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<b>Key words</b>	Critical care beds
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<b>Attachments</b>	Yes

## Freedom of Information Act Disclosure log - Reply Extract

### You asked

I am collecting information on critical care beds capacity in the NHS. I am defining a critical care bed as: "A bed able to provide ongoing care to a Level 2 or Level 3 patient".

**Please fill in the answers directly into the attached Excel sheet. Anything that won't go into the sheet, please add as additional answer by email**

\*\*\*\*\***QUESTIONS BEGIN**\*\*\*\*\*

**1: What is the total number of critical care beds (Level 2 and Level 3) per 100,000 of the population your trust serves?**

If you cover both secondary **and tertiary care**, please provide your TOTAL bed: population ratio for the whole trust, AND a figure for both types of service

**2: How many critically ill patients were transferred from your hospital to another hospital's critical care unit for non-clinical reasons in 2016-17?**

**3: How many days in 2016-17 was the occupancy of your critical care beds over 85% at least one point during those 24 hours?**

**4: How many patients had an elective operation cancelled due to lack of a critical care bed capacity in 2016-17?**

**5: How many days in 2016-17 was at least one critical care bed closed due to lack of staff for at least part of the day?**

### Our reply

Please refer to the attached spreadsheet as requested

**Attachments included:** Yes

Name	Organisational Code	Q1: total bed numbers	Q1: total beds secondary
Plymouth Hospitals NHS Trust	RK9	<p>ICU beds total is 26. We serve a population peninsula population of almost 2,000,000 people population due to seasonal variation especially across the whole South West Peninsular we patients during the holiday season. Likewise ICU beds are used flexibly and the commission differently (one on block, one vs impossible to state number of secondary vs</p>	

ICU = intensive Care unit

ICNARC = Intensive Care National  
Audit and Research Centre

SSQD = Specialised Services Quality  
Dashboards



Q1: total beds tertiary	Q2: Total 2016-17	Q3
<p>of 450,000 with a wider  people. Highly variable  ally for tertiary services,  see an increase of 1,000  commissioners  riable) so again  tertiary beds.</p>	<p>0  None. We almost never undertake non  clinical transfers due to our local  geography as due to transfer times it  rarely generates capacity during that  shift. We do bring forward repatriations,  we have incredibly flexible and helpful  nursing staff and we utilise our internal  escalation plans to cope</p>	<p>26  Depends whether you look at  occupancy of 26 beds or occupancy  of staffed beds. Occupancy of staffed  beds nearly 100%, occupancy of  ICNARC beds (ie 26) probably around  75%.</p>

Q4: Total 2016-17	Q5: Total 2016-17
2016 44 with 0 recorded in 2017	
<p>The last quarter data collection process is being reviewed to improve the accuracy of the data. Although this is a field on the SSQD database, it is not actually that straightforward to collect accurately eg is a cancellation due to theatre overrun an ICU cancellation if the list started late due to lack of bed availability at 08:00?</p>	<p>The number of beds opened/closed are adjusted on a shift by shift basis to match staffing numbers and patient acuity dependency. Emergency capacity is maintained throughout. Staff work flexibly throughout the adult critical care areas to ensure maximum capacity. Senior Sisters work clinically to support Registered Nurses and other Health professionals. If a situation arises where a bed is not covered by a Registered Nurse this bed will be temporarily closed until staffing or a change in patient dependency allows it to reopen. This unfortunately means that elective surgery is at time cancelled for lack of a staffed critical care bed. The ICU has a robust escalation plan and therefore where the total of staffed beds is exceeded, following rigorous assessment, patients may be moved to an alternative care setting (Main recovery) to ensure there is always capacity to admit non-elective patients with critical care needs.</p> <p><b><i>It is suggested that an alternative questions might be: How many days did you have fewer staff on shift than your intended establishment?</i></b></p>





