West Yorkshire
Critical Care Network

West Yorkshire Adult Critical Care Network

Annual Report 2025/26

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FOREWORD

Jonathan Hammond, Interim Deputy Chief Executive, Calderdale and Huddersfield NHS Foundation Trust & Co-Chair of the WYCCN Clinical Advisory Board and West Yorkshire Critical Care Network Senior Responsible Officer (SRO)

I am delighted to present this Annual Report on behalf of the Board of the West Yorkshire Critical Care Network, reflecting on a year of continued progress, strong collaboration, and shared commitment to improvement across our system. Partnership working has been at the heart of this progress, helping us advance patient safety, quality, workforce development, and service sustainability across the region. I am very grateful to colleagues across all our organisations for the openness, energy, and commitment they continue to bring to this work.

Improving patient transfers has remained a key priority, and I am pleased to see strong engagement in the Transfer Forum, regular audit processes, and the introduction of a Neuro checklist within transfer documentation. Transfer training has also been expanded through simulation faculty development, and the PPCI pathway for intubated patients has helped improve equity of care.

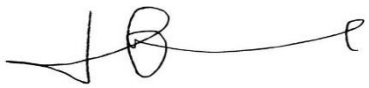
Workforce development has also moved forward through leadership programmes for Registered Nurses and collaborative work to support Paediatric and Maternal training for Adult Critical Care Nurses. The continued rollout of the Digital Steps platform has further strengthened workforce capability and development, and I am grateful to everyone involved in supporting this progress.

Quality improvement has continued through peer review activity, strengthened data collection and reporting, and the implementation of a standardised approach to critical care rehabilitation and follow-up. Together, these developments are supporting more consistent recovery pathways for patients and reflect the value of shared learning across the Network.

Regional and national collaboration has further strengthened our impact, including the delivery of a North East and Yorkshire benchmarking event and contributions to GPICS V3 and the Critical Care Nurse Education Review Forum.

Despite ongoing operational pressures, including challenges relating to repatriation delays and patient flow across the wider healthcare system, we remain focused on delivering high-quality, sustainable critical care services. I would like to offer my sincere thanks to everyone who has contributed so positively over the past year I am confident that, by continuing to work together, we can build on this progress and keep improving the care and support we provide for the patients, families, and staff we serve.

Kind Regards,



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Role of the Network & Strategic Aims

The West Yorkshire Critical Care Network (WYCCN) has operated in its present form since April 2013. It is a regionally based collaborative partnership funded via NHS England Specialised Commissioning Yorkshire and Humber Hub and is hosted by Leeds Teaching Hospitals NHS Trust. Network function and governance arrangements are described in the NHSE Network Service Specification[1] and include reporting arrangements aligned to Integrated Care Boards (ICBs) in collaboration with NHSE specialised commissioning teams and acute trust providers.

Managerially, the WYCCN sits with the Major Trauma Network and the South Yorkshire & Bassetlaw Critical Care Network making the West Yorkshire Critical Care & Major Trauma Network and South Yorkshire & Bassetlaw Critical Care Networks. Each network has a separate board and governance structure. The West Yorkshire Critical Care Network structure is described in Appendix 1.

The WYCCN 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 Teaching NHS Trust - MYTT
- Leeds Teaching Hospitals NHS Trust - LTHT

Nuffield Health Hospital Leeds also participates in WYCCN activities.

Critical Care services are normally delivered across the Clinical 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 and burns.

Irrespective of case mix, services are expected to meet the standards described by the Intensive Care Society & Faculty of Intensive Care Medicine[2] and the Service Specification for Adult Critical Care Services[3] (D05).

The strategic aims of the WYCCN are based on the National Service Specification for Adult Critical Care Clinical Networks, and they are to provide:

- Equitable access to high quality ACC for any patient who requires it
- Improved outcomes for patients
- Efficient pathways of care which demonstrate value for money
- Sustainable and resilient services which are sufficiently resourced to respond to change

[1] NHSE (2023) Adult Critical Care Clinical Network Specification (england.nhs.uk)
[2] 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 3 (2026)
[3] NHS England (2 022) Adult Critical Care Service Specification

Structure & Accountability

The WYCCN is aligned to the West Yorkshire Integrated Care Board (WY ICB) via the System Oversight and Assurance Group (SOAG) and works in collaboration with the West Yorkshire Association of Acute Trusts (WYAAT). This alignment is an essential part of delivering critical care services across the system (Appendix 2)

Dr James Thomas, Medical Director of the WY ICB shares the co-chair role of the Network Board with Jonathan Hammond.

In addition to the co-chairs, the Clinical Advisory Board (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 WYCCN in developing adult critical care services in line with national and local requirements. The network work plan 2025 - 26 was agreed by the Board in March 2025. A summary of progress is provided in Appendix 3

The Network Team

The WYCCN Team comprises of:

Claire Horsfield
Network Manager & Lead Nurse

Dr Paul Stonelake
Network Medical Lead

Alison Richmond
Quality Improvement Lead Nurse

Samantha Rogers
Network Data Analyst/Project Officer

Dr Richard Briscoe
Network Transfer Lead

As per the previous year, the network was once again fortunate to receive a small amount of funding from NHSE to continue to deliver transfer training. This money was used to continue to provide dedicated time for Dr Richard Briscoe (Network Transfer Lead) to support training, lead the network transfer forum and embed a robust audit and governance structure for critical care transfers.

More information about transfer activities can be found later in the report.

Key Achievements

Key achievements of the WYCCN during past 12 months include:

- Support unit data submission of NHSE Adult Critical Care Census and presentation of WY data
- Improved engagement for the network transfer forum and implemented regular audit of transfer forms
- Support for 6 faculty members to complete simulation training course to enable continued delivery of transfer training
- Implementation of the Neuro checklist on the transfer form
- Peer review visit completed for Nuffield Health Leeds
- Pathway for Primary Percutaneous Cardiac Intervention (PPCI) pathway for intubated patients implemented
- Data collection embedded for the monitoring of Central Venous Catheter Blood Stream Infections
- Critical Care Rehabilitation and Follow Up SOP rolled out
- Leadership courses delivered for West and South Yorkshire Critical Care Unit Registered Nurses (RN)
- Prediction of future demand for places on the Adult Critical Care Course
- Delivery of a NEY Benchmarking event
- Continued collaboration with regional nursing team to support the embedding of the digital steps platform
- Collaboration with Paediatric Critical Care Network to support training days for Adult Critical Care (ACC) RNs
- Collaborative working with Northeast and North Yorkshire & Humber Critical Care Networks for benchmarking and quality improvement
- QI Lead Nurse appointed Co-chair of the Critical Care Nurses Education Review Forum
- Network Manager & Lead Nurse co-authored chapters on RN staffing and Networks for GPICS V3

Collaboration & Communication

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

National Collaboration

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

- National Network Directors/Managers Forum - Claire Horsfield
- National Network Medical Leads Forum - Dr Paul Stonelake
- Critical Care National Network Nurse Leads Forum (CC3N) - Claire Horsfield & Alison Richmond
- National Critical Care Education Review Forum - Alison Richmond (Co-chair)

Regional Collaboration

The WYCCN continues to work with Network teams across the North East and Yorkshire (NEY) region to improve patient pathways, outcomes and experience. Partnership working with North Yorkshire and Humberside and South Yorkshire and Bassetlaw Networks has continued to be strengthened over the past 12 months with regular meetings of the Network 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 Networks, and NHSE colleagues to receive national updates, identify issues and offer support. Meetings have continued throughout 2025/26 with NEY NHSE Specialised Commissioning Team.

Monthly meetings continue with the NHSE Regional Nursing Midwifery AHP Workforce Lead and this has supported the embedding of the digital steps platform across the region with support from Network teams. Access has now been expanded to include Step 4 competencies.

The Network also continues to link with the regional Maternal Enhanced and Critical Care (MEaCC) Steering Group, with representatives from this group attending a recent board meeting to update clinical leads on maternal critical care developments.

Network Collaboration

To facilitate timely mutual aid and repatriation requests the established WhatsApp group continues to provide a valuable and responsive method of communication. More recently, this has proved a useful communication method to improve timely repatriations.

The Network website is maintained to provide a valuable resource for critical care staff and patients. The Network has produced twice yearly newsletters to share information and updates with colleagues within and outside the WYCCN.

The Network has a number of groups and forums that meet regularly, 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
- Education

- Service Improvement Leads (SILs)
- North East & Yorkshire Benchmarking Group
- Rehabilitation
- Outreach
- Pharmacy
- Transfer

Patient Engagement

The Network continues to seek opportunities for Patient and Public involvement in our activities where applicable and feedback from patients forms part of peer review visits. Further opportunities for patient and family involvement will be reviewed in light of GPICS V3 publication.

Critical Care Capacity and Patient Pathways

The total bed base for the Network for 2025-26 has changed slightly compared with the previous year. This is due to additional level 3 beds and reduction in level 2 beds at LTHT. Overall, this provides a network capacity of 76 level 3 beds and 62 level 2 beds although all sites use beds flexibly according to patient acuity and demand with staff availability and delays in patient step down sometimes being a limiting factor.

WYCCN Baseline Capacity			
Unit	**Level 3 beds**	**Level 2 beds**	**Total**
Airedale	3	4	7
Bradford	8	8	16
Calderdale & Huddersfield	9	4	13
Pinderfields*	14	6	20
Harrogate	4	4	8
Leeds	38	36	74
Total	**76**	**62**	**138**

Source: ACC Census 2025, NHSE

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

The national critical care capacity monitoring system known as the Directory of Services (DOS) includes details regarding patient acuity, workforce, bed occupancy and patient flow. Service standards require twice daily update of this system by each critical care unit and capacity across the network is monitored Monday to Friday by the Network team, with all data entries being uploaded and available to view at: NCDR (england.nhs.uk),

Units can access the DOS system to view bed availability should mutual aid be required. Critical care strain is also monitored daily via the WY System Control Centre (SCC), and the Network is engaged with EPRR leads as required.

Primary PCI Pathway

Following the successful introduction of the new pathway for intubated PPCI patients in West Yorkshire, the units are working collaboratively with LTHT to ensure prompt repatriation of these and other patients to their local hospital by improving communication and prompt transfer. This is to improve critical care bed management and use at LTHT and decrease their elective cancellations.

Repatriation

Critical care repatriations have proved challenging over recent months often due to lack of capacity in critical care or ward areas, difficulties arranging timely transportation and delays in stepping patients down from critical care to free up much needed beds. This issue has impacted LTHT significantly and has resulted in a collaborative agreement to review current escalation processes and monitor the impact via the Clinical Advisory Board.

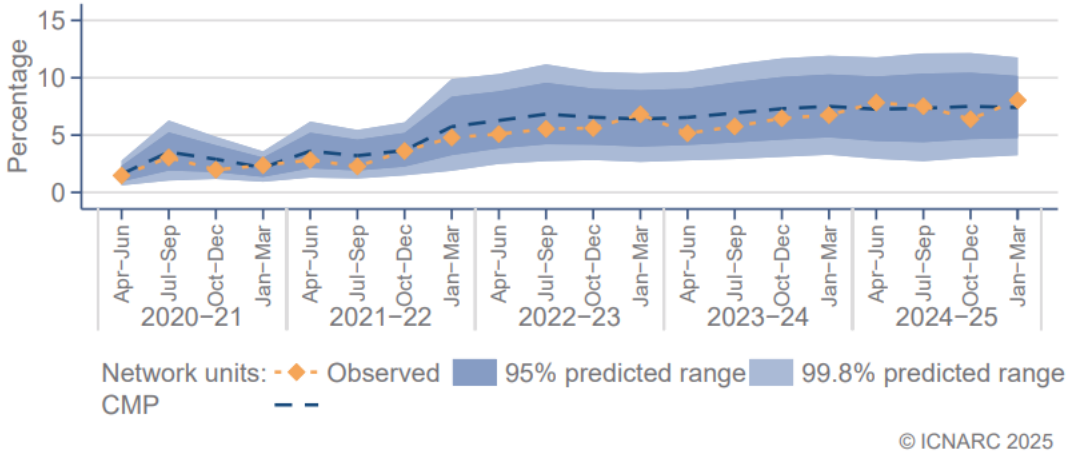
Critical Care Surge and Escalation

Each year, units provide assurance of surge capacity as per the NEY Adult Critical Care Surge Plan Guidance[4] and local plans are reviewed during peer reviews. In January 2026, a regional workshop took place led by NHSE North EPRR Leads to review mass casualty dispersal frameworks and a revised plan is anticipated in the near future.

Delayed Discharges

Daily capacity monitoring demonstrates the increased challenges of supporting effective patient flow. This impacts 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 reported at Network meetings and escalated via the WYICB SCC when admitting capacity is compromised. The most recent WY ICNARC report shows the increase in delays year on year both within the network and nationally, and this is mostly due to high hospital occupancy, delays in discharging people who no longer need hospital treatment and priority being given to emergency admissions.

WYCCN Bed-days of care post 4-hour delay

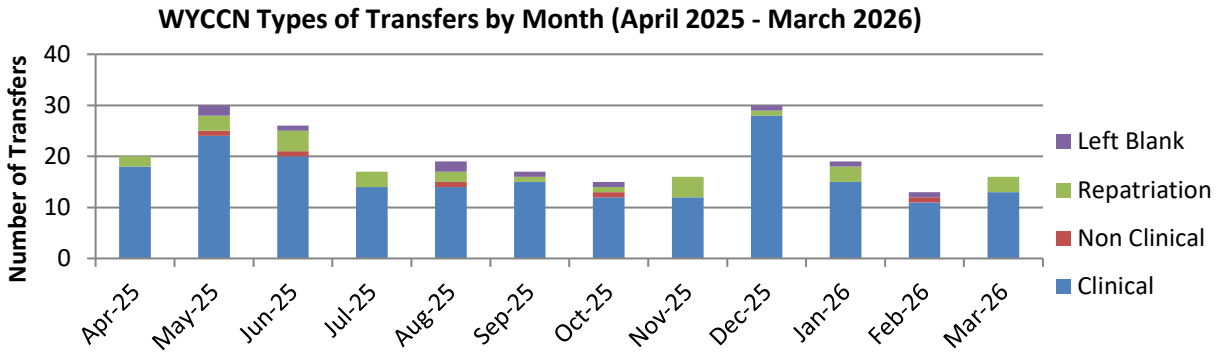


WYCCN Transfers

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. Between 1st April 2025 and 31st March 2026, a total of 238

[4] NHSE NEY Adult Critical Care Surge Plan Guidance, 2024 NEY Adult Critical Care Surge Plan Guidance.

transfer forms were received by the network, which is an increase of 25.9% on last year. The chart below details the number of transfer forms received each month and the types of transfers occurring within West Yorkshire. It is acknowledged that this is likely an under estimation of the total number of critical care transfers carried out as forms are not always completed and returned, however the continued efforts to improve returns is clearly having a positive impact.



Y&H Adult Critical Care Transfer Service

Each region is required to commission an Adult Critical Care Transfer Service (ACCTS) to facilitate the timely movement of patients between hospitals. Yorkshire & Humber are one of the few areas without a substantively commissioned service. Following another procurement exercise last year, no suitable providers submitted a bid and a contract was not awarded. NHSE NEY Specialised Commissioning Team continue to work towards providing an ACCTS for Y&H and this continues to be a priority for the Network due to the associated risk to escalation plans and efficient use of critical care capacity which has already resulted in delays in repatriations. For the second year running, the network received £30K to support improved training provision for critical care transfer personnel.

Critical Care Workforce

Workforce Census 2025

The NHSE Annual Critical Care Census took place in July 2025 with all units in WY submitting the required information. The data was collated and presented at a variety of network meetings. National benchmark data was published via: NCDR in February 2026.

Education

Until November 2025, the ACC Course was funded via NHSE (formerly Health Education England) with LTHT being the only provider within West Yorkshire. Since this funding mechanism has ended, the network raised this formally as a risk to WYAAT Chief Nurses. For the last academic year, all trusts have funded their places via CPD monies, however this continues to be a significant concern for the Lead Nurses, with only 2 out of 6 trusts meeting the required standard for RNs with a critical care qualification.

Critical Care Course - Sophie Beavors, ACC Course 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 offer the programme at Level 6 (Degree Level) and Level 7 (Masters' Level). The programme has returned to a face-to-face delivery which has benefitted group work and promotes networking among the students from across WY Critical Care Units. We have introduced some 'Simulation' sessions which have been well received by the students, with plans to expand on these. Students can access the university's Virtual Learning Environment (VLE) which contains university produced study skills, and course related e-learnings.

The last 12 months has seen 57 students complete the programme: 39 from LTHT and 18 from other West Yorkshire units. There are currently 60 students undertaking the programme on the September 2025 and January 2026 cohorts.

The fourth 'Celebration Ceremony' was held in July 2025 and was well attended by those who completed the course from September 2023 and January 2024 cohorts.

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. Several students from the September 2024 and January 2025 cohorts are submitting their work to the British Association of Critical Care Nurses (BACCN) "Critical Care Course Poster" Competition for October 2026, and we wish them well with their entries.

Leadership Training

During September & October 2025, the South Yorkshire & Bassetlaw & West Yorkshire Critical Care Networks supported two leadership training courses for senior band 5 and 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 to develop leadership potential and prepare staff to lead, deliver and drive quality improvement initiatives. Staff were required to complete the Myers-Briggs Type Indicator® (MBTI) prior to the course. Individual reports were generated, and information used to explore leadership styles and how this could be used beneficially in the workplace. Staff were also required to lead a small change management project following the course and feedback their 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 question & answer session focusing on how to manage resistance to change.

The course evaluation was extremely positive and is available to view here: Critical Care Leadership Report 2025

Change management projects undertaken post course covered a wide and varied range of topics including:

- Reducing arterial blood gas samples
- Developing a staff wellbeing room
- Reducing medical device pressure damage
- Early mobilisation for medical patients

- Labelling of syringes used in pumps
- Improving documentation for long term patients
- ICU noise reduction

Transfer Training

Over the past 12 months, a dedicated multidisciplinary faculty has successfully delivered five face-to-face critical care transfer training courses to a total of 117 healthcare professionals, including nurses, Operating Department (ODP) staff and trainee doctors. These individuals are involved in critical care transfers as part of their roles. In addition, the Network has facilitated the local delivery of the course at Mid Yorkshire Teaching NHS Trust and Leeds Teaching Hospitals NHS Trust, expanding the reach of this important training.

The course format combines interactive taught sessions, hands-on workshops, and simulation exercises to provide a comprehensive learning experience. Feedback from participants continues to be overwhelmingly positive, with consistent high evaluations. The valuable insights gathered from these evaluations continue to guide ongoing course development and improvement.

In 2025-2026, additional funding from NHS England (NHSE), allowed 6 members of the transfer faculty to attend a two-day simulation training course at the Bristol Simulation Centre. Knowledge and skills gained from the course are now being utilised to further develop the simulation elements of the Network Transfer Training Course. The funding has further allowed the Yorkshire Ambulance Service events vehicle to attend training sessions, providing an additional layer of realism to the training environment.

The faculty has continued to grow, welcoming new members, ensuring the continued success and growth of the training programme. The Network would like to extend its thanks to all members of the transfer training faculty for their unwavering commitment and support in delivering this vital education to our healthcare teams.

Quality Improvement

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 cycle of peer review. Having reviewed all 11 critical care units in WY in 2024/5, feedback was sought from all those involved to enable improvements in the process to be undertaken. Most responders found the process helpful, well organised and they valued the collaboration with peers from around the network.

In January 2026, a network peer review visit took place at the Nuffield Health Leeds Critical Care Unit and the final report has now been sent out.

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 network 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 best practice, quality improvement and effectiveness. Data is submitted by

units to inform a variety of national and local platforms. ICNARC and Specialised Services Quality Dashboard (SSQD) data for each trust is reviewed on a quarterly basis.

Data reviewed by the network includes;

- ICNARC reports provided by units
- Specialised Services Quality Dashboards
- Nursing Workforce Data
- Benchmark Audits
- Central Venous Catheter Blood Stream Infection (CVC BSI) and Ventilator Associated Pneumonia (VAP) rates
- Transfer Data

A quarterly data report is shared with Clinical Advisory Board members to be used by providers to support performance monitoring and inform improvement.

CVC BSI and VAP

Following approval of network guidelines, all units agreed to submit critical care associated infections rates (CVC BSI and VAPs) in order to benchmark themselves against others as well as meeting service specification and professional standards. Data submission is yet to be embedded but most units are now consistently collected CVC BSI data, but only a handful of units are submitting VAP data. In order to enable greater benchmarking opportunities, all data is being shared with South Yorkshire and Bassetlaw Critical Care Units.

This improvement project was presented at the NEY Critical Care Benchmarking Conference in March 2026.

Network Forum Updates

The Network has several forums with updates as follows;

Senior Nurses

Chair - Claire Horsfield

The Matrons and Senior Nurses meet quarterly to discuss current issues relating to critical care. This includes providing feedback on national programmes of work as well as discussing local data and current challenges and supporting each other with solutions. This forum provides the opportunity for peer support and promotion of best practice to support standardisation where appropriate.

Education Forum

Co-Chairs – Alison Richmond &
Ella Osborn, Practice Educator, Critical Care, Harrogate & District NHS FT

The Education Forum plays a vital role in shaping and supporting the development of the critical care workforce across WYCCN. Over the past year, the Critical Care Network Education Forum has continued to meet quarterly, bringing together Clinical Educators from across the network's critical care units, the Critical Care Course Programme Lead from Leeds Teaching Hospitals NHS Trust, and representatives from regional Higher Education Institutions.

The forum provides a collaborative environment to share best practice, align education and training initiatives, and promote the delivery of high-quality care in line with national critical care education standards.

Key areas of focus have included sustainability initiatives and the ongoing migration to digital delivery of the CC3N Step Proficiency Frameworks. This has resulted in the successful adoption of digital Steps 1, 2 and 3 across all units, with Step 4 recently made available. Critical Care Education workforce insights, informed by the annual critical care workforce census, have also promoted discussion across the network. In addition, links have been established with the NEY Spinal Cord Injury Rehabilitation Network, which has provided educational resources and access to study days to improve staff competence and confidence in caring for patients with spinal cord injuries. The Forum continues to be instrumental in supporting professional development through the facilitation of staff attendance at targeted study days. These include:

- An 'Introduction to Paediatric Patients in Adult Critical Care' session, hosted by the Yorkshire & Humber Paediatric Intensive Care Unit (PICU) Operational Delivery Network (ODN), aimed at preparing adult critical care staff to manage paediatric cases
- Maternal Critical Care study days, organised by the Yorkshire Maternal Critical Care Education group, to support critical care nurses when caring for pregnant or recently pregnant women.
- Leadership Training study days hosted by the network aimed at senior band 5 and junior band 6 nurses
- Transfer Training Courses hosted by the network aimed at staff involved in transferring patients within and between hospital

Alison Richmond is also the Co-Chair of the national education group, CCNERF (Critical Care National Education and Review Forum) which is responsible for the review and updating of all the CC3N Proficiencies.

Service Improvement & Benchmarking Group

Co-Chairs - Alison Richmond &
Louise Krishnan, Practice Educator, Critical Care, Harrogate & District NHS FT

Each critical care unit across West Yorkshire is supported by a designated Service Improvement Lead (SIL), who plays a key role in the Network Service Improvement Lead and Benchmarking meetings. These forums are held three times a year and provide an opportunity for SILs to share best practice, review and audit care bundles, engage with the national critical care agenda, and identify service improvement priorities informed by benchmarking data. Louise Krishnan joined Alison as Co-Chair of the group during 2025–2026.

Data collection, validation, and submission processes remain robust with all West Yorkshire units consistently achieve a 100% data submission rate, with demonstrable improvements noted in several areas, particularly delirium management, tracheostomy care, and pressure ulcer prevention. Benchmarking identified gaps in the availability of standardised oral and eye care assessment tools. In response, the group worked collaboratively with the regional benchmarking team to develop evidence-based assessment tools to address these gaps. Local implementation of these tools has resulted in improved compliance with relevant benchmarks. Following each audit, participating

units receive posters to demonstrate their scores against Network compliance, alongside education tools to underpin evidence based best practice.

Additionally, SILs from West Yorkshire collaborate with their counterparts from the North of England, North Yorkshire and Humber, and South Yorkshire and Bassetlaw Adult Critical Care Networks (ACCNs). These regional meetings, held three times per year, enable further sharing of benchmarking results, examples of good practice and facilitate collaboration on service improvement projects.

To celebrate this successful collaboration, an event was held in March 2026 to share QI initiatives from around the region. A fantastic day was had by those who attended!

Outreach Forum

Co-Chairs - Laura Midwood, Lead Practitioner, Deteriorating Adult Response Team (DART), MYTT

Nazia Walayat - Advanced Clinical Practitioner, Acute Response Team, The Rotherham NHS Foundation Trust

Throughout 2025-2026, the joint WY & SYB Critical Care Network Outreach Forum meetings have been well attended by members of the critical care outreach, rapid response, deteriorating adult teams across the two networks. The forum provides a valuable platform for collaborative discussion and shared learning. Key areas of focus have included the implementation and early learning from Martha's Rule, review of workforce intelligence informed by the national critical care outreach census, and thematic discussions relating to the care of the deteriorating adult, including sepsis recognition and response. The forum has supported the sharing of clinical guidelines, resources, and best practice across the networks, alongside exploring opportunities to strengthen local and network-level data collection. Members have continued to be encouraged to showcase current initiatives and quality improvement work aimed at improving outcomes for this vulnerable patient group, fostering a culture of transparency, collaboration, and continual improvement across organisations.

Rehabilitation Forum

Chair – Anna Hutchinson,
Clinical Specialist Physiotherapist, LTHT

The rehabilitation forum has continued to meet throughout the year with good representation and engagement from a range of Allied Health Professionals (AHPs) and nursing staff across the trusts within the Network. Anna Hutchinson (physiotherapist at LTHT) has continued in the role as Chair with Claire Laycock (occupational therapist at LTHT) taking over as Vice Chair. Cordy Gaubert (Extended scope physiotherapist at BTHFT) has continued to attend the National AHP Critical Care Group and Beth Marner (Critical Care Rehabilitation Team Lead, LTHT) has attended the

National Rehabilitation Coordinators meeting, disseminating information regarding national developments and quality improvement projects to the rehab forum.

Over the course of the year Network Trusts have continued to submit data for the Adult Critical Care SSQD rehabilitation metrics ACC18 and ACC19. The information this provides regarding completion of comprehensive rehab assessments and follow-up clinic reviews post critical care stay, is shared at the forum meetings, for comparison and ongoing discussion regarding service provision and processes in place at different trusts. Work continues to ensure that this data is as accurate as possible and for ways to improve compliance with these metrics.

In the previous year a network Standard Operating Procedure (SOP) for Critical Care Rehabilitation and Follow Up was produced. Ongoing work has focussed on implementation of the SOP as well as local and national dissemination. It was decided that an audit would be undertaken to review network compliance with the SOP and to inform future practice development at a local trust as well as network level. A working group, representing a range of professions and trusts from the forum, was established to review the SOP and develop an audit tool that also aligns with guidance from the NCEPOD: Rehabilitation following critical illness (2025). A final version of the audit tool has been developed and shared with the Forum, with local audits now being carried out within each of the trusts. The results of the audit will be collated, analysed and shared in the coming year.

Finally, the forum members have benefitted from education delivered by national and local Speakers on topics such as the ICU Steps Active programme, ICS AHP capability framework and an ICU delirium project set up at BTHFT.

Pharmacy Forum

Co-Chairs Phil Beesley, LTHT and Jennifer Jennings, STHFT

Co-Chair- Phil Beesley, Advanced Clinical Pharmacist- LTHT

The Pharmacist Forum is now in its second year, with good representation from all trusts in the South Yorkshire and Bassetlaw Critical Care Network and West Yorkshire Critical Care Network. Over the past year, members have continued to connect, share best practice and support individual pharmacists within the network. Members of the group have also been involved with the network peer reviews providing feedback to the trusts involved. The group provides a mechanism for ongoing peer support as well as supporting pharmacists with medication shortages and the introduction of a network wide training package to support junior pharmacists commencing their critical care careers.

In future, it is expected there will be greater collaboration on regional educational resources, medicines safety initiatives and quality improvement projects with a focus on supporting advanced level practice against the Advanced Pharmacy Framework (APF).

Transfer Forum

Chair: Dr Richard Briscoe, Consultant in Anaesthesia & Critical Care, Bradford Teaching Hospitals NHS FT & WYCCN Transfer Lead

The WYCCN Transfer Forum was re-established in 2024 following the appointment of Dr Richard Briscoe as Chair. The forum brings together medical, nursing, Advanced Critical Care Practitioners (ACCPs) and Yorkshire Ambulance Service representatives from all units across the network. It meets quarterly, with one face-to-face meeting and three held virtually each year.

Key priorities and progress include improving the return rates of interhospital transfer documentation. Since the forum's re-establishment, there has been a significant increase in the return of transfer documentation, supported by the dissemination of updated transfer guidance across trusts. Documentation quality and completeness have also been enhanced through regular reviews of submitted transfer documentation, with findings shared at forum meetings and consistently demonstrating a high standard of completion.

The transfer training group has successfully revised the network transfer course, with delivery of the updated course and materials planned for late summer 2026. In addition, a structured process for reporting and reviewing transfer-related clinical incidents has been implemented, enabling learning to be shared across the network and fed back to reporting teams and Yorkshire Ambulance Service (YAS) where appropriate.

Trainee engagement and leadership within forum projects has continued to grow. Dr John Summers has developed and embedded a neuro transfer checklist, while Dr Andrew Parish has developed a Primary PCI checklist that is currently being piloted across the region. Dr Patrick Winstanley has collaborated with Leeds Stroke and Neuroradiology teams to develop acute stroke thrombectomy pathway, which are due to be presented in June 2026 prior to regional rollout. Dr Winstanley has also become the trainee representative for the transfer forum.

Work is also ongoing to identify digital approaches to streamline critical care transfers. While a regional transfer service remains under consideration, plans are in place to use an App to share transfer-related documents, pathways, and guidelines across the network. The forum has additionally supported the development of the Yorkshire & Humber Adult Critical Care Transfer Guidelines, which are currently in final consultation.

Finance

The funding for the three networks in 2025/2026 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 with a small underspend.

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.

A small amount of money was provided by NHSE to support transfer training in the absence of a dedicated service for Yorkshire and Humber. This has been allocated and is non-recurrent.

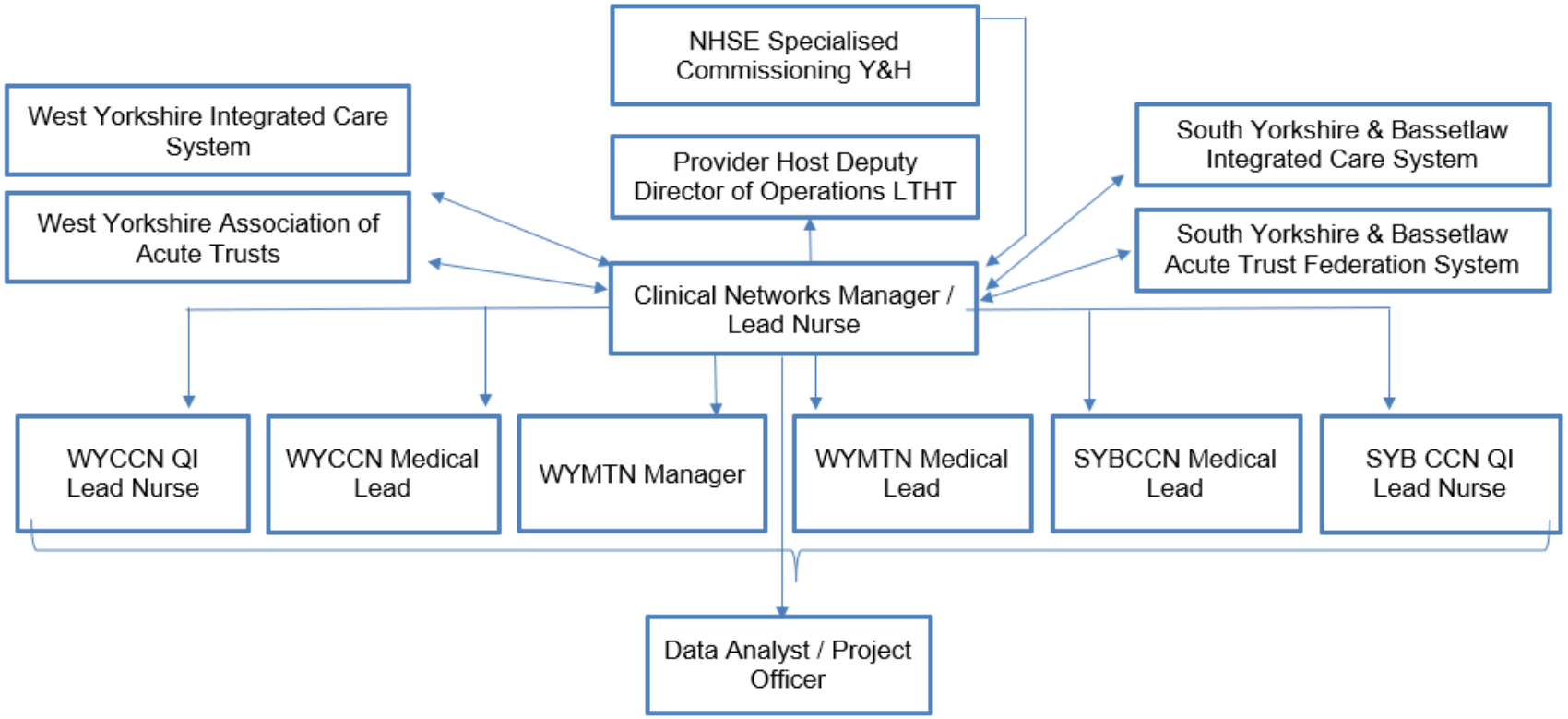
Acknowledgements

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 participated in peer reviews, attended meetings, contributed to task and finish groups, completed surveys, submitted data and provided feedback. We really do value all contributions.

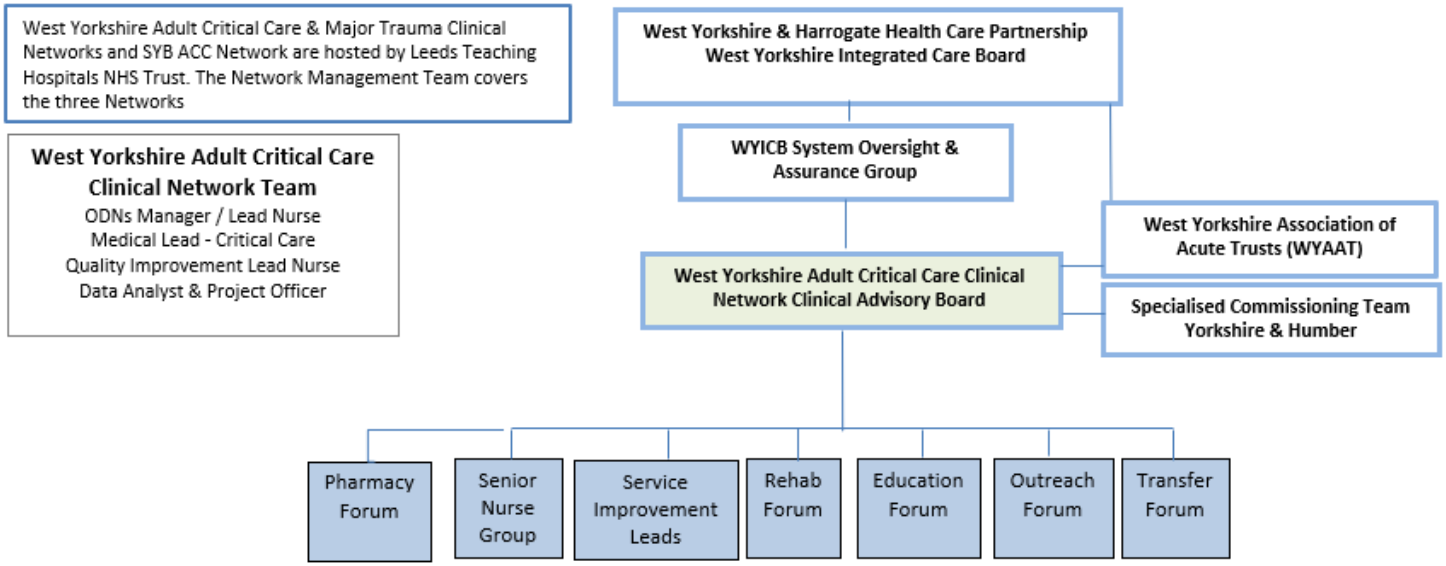
Particular thanks to our Clinical Advisory Board Co-Chairs for their support and guidance, we very much appreciate your interest in the network and value your expertise and advice. Thanks also to all transfer training faculty members, and forum chairs who dedicate time and effort in support of various events, meetings and projects.

Thanks also to Andrea Berry for organising the Leadership Development Course and finally to Sophie Beavors for her continued leadership and engagement as critical care course programme lead.

Appendix 1 – WYCC, WYMT, SYBCCN Organisational Structure



Appendix 2 - WYCCN Governance Structure



National Groups (Critical Care)

National Network Managers/Directors
National Medical Leads
National Lead Nurse Forum (CC3N)
Critical Care Nurse Education Review Forum (CNERF)
Clinical Reference Group - Adult Critical Care

Y & H Organisation

NHS England (North East & Yorkshire)
Yorkshire Ambulance Service (YAS)
Y&H Clinical Networks
Y&H Maternal and Enhanced Care
EPPR NHS England Yorkshire & Humber
Y&H Improvement Academy
Y&H Critical Care Research Forum

WY Groups

WY EPRR
WY Workforce Transformation

WY Independent Providers

Nuffield Health Leeds

Network Provider Organisations

Airedale NHS Foundation Trust
Bradford Teaching Hospitals Foundation Trust
Calderdale & Huddersfield NHS Foundation Trust
Mid Yorkshire Teaching NHS Trust
Leeds Teaching Hospitals NHS Trust
Harrogate & District NHS Foundation Trust

Appendix 3 - WYCCN Workplan Summary 2025-2026

Priority	Objective	Expected Benefit	Financial / Workforce / Estates	Potential Implications	Progress
Critical Care Workforce	• *Understand future funding arrangements and risks to delivery of ACC RN training and achievement of Service Specification Standards post November 2025* • *Monitor RN competency development through embedding 'Digital Steps' 1,2,& 3 in all units* • *Support completion of ACC census (previously named stocktake) includes medical, nursing, pharmacy and AHP workforce* • *Monitor medical workforce staffing via census and peer reviews and highlight risks to future delivery of critical care services across WY* • *Report workforce themes and risks via the Clinical Advisory Board (CAB)* • *Strengthen leadership capability via delivery of training courses Sept /Oct 2025* • *Continue delivery of MDT transfer training* • *Deliver quality event for the North East & Yorkshire (NEY) region to share best practice* • *Monitor the implementation of PNA role to support staff health and well being*	*To support workforce development in line with NHS Workforce Long Term Plan to ensure sufficient numbers of well supported, appropriately trained and competent staff. This supports delivery of high-quality safe care for critical care patients. Expected benefits include* • *Improved patient access/experience* • *Improved staff experience*	*Nursing, Medical, Pharmacy and AHP Leads* *ACC course funding* *PNA Places* *PG cert ed funding /places* *Access to training opportunities for AHP and pharmacy staff*	*Support from education providers, provider trusts, WYAAT, ICB, NEY WT&E Leads and WY Critical Care Leads*	*ACC census data 2025 demonstrates. 2/6 units meet required standard. Future funding unclear, raised as risk via CAB and NHSE NEY Chief Nurse and letter to WYAAT Chief Nurses. Units able to access CPD funding for 2025/6. Continued risk.* *Digital Steps embedded in all units and support meetings held regularly* *ACC Census completed July/Aug 2025, data collated and shared with various forums and CAB. National benchmarking data published and circulated Feb 2026* *Medical workforce data collected as part of ACC Census. Rotation of senior trainees to DGH's continues to be explored as raised via CAB* *Leadership courses x 2 delivered Sept & Oct 2025* *Transfer training delivered throughout the year with MDT faculty. 6 faculty members were supported to attend a 2 day simulation course in Bristol. Feedback was very positive and transfer training is undergoing a review as a result. This support the sustainability of faculty delivered transfer training.*
Patient Pathways /Service Recovery	• *Work with providers and Integrated Care Boards (ICBs) to ensure efficient patient pathways, reducing delays and inefficiencies e.g. Primary Percutaneous*	*Improving patient pathways will ensure efficient use of resource, consistent equitable high-quality standards of critical care, which will improve experience for*	*ICB, Network Board, WYAAT, Nursing, Medical Leads*	*Network Team / Trust/Provider Organisation/ICB*	*Liaison with Y&H Renal Network to support development of Renal Transfer Policy. Currently in draft format but due out soon*

	Cardiac Intervention Pathway (PPCI),repatriation, capacity transfers • *Utilise data to inform future plans, monitor and report inefficiencies, maximise capacity and support mutual aid. Working collaboratively with PICU Network to manage winter pressures* • *Support the implementation of the Y&H Adult Critical Care Transfer Service once agreed*	*patients and staff, improve outcomes*			*PPCI pathway for intubated patients from DGHs agreed and implemented in collaboration with LTHT. Impact currently being monitored* *Repatriation issues raised via CAB and impact on patient flow. Policy to be reviewed* *PCCN study days shared with WY units* *Y&H ACCTS still not commissioned, transfers done by YAS, incidents reviewed by transfer lead and impact on patients discussed at CAB*
Health Inequalities	• *Monitor data to identify health inequalities and report by exception via network board*	*Achievement of the objectives will ensure equity of access and service provision for all critically ill patients*	*Data systems analysis capability*	*Network Team / Trust/Provider Organisation* *IT/Data systems* *ICB*	*ICNARC data reviewed quarterly* *Inequalities in access addressed through pathways such as PPCI*
Governance & Finance	• *Strengthen relationship with ICB to improve governance, accountability and oversight in line with new financial arrangements for commissioning Adult Critical Care* • *Ensure network budget managed in line with host standard financial instructions*	*Expected Benefit* *To meet ACC Network Specification function*	*ICB*	*Network Team, Network Board, ICB*	*Network budget managed in accordance with host financial arrangements*
Efficiency & Sustainability	• *Share examples of waste reduction initiatives and promote efficient healthcare practices* • *Promote sharing of digital and operational efficiencies to optimize resource utilization e.g. scanning transfer forms, use of App technology*	*To ensure effective utilisation and provision of resources and promote sustainability*	*Network Forums, Medical, Nurse and AHP leads*	*Network Team / Trust/Provider Organisation/ICB*	*Examples of waste reduction shared via forums*
Quality & Safety	• *Reduce variation through the development and review of best practice guidelines to ensure consistent care delivery e.g. Benchmarking programme, development of a Yorkshire & Humber ACC*	*To ensure consistent equitable high quality standards of critical care, which will improve experience for patients and staff, improve outcomes (resource saving and improving value)*	*Network Forums, Medical, Nurse and AHP leads*	*Network Team, Provider Trusts*	*Benchmarking programme embedded CVC and VAP data collected and reported, not fully embedded* *NEY Benchmark event organised and led by WYCCN team*

	Transfer Guideline, Central Venous Catheter Blood Stream Infections and Ventilator Associated Pneumonia benchmarking • *Review the network peer review process and implement changes as required as part of peer review programme* • *Embed national rehabilitation recommendations into network peer review process* • *Work collectively utilising Network Forums to drive patient safety and quality- Rehab / Pharmacists/ Critical Care Outreach/ Transfer* • *Establish data group to ensure consistent data collection and provide peer support for unit data clerks*				*Y&H ACCT Guideline drafted (led by Emma Temple) with collaboration from WY representatives* *Peer review of Nuffield Health Leeds completed* *Peer review process evaluated* *Network Manager involved in national ACC peer review process standardisation. Currently in draft* *National Peer Review Rehabilitation recommendations embedded into WY reviews.* *Network forums met quarterly* *Data meeting held May and Nov 2025 to improve consistency of data submissions*
Patient Engagement	• *Ensure patient feedback mechanism is included in peer review process* • *Optimise opportunities for patient engagement in network improvements and events*	*Implementing quality improvement initiatives results in benefits including;* • *Financial* • *Resource Saving* • *Improving Value* • *Improved patient access/experience* • *Improved staff experience*	*ODN Team and network forums*	*ODN team with support from critical care teams, WYAAT and ICB*	*Rehab NCEPOD patient recommendations included in network SOP* *Audit drafted by rehab working group*