Network Critical Care Transfer and Retrieval Faculty – Annual Meeting

Thursday 2nd July 2015 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 Elaine Manderson Chelsea and Westminster NHS Foundation Trust Nigel West Hillingdon Hospital NHS Foundation Trust Jem Dickinson Imperial College Healthcare Trust – St Mary's Sarah McNeilly Imperial College Healthcare Trust – St Mary's Liz Staveacre London North West Healthcare Trust Jamie Gross London North West Healthcare Trust Chiara Piretti London North West Healthcare Trust Neil Thompson London Ambulance Service Linsey Christie The Royal Brompton & Harefield NHS Foundation Trust Padmanabhan Ramnarayan Childrens Acute Transport Service (PM only) Chris Hill Critical care Network North Central & East London Angela Walsh Critical Care Network North West London Gezz Van Zwanenberg Critical Care Network North West London	Fionna Moore – LAS, Doris Doberenz –ICHT CXH, Gary Wares – RMH, Pascale Gruber –RMH, Catherine Forsythe – RMH, Chris Woollard – THH, Emma Casely – THH, Tim Peters – WMUH, Jacqui Finch – NWLHT, Debs Addley – THH, Roseanne Meacher – ICHT CXH, Anthony Bastin – RBHT, Jeremy Cordingley, Gillian Park – LNWHT, Tim Wigmore RMH, Kate Good – Trainee, Chris Wright ICHT, Lindsey Benjamin – ICHT, Julie Oxton – ICHT, Sarah Stirling – Con ICM, Phil Ward – Trainee.

	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 12th June 2014**	The notes and actions of the last annual meeting held on 12th June 2014 were agreed. From the action list • **Item 5 action 8** – independent ambulance capability tool – as agreed at the last annual meeting the check of the contact details had been undertaken. However the Network was aware that in the past year there had been some changes in the independent ambulance sector and that any revision to this capability tool would be time consuming and complex. The original work had been undertaken with some additional funding and therefore it was agreed that redoing the independent ambulance capability tool was not a priority for 2015-17. The existing tool was for reference and to assist clinical teams in the event of them needing to contact alternate ambulance providers to the usual trust arrangements. • **Item 8 action 14** – AB sent his apologies for this meeting – GVZ gave an update on the successful launch of the ECMO video which was now available to all via the Network website and was being loaded onto intranets locally	

3.	Matters arising (not on the agenda)	• **Information to relatives regards critical care transfers** – Pippa Dorney-Kingdom at THH had emailed to say that As a result of a complaint some time ago, when a patients wife knew that he may be transferred, but was told it would be much later. She went home and was not aware that the transfer happened quickly. Her husband then deteriorated and died. She was therefore unable to be with him in those last hours. It has been suggested that contacting the relatives just prior to departure, should be on our checklist for inter-hospital transfers. This complaint has been upheld by the ombudsman and they have asked to see what action has been taken. So far THH have put a note inside the transfer book reminding staff to inform relatives. **There was considerable discussion about this issue and a series of actions were agreed including Elaine Manderson concept of a critical care transfer patient information leaflet** • **Maternity scenarios** – Outline maternity scenarios had been drafted up by EC. Given the movement of maternity services in NWL it was agreed that these would be circulated to the faculty for comment and working up for inclusion in the faculty guidance for transfer training • **Recognition of the course** – there had been discussion at the JCFB that the transfer course whilst accredited for CPD needed recognition in the light of competing education from other medical training establishments. To that end GVZ was meeting with the deanery and RA to agree the inclusion of the Network course into the curriculum thus meaning that all medical staff in London would require the transfer course and it would meet the CCT ACCS pathway. **Actions** 1. **Network to email to all units leads and ED leads with a note about communications with family which can be placed on the inside of the transfer form books to remind staff.** 2. **Amend course content accordingly - handbook and lecture slides** 3. **Disseminate information to all units (including other networks)** 4. **Suggest update of unit policies** 5. **Critical care transfers – patient information leaflet** 6. **Incorporate informing relatives onto the checklist at next reprint / digital version** 7. **Health ombudsman summary report – see if this is available for sharing** 8. **GVZ to add the draft maternity scenarios to action notes. Faculty comments to GVZ** 9. **GVZ to liaise with Mike Dean and Terrie Stewart and to get the course recognised**	*JMH/GVZ/ AW* *JMH/GVZ* *AW/GVZ* *EM/GVZ* *AW* *ALL* *GVZ/ MD/TS*
4.	Simbulance	SECAMB – Alex gave a tour of the simbulance and demonstrated the capabilities and training potential of this equipment. Faculty were orientated to the simbulance and then there was discussion about the potential use in NWL. Costs for the simbulance were approx. £800 per day Considerations	

		• Run scenarios during a normal working day by over-staffing the unit, this would allow debrief at convenient moment • Potential to undertake transfers between hospitals which could then be shown • Specific transfer issues could be simulated. Are the cameras completely portable? Need to investigate body worn cameras • Human factors looking at this with staff. 20 people per two hours, for the whole day. Stowage, moving, exit, entry. Would have good hit rate with this approach. **Action** 10. **GVZ to liaise with SECAMB regards next steps**	*GVZ*
5.	**Reflection on the faculty's transfer training achievements in 2014-15**	• 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 increasing demonstrating the benefit to patient safety during transfer. This was being fed back to units and, where needed, highlighted if reducing. **Actions** 11. **Continue numbers of transfer courses 2015-16** 12. **It was agreed to continue to capture candidate comments from the training in this way**	*ALL*

6.	**Network Transfer Documentation**	**Inter Hospital transfer form** The 2015 inter hospital transfer form had been distributed to all sites and previous versions of the transfer documentation had been withdrawn and destroyed. There is a mail redirect from the previous Network address in case of any stray forms. There was also discussion about how to improve information about the transfer documentation and also on how and why to complete the document focussing on patient and staff safety and the benefits of completed forms. GVZ proposed a poster idea for working up and that could be displayed in departments and in staff areas. There was also discussion about an eLearning package about transfer documentation but it was agreed to continue to promote the documentation on the training and encourage good practice through the clinical leads **Intra hospital transfer form** Version 1 of the Network Intra hospital transfer form was discussed with feedback from the early adopter and pilot sites. Initial feedback was that there was value in knowing the volume of transfers and the amount of time specifically that clinical staff were off the unit / department undertaking transfers. This information was being fed into workforce discussions within the network and wider. Of concern was that there were no incidents reported which was agreed to be	Critical Care_NCR Pages_2015 version f

		highly unlikely as anecdotally incidents were reported all the time. It was agreed that there were several adaptations to be made to this form based on the feedback from users. MD would make the changes and Version 2 would be circulated to all units, clinical leads and departments The summary of changes is attached **Incidents** A summary of incidents reported and any Network actions was shared. Delays around ambulances especially for immediate transfers was discussed as there had been a couple more reported delays and anecdotal feedback from two incidents where this was an issue. NT reiterated the LAS "critical" and "immediate" call signs and the faculty confirmed that using the agreed language was in the first instance essential. There was opportunity to escalate if the clinical team were dissatisfied with the LAS response but in essence using the agreed language was part of the communication strategy to prevent misunderstanding. NT also confirmed that every call is recorded and every keystroke and word from LAS is recorded. GVZ reported that there was variation in the recollections of staff calling LAS and the actual transcripts. It was agreed that reiterating the message for all levels of staff about the LAS call-signs was a focus for the faculty. NT agreed to ensure the latest updates to call signs were sent to the Network for distribution in addition to the established cascade routes. The lack of incidents report on the intra hospital transfers was discussed earlier and changes in the form would be monitored for effectiveness. **Actions** 13. **GVZ to continue to monitor returns of inter hospital transfer forms** 14. **GVZ and SMN to work up draft poster for circulation** 15. **Reiterate guidance about when to use LAS and private ambulances** 16. **GVZ to send MD intra hospital form agreed changes** 17. **GVZ to then send V2 intra hospital transfer form and updated audit template to all units and EDs** 18. **NT to send update call signs and to ensure updates to Network are automatic**	Generic intra hospital transfer form version GVZ GVZ/SMN GVZ/MD GVZ GVZ/NT

7.	**Transfer App development**	The Network transfer App prototype was discussed and a web based version was made available on the day for those faculty members who had not yet downloaded the prototype. A telcom of the design working group had agreed the next content to be loaded and this was being sent to the developers by 9 July. It was discussed about a name and there was discussion of the "Safer Transfer App" (STRAPP) with a potential logo of a patient stretcher harness. Any further ideas to the Network. There was also discussion and agreement that this App should include the contact and getting the details for all hospitals (Critical care units) in London. The Oxygen content (draft) was shared for comment. It was agreed that this content prevented it being used as a medical device and that all content would be for info and reference only **Actions**	

	Transfer App development (cont)	19. **GVZ to send agreed content to developer** 20. **Additional licences to be sought for next stage of development** 21. **Initial pilot planned for September with launch in December** 22. **Pan London contacts and getting there details to be completed by GVZ** 23. **Names for app to network**	GVZ All GVZ All
8.	**Digital developments**	There was a presentation and demonstration from Tim Howard digital field solutions. PR also gave an update from CATS and where they had got to regards digital documentation. It was agreed that a working group would work up options appraisal for consideration by the Network. Some principles included building in the audit and reporting on transfer documentation in the design process, enabling things like relative notification and contacting unit upon departure automatically in the design. It was also agreed a joint adult and child working group to prevent duplication. Issues such as central location for server and IG rules needed to be explored from the learning from CATS. **Actions** 24. **Anyone wanting to be part of working group to let GVZ know** 25. **GVZ to contact MBR IT regards server hosting potential** 26. **GVZ to contact printers regards paper requirements and existing documentation** 27. **GVZ to arrange working group meeting** 28. **Principle that transfer document is for all critically ill patients irrespective of age**	 ALL GVZ GVZ GVZ ALL
9.	Transfer Bag project	GVZ reported on the Network transfer bag project – this is to introduce a standardised bag across the network for transferring critically ill patients (inter or intra hospital) Using the modified Delphi process (up to 100 clinical responses in total) the draft contents for the bags was almost completed. An impression / design of a bag with the principles agreed by the faculty was shared. Next steps were also agreed, finalise contents and then several units were agreed to pilot the contents. GVZ was working on the ergonomics of the bag using the clinical input and then a prototype would be available for demonstrating and pilot. **Actions** 29. **Agree content from Delphi returns** 30. **Agree final numbers of each item** 31. **GVZ to liaise with units wanting to pilot content** 32. **GVZ to liaise with bag design company regards prototype** 33. **Publication of work is planned by MD and GVZ on behalf of Network**	 ALL GVZ GVZ MD/GVZ

| 10. | Work plan priorities | This item was taken out of order in order to facilitate discussion about transfer of the critically ill child with PR present. Potential items to be considered included
Evacuation and shelter – guidance had been issued and the Network plan remained to develop a bed side operational video to help those front line staff responsible in the event of the need to evacuate. It was agreed that this was not currently the priority for this group whilst recognising that if the EPRR agenda for the Network requires more timely action the Network faculty would support this if the occasion requires

Transfer of the critically ill child – it was agreed that this was a priority for the work plan for 15-17. PR and NW agreed to work up the educational outline for a short video to be added to the suite of transfer training films.

Actions
    34. **GVZ to send PR and NW the outline draft and to start working up with them an educational outline and script**
    35. **GVZ to liaise regards filming** | GVZ/JMH/PR/ NW |

| 11. | AOB and date for next meeting | There was no other business and the meeting was closed at 4pm. It was agreed that the 2016 Network Critical Care Transfer and Retrieval Faculty – Annual Meeting would be held again in the summer and that a date would be promulgated in good time to maximise attendance.

Action
    36. **GVZ / JMH to liaise regards dates/ venues.** | GVZ / JMH |

| 12. | Summary of plan for 2015-17 | **Summary of plan for 2015-17 – agreed by the transfer faculty for the JCFB approval in Sep 2015**
Letter to all units and other Networks:
    •   Communication with relatives prior to transfer
    •   Consultant to be aware patient leaving building
    •   Feedback on most prevalent transfer incidents and emphasise that it is a legal record.
    •   Improve transfer documentation
Transfer app development
Transfer bag development
Development of digital documentation for transfer form
Vodcast for transfer of the critically ill or injured child by an adult team
Transfer form coroner report challenge
Develop patient information leaflet on transfers | |