



West Yorkshire  
Critical Care & Major Trauma  
Operational Delivery Networks

West Yorkshire Critical Care  
Operational Delivery Network

Annual Report 2022/23

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<b>Author/s &amp; Contributors</b>	Claire Horsfield Dr Simon Whiteley Dr Paul Stonelake Alison Richmond Andrea Berry Sophie Beavors Sam Rogers Cordy Gaubert
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<b>Point of contact</b>	Claire Horsfield, Operational Delivery Network Manager & Lead Nurse <a href="mailto:Claire.horsfield4@nhs.net">Claire.horsfield4@nhs.net</a>
<b>Contact details</b>	West & South Yorkshire Critical Care Operational Delivery Networks 2 Park Lane, 2nd Floor (WYCCODN), Leeds, LS3 1ES Tel:07500973076 <a href="http://www.wyccn.org">www.wyccn.org</a>

## FOREWORD



### **Mel Pickup**

Chair of the WYCCN Clinical  
Advisory Board and West  
Yorkshire Critical Care  
Senior Responsible Officer

I am delighted to write the Foreword for this year's WYCCODN annual report and would like to start by once again thanking everyone for their continued hard work and support.

Although the COVID pandemic is now largely behind us, the ongoing recovery, staffing and capacity constraints, and the impact of NHS industrial action has made this another challenging year. The professionalism, commitment, and hard work of everyone involved in the delivery of critical care has enabled services to keep running, elective work to continue and ultimately kept our patients safe. So thank you to each and every one of you, for all that you do every day.

Despite the clinical and operational challenges, from a Network point of view this year has really been one of getting back to business as usual, reintroducing face to face meetings, including some of the Clinical Advisory Board Meetings, and ensuring that the agreed work plan was delivered. In this respect we have had a successful year, and this report highlights the networks activities and key achievements. The continued lack of an established adult critical care transfer service for the patients of Yorkshire and Humber continues to be a concern however and remains a key focus for the Network team.

Finally, anticipated changes to commissioning arrangements over the coming months and a new service specification for ODNs are likely to lead to the Network developing closer ties with the Integrated Care System for West Yorkshire, and we look forward to the opportunities that this might bring.

Kind Regards

A handwritten signature in black ink, appearing to read 'Mel'.

## Contents

Role of the ODN & Strategic Aims .....	5
Structure & Accountability .....	6
The Network Team .....	7
Key Achievements .....	8
Collaboration & Communication .....	9
National Collaboration .....	9
Regional Collaboration .....	9
Network Collaboration .....	10
Patient Engagement .....	10
Critical Care Capacity and Patient Flow.....	11
Repatriation Policy.....	12
Critical Care Surge and Escalation.....	12
Delayed Discharges.....	13
WYCCN Transfers.....	13
Y&H Adult Critical Care Transfer Service .....	14
Critical Care Workforce.....	15
Stocktake 2022.....	15
Education.....	15
Leadership Training.....	16
Transfer Training .....	17
Quality Improvement & Research .....	18
Peer Reviews .....	18
Network Data and Benchmarking .....	18
Network Forum Updates .....	20
Senior Nurses.....	20
Service Improvement & Benchmarking Group.....	20
Outreach Forum.....	20
Rehabilitation Forum.....	21
Professional Nurse Advocate Forum .....	22
Transfer Forum.....	22
Finance.....	23
Acknowledgements.....	24
Appendix 1 - WYH ODN Structure.....	25
Appendix 2 - WYCCN Workplan 2021/23 .....	26

## Role of the ODN & Strategic Aims

The WYCCODN has operated in its present form since April 2013 in accordance with national guidance<sup>1</sup> and the NHS Standard Contract for Adult Critical Care (D05)<sup>2</sup>. It is a regionally based collaborative partnership funded via NHS England Specialised Commissioning Yorkshire and Humber Hub and is hosted by Leeds Teaching Hospital NHS Trust.

The Critical Care ODN sits with the Major Trauma ODN making the West Yorkshire Critical Care & Major Trauma ODN. The organisational structure is set out in Appendix 1.

The West Yorkshire Critical Care ODN is made up of 6 acute trusts who collectively serve a population of approximately 2.3 million;

- Airedale NHS Foundation Trust - AFT
- Bradford Teaching Hospitals NHS Foundation Trust - BTHFT
- Calderdale & Huddersfield NHS Foundation Trust - CHFT
- Harrogate & District NHS Foundation Trust - HDFT
- Mid Yorkshire Hospitals NHS Trust - MYHT
- Leeds Teaching Hospitals NHS Trust - LTHT

Nuffield Health Hospital Leeds also participates in WYCCODN activities.

Critical Care services are normally delivered across the network within discrete locations such as Intensive Care Units (ICU) or High Dependency Units (HDU), or combined units. Some services are dedicated to one speciality; post cardiac surgery or neurosurgery/neurology & burns.

Irrespective of case mix, services are required to meet the standards described by the Intensive Care Society & Faculty of Intensive Care Medicine<sup>3</sup> and the Service Specification for Adult Critical Care Services<sup>4</sup> (D05).

The strategic aims of the West Yorkshire Critical Care ODN (WYCCODN) are based on the National Service Specification for Adult Critical Care Operational Delivery Networks, NHS Commissioning Board (2013).

They are:

- To ensure equity of access, equitable care and timely admission and discharge to and from adult critical care for all appropriate patients
- To take a whole system collaborative approach to ensure delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- To promote cross-organisational multi-professional clinical engagement to improve pathways of care
- To ensure resources are used efficiently/effectively

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<sup>1</sup> Developing Operational Delivery Networks; The Way Forward – Operating Delivery Networks (NHSE December 2012)

<sup>2</sup> NHS England (2019) Adult Critical Care Service Specification

<sup>3</sup> Guidelines for the Provision of Intensive Care Services, Joint Professional standards Committee of the Faculty of Intensive Care Medicine and the Intensive Care Society Version 2.1 (2022)

<sup>4</sup> NHS England (2019) Adult Critical Care Service Specification

## Structure & Accountability

The ODN is aligned to the West Yorkshire & Harrogate Healthcare Partnership through the West Yorkshire Association of Acute Trusts (WYAAT). This alignment continues to be an essential part of delivering critical care services across the system.

Professor Mel Pickup, Chief Executive Officer at Bradford Teaching Hospitals NHS Foundation Trust continues in the role of Senior Responsible Officer for the Critical Care ODN and chair of the Network Clinical Advisory Board (CAB).

In addition to the chair, the CAB comprises the Network Medical Lead, Network Manager & Lead Nurse, Medical, Nursing and Management leads from each of the West Yorkshire Critical Care Units, and Specialised Commissioners. There is additional representation from Yorkshire Ambulance Service (YAS) and other key stakeholders as required. The board meets quarterly and is the decision making body on behalf of the constituent network organisations.

The role of the board is to agree priorities and work streams, ensuring collective responsibility and cooperation by all the organisations within the critical care network in developing adult critical care services in line with national and local requirements. The ODN work plan 2021 - 23 was developed and agreed at the June 2021 CAB (Appendix 2).

Reports referred to within this report are available on request via:

[Claire.horsfield4@nhs.net](mailto:Claire.horsfield4@nhs.net)

## The Network Team

The WYCCODN Team comprises of:



**Claire Horsfield**

Network Manager & Lead Nurse (West Yorkshire Critical Care & Major Trauma and South Yorkshire & Bassetlaw Critical Care ODNs)



**Dr Simon Whiteley**

Network Medical Lead



**Dr Paul Stonelake**

Deputy Medical Lead



**Alison Richmond**

Network Quality Improvement Lead Nurse



**Samantha Rogers**

Network Data Analyst/Project Officer

Additional funding provided by NHSE to support network resilience during the Pandemic was utilised to extend the Deputy Medical Lead role until the end of March 2023. This role was undertaken by Dr Paul Stonelake and the Network team are incredibly grateful to Dr Stonelake for his support and contribution to network objectives for 2022/3.

## **Key Achievements**

Key achievements of the ODN during past 12 months include:

- Leadership course delivery for West and South Yorkshire Critical Care Unit Registered Nurses (RN)
- Capacity monitoring and mutual aid support as required
- Supporting timely and accurate capacity and workforce data submission, and provision of daily capacity data to WY stakeholders
- Completion of national critical care stocktake
- Delivery of a national nursing conference on behalf of CC3N
- Completion and roll out of the Network Rehabilitation Education Package
- Publication of modelling project to predict critical care capacity requirements
- Repatriation policy agreed and disseminated
- Peer review follow up visits completed
- Independent Sector peer review visit completed
- Completion of ReBoot Research Study (Stakeholder)
- Supporting quality improvement through benchmarking collaborative group
- Delivery of transfer training
- Supporting access to an interim ACC transfer service



## Collaboration & Communication

The WYCCODN Team embrace the opportunity to work collaboratively with colleagues to improve services for patients.

### National Collaboration

Members of the WYCCODN team have continued to contribute to national programmes of work which include:

- National Network Directors/Managers Forum - Claire Horsfield (Co-chair)
- National Network Medical Leads Forum - Dr Simon Whiteley
- Critical Care National Network Nurse Leads Forum (CC3N) - Claire Horsfield & Alison Richmond
- ACC Rehabilitation Outcomes Group - Claire Horsfield
- ACC Nursing Workforce Group - Claire Horsfield
- Critical Care Leadership Forum - Claire Horsfield
- National Critical Care Education Review Forum - Alison Richmond
- National ACCTS Clinical and Operational Sub Group - Dr Simon Whiteley
- CC3N Professional Nurse Advocate Community of Practice - Alison Richmond
- Community of Interest -Critical Care Course Providers - Claire Horsfield and Alison Richmond

In July 2022, Network team members were delighted to act as project leads to deliver a national nursing conference in Birmingham on behalf of CC3N. The event was well attended by over 200 delegates and 18 sponsors and there was good representation from West Yorkshire critical care units. The day ended with guest speaker Philip Hammond who delivered an important message about self-care as well as several hilarious anecdotes from his time as a junior doctor in training.



### Regional Collaboration

The WYCCODN continues to work with network teams across the North East and Yorkshire region to improve patient pathways, outcomes and experience. Partnership working with North Yorkshire and Humberside and South Yorkshire and Bassetlaw ODNs has continued to be strengthened over the past 12 months with regular meetings of the ODN teams to facilitate collaborative work streams. The network team also attend various

regional meetings, which offer the chance to link with other Adult and Paediatric ODNs, and NHSE colleagues to receive national updates, identify issues and offer support. Monthly meetings have continued throughout 2022/3 with NEY NHSE Specialised Commissioning Team with greater emphasis on recovery and restoration of services and integration of networks within new ICB structures.

Bi weekly 'huddle' meetings with Yorkshire & Humber ODN and NHSE/I colleagues have also continued during this time.

The network also continues to link with the Y&H Maternal Enhanced and Critical Care Group.

## **Network Collaboration**

To facilitate timely mutual aid requests and provide individual support the network established a WhatsApp group at the beginning of the pandemic and this has continued to provide a valuable and responsive method of communication whereby clinical leads may seek the opinions of their peers about specific clinical issues or may seek support in the form of mutual aid.

The network website and twitter platforms are maintained to provide a valuable resource for critical care colleagues and patients within and outside the WYCCODN. The network also values existing and emerging collaborative relationships such as WYAAT, the WY Workforce Transformation Group, and the WY Integrated Care Board (ICB).

The Network have a number of groups and forums that meet quarterly and we are especially grateful for the contributions made by colleagues in support of network activity, and in particular our various forum leads. Network forums include;

- Clinical Advisory Board
- Senior Nurse Forum
- Education Leads
- Service Improvement Leads (SILs)
- North East & Yorkshire Benchmarking Group
- Professional Nurse Advocate Forum
- Rehabilitation Group
- Outreach Forum

## **Patient Engagement**

The ODN continues to seek Patient and Public involvement in our activities. We have received an offer of support from a past patient who has kindly agreed to share their experience and insight in the hope this will help drive improvements across the service.

The rehabilitation forum has worked with a number of stakeholders to deliver a joint conference between West Yorkshire and South Yorkshire and Bassetlaw Networks and patient stories feature in this programme. Unfortunately due to industrial action during February, the event had to be postponed until May 2023.

## Critical Care Capacity and Patient Flow

The total bed base for the Network for 2022-23 has increased from 119 beds last year to 127. 67 beds were described as level 3 and 60 as level 2 as per Table 1.

LTHT has increased the number of level 2 beds by 4 and level 3 beds by 1 at the LGI site and Pinderfields have an additional 2 x level 3 beds since 2021-22.

Based on a population of 2.3M this equates to 5.5 critical care beds per 100,000 head of population which remains below the national average. (6.6/100,000)<sup>5</sup>. The capacity modelling project which was commissioned by the ODN last year has now been published: <https://www.rcpjournals.org/content/futurehosp/early/2023/03/11/fhj.2022-0025>

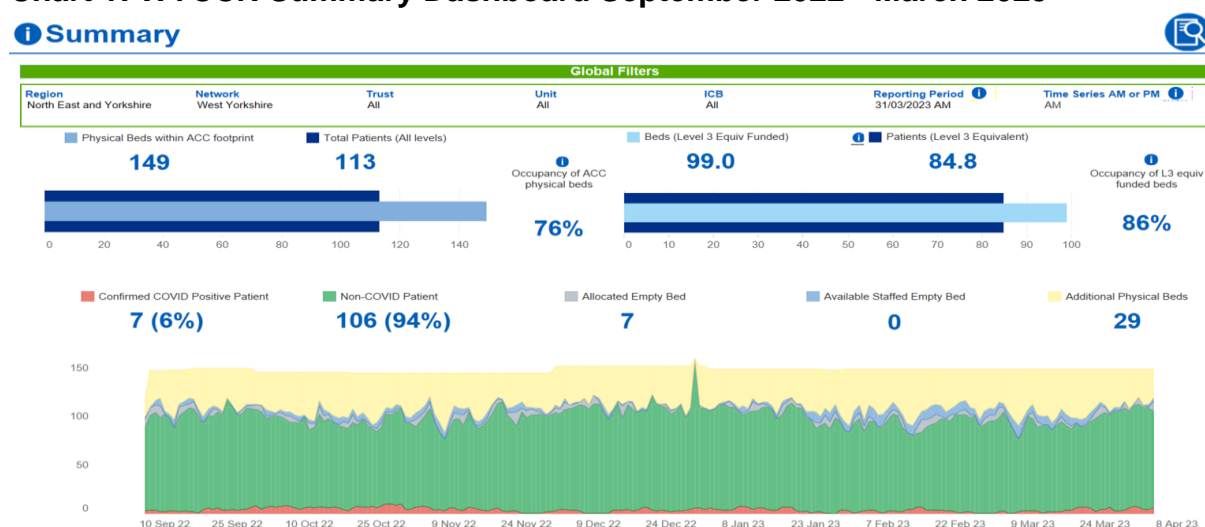
**Table 1- Baseline critical care bed numbers by Trust**

Unit	Level 3 beds	Level 2 beds	Total
Airedale	3	4	7
Bradford	8	8	16
Calderdale & Huddersfield	9	4	13
Pinderfields	14	6	18
Harrogate	3	4	7
Leeds	30	34	58
<b>Total</b>	<b>67</b>	<b>60</b>	<b>127</b>

\*Mid Yorkshire NHS Hospitals Trust critical care bed base includes 2 regional critical care burns beds

In September 2022, the national critical care capacity monitoring system known as the Directory of Services (DOS) was updated to include greater detail regarding patient dependency, workforce, bed occupancy and patient flow. The data is entered twice daily by unit staff and this is available to view at: [NCDR \(england.nhs.uk\)](https://ncdr.england.nhs.uk) with examples provided below.

**Chart 1: WYCCN Summary Dashboard September 2022 - March 2023**

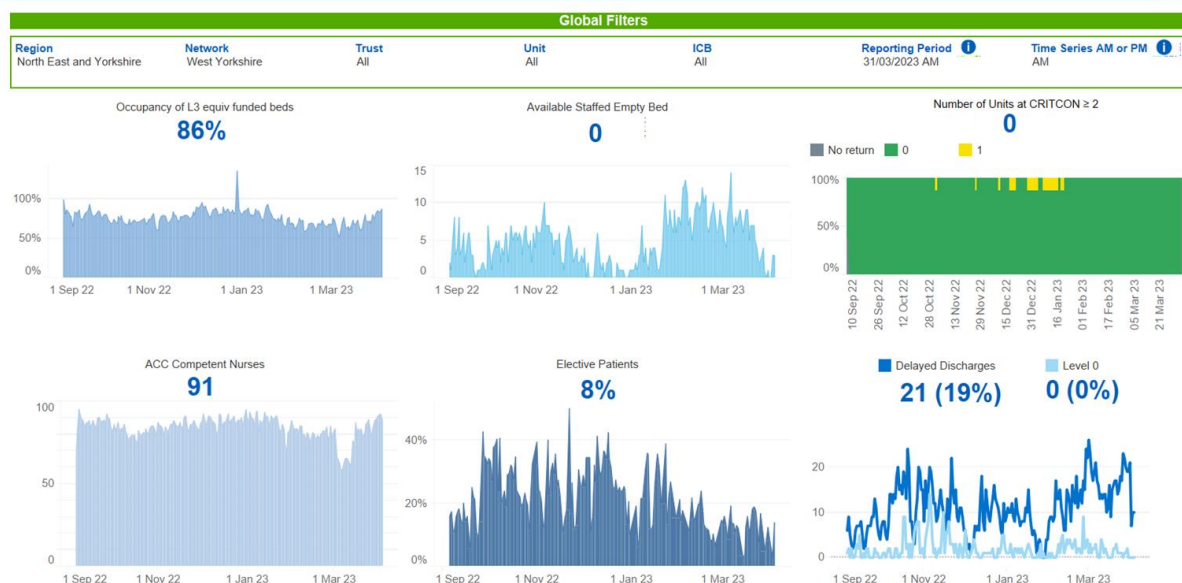


Source: [NCDR \(england.nhs.uk\)](https://ncdr.england.nhs.uk)

<sup>5</sup> Rhodes. A. et al The variability of critical care bed numbers in Europe. Intensive Care Med (2012) 38:1647–1653 DOI 10.1007/s00134-012-2627-8

## Chart 2: WYCCN Adult Critical Care Overview September 2022 - March 2023

### i Adult Critical Care Overview



Source: [NCDR \(england.nhs.uk\)](https://ncdr.england.nhs.uk)

The network team monitor the timely completion of this Monday - Friday and units can access the DOS system to view bed availability should mutual aid be required.

## Repatriation Policy

Where possible, patients receive critical care as close to their home as possible, however during times of surge or if specialist treatment is required, patients are admitted or transferred to another critical care unit. As soon as possible, patients should be repatriated back to their base hospital's critical care unit and this should occur within 48 hours of the referral being accepted. Anecdotally, there are often delays in this process which can impact patient flow and can be detrimental for patients and families. In order to provide a consistent approach to this process and to support escalation in the event of delays, a network repatriation policy has been agreed by the CAB and the WYAAT Chief Operating Officers. This has now been disseminated across the network.

## Critical Care Surge and Escalation

Following the agreement and adoption of The Adult Critical Care Surge Plan Guidance<sup>6</sup> as a regional approach, an addendum to this plan was developed to include the critical care network response to rapid escalation such as during a mass casualty incident. This has been shared with NHSE colleagues for regional EPRR governance approval and dissemination.

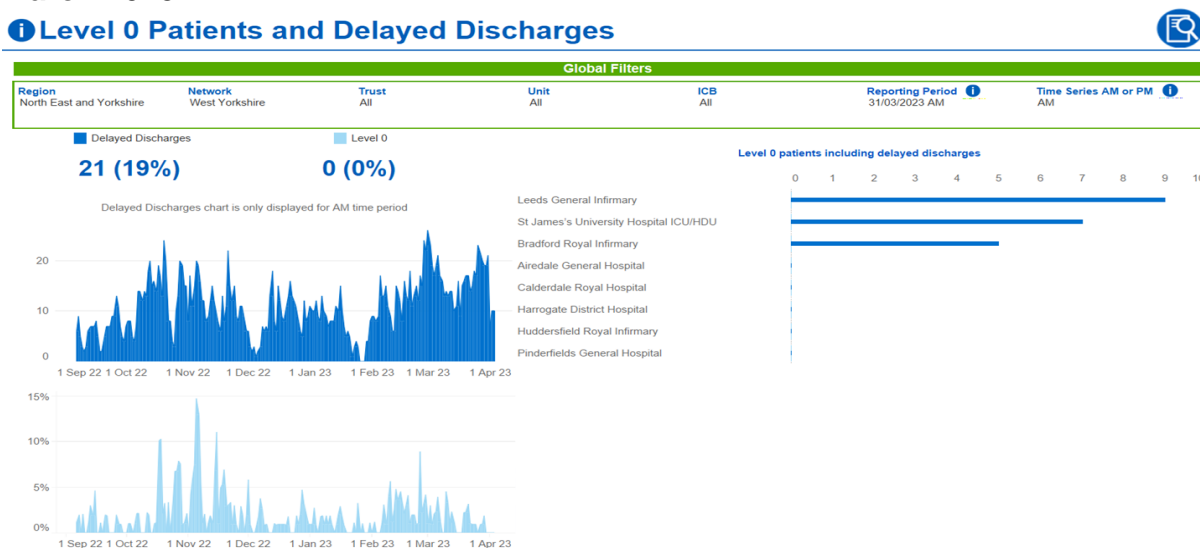
The stocktake in 2022 indicated 138 beds could be used as level 3 beds within critical care units with an additional 14 level 3 beds being identified as additional surge beds outside unit footprints.

<sup>6</sup> NHSE/I Adult Critical Care Surge Plan Guidance, 2021

## Delayed Discharges

Daily capacity monitoring demonstrates the on-going challenges of supporting effective patient flow. This can impact on the ability of critical care to step patients down to the ward in a timely manner, and the knock on effect this has on preventing admissions whether that be emergency or planned. It is also a poor experience for patients and their families. This is a widespread problem across all West Yorkshire units and this is regularly discussed at network meetings and escalated via the WY System Control Centre when admitting capacity is compromised. The chart below demonstrates the number of delayed discharges of greater than 24 hours post decision to discharge across WYCCN along with the number of level 0 patients each day from 1st September 2022 - 31st March 2023. A daily breakdown per hospital site is provided on the right.

**Chart 3: WYCCN Level 0 Patients and Delayed Discharges - September 2022 to March 2023**

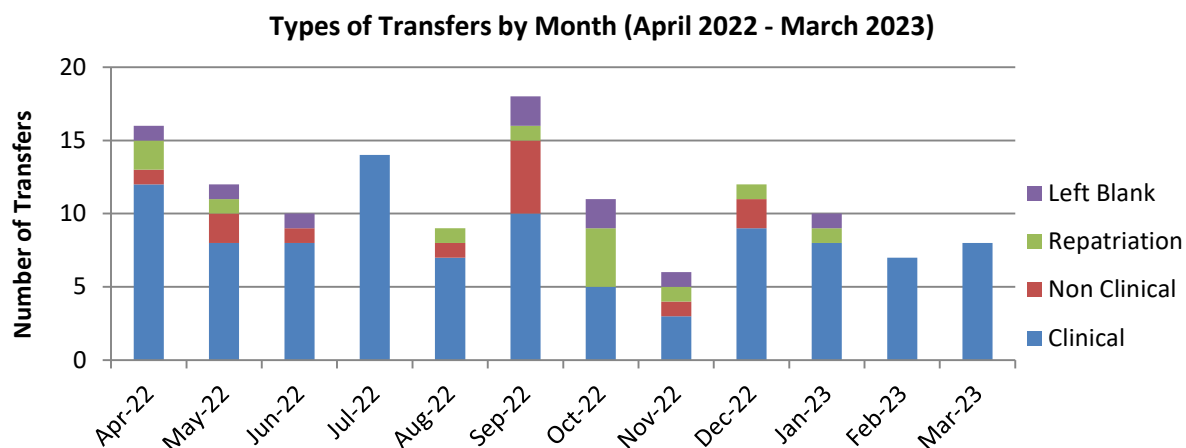


Source: [NCDR \(england.nhs.uk\)](https://nctdr.england.nhs.uk)

## WYCCN Transfers

The transfer of a critically ill patient to another hospital site is often the last resort due to the potential risks involved, however specialist pathways or high occupancy or acuity will at times require the movement of patients from one site to another. When patients are transferred, Network guidance requires a form to be completed and submitted to the network for audit purposes. The chart below details the number and types of transfers occurring within the region for the past 12 months. It is acknowledged that this is an under estimation of the total number of transfers carried out as some transfers have been completed by the NECTAR service and others may not have completed and returned a form. This data has been collated from the transfer forms that have been returned to the network office.

**Chart 4 - Types of transfers by Month**



### Y&H Adult Critical Care Transfer Service

The WYCCODN transfer forum has not met during 2022-23. Activity has been focused on trying to support development of an adult critical care transfer service for Yorkshire and the Humber. Following identification early in the year of Sheffield Teaching Hospitals as potential hosts for the service, it became clear that the funding envelope available was insufficient to provide the planned service. No further progress was made, and the North East and Cumbria Transfer and Retrieval service (NECTAR) kindly stepped into the breach during the winter months to provide an interim service from a base in Darlington. This has been gratefully received by colleagues across the West Yorkshire ODN.

Since this time the funding available nationally has been increased to expand transfer services from day time only to 24 hours / 7 days a week. The funding allocated to the North East and Yorkshire region has increased to £6M per annum. Progress to date is slow and we are continuing to work with Commissioners and other stakeholders to lobby for an established and sustainable service appropriate to the needs of the patients of West Yorkshire and indeed the wider Yorkshire and Humber region. In the interim, NECTAR is continuing to provide a temporary day time service.

## Critical Care Workforce

### Stocktake 2022

The Annual Critical Care Stocktake was conducted again in May /June 2022. Its aim was to provide comparative data about critical care capacity and workforce and to identify any trends and areas for development.

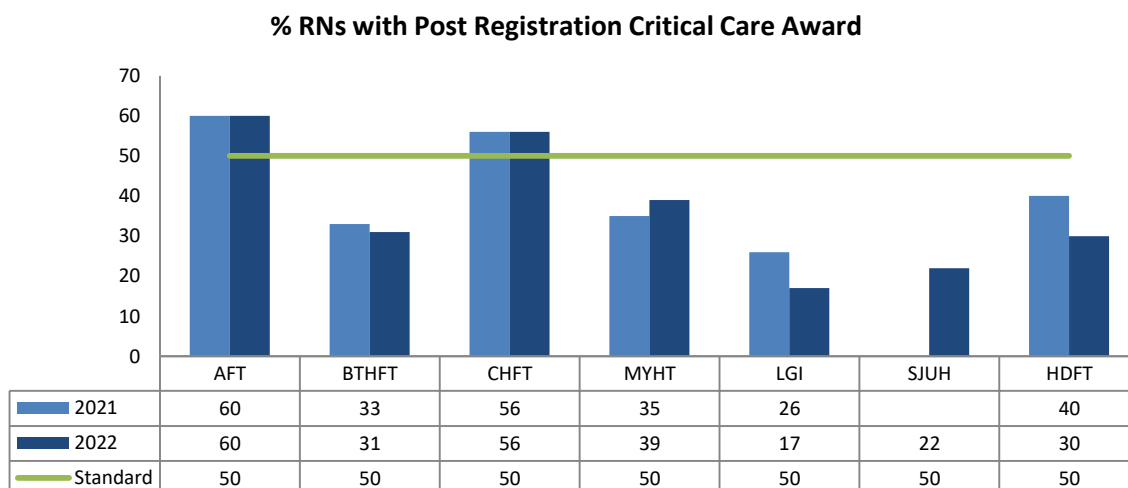
Data was collected by unit leads and entered via an online portal. This was then sense checked for errors and omissions, then validated with the unit prior to final submission. The key findings for WYCCN demonstrated;

- A higher than national average proportion of band 5 Registered Nurses
- Increase in the number of staff over 50 years of age
- Increase in number of RNs obtaining their first nursing qualification outside the UK
- 2 out of 6 units met the standard relating to the % of nurses with a post registration critical care award
- 3 /6 Trusts have Professional Nurse Advocate (PNA) roles in critical care
- 3 /6 Trusts have supernumerary clinical coordinator provision each shift
- Inequity of AHP provision
- The results were presented at the Clinical Advisory Board in October 2022.

### Education

Critical care courses continue to be centrally funded via Health Education England contracts with selected providers. Following a successful tendering process in 2021, LTHT was successful in their application and continue to be the only approved provider of the critical care award within West Yorkshire. Other providers are available outside the network with a proportion of course delivery now being offered virtually to facilitate a blended learning approach. In 2022, the ACC stocktake and subsequent peer reviews identified only 2 out of 6 trusts met the standard of 50% of RNs with a critical care award (Chart 4 below), and the network continues to link with unit educators to ensure sufficient access to course places. The WY Workforce Transformation team have now included the critical care network in future learning needs analysis to support critical care education and access to Post Graduate Education courses.

**Chart 5 - WYCCN % Registered Nurses with a critical care award 2021 & 2022**





## **Critical Care Course - Sophie Beavors, Programme Lead, LTHT**

Over the last 12 months, the Critical Care Course at Leeds Teaching Hospitals NHS Trust has continued to welcome and support staff from across West Yorkshire to undertake a University accredited qualification in Critical Care. We now offer the course at Level 6 (Degree Level) and Level 7 (Masters Level). The course is utilising a Blended Learning Approach, with selected sessions delivered face to face, and the remaining utilising an online delivery via Microsoft Teams. Access to the Universities Virtual Learning Environment (VLE) has been expanded, and on-line e-learning are being developed.

The last 12 months has seen 37 students complete the programme - 30 from LTHT and 7 from across West Yorkshire. There are currently 57 students undertaking the programme on the September 2022 and January 2023 cohorts. Interviews are planned for June 2022 for those who applied for the September 2023 and January 2024 cohorts.

The first 'Celebration Ceremony' was held in September 2022 for all those who have so far completed the course. The event was well attended, and the next event is due to be held in July 2023.

The quality of work produced by those staff undertaking the course continues to be of a high standard, with all staff demonstrating commitment to deliver high quality patient care. Current students will be encouraged next year to submit their work to the BACCNs "Critical Care Course Poster" Competition to share their research and recommendations for changing practice with Critical Care nurses from across the UK.

## **Leadership Training**

During September 2022, the WY and SYB Critical Care Networks supported two leadership training courses for senior band 5 and junior band 6 Registered Nurses. Each unit was allocated 2 places and in total 39 staff completed the 2 day course. The focus of the course was developing leadership potential and preparing staff to lead and manage change. Staff were required to complete the Myers Briggs Personality Indicator prior to the course, individual reports generated and information used during the sessions. Staff were also required to lead a small change management project following the course and feedback progress at 6 months. Trust Critical Care Senior Nurse Leaders were invited to contribute on the second day of each course by being involved in a Q&A session focusing on how to manage resistance to change. The course evaluation was extremely positive.

Some of the projects undertaken by staff on the course included:

- Follow up clinic implementation
- Pre-operative information provision for patients
- Improving transfer form returns
- Staff well-being
- Improving positivity at work
- Care of Extra Ventricular Devices
- New starter welcome pack
- Admission checklist
- Waste segregation



## Transfer Training

Over the last 12 months Transfer Training has returned to a face to face model following a virtual course being delivered during the pandemic. The network has delivered 5 multi-disciplinary Transfer Training Courses to 76 members of staff including nurses, OPD's, trainee doctors and physiotherapists who undertake critical care transfers. In addition, the network has co-facilitated the local delivery of the course at Pinderfields General Hospital. The format is a mix of taught sessions, workshops and simulation and consistently evaluates very well. A review of the course is underway to ensure it remains current and reflects the changing arrangements regarding critical care transfers. The faculty continues to grow and the network would like to thank members of the transfer training faculty for their continued support.

## Quality Improvement & Research

### Peer Reviews

In keeping with national requirements, a key role of the network is to provide impartial advice to both providers and commissioners regarding the quality of services, gaps in provision and compliance with national guidelines and standards. This is achieved through a process of annual peer review.

Within WY these were last carried out in a virtual format in 2021, and through agreement at the CAB Providers agreed to a follow up visit by the network team in 2022. The purpose of this visit was to meet with Clinical Nursing and Medical Leads to review action plans, discuss developments and progress as well as to highlight any on-going areas of non-compliance. Following the visits a summary report was provided to the clinical teams, Trust Chief Executive Officer and NHSE Specialised Commissioners.

Themes identified relate mainly to workforce and in particular the provision of Allied Health Professionals and the ability to deliver effective and consistent multidisciplinary rehabilitation and follow up services. Patient flow issues were also identified as a concern with significant delays discharging patients to the ward once they are deemed suitable to step down. Hospital wide pressures have caused significant issues for all Trusts and this has impacted on critical care patient flow and capacity.

In addition to the acute trust peer reviews, the network also carried out a peer review visit to the Nuffield Health Hospital Leeds as the only Independent Sector critical care provider in West Yorkshire.

### Network Data and Benchmarking

The network has a key role in assuring providers and commissioners of all aspects of quality and to do this, the ODN has a responsibility to obtain and provide local information, data and intelligence to support performance monitoring of the constituent members. Through the provision of comparative data, there is a focus on benchmarking to promote quality improvement and effectiveness. Data is submitted by units to inform a variety of national and local platforms. ICNARC and Quality Surveillance Information System (QSI) data for each trust was reviewed as part of their peer review follow up visits, and the ODN produce a quarterly data report for presentation to Senior Nurses and the CAB. Prior to the Covid-19 Pandemic, WYCCN received annual Network Quality Reports (NQR) from ICNARC, however these ceased during the pandemic to focus resource on reporting findings relating to Covid, these comparative reports have not yet resumed and the network is reliant on individual units sharing their annual ICNARC reports.

Data collected by the ODN included;

- ICNARC reports provided by units
- QSI - Specialised Services Quality Dashboard
- Network Global Measures
- Benchmark Audits
- Outreach data
- Transfer Data

A quarterly data report is presented at the Clinical Advisory Board meeting to be used by providers to support performance monitoring and inform improvement.

### **Research: The ReBOOT Study by Dr Kathy Vogt, Senior Research Fellow, BTHFT and University of Leeds**

Some exciting, and promising results from the Reboot study!

During the Covid-19 pandemic, the need for wellbeing support of critical care nurses increased, while the feasibility of delivering support in person decreased; thus, any psychological support intervention needed to be delivered remotely. Thus, we adapted a previously developed psychological intervention for healthcare professionals to remote delivery, tailored it to the needs of critical care nurses and assessed its potential efficacy via a mixed-method (interviews, questionnaire), before-after feasibility study design.

Initially started in the WYCCN before wider circulation, in total, 102 critical care nurses signed up to the study, 84 consented to participate in the study, and 77 attended the first workshop. Out of the 77 who attended the first workshop, 62 completed both workshops and both coaching calls (81% retention rate).

Quantitative follow-up measures showed significant increases in resilience, confidence in coping with adverse events and reductions in depression, burnout, and intention to leave. Qualitative analysis of the interviews suggested that critical care nurses found the psychological techniques helpful and particularly valued the practical exercises that could be translated into everyday practice. It was also common for nurses, who had attended Reboot, to share their new knowledge and skills with colleagues who had not attended the programme, to help them with their coping at work.

While there are some limitations to this work (including the lack of control group, and lack of long-term follow-up), these are some exciting results, that we hope to build on in the future.

Reboot for Critical Care Nurses was funded by the Burdett Trust and the results paper is currently under review for publication.

## **Network Forum Updates**

### **Senior Nurses**

**Chair - Claire Horsfield**

The Matrons and senior nurses meet quarterly to discuss current issues relating to critical care. This can include providing feedback on national programmes of work as well as discussing local challenges and supporting each other with solutions. The group have recently provided feedback on the proposed revision of the Registered Nursing (RN) establishment standards along with the draft RN career pathway. This forum provides the opportunity for peer support and promotion of best practice to support standardisation where appropriate.

### **Service Improvement & Benchmarking Group**

**Chair - Alison Richmond**

Each of the critical care services across West Yorkshire has an identified Service Improvement Lead (SIL) who attends the WYCCODN Service Improvement Lead and Benchmarking meeting. The forum meet three times per year to share good practice, audit care bundles, discuss the national critical care agenda and implement service improvement projects based on gaps identified through benchmarking.

The same group of SIL's also meet three times a year with counterpart colleagues from the North of England ODN and North Yorkshire and Humber ODN to further share areas of good practice and collaborate in service improvement projects

During the past 12 months the Service Improvement Lead group have:

- Undertaken benchmarking of 19 areas of practice pertinent to critical care in line with the annual audit program
- Developed a dashboard to easily demonstrate changes in compliance to benchmarks year on year
- Reviewed the Best Practice Education Tools for these 19 areas to ensure they reflect current guidance and practice
- Developed a Patient Diary Guideline based on a gap identified through benchmarking
- Adapted a Delirium Care Bundle for implementation on units
- Developed best practice principles to apply when caring for patients in single rooms on critical care units in response to the critical incident project. This document has now been endorsed by CC3N

### **Outreach Forum**

**Interim Chair - Alison Richmond**

The Outreach forum are currently undertaking a gap analysis of each outreach service using the self-assessment tool that has been developed by the National Outreach Forum (NORF), to support compliance to the Quality & Operational Standards. In addition, they are reviewing the recently published Critical Care Outreach Practitioner Credential and Career Framework, also produced by NORF, to understand the implications for the outreach teams. It is anticipated that once these reviews have taken place, targeted project work will be identified and implemented.

Monthly NORF minimum datasets continue to be submitted to the network and presented at the outreach forum meetings. Discussions have been had with Mela Solutions, who provide the data collection systems to all our teams (MedICUS), to provide a monthly auto generated report of the required data fields.

The forum welcomes Laura Midwood, Critical Care Outreach Lead at Pinderfields General Hospital as co-chair from June 2023.

### Rehabilitation Forum



#### **Chair - Cordy Gaubert**

Extended Scope Physiotherapist, Bradford Teaching Hospitals NHS Foundation Trust.

The Rehabilitation Forum has continued to meet throughout the year, with Allied Health Professional (AHP) representation from all Trusts including; Physiotherapists, Speech and Language Therapists, Dietitians, Rehabilitation Nurses and Occupational Therapists.

It has been a busy year with completion of the Multi-disciplinary team (MDT) Rehabilitation Education package which is now available on all units, via the network website or from unit rehabilitation leads.

The network has been supporting BTHFT ICU to analyse covid follow up clinic data. This has been shared with the forum and demonstrated evidence for long term outcomes. In addition, the Health questionnaire (EQ-5D-5L) and Trauma Screening questionnaire have been used to provide data to support a business case for an ICU follow-up clinic at BTHFT.

The Rehabilitation team at Leeds have established a Post Critical Care Support Group, occurring on the first Thursday of every month held at the Thackery Medical Museum. It has had good attendance and feedback and can now be accessed by any patient and family member who have been on one of the critical care units in the network.

The rehabilitation forum has also been helping to plan a joint West and South Yorkshire Critical Care Networks Rehabilitation Conference. This was postponed in February 2023 due to Industrial action, but a new date has been set of 12th May 2023. The programme has varied and interesting sessions which are of interest for the whole MDT and the group have secured a number of national speakers.

National funding from Health Education England was made available to up skill critical care AHPs and applications were invited from all professional groups. Teams in the network were successful in obtaining combination of AHP funding for Physiotherapy, SALT, Dieticians and Occupational Therapists to attend a range of National and

International courses including; the European Weaning and Rehabilitation Conference, various clinical and research MSc modules and courses that will enable staff to learn new clinical skills e.g. FEES and lung ultrasound (LUS). The physiotherapy team at LTHT are using some of the funding to mentor senior staff through the process of developing a LUS logbook of scans and to complete the LUS accreditation process. A member of the SALT team is undertaking formal supervision sessions with a clinical expert to develop their own advanced ACC skills and that of other members of their team.

Further funding was also made available from HEE to support the development of critical care pharmacists

### **Professional Nurse Advocate Forum**

#### **Chair - Alison Richmond**

Three trusts in the network, Calderdale & Huddersfield, Harrogate and Leeds, have at least two nurses who have completed Professional Nurse Advocate (PNA) training. These PNA's are there to support all critical care nurses through the Advocating for Quality Improvement model (A-EQUIP); restorative clinical supervision (RCS), Monitoring, Evaluation and Quality Control, Education and development and Quality Improvement. The model supports a continuous improvement process that aims to build on the personal and professional clinical leadership of nurses, enhance the quality of care for patients, and support preparedness for appraisal and professional revalidation. The restorative function has been shown to have a positive impact on the physical and emotional wellbeing of staff as it reduces burnout, stress and absences, and improves job satisfaction and patient experience. The degree to which the PNA's have been able to implement the role has varied across the network and indeed nationally.

Alison Richmond and Claire Horsfield are also trained PNA's and have met regularly with PNA's from both West Yorkshire and South Yorkshire critical care units to offer peer support, share resources and encourage implementation of the role in line with national guidance.

The group have made links with the regional PNA team and Alison co-facilitated the CC3N/BACCN PNA webinar in February 2022.

### **Transfer Forum**

#### **Chairs - Alison Richmond & Simon Whiteley**

The network transfer forum met in December 2022 to discuss options for reviewing the transfer training course. A national review of transfer training is underway and it is anticipated that the network will be involved in this review.

The network continues to audit and report critical care transfer data that is submitted via global measures and transfer form returns. With on-going challenges in relation to obtaining accurate transfer activity, Samantha Rogers is undertaking a piece of work to increase the return of transfer forms with future plans to audit the quality of the data entered on the forms.

## **Finance**

The funding for the network in 2022/2023 was provided by the North East and Yorkshire Specialised Commissioning Team (Yorkshire and the Humber). The network manager has budgetary responsibility and is accountable to LTHT for financial stewardship. At year end, the network expenditure was within budget.

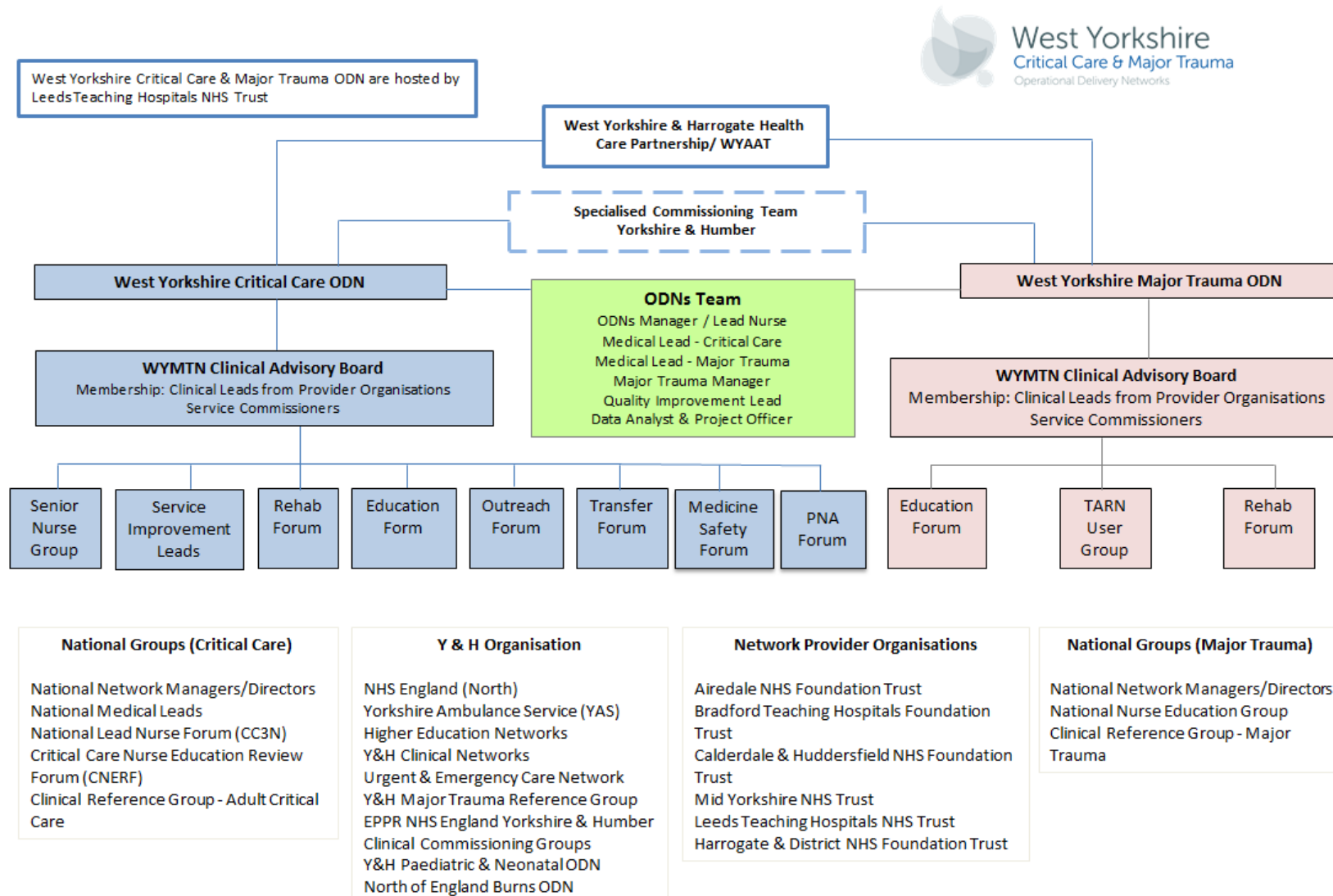
The Network also holds a small amount of historical sponsorship money from industry which is held by the Leeds Cares Charities and as such complies with Charitable Fund requirements.

## **Acknowledgements**

Finally, we would like to thank all those who have contributed to and engaged with the network in support of critical care delivery and improvement during the past 12 months. This includes those who have attended meetings, participated in peer reviews, completed surveys, submitted data or provided feedback. We really do value all contributions. Particular thanks to our Board Chair Professor Mel Pickup for her continued support, guidance and enthusiasm for critical care network activity, thanks also to Cordy Gaubert and Maria Toshack for their support in chairing network forums and to Sophie Beavors for her leadership as critical care course programme lead.



## Appendix 1 - WYH ODN Structure



## Appendix 2 - WYCCN Workplan 2021/23

No	Work Stream	Key Objectives	Outcome Measures	Actions	Responsibility	Links / Support	Context /Ref
1	ODN Organisational Development	Delivery of well-established and effective Critical Care Operational Delivery Network	Effective engagement with all stakeholders that play a role in the patient pathways for critical care	<p>Commissioner engagement: Maintain existing communication and engagement with commissioners of critical care services e.g. NHSE/I, CCG's</p> <p>Establish links with emerging ICSs</p> <p>Continue effective relationship with host organisation</p> <p>Clinical Engagement: Maintain and grow effective engagement with clinical teams, organisations and other stakeholders</p> <p>Assess effectiveness of the above relationships</p>	<p>Network Manager /Lead Nurse</p> <p>Medical Lead</p> <p>Deputy Medical Leads</p>	<p>NHSE/I</p> <p>CCG's</p> <p>ICS</p> <p>WYAAT</p> <p>HEE</p> <p>Host Organisation</p> <p>Provider Trusts</p> <p>Medical Leads</p> <p>Nursing Leads</p> <p>Service Managers</p>	<p>NHS England: Developing Operational Delivery networks the way forward 2012</p> <p>NHS England 2014: ODN Memorandum of understanding</p> <p>Department of Health &amp; Social Care (2021)Policy paper: Integration and innovation: working together to improve health and social care for all</p>
2	Communication and Collaboration	Effective communication and engagement with all key stakeholders of the network	Systems in place to underpin effective communication, engagement and collaboration with all key stakeholders across the	<p>Develop network communications strategy incorporating patient engagement.</p> <p>Utilise a variety of communication approaches and assess effectiveness, adapting approaches as required</p>	Network Team	All stakeholders	

			wider health economy using a variety of communication tools				
3	Quality of Critical Care Services	Delivery of consistent, equitable and effective high quality critical care services across the network	<p>Effective critical care delivery</p> <p>Timely access to and from critical care services</p> <p>Effective bed utilisation</p> <p>Positive peer review visits</p>	<p>Collect, monitor and report critical care data to identify improvement areas and share good practice e.g. benchmarking, ICNARC reports, SSQD, incidents, DOS</p> <p>Monitoring of capacity and bed utilisation</p> <p>Monitoring of delays through effective data systems e.g. Global measures, ICNARC data, DOS, SSQD</p> <p>Carry out peer review visits including 360° feedback</p>	<p>Network Manager /Lead Nurse</p> <p>Network Medical Lead</p> <p>QI Lead Nurse</p> <p>Network Administrator /Data Analyst</p>	<p>CRCU Medical, Nursing &amp; AHP Leads</p>	<p>Guidelines for the provision of intensive care services (GPICS) Joint Standards Committee of the FICM and ICS (2019)</p> <p>Core Standards for Intensive Care Services (2013) Intensive Care Society</p> <p>NHSE (2019) Adult Critical Care Service Specification (DO5)</p>
4	Data collection, Intelligence, Analysis and Reporting	Effective use of data collection systems in order to inform quality improvement and capacity planning	<p>Network wide approach to data collection, analysis and reporting</p>	<p>Collect, monitor and report critical care data to identify improvement areas and share good practice e.g. benchmarking, ICNARC reports, SSQD, incidents</p> <p>Develop and agree data sharing agreement with stakeholders</p>	<p>Network Manager /Lead Nurse</p> <p>Network Medical Lead</p> <p>QI Lead Nurse</p> <p>Network Administrator /Data Analyst</p>	<p>CRCU Medical, Nursing &amp; AHP Leads</p> <p>Unit data clerks</p>	<p>Putting Patients First: The NHS England business plan for 2013/14 – 2015/16</p> <p>DH NHS Outcomes Framework 2014/2015 Public Health Outcomes Framework England 2013-2016 (Outcomes 2 &amp; 4)</p>

5	Guidelines, Clinical Effectiveness and Patient Pathways	Provision of right care, right place, right time.  Effective use of critical care capacity	Work to agreed clinical pathways for critical care, including; - Transfer - Repatriation - Critical Care Escalation - Neurosurgery - Renal	Review guidance as required and develop new pathways /protocols as required according to intelligence and /or system transformation	Network Manager /Lead Nurse Network Medical Lead QI Lead Nurse		NICE Quality Standards  Intensive Care Society Guidelines  Service Specification for Adult Critical Care Services (2019) DO5  Regulation 28: Report to Prevent Future Deaths February 2017
6	Emergency Preparedness, Resilience & Response	Delivery of effective critical care service provision according to changing demand	Network and regional plans in place to manage surge and rising tide situations	Review current escalation plans with colleagues across Yorkshire & Humber  Co-ordinate the national stocktake survey and liaise with regional teams to determine priorities for the future development of critical care capacity  Utilise data and information to inform future plans (modelling)  Ensure lessons learned from Covid are included within network plans	Network Manager /Lead Nurse Network Medical Lead Deputy Medical Leads	NHSE/IICS Unit Clinical, Nursing and AHP Leads Trust EPRR Leads Trust COO's	Yorkshire & Humber Critical Care Escalation Framework (2014)  NHS England, 2013. Management of surge and escalation in critical care services: standard operating procedure for adult critical care.  Emergency Preparedness, Resilience and Response Framework. NHSE, 2015
7	Transfer of Adult Critical Care Patients	High quality transfers for critical care patients Establish a regional ACC transfer	Safe, equitable, high quality, timely transfers of critical care patients within network and beyond ACC	Continue delivery of training for transfer programme and develop according to evaluations  Continue audit of transfer forms and disseminate results to inform improvement  Monitor incidents related to transfers and take action to address areas for	Network Manager /Lead Nurse Network Medical Lead	NHSE/ITransfer service stakeholders	NHSE (2019) Adult Critical Care Transfer Services Service Specification  Guidelines for the transport of the critically ill adult (3rd Edition 2011) Intensive Care Society  West Yorkshire Critical Care

		service	transfer service established according to Transfer Service Specification	improvement  Work with commissioners and other stakeholders to develop a project plan for delivery			Operational delivery Network Guidance (2021)
8	Workforce and Education	To have sufficient critical care workforce that is educated, skilled and competent to deliver high quality, effective critical care for patients	Critical care workforce established according to commissioning and professional standards	<p>Carry out peer review visits, highlighting areas of concern</p> <p>Undertake workforce review and link with regional teams to seek solutions to areas of concern</p> <p>Establish links with HEE, Y&amp;H Deaneries , HEI's</p> <p>Explore opportunities for new roles and ways of working to deliver a workforce for the future</p> <p>Maintain links with national groups e.g.CC3N in order to inform future education plans for critical care nursing across the network</p> <p>Embed PNA role within CRCUs across the network</p> <p>Establish links with ICS workforce transformation leads to ensure critical care training and education is included with TNA's</p> <p>Highlight any areas of risk through established governance systems</p>	Network Manager /Lead Nurse Network Medical Lead	NHSE/I CCG's ICS WYAAT HEE Network Forums e.g. Education, Rehabilitation , Outreach Provider Trusts Medical Leads Nursing Leads Service Managers	<p>Strategic Workforce Planning Tool (2013)</p> <p>Guidelines for the provision of intensive care services (GPICS) Joint Standards Committee of the FICM and ICS (2019)</p> <p>Core Standards for Intensive Care Services (2013) Intensive Care Society</p> <p>NHSE (2019) Adult Critical Care Service Specification (DO5)</p>

9	Clinical Governance, Safety and Outcomes	Ensure effective and appropriate arrangements to manage patient safety, quality, risk and governance across the network	Systems and processes in place for collection and sharing of lessons learned	Review network incident reporting system and develop process to enable sharing of SULs and lessons learned Maintain network risk register	Network Manager /Lead Nurse Network Medical Lead QI Lead Nurse	CRCU Medical and Nursing Leads Governance Leads	Everyone counts planning for patients 2014/14-2018/2019
10	Research, Best Practice and Continuous Improvement	Promotion of best practice research and innovation across West Yorkshire	Involvement and promotion of research initiatives	Contribute to local and national research initiatives e.g. Reboot Study  Explore opportunities to link with critical care researchers across the network  Include assessment of unit engagement with research as part of peer review process	Network Medical Lead Network Manager /Lead Nurse	Y&H Patient Safety Translational Research Centre Bradford Institute for Health Research Trust R&D Leads Unit research medical, nursing & AHP staff	

11	Patient and Carer Experience	Ensure patients are at the heart of everything we do	Patient experience and feedback incorporated within network plans	<p>Explore opportunities to collate feedback from follow up clinics</p> <p>Develop patient and public involvement strategy</p> <p>Explore opportunities to receive patient feedback</p> <p>Maintain and grow patient information page on website</p>	<p>Network Manager /Lead Nurse</p> <p>Network QI Lead Nurse</p>	Patient Groups e.g.ICU Steps	NHS Patient and Public Participation Policy (2015)
12	Financial Governance	Delivery of network objectives within financial envelope	Achievement of objectives within current budget	<p>Review ODN structure to ensure best use of resources</p> <p>Monthly review of expenditure to ensure on track</p>	Network Manager	Finance Team, Host Trust NHSE/I	
13	Wider Influence	Contribution to the wider agenda of critical care services	Contribution to regional and national working groups to ensure the West Yorkshire ODN is able to influence decision making around future service models and clinical guidance	<p>Attendance at national and regional working groups e.g. CC3N, CCNERF</p> <p>Embrace opportunities to inform and support national work programmes e.g. stocktake, workforce survey, PNA role in critical care, ODP's in critical care, Nursing Associates in CC</p> <p>Attendance and presentation at national conferences to showcase West Yorkshire Critical Care ODN</p>	<p>Network Medical Lead;</p> <p>Deputy Medical Lead;</p> <p>Network Manager /Lead Nurse</p> <p>QI Lead Nurse</p>	National Groups e.g. Intensive Care Society, UKCCNA, CC3N, FICM, ACC CRG, NORF	