Critical Care Network NHS

North West London

Draft 2

Critical Care

Network Event

A report from the Network Event held on 13th July 2010

Introduction and purpose

1. This is a report from the Network Event held on 13th July 2010. It sets out the objectives and outcomes from the afternoon, and informs and underpins the work programme for the Network to take forward with Trusts locally.

2. Recommendations and actions from the day have been shown in paragraph 9 (Table 1). Further supporting detail has been given in the Annex.

3. A copy of the programme for the event has been included in **Annex 1**

4. The written summaries from the workshops have been included in **Annex 2**

5. The presentation slides have been included in **Annex 3**.

6. A list of the clinical participants in the event has been given in **Annex 4**

Objectives for the Event

7. The objectives for the event were to bring clinical representatives together from each critical care site within the Network to :

IMCAs

- Share information and understanding of the IMCA service delivered by Cambridge House for NW London ;

- Identify any remaining issues for critical care services in relation to IMCAs and the MCA and relevant guidance in North West London;

Acute Kidney Failure and acute dialysis

- Understand the current pathways for AKI and acute dialysis in North West London;

- Identify opportunities for collaborative working between the AKI/Acute Dialysis service and critical care;

External environment changes

- Share and update on current intelligence regarding changes to the external environment at DH, SHA, sector and local level;

Priority setting for critical care services in North West London

- Identify and confirm patient priorities across trusts in relation to critical care services;

- Identify core actions and issues to take forward through a range of mechanisms as a Network of organisations

By the end of the afternoon

8. **To have identified core elements to include in the next work programme for the Network to improve patient experience and outcomes in the sector.**

Recommendations and actions from the Network Event

9. These have been summarised in **Table 1** below: Further supporting detail has been provided in the workshop summaries and the presentations in annex 2 and annex 3 of this report.

Recommendations and actions			
		Who	Date/ progress
Patient Pathways - Specialist			Annex 2a
1	**Specialist referrals** Develop common approach across Network for specialist referrals to include; - defined referral tools - one stop shop approach from referral centres - standardised methodology and expectations between all tertiary specialities for critical care referrals	Who	Time scale
2	**Specialist step down** Develop common approach across Network for specialist "step down" including a defined "step down" tool.	WHO	Time scale
3	**Patients with AKI** Set up and support a renal/critical care task and finish interest group to develop integrated response to AKI in West London. Terms of reference and reporting to be agreed and first meeting to take place in Sept/October 2010. To include consideration of practice elsewhere , use of outreach and prevention of critical care admissions through early management	ND/GA/AW	Oct 10
4	**Patients with Acute Kidney Injury (AKI)** Provide a list of contact details for the clinical leads covering each of the hospitals served by West London Renal and Transplant Centre, so that patients with AKI requiring specialist assessment can be referred in a timely manner by the Consultant Leads on the ICUs	ND/AW	Produced August 10
5	**Patients with AKI** Provide the contact details for the lead nurses in the linked hospital satellite dialysis units , recognizing that this will facilitate communication and visits to units by interested ITU staff, recognizing that these units cannot dialyse the acutely sick at their centres, but to allow cross talk and sharing of expertise.	ND/AW	Produced August 10
Patient pathways – local step down to wards			Annex 2b
6	**Local step down** Develop a "model" step down guideline with agreed criteria for Network wide adaptation and adoption including specific guidance on "hard to step down" patients	Who	When
7	**GP patient information**	Who	When

	Identify and share GP/critical care discharge reporting approaches within the Network and link to rehabilitation sector work		
Workforce opportunities, Training and Development			Annex 2c/d
8	**Workstream** Develop a Network wide workforce and training and development workstream to scope and deliver Network wide opportunities, reduce duplication of effort and deliver economies of scale whilst setting/delivering jointly agreed workforce competency standards across the Network.	WHO	When
Quality and Finance			Annex 2e
9	**Underpinning principle** To underpin all network wide projects with a " John Lewis" quality and efficiency (best value, great service) approach.	All	ongoing
10	**Network wide economies of scale** To identify , scope and recommend network wide opportunities for greater efficiency in delivering critical care services in NW London.	AW	DATE
IMCA services and critical care			
11	**Critical care inclusion in IMCA guideline** To develop a paragraph on critical care to be inserted in the current IMCA guideline	GS	? DATE
12	**Latest referral details** To share latest referral and contact details for the NWL sector IMCA service with critical care units	AW	Sept 10
Network structure and organisation			
13	Review and recommend network structure and organisation changes to ensure deliverability of the opportunities to improve patient care and outcomes identified within the workshop	AW/GS/JC	Autumn 2010

Table 1

Critical Care Network
North West London, August 2010

Annex 1 **Programme**

Annex 2 **Workshop summaries**

Annex 3 **Copies of presentations**

Annex 4 **Participants**

Annex 1 - Programme for the Event

The programme for the event included a mix of presentations, discussion workshops and an update on the external environment as the white paper, "Liberating the NHS" had been published the day before.

Critical Care Network Event
13th July 2010

Programme

1.30 Registration, coffee/tea and networking

2.00 Welcome and introductions
Jeremy Cordingley, Medical Forum Chair, NWL Critical Care Network

2.05 Aims and objectives for the afternoon

2.10 Mental Capacity Act and Critical Care 2 years on
Cilla Wright and Christine Miles. IMCAs, Cambridge House

2.25 Q&A Discussion

2.40 Update on the external environment
Ganesh Suntharalingam, Medical Lead & Angela Walsh, Network Director

2.55 Tea and coffee

3.10 Acute kidney Injury – and the acute dialysis service in North West London
Dr Neill Duncan, Consultant Nephrologist, Imperial Healthcare Trust

3.25 Q&A and discussion of provision of acute renal service

3.45 Critical Care in NW London Workshops

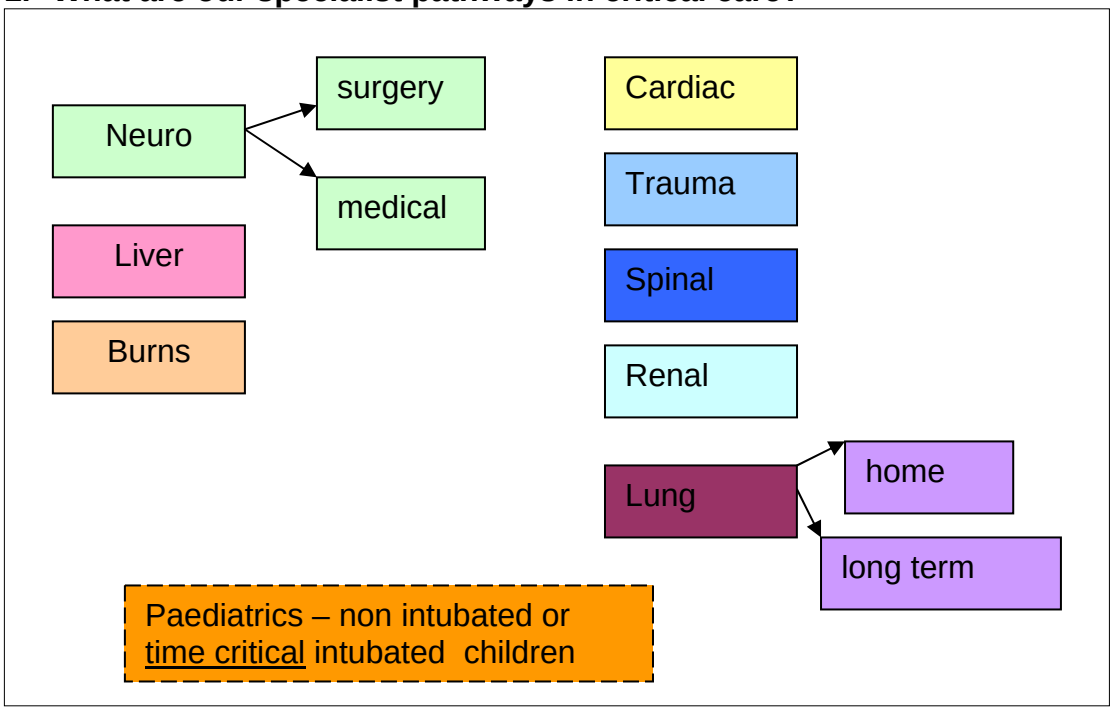
- Specialist pathways
- Step down from critical care to wards and discharge
- Workforce opportunities network wide
- Training and development requirements- maximising network benefits
- Harrods, Lidl or John Lewis- finance and quality

4.30 Feeding back and agreeing priorities for the Network

4.55 Close

Specialist pathways – escalation and step down

1. What are our specialist pathways in critical care?



2. What problems arise?

- Beds, Access, Delays
- Repatriation - Neuro and Renal
- Communication - escalate if don't receive timely response to referral
- IT links – sharing scan data. Now CXH has IEP which gives very fast scan transfer so need all units to ensure IT depts. have recognized the link requirement.

3. What agreed escalation criteria do we need?

- When to refer
- Best practice for communication of patient need and process (and when to escalate)
- Retrieval and transfer of paediatrics (non – intubated or time critical)

4. What agreed step-down criteria do we need?

- Agreement to take patients back
- Need to warn in advance that patient is to be returned so bed identified along with other bed priorities
- Infection control – how to manage and report (? status checked and reported immediately prior to transfer)

5. What specialist services should we focus on most initially regarding access and step down?

- Neuro
- Renal

Step down to wards

1. Do your patients leave when they should?

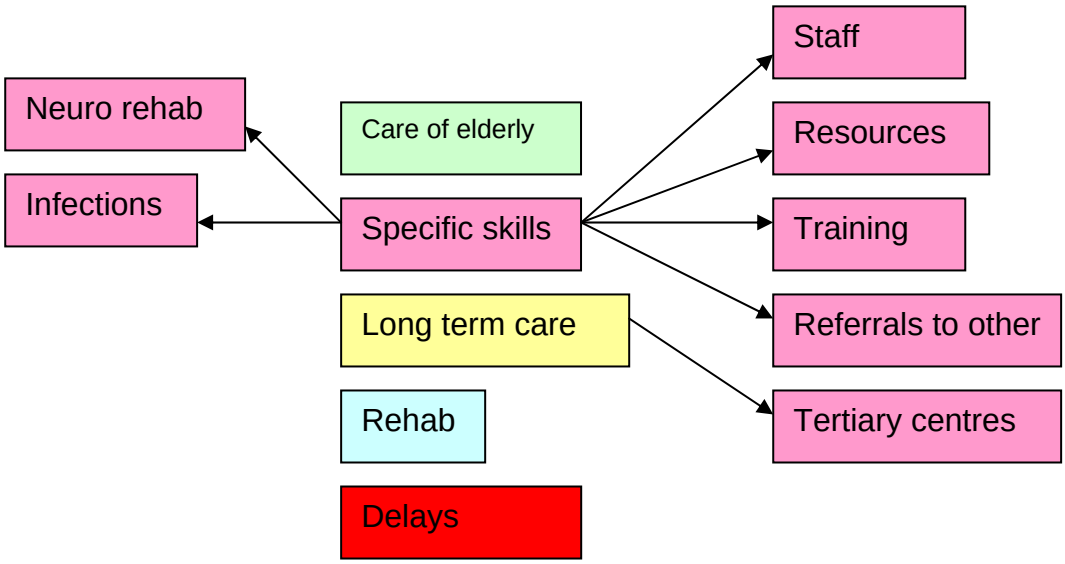
No – (all units responded)

2. What is the main reason for delayed discharge?

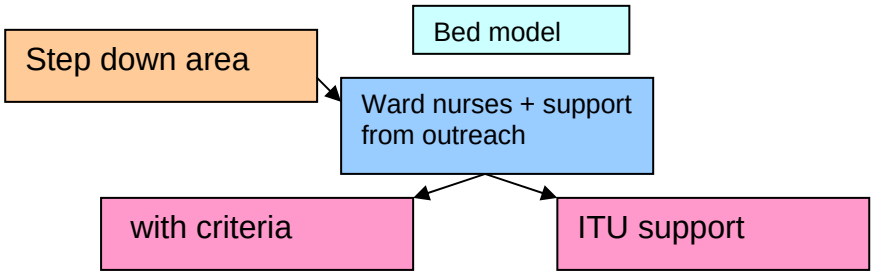
Ward bed availability

- Side rooms
- Monitored beds
- Surgical beds
- Location of beds in wards (needing to move patients around i.e single sex)

3. Are there specific patient types that can be predicted to be delayed?



4. What are the solutions to explore?



- Outreach/24 hour support
- HNS or enhanced recovery areas identified
- Ward nurse training

5. Do we need discharge criteria?

YES

6. What solutions can we offer for hard to step down patients?

- Early identification
- Early MDT + planning/discharge
- Early Ward Nurse/specialist – notification and communication

7. Do you notify GPs when a patient moves out of ITU i.e. Discharge note?

- Some units do at point of discharge from ITU so GP aware of ITU admission and has detail of stay and issues at discharge to ward, some don't. Need to notify GP at right time and also have sufficient information about the Critical Care element of the patient stay. Can be too abridged in general discharge letter.

8. Is there a step down / discharge policy?

- Yes – in a step down ward
- No general step down guidance

Workforce opportunities

1. **What are the workforce opportunities / challenges for the Network?**
   - Better utilisation of skills within the Network
   - Staff development across the Network
   - Transfer of skills and shared learning of clinical environments
   - Exposure to different patient groups to develop staff experience
   - Role modelling
   - Variety across the sector could support recruitment using a Network approach
   - Standardisation of some of the clinical skills and assessment of competence could be developed

2. **Are there any commonalities in JDs and skills required across the Network?**
   - X ray requests
   - IV competence
   - Transfer training
   - Cannulation
   - Equipment
   - Knowledge Skills Framework – opportunities to link with a common approach across Network

3. **What about a Network skills passport across Trusts within Network?**
   - Having A Network skills passport would be ideal – challenge is in the delivering it vis a vis governance and implementation
   - Standardised recognition of skills reduce duplication of training and focus effort upon validation of assessment and compliance
   - Would enable mobility of staff and resources within the Network
   - Staff development and investment

4. **What might be the benefit of developing a Network wide Bank arrangement?**
   - Could help with staffing difficulties
   - Help with staff retention
   - Linked to skills passport
   - Would need a critical mass so could benefit from a network approach

5. **What about developing a Network approach to Criminal Records Bureau checks?**
   - Is it possible
   - Who would manage it
   - Are there cost savings and economies of scale to be achieved
   - Need to work up any risks and benefits

6. **What are the opportunities for network clinical and management leadership development?**
   - Clinical management and leadership development is scarce. Could be opportunities within the Network to support and develop these for clinical staff
   - Would need to relate to organisational issues
   - Practice development support of any future Network approach would be needed

Training and development

1. **Revalidation – what opportunities in the network?**
   - Ensure CPD application for all Network events
   - Also for MDT certification of events linked to clinical practice
   - Themed events (organ donation)
   - Keeping Network events topical and relevant to clinical practice

2. **What opportunities are there for developing relationships with Health Education Institutions?**
   - Network could invite ICU course leaders from relevant institutions to Network events
   - Network to be involved with ICU course
   - Transition to critical care course – junior staff or new starter course to help development and support. ? Accredited.
   - Accreditation of training i.e.: Network Transfer Training
   - What are all the different units across the network doing in conjunction with the HEIs
   - Mapping of activity and engagement with HEIs at different units across the Network
   - Need to better link clinical practice and reality with education – could do this with senior nurse representation from the units with HEIs

3. **How should we be linking network activities to Knowledge Skills Framework?**
   - Currently KSF differences exist across the network
   - Common training could be recognised within KSF i.e.: transfer training which provides information such as numbers of transfers and lessons identified / learnt
   - Network Competency (Passport) for Medical / Nursing / AHP
   - IV competency
   - Medical device competencies
   - Medicines assessments
   - There are likely to be cost savings and efficiencies within this

4. **How do we justify having staff spend time on network activities?**
   - Focusing all events to clinical practice
   - Aiming to improve patient care through evidence based practice and sharing of best practice within the sector
   - Practical information sharing for service delivery and for cross organisational pathways
   - Combining events and meetings to ensure the most effective use of time away from unit
   - Staff development

Finance and Quality: Harrods, Lidl or John Lewis

1. How are finances impacting on your unit?

- Cost improvement programmes
- Staff changes
- Freezing posts
- Bed closures
- Not declaring to EBS
- Greater scrutiny of expenditure
- Changes to bank rates
- Less flexibility with staff

2. What is the prognosis over the next 18-24 months?

- Likely to be more of all the measures being asked for (above)
- Considering review of staffing ratios
- Significant changes possible via strategic change – not sure what yet?

3. How do we begin to adapt?

- Need to look at economies of scale that deliver savings at local and Network level
- Need to protect quality of service to the patient
- Need to identify where we can be more efficient and identify " best value" (quality and cost effective)
- Need to keep financial flow within Network

4. How do we pursue quality and efficiency/value for money?

- Difficult to think "big enough" in some units – need combination of effort across units and across boundaries
- What Network options might there be? Workforce is key to this – can we be more Networked?
- Are there procurement opportunities? We all buy similar things.. are there economies of scale for procurement of (some) consumables and or replacement kit
- Need to link up with quality measures
- Need to keep/maintain the talent and skills for critical care services.
- Need general managers and management service leads to engage with the Network as well as clinicians.

Critical Care Network Event 13th July 2010 - clinical participants		Annex 4
Trust or Organisation	**Name**	**Role**
Chelsea and Westminster Hospital NHS Foundation Trust	Andrea Blay	Consultant nurse
	Cath Englebretsen	Clinical Specialist Respiratory Physiotherapist
	Jane Marie Hamil	Clinical Nurse Lead
	Elaine Manderson	Clinical Nurse Specialist - Intensive Care
Ealing Hospital NHS Trust	Nicole Ciulea	Clinical Practice Educator
	Felicia Kwaku	Head of Nursing for Directorate of Surgery
	Dilip Panan	Senior Charge Nurse
	Andy Scurr	Clinical Director for Surgery and Critical Care
Hillingdon Hospital NHS Trust	Sohan Bissoonauth	Unit Manager
	Pippa Dorney-Kingdom	Senior sister
	Anne Knight-George	Consultant ITU
	Judith Gray	Senior Sister
	Ruth Griffin	Lead Critical Care Consultant
Imperial College Healthcare NHS Trust	Claire Gibbs	Critical Care Clinical Research Sister
	Laura Mountford	Research Nurse
	Ann O'Leary	Senior Sister Critical Care
	Julie Pilsworth	Critical Care Outreach Sister
	Frances Pritchard	Clinical Audit Nurse
	Maie Templeton	Research and Clinical Audit Manager
	Roseanne Meacher	Consultant ICM
	Neill Duncan	Consultant Nephrologist
North West London Hospitals NHS Trust	Jacek Borkowski	CCU Lead Clinician
	Sue Field	Divisional General Manager
	Claire Fitzgerald	Highly Specialist Respiratory physiotherapy
	Eileen Flynn	Senior Staff Nurse
	Merven Gentallan	Staff Nurse
	Fadzrama Gutierrez	Senior staff nurse
	Jackie Kenny	Sister
	David Rawlings	Clinical General Manager ICU
	Rose Sundar	Sister ICU
Royal Brompton and Harefield NHS Trust	Craig Brown	Service Lead Physiotherapist
	Jeremy Cordingley	Consultant
Royal National Orthopaedic Hospital NHS Trust	Claire Euesden	General Manager: Sarcoma & Joint Reconstruction
	Mags McHugh	Clinical Nurse Manager
	Elizabeth Wynne	Lead Nurse ITU
West Middlesex University Hospital NHS Trust	Elaine Danns	Modern Matron
	Barbara Walczynska	ITU audit nurse
Cromwell Hospital	Annemarie Hoareau	Sister
	Charlotte Young	Critical Care Lead Nurse
Princess Grace Hospital	Amitaa Maharajh	Outreach
St John and St Elizabeth Hospital	Erin Foss	Team Leader (Charge Nurse) for Critical Care
Critical Care Network - North West London	Ganesh Suntharalingam	Network Medical Lead, Consultant ICM
	Gez Van Zwanenberg	Project Lead
	Angela Walsh	Network Director
Other Organisations	**Name**	**Role**
IMCA (Cambridge House)	Christine Miles	IMCA
	Cilla Wright	IMCA
The Whittington Hospital	Martin Kuper	Consultant ICM