



## Collaborative Regional Benchmarking Meeting

Meeting Minutes - Monday 9th November 2020

10:00 – 11:00

MS Teams Meeting notes

<p><b>In Attendance</b> Alison Richmond (AR) (Chair) Lesley Durham (LD) Julie Platten (JP) Karen French (KF) Lizzie Ayton (LA) Marie-Claire Bosomworth (MB) Joanne Walker (JW) Shirley Moorhouse (SM) Bertrand Portal (BP) Gail Taylor (GT) Elizabeth Depnering (ED) Christopher Hyde-Wyatt (CHW) Laura Probert (LP) Sharon Robinson (SR) Wendy Milner (WM) Linda Cross (LC) Jessica Thompson (JT) Victoria Jourdain (VJ)</p>	<p>Quality Improvement Lead Nurse, WYCCODN Network Director, NoECCODN Network Manager, NoECCODN Sister, Bradford Teaching Hospitals NHS Trust Clinical Quality Practitioner, LTHT Sister, James Cook University Hospital Senior Sister, Calderdale &amp; Huddersfield NHS Trust Sister, Calderdale &amp; Huddersfield NHS Trust Clinical Educator, York Hospitals NHS Trust Senior Sister, York Hospitals NHS Trust Clinical Educator, York Hospitals NHS Trust Clinical Educator, Scunthorpe General Hospital Sister, Scarborough General Hospital Sister, West Cumberland General Hospital Senior Sister, Bradford Teaching Hospitals NHS Trust Sister Sister, Harrogate District Hospitals Sister, Darlington Memorial Hospital Sister, Nuffield Hospital Leeds</p>
<p><b>Apologies</b> Chloe Hardcastle Andrea Berry (AB) Helen Casserley (HC) Sue Guy (SG)</p>	<p>Castle Hill Hospital, Hull Network Manager/Lead Nurse, WY &amp; SYB CCODN Clinical Quality Practitioner, LTHT Sister, James Cook University Hospital</p>

Item	
1	<b>Introduction &amp; Apologies</b> - As above
2	<p><b>Minutes and Actions not on agenda</b> - Minutes of previous meeting held in September accepted as a true record. Most actions from last meeting completed or on agenda. Actions outstanding not on agenda</p> <ul style="list-style-type: none"> <li>• Share the #think ahead campaign - LA to follow up</li> </ul> <p>Following positive feedback, JP asked for permission to share the video for non critical care staff produced by York Hospital. BP agreed to onward sharing.</p>
3	<p><b>National Updates</b> AR informed the group of three items <b>Leading in a Pandemic</b> AR informed the group that following a review of staff experiences during the first wave of COVID, a theme became apparent surrounding Leadership, either as a stressor for the Critical Care staff or lack of leadership experienced by the redeployed staff. As such a course has been developed in London which has been devised by the RAF. This is evaluating very well and provided nursing staff with the skills and confidence they needed to step up into a leadership role. CC3N applied for funding from HEE to facilitate the rollout of the course nationally and were successful. Two members from each unit can undertake the "Train the Trainer" training delivered via ZOOM taking, 2 ½ hours. Trainers will then have access to the resources to enable them to deliver it locally within their units. Networks have circulated registration details with their units. JP encouraged people to register asap as places are filling fast. Also advised to provide more than one preferred date to aid allocation.</p>



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### **Intensive care as a positive place to work: Workforce wellbeing best practice framework, published by Intensive Care Society**

Purpose of this document is to provide a best practice framework to guide commissioners and budget holders, senior hospital management and the intensive care team on ways to provide the best possible employee experience within intensive care. The aim is to support and improve recruitment, retention, job satisfaction, unit culture but also to have an impact on clinical outcomes and patient safety. Lists ten core themes for proactively improving the experience of work in intensive care and the sustainability and wellbeing of the workforce. Examples are given throughout.

Also posters on staff wellbeing produced by Julie Highfield (Consultant Clinical Psychologist) are available in the ICS Wellbeing and Psychological Resource Library.

[https://www.ics.ac.uk/ICS/Wellbeing/ICS/Wellbeing\\_resources/Wellbeing\\_Hub.aspx?hkey=4f549260-379b-4b0e-9600-49d8a8d58d9a](https://www.ics.ac.uk/ICS/Wellbeing/ICS/Wellbeing_resources/Wellbeing_Hub.aspx?hkey=4f549260-379b-4b0e-9600-49d8a8d58d9a)

The above link has access to these resources and also details of how to develop psychology services within your unit, including business plan.

### **Guidance for Animal Assisted Interventions in Critical Care polished by ICS**

This guideline aims to minimise the restriction of access to Animal Assisted Interventions (AAI). It also aims to inform staff, visitors and other patients on the requirements of AAI, and reduce the potential for distress to the therapy dog and its handler.

<https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/ICSGuidelines.aspx>

JP clarified information on the situation regarding nurse patient ratios in critical care that have been reported on in the news over the weekend. NHSE are to circulate a staffing guidance document that revisits the staffing model used in the first surge. Recommends 1:2 ratio - 1 critical care nurse **and** 1 non-critical care registered practitioner per 2 patients. This is to be used for COVID surge only. The UKCCNA are to release a position statement. Both NHSE & UKCCNA documents are due imminently.

ICS have release a position statement (9.11.20)

[https://www.ics.ac.uk/ICS/News\\_Statements/2020.11.09\\_Interim\\_Position\\_Statement](https://www.ics.ac.uk/ICS/News_Statements/2020.11.09_Interim_Position_Statement)

3 **Benchmarking** - AR was unable to share screen PowerPoint with benchmarking scores. These will be circulated along with the minutes. Despite the challenging situation and pressures within units many had continued to submit scores, particularly from the North of England Network.

### **Endotracheal Tube Management**

James Cook (General) are scored 2 for guidelines. Freeman (Wd37 & Wd 21), RVI (Wd 28) and Darlington all scored 9 or above. Those units were asked to share. All other factors for those units that submitted scored highly of 8 or above demonstrating good practice in these areas

### **Tracheal Tube Management**

High scores across all factors with most units having guidelines in place. Cumberland Infirmary scored 4 for guidelines and amber for factors 2 to 6, along with James Cook (General). Those units that scored 9 or above for guidelines were asked to share.

### **Oxygen**

Some units are without guidelines or what they have are out dated. York Hospital have just updated theirs. GT to share. Many units had amber across factors 3 to 6 (Assesment,



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	<p>Planning, Care Delivery and Evaluation) This is narrated to be because of prescribing issues, target saturation setting and documentation. These areas could be improved over the next year.</p> <p><b>Suctioning</b> Cumberland Infirmary need guidelines, again units that scores 9 or above asked to share. Suctioning Guidelines previously shared BTHFT and are available on website. All other factors scored 8 or above, demonstrating good practice.</p> <p><b>Weaning</b> Many units have guidelines missing for weaning. AR informed the group that WYCCODN had been trying to establish respiratory group who were to develop some best practice guidelines for weaning. James Cook (Spinal) and Nuffield do have some weaning guidelines. Although these may be specific to their patient group, would be of benefit if shared. The lack of standardised guidelines for this area of practice has been an issue for several years. As this is generally a medical, physiotherapist or senior nurse led intervention the relevance of its inclusion in the benchmarking calendar was discussed.</p> <p>It was unanimously decided that weaning would be removed and as suggested by WM and JP replaced with rehabilitation in critical care. Rather than look at all aspects of rehabilitation it was agreed to start with patient diaries. AR to draft Rehabilitation Patient Diary Benchmark.</p> <p>There was an agreement to continue with the annual audit calendar. Scores to be submitted to AR for uploading on to the spread sheet. Next scores due will be as follows:</p> <p>December: Prone Therapy (if not already completed) January: Pain/Sedation/Delirium February: End of Life March: Oral Care/ Eye Care</p> <p>AR offered to review benchmark tools that are three years old.</p>
4	<p><b>Best Practice Education Tool Review</b> Oxygen and Humidification Therapy and Transfer Best Practice Education Tools have now been finalised and were shared with the agenda. Any further comments by the end of the week, otherwise will be put on the website for use and sharing with wider team.</p> <p>AR had follow up with HS re ETT Best Practice Education Tool but no response.</p> <p>Many staff reported using these on units and were proving useful. These may also be valuable for reserivists working in critical care during surge and are available on the website. <a href="https://www.wyccn.org/best-practice-education-tools.html">https://www.wyccn.org/best-practice-education-tools.html</a></p>
5	<p><b>Prone Positioning Grab bag/Skin Bundle</b> Discussion around the use of prone positioning grab bags that contain all the necessary equipment to provide care immediately prior to prone therapy intervention. General feeling was that all equipment was already in the bedspace and easily accessible. JP suggested a grab bag could be of use if 'prone teams' were introduced. All units used Prone Skin Bundle. Followed a discussion about the experiences of the various head/facial supports used in different units. All asked to share information available on the products used.</p>
6	<p><b>AOB</b> <b>National Queries</b></p>



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<p><b>PPE</b> - LTHT had asked about use of long sleeved gowns and the challenges they brought for being 'bare below the elbow' and hand hygiene. Some units reported seeing an increase in HAI during the period when wearing long sleeved gowns and double gloving. Many units reported to be now using short sleeved gowns allowing for optimum hand hygiene, or changing long sleeved gowns and hand hygiene between patients. JW to share guidance form CHFT.</p> <p><b>CPAP Hood</b> - enquiry for protocol for use of Care Star CPAP Hoods with ventilators or other devices? WM reported BTHFT have received some Care Star Hoods. LC form Harrogate will share information they have.</p> <p><b>Proning Aids</b> - request for visual aids or written documentation to help patients understand the benefits of proning and why they should cooperate with the treatment. AR has shared relative information leaflet. All asked to share any information available in units/trusts.</p> <p>JP informed the group that monies are available to support mental wellbeing for nurses in critical care. More details will follow, but if anyone has ideas, please forward to JP. Suggestions were sustainability and long term psychology input for critical care staff. (See link in item 3 for business plan of how to develop psychology services within your unit)</p> <p>LA asked if any unit had protocol for decontamination of Hillrom Progressa Beds/Mattresses. LC will share HDFT's process.</p> <p>ED asked if any unit had a protocol for continuous nebulisation. CHW will share Scunthorpe's protocol for Epirostinol for reference.</p>
<b>Next Meeting - TBC</b>

Item	Action	By Whom
2	Share the #think ahead campaign	HC
3	Contact unit lead nurses/Network teams to register for Leading in a Pandemic 'Train the Trainer' course	All
4	Share BM score PowerPoint.	AR
4	All units with score of 9 or 10 for ETT, TT, O <sub>2</sub> , Sutioning and weaning for factor 1 to share guidelines with group.	All
4	Submit BM scores as per audit calander	All
4	Draft Rehabilitation - Patient Diary benchmark	AR
4	Review benchmark tools over 3 years old.	AR
5	Contact HS re ET Tube management and draft if required	AR
5	Share details of head/face supports used during prone therapy.	All
6	Share short sleeved gown guidance	JW
6	Share Care Star CPAP hood protocol and decontamination process of Hillrom Progressa Beds/Mattresses	LC
6	Share any prone therapy information for patients	All
6	Share continuous nebulisation protocol	CHW