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**Critical Care Operational Delivery Networks England, Wales & Northern Ireland**

**England, Wales & Northern Ireland**

**Wales and Northern Ireland**

**Collaborative Regional Benchmarking & SILs Meeting Minutes**

**ICU Seminar Room, York District Hospital**

**Monday 3rd June 2019**

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| **Present:** | Julie Platten (NOECCN) (Chair)(JP)Alison Richmond (WYCCN)(AR)Bertrand Porhel (York) Wendy Milner (Bradford)(WM)Lesley Durham (NoECCN)(LD)Julia Hepplestone (NTH)Elizabeth Williamson (Northumbria)Joanne Walker (Calderdale & Huddersfield)(JW)Liz Ellis (Mid Yorks)(LE)Linda Cross (Harrogate)(LC)Rebecca Leckenby (LTHT)Cat Lyle (LTHT)(CL) |
| **Apologies:** | Andrea Berry (WYCC&MTODN)Natalie Glew (Hull)Hayley Shakesby (Hull Royal Infirmary)Paula Stewart (Friarage)Yardley Melody Soriano (Scarborough)Victoria Jourdain (Nuffield Health Leeds)Cat Balcombe (LTHT) |

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| 1. | **Present & Apologies**: as aboveNew members were welcomed to the meeting |
| 2. | **Minutes of Last Meeting/Action Log:**The Minutes from the last meeting were accepted as a true record by those present**Matters** **arising not on the agenda:*** Details of non-foaming toothpaste and moisturising lip balm have been shared with previous minutes.
* NOECCN Level of Care audit summary template has been shared.
* Step 1, 2 & 3 Competency Framework Feedback - AR has not received any feedback, however there followed a discussion about the competencies. Some of the group felt that there are too many competencies to achieve in the supernumerary period in Step 1 framework, especially when local trust competencies had also to be achieved. It was suggested that mapping local competencies against the Step document might avoid duplication. The Step Framework is intended to be commenced at the beginning of all nurses ICU journey, rather than delayed until a later date. (Please see National Standards for Critical Care Education & DO5 for further expectation standards). Introducing the competencies at interview and explaining what will be expected of new starters during their supernumerary period might prevent nurses being overwhelmed when arrive on the unit for their first day. There was a unanimous feeling that Step 2 & 3 should not be combined into one document as has been proposed by some members of the CCNERF Step Review Group. The separated documents keep the competencies in bite size chunks and allow for development & progression. Being separate also supports the requirements of the Critical Care Course Programmes delivered in West Yorkshire and North of England HEI’s. AR will take these comments back to the CCNERF sub group.
* The contact list was circulated around the group for updates.
* Linda Cross agreed to take on the role of deputy chair when AR takes on the role of chair as JP steps down.
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| 3. | **Network Updates****NOECCN*** Plan to undertake Safety Climate and Teamwork survey in collaboration with the North East Academic Health Sciences Network.
* The Peer Review process for their units continue with some taking place over the summer.
* Senior Nurse Development Programme continues with very positive feedback and interest nationally. The staff who have been through the programme have produced some excellent change/improvement projects. Two intakes per year. JP will share programme with AR.
* Offer a mentor workshop to staff in their network. Discuss what is acceptable evidence to demonstrate competency, how to promote best practice, responsibility of mentors and how to support learners. Suggest having a list of those staff who can sign off each stage of the competency framework.
* Updating their Transfer Training Course to include governance and standardisation of teaching.
* Task & Finish mouth care group continue their work.
* Also looking at pressure ulcer prevalence per 100 patient admissions. Increased use of prevention dressings and risk assessment. JP suggested this could be a collaborative piece of work with the rest of the CRBG.

**WYCCN**See attached presentationAR was asked to share mass contingency plan with LD **Y&HCCN**No update available from Network.BP updated the group on the progress of establishing a Critical Care Course for staff in NY&H in collaboration with Coventry University. Due to start in September, it will involve predominantly online learning with some face to face sessions delivered on campus in Scarborough. They declined the offer from the paediatric critical care ODN to facilitate a study day feeling that it would be more suitable for staff working in PACU as they would be more likely to care for paediatric patients awaiting transfer to a PICU.**National Update** LD updated the group on the ODN’s nationally. They are under review however ODN’s are felt to be a valuable asset, efficient and cost effective. They must have robust outcomes. Funding continues to be an annual challenge. Looking for 3 yearly recurrent funding. It is felt that there will be an increase in paediatric ODN’s moving forward.JP updated the group on other national news.**D05 Specialist Commissioning for Adult Critical Care Services** has now been published. It applies to adult patients who have a specialised commissioned pathway which incorporates the need for, or availability of adult critical care. There is expectation that local commissioners are likely to adopt these standards in their commissioning arrangements. The D05 largely aligns with GPICS standards. However is does not define the ratio of clinical educators to numbers of staff but states that it should be defined locally. GPICS does however state each critical care unit must have a dedicated supernumerary Clinical Nurse Educator (1 WTE per approximately 75 staff), NOECCN & WYCCN will be expecting their units to adhere to this ratio.**CC3N Staff Moves Survey** took place in April for the second time this year. The aim is to capture movement of critical care nurses to staff other areas of the hospital. It will also be used to inform a larger piece of work been undertaken by the UKCCNA. Further surveys will take place in July and October. As movement of staff continues to be a national issue, all units were encouraged to take part in the survey. Details will be distributed via Network Leads. JP shared details of a study conducted by N Kahn on Factors influencing nurses’ intention to leave ICU. (Kahn, N et al (2019) Factors influencing nurses’ intentions to leave adult criticl care settings. Journal of British Association of Critical Care Nurses. Vol 24, Issue 1, p 24-32)JP informed the group that Journal of Intensive Care Society offers free access to all via their website. <https://journals.sagepub.com/loi/inca>JP informed the group of a large study that is being conducted by Professor Ruth Endacott looking at dependency of patients within critical care and how this may differ from the ‘level of care’ they are deemed to be.The updated guidelines for the Transfer of the Critically ill Adult and the guidelines for the repatriation of critically ill patients to the UK from international hospitals produced by ICS were shared with the group for onward distribution with teams. These are available on the ICS website and WYCCN website. [www.wyccn.org](http://www.wyccn.org)**CCNERF** **Steps bolt on competencies update**Neurological, Burns and Advanced Burns are now complete and ready to use. These have been circulated and are on the WYCCN website. Cardiothoracic competencies are in final consultation stages, as are the maternal competencies. Spinal competencies are still in their infancy and anyone who is interested in joining this team can forward their name to JP/AR. |
| 4. | **Benchmark Scores**There remains many units form across the regions who do not submit benchmark scores. This makes comparison and identification of any gaps or excellent practice difficult.The group reviewed the benchmarks that had been submitted for eye care, oral care, Arterial line management, central line management, nutrition and bowel care. Eye care - many units were still lacking eye care guidelines. ICS Guidelines are available.Oral care - NOECCN have just updated their guidelines in line with Mouthcare matters. JP will share with the group.Nutrition care - Education around his benchmark scored least. JP shared ESPEN guideline on clinical nutrition in the intensive care unit.Bowel care - some unit are missing guidelines. AR is writing some guidelines which will be shared with the group once complete. LE shared details of a new bowel care management system.Arterial Line Care - Good scores form those who had submitted benchmarks, however guidelines were lacking. LE to share Mid Yorkshire guidelines.CVC management - Excellent scores across all factors for those units that had submitted.Any documents that are shared with the group will be uploaded on the Regional Benchmarking Group Members page on WYCCN website. This can be accessed via <https://www.wyccn.org/apps/member/login>. If you require access please contact AR.The benchmarks due for the next meeting areJune - TransferJuly - Pressure UlcersAugust - RRTSeptember - ETT management/TT managementOctober - Oxygen Therapy/SuctioningThere followed a discussion about link nurses helping with benchmarking in order to raise awareness. LC mentioned a Link Nurse Tree she had seen at LTHT when conducting Peer Review. AR will approach LTHT & circulate photograph if possible.Audit calendar with BM tools attachedAny outstanding BM scores can be submitted to JP or AR. |
| 5. | Neil Mackay and Emma Riley and attended the meeting from RIS Healthcare who shared their dry mouth care range. Further details can be found at <https://www.ris.healthcare/index.html>Many thanks for providing Lunch. |
| 6 | Best Practice Posters. AR shared the Best Practice posters that had been developed by the different units.York - Sedation, Pain & DeliriumAiredale - Bowel CareCald/Hudd - ProningPinderfields - Tracheostomy CareJP - Eye CareAR - Oral CareAR will circulate these for comments. Comments to be sent by 21st June. They will then be circulated for use.AR will also circulate the How to Benchmark guide? that was developed at the last meeting and the Information on the CRBG for display on units.Those who agreed to produced posters and are yet to be completed are :Bradford - SuctioningLTHT - NutritionHarrogate - Renal Replacement TherapyFreeman - Oxygen Therapy (Via LD)Scarborough - Arterial Line ManagementSince the meeting Airedale has agreed to produce the poster for End of Life and LTHT Pressure Ulcers. Any offers from units who would be prepared to develop one of the remaining areas of practice not covered (below) would be welcome.CVC ManagementET Tube Management |
| 7 | **Workplan for 2019**The group discussed what we would like to achieve in 2019. * How to Benchmark Guide?- complete
* Best Practice Educational Posters for all areas of practice that we benchmark - partially complete
* Update unit contact details - partially complete
* Update Terms of Reference - outstanding
* Publish a regional Benchmarking Group Report - outstanding
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| 9. | **AOB** * BP asked if any other units had any information on Emergency Tracheostomy Training as this is a piece of work he has been tasked with. JP will share contact details of the person responsible in NoE. There is an advanced tracheostomy training day at Preston Hospital on 3rd September. Contact JP for more details.
* AR asked if units had any information that was provided to GP’s following discharge so they had awareness of the patients’ needs following a period in ICU. No unit did. LD suggested looking at North London Pod casts or surveying what information GP’s would want.
* LD expressed thanks from Paula at Friarage Unit (which is currently closed) for all the support from the CRBG. There followed a discussion as to whether Harrogate was receiving increased admissions because of this. LC will look into this
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| 10 | **Unit Updates****Bradford (WM)*** New Matron Marianne Downey now in post.
* Looking to purchase new nimbus mattresses, possibly nimbus 4, and new monitors. Asked the group for recommendations of bedside trolleys.
* No vacancies at present, but 3 band 6’s due to leave.
* Looking to ‘Hold’ band 6 vacancy to use as rolling secondment.

**York/Scarborough (PB)*** Tender out for electronic patient record system. Part time band 6 project officer and clinical information nurse will be appointed to oversee implementation.
* Implemented MDT rehab round each week. Includes goal setting with aim of getting patient back to baseline.
* Between York & Scarborough units they have 20 staff leaving, some for career progress, some for change of career. 15 new starters due in September.
* Scarborough has appointed new educator for critical care.
* Critical Care Course as above.
* Seeing an increase in pressure ulcers on heels and nose due to NGT. Followed a discussion on securing methods for NGT. AR to share ‘Hammock’ method showen at BACCN. Statlock device shared that is used in Leeds.

**Harrogate (LC)*** Unit very busy at the moment. Staffing an extra bed. Business case submitted for funding to open bed permanently.
* High numbers of maternity leave at present.
* Rhys Edwards new matron for critical care.
* New monitors
* Awaiting funding approval for new Transfer Trolley
* Marsden Patient Transfer Scale ordered.
* Citrate now embedded for RRT.
* Rehab assistants now attend unit daily
* Held a recruitment event. Have appointed one newly qualified nurses who will spend 6 months on the medical ward before starting on ICU.

**Pinderfields (LE)*** Received Compassionate Care award for work done around end of life and organ donation
* Vacancy for support Clinical Educator to cover secondment
* Continue to carry many vacancies. Overseas nurses and some newly qualified nurses due to start. Recruitment event in September to attract experienced nurses.
* New band 6 appointed
* Some staff on maternity leave.
* Electronic prescribing embedded in rest of hospital. ICU some way off
* Looking to change ventilators - currently out for tender
* Increased device related pressure ulcers, mouth & NGT’s. Trailing different ways to secure NGT’s and Anchorfast for ETT’s.

**LTHT (CL)*** 3 substantive Clinical Practice Educator Posts across Critical Care CSU being advertised.
* Due to success of Rehabilitation Team at SJUH they are expanding service to Leeds General Infirmary
* Jamaican Nurses arriving mid-June who will spend supernumerary time in adult and paediatric critical care
* Nursing Associates and Nursing Assistants coming into Critical Care
* Critical Care Research Conference later in week.

**Calderdale & Huddersfield*** New Ferno Trolleys purchased. One for each site.
* Appointed 3 new band 6’s
* Calderdale relocation unit to other side of corridor for redecoration

**NSECH (JW)*** New observation charts include PAD guidelines which had led to PAD care being more nurse led.
* 3 additional ACCP (Band 8a) posts advertised
* Having away team building days in June & July for all staff on the unit
* 2 x part time housekeeper posts advertised. Will be employed on critical care only & part of the team.
* Hybrid mattresses rolled out across trust, although ICU have retained contract for hiring Nimbus Skin IQ when required. The saving from not having to hire therapy mattresses is expected to cover the cost of the new hybrid in 12-18 months.
* Purchased Marsden Patient Weighing Scale/Slide
* Trailing SEM scanners to test for compromised skin integrity.
* Purchased Sound ear to help with patients sleep and noise reduction.

**North Tees (JH)*** Looking to purchase or hire Skin IQ (now on daily tariff rather than 10 day rental
* Now have permanent outreach teams. They have increased band 6 posts.
* Clinical Education role currently covered by band 6 sister. Hoping to acquire funding for dedicated CE post
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| 13. | **Meeting dates for 2019 - ICU Seminar Room York District Hospital**Monday 4th November |

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| **Point**  | **Action**  | **Person/s Responsible**  |
| 2 | Take Step Competency feedback to CCNERF sub Group. Send any further feedback to AR. | AR/All |
| 3 | Share NOECCN senior nurse programme with AR | JP |
| 3 | Network Leads provide updates for the meetings if not able to attend | Julie/Maureen/Andrea |
| 3 | Names to AR/JP of those interested in developing Spinal Specialist Competencies | Those interested |
| 4 | Benchmarks to be complete as per audit calendar for June/July/August/September/October | Submitted by 18th October latest. |
| 4 | All other outstanding BMs to be submitted  | ASAP |
| 4 | Shared Bowel Care Guidelines with the group once complete. | AR |
| 4 | Share Mid Yorkshire guidelines for Arterial Line Care. | LE |
| 4 | Approach LTHT about Link Nurse Tree & circulate photograph if possible. | AR |
| 4 | Circulate Best Practice Posters for comments. Comments to be sent by 21st June | AR/All |
| 4 | Develop Best Practice Posters as detailed in minutes. Submit for comments asap but before 18th October. | Harrogate, Bradford, Freeman, Scarborough, LTHT, Airedale |
| 7 | Review contact details and inform JP/AR of any changes | All |
| 8 | Contact JP for details of the Advanced Tracheostomy Training day at Preston Hospital on 3rd September | Those interested |
| 9 | AR to share ‘Hammock’ method for securing NGT shown at BACCN | AR |