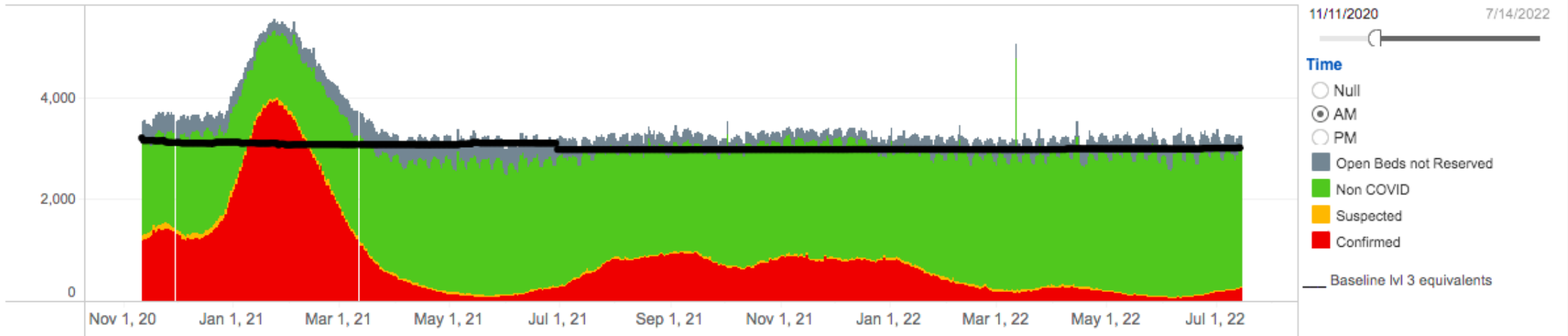


Occupancy

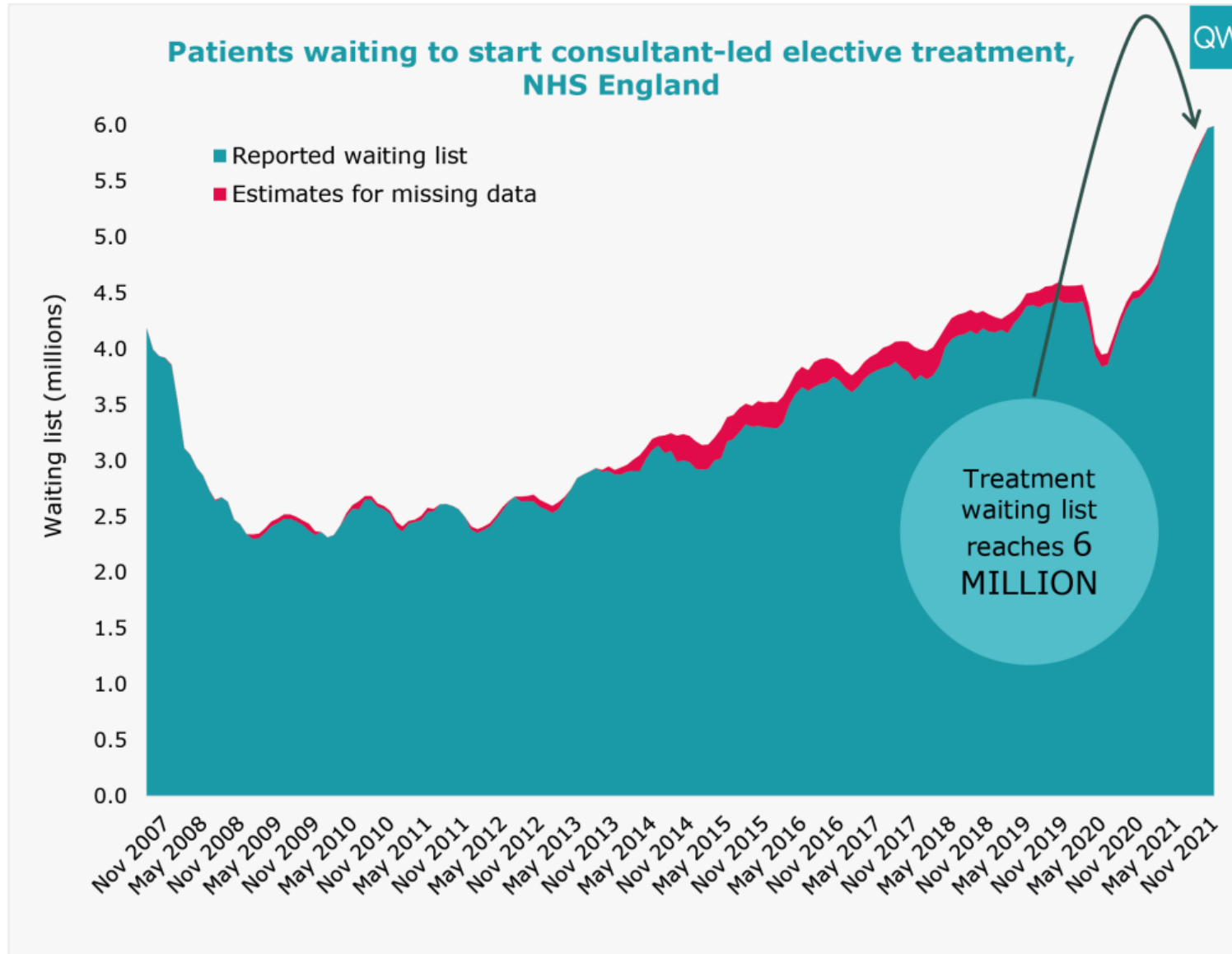
Open Beds not Reserved	294
Occupancy against Baseline beds	82.3%
Occupancy against beds within ACC	77.1%
Occupancy against Total Beds	73.3%

Occupancy Above Baseline	0.0%
Above beds within ACC	0.0%

Trend Chart



Where we are



Where we want to be...

- **Equitable provision of high-quality Adult Critical Care for any patient who requires it**
- **A healthy, compassionate and inclusive critical care workforce, able to deliver the best possible care to patients**
- **Consistently improving outcomes for patients**
- **Efficient pathways of care which demonstrate value for money**
- **Sustainable and resilient services which are sufficiently resourced to respond to change**

Service delivery – thinking differently



- **Right patient, right bed, right time**
 - Enhanced perioperative care
 - Right environment for patients recovering after surgery
 - Other enhanced care
 - Respiratory
 - Improved flow in and out of critical care and hospital
 - Different admission/discharge models for different types of service
 - Better use of our existing resources (level 2 and 3 care)
- **System-level approaches**
 - Right patient, right bed, right time, right service
 - Considering the role of transfer services
- **Considering the entire pathway and our role in it**
 - Emergency and outreach services
 - Long-term weaning services
 - Post-critical illness rehabilitation
 - Critical care without walls 2.0

Vision:

- To develop and sustain a healthy, compassionate and inclusive critical care workforce, able to deliver the best possible care to patients

Mission:

- To support our people to achieve their best potential
- To deliver critical care services which are safe, effective, patient-centred, efficient, timely and equitable

Key objectives

- Supporting staff health and wellbeing
- Creating a sustainable, flexible workforce
- Retaining, recruiting and enabling career development pathways for staff
- Adopt better, more sustainable ways of working

Workforce – thinking differently



- **We want to expand our services but we can't fill our current establishment**
 - Retention
 - Recruitment
 - Improving the lives and opportunities for our workforce
 - Thinking differently about career pathways and day-to-day work-life particularly for non-doctors
 - A focus on health and wellbeing (interventions, not just measurement)
 - Bringing the Mountain to Mohammed
 - Workforce innovation
- **Patient-centred care**
 - Team and skills based approaches
 - New / newish roles:
 - Associates / ACCPs
 - Advanced Care Practitioners
 - Healthcare support workers
 - Technicians

Strategic aims



- **Primary prevention:**
 - **Right patient, right bed, right time**
 - **More capacity**
 - **Different capacity**
 - **Addressing inequity – for staff and for patients**
- **Job-planning for all staff Band 6 and above**
 - **Professional development front and centre of working lives**
 - **Linked to appraisal**
 - **Linked to levers**
- **Peer support / health and wellbeing teams – within and between units/services:**
 - **Strengthening and empowering Professional Nurse Advocates**
- **Compassionate leadership**
- **Better career planning opportunities**
 - **Retention as well as recruitment and new models of working**
 - **Clinical and portfolio careers**
- **Considering and evaluating different workforce models**
 - **Opportunities – not losses**
 - **At both ends of the career pathway (diversity and retention)**

Thank you

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