

Network Critical Care Transfer and Retrieval Faculty – Annual Meeting

Wednesday 12th June 2014 10am-4pm
The River Meeting Room, 1st floor, 13 Lower Mall, Hammersmith, W6 9DJ.

Action Note - Draft		
Present		Apologies for absence
Jonathan Handy	(Chair) Chelsea and Westminster NHS Foundation Trust	Huw Preece – ICHT CXH, Fiona Moore – LAS, Doris Doberenz – ICHT CXH, Elaine Manderson – C&W, Joan Milton – NPH, Gary Wares – RMH, Pascale Gruber – RMH, Catherine Forsythe – RMH, Chris Woollard – THH, Emma Casely – THH, Tim Peters – WMUH, Jacqui Finch – NWLHT, Chris Hill – Kings, Suzanne Bench – Kings, Steven Pearce – New Bucks University, Deborah Dorset – University of Greenwich, Debs Addley – THH, Roseanne Meacher – ICHT CXH, Anthony Bastin - RBHT
Nigel West	Hillingdon Hospital NHS Foundation Trust	
Sohan Bissoonauth	Hillingdon Hospital NHS Foundation Trust	
Julie Oxtan	Imperial College Healthcare Trust – St Mary's	
Sarah McNeilly	Imperial College Healthcare Trust – St Mary's	
Dan Ballard	London Ambulance Service	
Melissa Dransfield	The Royal Brompton & Harefield NHS Foundation Trust	
Rohit Juneja	The Royal Marsden Hospital	
Angela Walsh	Critical Care Network NWL	
Gezz Van Zwanenberg	Critical Care Network NWL	

Agenda	Actions	Status
1. Welcome and introductions	Jonathan Handy welcomed everyone to the Annual Transfer Faculty meeting . Apologies for absence were noted as above.	
2. Notes and actions from the Annual faculty meeting held on 5th June 2013	The outline agenda was agreed by members and it was confirmed that the purpose of the meeting was to <ul style="list-style-type: none"> Review the previous year 's transfer strategy; Consider continued fitness for purpose of training and all course elements and access; Review transfer activity and reporting; Consider actual and potential developments both digital and others Consider and recommend transfer and transfer training strategy for 2014 and 2015. 	
3. Reflection on the faculty's transfer training achievements in 2013-14	<ul style="list-style-type: none"> It was reported that the numbers of transfer training courses and number of staff undertaking transfer training has increased thanks to efforts of the Network transfer faculty. A combination of full and half day courses offered both locally and Network wide was providing greater access to training. The number of patient transfers being undertaken by transfer trained staff was being collected as a way of demonstrating the benefit to patient safety during transfer 	

4.	Special interest guest speaker – Paul Savage OBE RNLI	<p>Paul savage gave an overview of the river Thames RNLI commitments. There was also a demonstration given by the life boat for faculty members to watch</p> <p>Key points included</p> <ul style="list-style-type: none"> ● One of the busiest life boat station in UK ● High number of suicide attempts and not all patients pleased to see them ● Defibrillation was possible on board and use of the pneumatic thumper for chest compressions available but awaiting capability to handover to LAS before being implemented on RNLI ● Discussion around feasibility of using water ways for critical care transfers in event of either big bang or some event that effected road transfer <p>Action</p> <ol style="list-style-type: none"> 1. It was agreed that scoping and rehearsal a critical care transfer by water could be planned for 2015. This would look at feasibility, safety, and issues that might arise. GVZ to liaise with RNLI 	GVZ / PS
5.	Network Transfer Training	<ul style="list-style-type: none"> ● Faculty feedback - All faculty reported that they were happy with the current training delivery / organisation / venues and support ● Confirming the standard lectures – these were reviewed and agreed. It was agreed that the Medico Legal presentation could be refreshed initially by adding a scenario to set the context and that a more refined filmed content could be explored. Gary Wares had agreed to support this work ● Handbook – the draft 2014 handbook with minor alterations to contact details for the network was discussed and the alterations were agreed ● Independent ambulance providers – there was discussion about these providers sending staff onto the network transfer training courses. These were paid for places and were subsidising the cost of the course. It was agreed to continue to offer out limited places and to review annually ● Written test – as part of the annual review of the written test, each faculty member present was allocated a few questions and asked to comment back to the Network ● Tiers of training – description of the differing levels of training had been requested by some units. There was concern about making recommendations about the level of traing that should be undertaken or about making it a standard that a level must be adhered to – it was agreed to advise uniits about the differing tiers of transfer training that was available and also that the Network was ensuring more access to training. ● Independent ambulance tool – it was reported that the tool had been created as part of the resilience work in 2012 and that since then 1 independent provider had approached the network to discover about how to be added and assessed for the tool. There were no plans to redo the process as this work had originally been funded by NHSE. It was agreed that confirming that the information on the tool was accurate to support those making any clinical decisions would be sensible and that this should be done immediately. 	

5	<p>Network Transfer Training (cont)</p>	<p>Actions</p> <ol style="list-style-type: none"> 2. GVZ to continue to book transfer training and faculty would support maintaining current course numbers 3. GW to add scenario to medico legal presentation and to discuss potential filmed session 4. GVZ to load agreed updated handbook to Network website 5. Network to continue to offer places on transfer course to independent ambulance providers 6. Faculty to confirm their selected written test question with any changes to GVZ 7. Tiers of training were to be added to Network website as advise available for units 8. GVZ to confirm contact info and trading status of independent ambulance providers on matrix by End June 14 	<p>GVZ Aug 14 GW Aug 14 GVZ Aug 14</p> <p>All All Aug 14 GVZ Dec 14</p> <p>GVZ Jun 14</p>
6.	<p>Network Transfer documentation</p>	<ul style="list-style-type: none"> • Inter hospital – the number of forms being returned remained consistent with previous years. Incident reports were followed up and it was agreed that looking at the incidents across the network would be valuable. All incidents were used to inform the transfer training. Servoi demo during this meeting being an example. It was acknowledged that when the Network office moves it will require a reprint of the transfer form and that at that point it would be sensible to undertake a review of the form. It was noted that the addition of BVM to the checklist had been suggested previously and that the numbering on the reverse of the form needed attention • Intra hospital – it was discussed that the current pilot intra hospital form was being used in some locations but that it was too complex and the design needed revision. MD volunteered to look at simplifying the design and draft a version for consideration by the faculty. It was also agreed that units would be asked if they wanted to be part of a wider pilot once the new form was agreed. It was also agreed that a standardised intra hospital transfer form across the network was the aspiration to reduce variation and in line with the patient safety agenda <p>Actions</p> <ol style="list-style-type: none"> 9. AW/ GVZ to instigate inter hospital transfer form mini review once office move completed 10. MD / GVZ to design new intra hospital transfer form 	<p>AW/ GVZ MD</p>
7.	<p>Transfer bags</p>	<p>GVZ proposed a plan to look at standardising transfer bags across the Network. his would assist with training and also support staff rotating around the differing units. GVZ presented a list of potential contents drawing from ICS guidelines and existing bags being used within NWL. It was agreed that a wider range of potential contents should be included in any work. The discussion following included a practical session looking at various bags and their properties and discussing the principles of the transfer bag its purpose and potential contents. One key principle was that of a patient pocket for the addition of individual patient medication or equipment.</p> <p>It was also discussed about a process for agreeing the content and design using a modified Delphi approach.</p> <p>Action</p>	

		<p>11. GVZ/ AW to collate and design a “long list “ of transfer equipment and a survey to be sent out</p> <p>12. RJ/ MD/ GVZ to look at initial returns and also to start looking at the research / publication angle for this work</p>	GVZ GVZ/MD/RJ
8.	Development of more digital tools	<p>Transfer App – there was discussion and agreement that a transfer app should be explored as to potential and cost benefit. Content and process was agreed that specific development group would be set up and that this work would be led by AW/GVZ/GW and that trainees would be invited to apply to be part of the process</p> <p>ECMO – the ECMO film was in production and the final product was hoped to be ready and available early 2015. This was a film designed to inform clinical staff about the ECMO service and what to expect and prepare when dealing with an advanced respiratory patient</p> <p>Promo youtube film – it was agreed that a compilation film that led the viewer to want to find out more about the transfer training and films could be developed and placed onto you tube. The aim would be to increase footfall to the network website and access to transfer training material for clinical staff</p> <p>Actions</p> <p>13. GVZ to coordinate an App development workshop – once cost and scope finalised by strategy group</p> <p>14. AB leading on ECMO film review and editing process</p> <p>15. GVZ to discuss with film producer potential Network you tube promotional film</p>	GVZ/AW/GW AB/GVZ/AW GVZ
9.	Equipment issues	<p>There was a demonstration from Paul Davies of the Servoi following 3 incidents within the 12mths in the Network It was agreed that the manufacturer might consider film as a way of producing teaching materials showing how to undo and transport the equipment.</p> <p>It was agreed that Network would add into transfer training days for those units with Servoi information from the demonstration</p> <p>Actions</p> <p>16. GVZ to add into equipment session info about servoi</p>	GVZ
10.	Reconfiguration issues	<p>It was agreed that the various reconfigurations taking place now and into the future created the potential for an increase in patient transfers and capacity challenges.</p> <p>Currently</p> <ul style="list-style-type: none"> - Individual patient transfers reviewed daily by Network staff. - Transfer data shared regularly with units and quarterly with Joint Clinical Forum Board. 	

		<ul style="list-style-type: none"> - Transfer data used to inform local workshops and transfer training in the Network. - Transfer data also previously shared with PCTs, Network to share transfer data as part of SaHF feedback and monitoring (capacity and flow) <p>Action</p> <p>17. To consider how the SAHF reconfiguration process might utilise transfer data and capacity as part of their quality measures or programme measures</p>	GS/AW
11.	Publications	<ul style="list-style-type: none"> • JICS response – completed and published • Transfer App, Bag and Intra hospital form would all be potential publications for 2015 	MD/GVZ
10.	Summary of plan for 2014-15	<p>The meeting agreed that this would form the recommended transfer training and transfer strategy for 2014-15. The next meeting would be in summer 2015. Review of progress will be via the joint Clinical Forum Board and Network strategy meetings</p>	