LANCASHIRE & SOUTH CUMBRIA
Critical Care and Major Trauma
Specialised Services Clinical Network

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12th January 202616 January 2026

Re: Furness General Hospital Critical Care Provision

Further to our letter dated 9 July 2025 (appendix 1), in which we set out in detail the ongoing challenges University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) has faced over the past ten years-and continues to face-in delivering a sustainable Intensive Care Consultant workforce at the Furness General Hospital (FGH) site, we have now been asked to provide a further review covering the most recent 15 months, during which the interim Level 3 stabilisation and transfer model has been in place.

Despite UHMBT's continued efforts to recruit sufficient numbers of appropriately trained Intensive Care Consultants, it remains our view that the current workforce provision does not meet the minimum standards set out in the *Guidelines for the Provision of Intensive Care Services (GPICS)* or the *Adult Critical Care Service Specification*. This position remains unchanged from that outlined in our previous correspondence.

Reviewing Level 3 activity at FGH between 23 September 2024 and 30 November 2025 (a period of 62 weeks), a total of 100 Level 3 patients were identified, equating to an average of 1.6 Level 3 patients per week. While there are no nationally defined minimum activity thresholds to determine the level of clinical exposure required to maintain competency, it is our opinion that this volume of activity is insufficient to sustain the level of expertise necessary to deliver safe, high-quality Level 3 care.

In our view, the current model continues to present a critical risk to the organisation, as it remains heavily reliant on locum, bank, and additional duty sessions. Experience over several years has demonstrated that this approach is neither reliable nor sustainable.

We have been assured that there has been no patient harm associated with transfers to the Royal Lancaster Infirmary (RLI) site. It remains our opinion that the current Level 3 provision-based on stabilisation and transfer-represents a safe and pragmatic solution for maintaining high-quality Critical Care services across UHMBT.

We remain concerned that delays in reaching a definitive decision are creating ongoing challenges in operationalising the current treat-and-transfer model and in remodelling the Level 2 service at the FGH site. This has resulted in a continued requirement for derogations against the Service Specification and relevant Professional Standards.

Yours sincerely

Helen Louise O'Neill
Network Director

Dr Paul Dean
Critical Care Network Medical Lead

Addendum

The Trust has requested that a review be undertaken by the Network to recommend a future Critical Care bed base at FGH in the event of the current treat and transfer model for L3 patients at FGH being made permanent. As part of this review, the Trust has also asked that consideration be given to incorporating the current Patient Progression Unit (PPU), which comprises three Level 1 beds located at the end of the Critical Care Unit footprint.

Incorporating the PPU into the Critical Care Unit would bring these beds under the governance arrangements of Critical Care, thereby supporting the delivery of safe, high-quality care. This would also ensure that these beds are subject to peer review against GPICS national standards.

Previous FGH Model

- 3 x Level 3 beds
- 3 x Level 2 beds
- 3 x Level 1 beds (PPU)

Proposed FGH Model

- 6 x Level 2 beds
- 1 x Level 3 stabilisation bed to support treat and transfer to RLI

The proposed model has been developed following a review of Level 1 and Level 2 activity data from recent years within FGH Critical Care. Although operational oversight of, and access to, PPU activity data has not fallen within the remit of the Critical Care Network, the Network considers the proposed model to provide a safe and appropriate bed base.

While it is anticipated that a combination of 3 Level 1 (L1) and 3 Level 2 (L2) beds would be sufficient, the Network has no available activity data for the existing 3 L1 PPU beds, nor is there a formally commissioned L1 bed provision. In light of this, the proposal is for 6 L2 beds to ensure safe and adequate capacity. This position will be reviewed after 12–18 months, with the expectation that the full requirement for 6 L2 beds may not be required in the longer term. The nursing workforce required to staff a model comprising 3 L1 and 3 L2 beds is equivalent to that required for 6 L2 beds.

The Network requests that the Trust prioritises the timely step-down of patients who are clinically ready for discharge to the ward, in order to optimise capacity, patient flow, and operational efficiency within the unit.

Appendix 1: FGH Critical Care Provision Letter, dated 9 July 2025

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