

Upcoming Meetings

Transfer meeting - 2nd Sept
2025 @ 1:30pm

Clinical Forum - 3rd Sept
2025 @ 1:30pm

Sustainability Meeting - 11th
Sept 2025 @ 10:30am

Data Leads Meeting (in
person) - 15th Sept 2025

PNA Meeting - 16th Sept 2025
@ 1pm

CCOT Meeting (in person) -
18th Sept 2025

Medway Peer Review Visit -
30th Sept 2025

Practice Educator Meeting -
6th Oct 2025 @ 2pm

Transfer Meeting - 7th Oct
2025 @ 12pm



Please remember to
complete DoS twice a
day (Morning by 9AM
and evening by 9PM)



Share your content in our
next newsletter!

For example; forthcoming
study days or completed or
ongoing QI projects,

please send an email:
KSSCriticalCareNetwork@uhs.nhs.uk

Welcome to the Kent, Surrey and Sussex adult critical care network quarterly newsletter

Reimagining Rehab with impact: Designing an Innovative Upper Limb Therapy Tool for Critical Care - by Fraser Walsh-Beney, Specialist Occupational Therapist, Eastbourne Hospital

Like any new ideas it requires a moment to pause and think how can we make this better.

Occupational Therapist's within critical care are always thinking about how to engage our patients in a meaningful and functional task to support recovery.

In 2024 while working with a patient who was slowly starting to regain strength in his upper limbs, I reached into the therapy cupboard to work on his fine motor skills.

What did we have to offer? A board with nuts and blocks which simply come on and off!

His wife politely mentioned he had been building fighter jets for the last 30 years. We could do better.

This kick started my plan to get a more engaging and adult focused upper limb board which could be used on Critical Care as an early rehab tool.

In a previous role as a community Occupational Therapist I worked alongside the wonderful people who volunteer their time with REMAP (UK's only charity providing custom-made equipment, free of charge for disabled people).

The team at REMAP were unfazed by the complex challenge of creating the upper limb rehab board and very open to as many ideas as possible. Then began months of conversation, design meetings, puzzle selections and layout ideas. The emphasis was to have elements of gross and fine motor

tasks, gradable cognitive challenges, be adult focused (also a bit fun). The REMAP team used a combination of 3D printed items and off the shelf games to create the board.

The dedicated REMAP team were able to handover the prototype design in March. Initial testing on critical care went extremely well, patients enjoyed having an interactive board to interact with, leading to increased motivation and providing tangible evidence of their improvement when we repeated sessions.

Following the prototype testing and meetings with infection control team to make sure it can be used/cleaned repeatedly, the board is undergoing some modifications before it can become part of rehab tool kit.

Developing the upper limb rehab board has only been possible with input from multiple AHP's and critical staff all bringing different perspectives. It has generated further ideas and rehab tools being developed to improve the rehab delivery.

We are very grateful to the talented REMAP team (remap.org.uk) for taking the initial idea and turning it into an extremely useful rehab tool.



National Critical Care Census: A Snapshot of Our Services

New Data, New Insights – Help Shape the Future of Critical Care



The Critical Care Network National Census has now been published, offering a comprehensive overview of the current state of adult critical care services across the UK. This vital document captures key data on workforce, capacity, activity, and service delivery, providing a national benchmark to inform planning, policy, and quality improvement.

What Is the Census?

The census is a collaborative data collection exercise coordinated across all adult critical care networks. It provides a detailed snapshot of:

- Bed numbers and occupancy
- Staffing levels and skill mix
- Service models and configurations
- Access to specialist services
- Outreach provision

This information is essential for understanding variation in service delivery, identifying gaps in provision, and supporting evidence-based decision-making at local, regional, and national levels.

Why It Matters

- Supports workforce planning and investment in critical care.
- Informs national policy and commissioning decisions.
- Highlights areas of excellence and opportunities for improvement.
- Strengthens advocacy for resources and service development.

Nursing The Planet! From QEQM to Intensive Care Society SOA25; Eco-Innovation Practices in Critical Care

We are Jen Moon and Charlotte Blanchard and we are senior sisters in critical care at QEQM hospital. We recently attended SOA25 conference in Birmingham and presented our poster presentation on “The Eco Bed-space”. We were grouped with 2 other poster presentations around sustainability and were able to exchange ideas and contact details with these presenters. We were judged by Katie Nurcombe who is the CEO of the ICS who gave really positive feedback and was impressed with not just the content of our project, but also the scale of it. We had the opportunity to attend a variety of talks and presentation and meet some of the presenters. We also had access to the SOA25 App which gave us the opportunity to watch virtually some of the overlapping presentations. Some of our favourite presentations were around Morals and ethics and toxicology. We met lots of people both from within the network and beyond and shared ideas and suggestions that we can take back to our own practice. We would like to say a massive thank you to Sue Herson for this opportunity. We hope to attend next year with our evolving project on a larger scale to reach more staff to have a bigger impact on the NHS carbon footprint and sustainability progress.



S.P.E.A.K.ing Up for Safer Care: Celebrating Teamwork and Innovation in Critical Care

In the ever-evolving landscape of adult critical care, it is collaboration, curiosity, and courage that drive meaningful change. We are proud to spotlight the Kent Surrey and Sussex ACC Network S.P.E.A.K. MDT Project Team, winners of the top abstract in the category of Multi-professional Approaches to Quality Improvement at the recently concluded Intensive Care State of the Art Conference 2025. Their journey began with a critical incident that sparked a region-wide transformation. What followed was a remarkable example of systems thinking, humility, and shared learning—culminating in a project that not only improved safety but also strengthened the bonds across disciplines.

Congratulations to the team for setting a powerful example, the Network celebrates their achievement. Find below a written piece from the working group representatives:



“Back in September 2023, management of an in-line one-way speech valve during mechanical ventilation resulted in undetected disconnection and subsequent hypoxic cardiac arrest. Whilst the patient was successfully resuscitated with no physical harm as a result, this was the starting point for a multidisciplinary project within the Trust, utilising a systems-based approach to identify contributing factors and seeking to resolve these. Adopting a no-blame approach and taking a step back to look at how interactions had contributed to a complex event was integral to planning a robust solution. It was thanks to Georgina, our advanced physio lead, who sought support and clinical consensus from the KSS Adult Critical Care Network, that a deeper learning need was identified across the region and this led to a network-wide quality improvement project. Furthermore, she undertook a national benchmarking exercise for the team to gain a deeper understanding of the risks and areas which required improvement, enhancing our understanding and response.

The S.P.E.A.K mnemonic and associated workstreams arose from this. The involvement and above all openness and honesty of a large and diverse team across the whole network have been crucial to the success of the project. Development of competencies, documentation and an educational package including simulation scenarios have been ratified and are in progress to be shared nationally. We were fortunate enough to be able to take this to the Intensive Care Society State of the Art conference at the beginning of July, submitting an abstract and then being invited to present. We were amazed at the response and support we received there. Taking the prize for the winning abstract in our category, Critical Care Tales, was the icing on the cake so to say!

We cannot stress enough how this could not have happened without a true multidisciplinary team approach, learning from each other's area of expertise and being humble enough to see our faults with a true desire to learn from these. This has involved the support of so many professionals dedicated to our cause and we would like to take this opportunity to thank all those who have played a part.”

Georgina Linstead,
Charlotte Quilliam
and Sandra
Stirzaker, Frimley
Health



<p>Newsletter</p>	<p>August 2025</p> 
<p>Spotlight on Rehabilitation: NCEPOD Report – <i>Recovery Beyond Survival</i></p> <p>The latest report from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), titled <i>Recovery Beyond Survival</i>, shines a spotlight on the rehabilitation journey of ICU survivors. This review evaluates the quality of care provided to patients following an ICU admission and offers actionable insights for critical care teams.</p> <p><u>Key Findings</u></p> <ul style="list-style-type: none"> • Rehabilitation care was not well co-ordinated throughout the pathway; on admission to an ICU, at step-down to the ward and in the community. • Initial and subsequent assessments of rehabilitation need to set/update goals were not always undertaken. • Full multidisciplinary team (MDT) input was rarely available to meet all the rehabilitation needs of patients. • Ongoing rehabilitation needs/goals were often not shared between healthcare providers as the patient moved through the pathway. • Information for the patient or their family about the ICU admission and any lasting impact it may have was limited. 	<p>National Narrative on Visiting in Critical Care Reaffirming the Role of Families in Recovery</p> <p>A renewed national focus is emerging around visiting times in critical care, recognising the vital role that families and loved ones play in the recovery, wellbeing, and dignity of critically ill patients.</p> <p>While visiting policies have historically varied across trusts and units, particularly during and after the COVID-19 pandemic, there is now a growing consensus that flexible, compassionate visiting should be the default approach, not the exception.</p> <p><u>What's Changing?</u></p> <p>The national narrative encourages critical care units to:</p> <ul style="list-style-type: none"> • Support open and flexible visiting, tailored to patient needs and preferences. • Minimise restrictions, using clinical judgement rather than blanket rules. • Involve families as partners in care, especially in communication and decision-making. • Balance infection control with emotional wellbeing, using risk-based approaches. • This shift aligns with broader NHS priorities around patient-centred care, equity, and humanising healthcare environments. <p><u>What This Means for Your Unit</u></p> <p>Critical care teams are encouraged to:</p> <ul style="list-style-type: none"> • Review current visiting policies and identify opportunities for greater flexibility. • Engage with patients, families, and staff to co-design visiting practices that are safe, inclusive, and compassionate. • Share examples of good practice across the network to support consistency and learning. <p>Join the Conversation!</p> <p>As this national conversation continues, your insights and experiences are invaluable. If your unit has recently updated its visiting approach, or is planning to, you're invited to share your story with the network.</p> <p>Together, we can help shape a culture where family presence is seen not as a privilege, but as a fundamental part of care.</p>
<p><u>Further Reading & Resources</u></p> <ul style="list-style-type: none"> • Summary Report: Download the Summary Report (PDF). • Webinar Recording & Discussion: Patient Safety Learning Hub • BACCN News Feature: Read the BACCN Summary. 	<p>Kent, Surrey and Sussex Network Conference</p> <p>Registration is still open for the KSS Adult Critical Care Operational Delivery Network (ODN) Annual Conference 2025. Limited Spaces Available!</p> <p>Date: Monday, 13th October 2025 Venue: Holiday Inn, Gatwick Worth, RH10 4SS Time: 08:00 – 17:00</p> 
<p>KSSCriticalCareNetwork@uhs.nhs.uk</p>	<p>Kent, Surrey and Sussex ACC Operational Delivery Network</p>

New 2025 LocSSIPs Now Available

Enhancing Safety for Invasive Procedures in Critical Care

The 2025 edition of the Local Safety Standards for Invasive Procedures (LocSSIPs) is now available, offering updated guidance to support safer, more consistent practice across intensive care units.

Jointly published by the Intensive Care Society and the Faculty of Intensive Care Medicine (FICM), these updated checklists are tailored to the most common invasive procedures performed in critical care, including:

- Endotracheal Intubation
- Bronchoscopy
- Intercostal Drain Insertion
- Tracheostomy Insertion
- Central Venous Catheter Insertion

These LocSSIPs are designed to be practical, team-focused, and adaptable, helping to embed safety culture and reduce variability in procedural care.

[Access the Guidelines](#)

You can:

- Read the full publication in the Journal of the Intensive Care Society
- Download editable PDF checklists from the Intensive Care Society website

All critical care teams are encouraged to review and integrate these updated LocSSIPs into local practice.

Celebrating Human-Centred Care: HU-CI Accreditation Spotlighted at SOA25 ICS Conference

Lucy Gammon, Senior Sister and Patient Rehabilitation and Follow-Up Lead at Tunbridge Wells ICU, shares her reflections on attending the prestigious Intensive Care Society's State of the Art (SOA25) Conference in Birmingham—a gathering that brought together critical care professionals from across the UK and beyond to share innovation, research, and best practice.


In this feature, Lucy offers a behind-the-scenes look at what it meant to represent Tunbridge Wells ICU on a national stage. From presenting a poster on the unit's ground-breaking achievement—becoming the first ICU in the UK to receive the HU-CI Certification of Good Practices in the Humanisation of Intensive Care—to engaging in thought-provoking discussions with peers and experts, Lucy's experience highlights the power of collaboration, shared learning, and a collective commitment to human-centred care.

Her reflections also touch on the broader themes explored at the conference, including the urgent need for coordinated rehabilitation services following critical illness, as spotlighted in the recent NCEPOD report.

"We recently attended the SOA25 ICS Conference in Birmingham. During the event members of our rehab team presented a poster titled 'The Intensive Care Unit at Tunbridge Wells Hospital has become the first in the UK to receive the HU-CI Certification of Good Practices in the Humanisation of Intensive Care', which focussed on our experience of enhancing our practices in accordance with the HU-CI Manual of Standards and achieving accreditation. Presenting the poster provided a valuable opportunity to raise the profile of our achievements and promote the HU-CI project as a model of care for other Intensive Care Units. It also enabled us to engage in discussions with peers and experts and exchange ideas that will help further refine this area of care moving forward.

Beyond presenting, it was exciting to explore the buzz of the conference and the many inspiring presentations. Particularly interesting was a round table discussion on the NCEPOD report into rehabilitation following critical illness, which identified gaps in service and highlighted the importance of a coordinated approach to rehabilitation. Overall, attending this conference was a rewarding experience, both professionally and personally and I am grateful to the KSS Network for supporting our participation".



<div data-bbox="70 98 245 136" data-label="Page-Header"> <p>Newsletter</p> </div>	<div data-bbox="496 98 699 136" data-label="Page-Header"> <p>August 2025</p> </div> <div data-bbox="1347 64 1567 152" data-label="Page-Header">  </div>
<div data-bbox="23 174 691 302" data-label="Section-Header"> <h2>New SOP Published: Peer Review in Kent, Surrey and Sussex Adult Critical Care Operating Delivery Network</h2> </div> <div data-bbox="23 322 762 560" data-label="Text"> <p>The Network is pleased to share that the KSS Network Peer Review Standard Operating Procedure (SOP) document has now been formally published. This network guidance sets out a clear, structured approach to peer review across the critical care units in the Network, aiming to enhance quality, consistency, and shared learning.</p> </div> <div data-bbox="23 593 319 627" data-label="Section-Header"> <h3><u>What is Peer Review?</u></h3> </div> <div data-bbox="23 660 762 898" data-label="Text"> <p>Peer review is a collaborative process where critical care units have the opportunity to assess each other's practices, systems, and outcomes supported and led by the network team. It promotes transparency, mutual support, and continuous improvement—ensuring that care standards remain high, and patient outcomes are optimised.</p> </div> <div data-bbox="23 931 319 965" data-label="Section-Header"> <h3><u>What the SOP Covers</u></h3> </div> <div data-bbox="23 999 494 1032" data-label="Text"> <p>The newly published SOP outlines:</p> </div> <div data-bbox="38 1066 762 1339" data-label="List-Group"> <ul style="list-style-type: none"> • Purpose and principles of peer review in critical care. • Roles and responsibilities of participating units and reviewers. • Review methodology, including preparation, site visits, and reporting. • Feedback and follow-up processes to support action planning and improvement. </div> <div data-bbox="23 1373 225 1406" data-label="Section-Header"> <h3><u>Why It Matters</u></h3> </div> <div data-bbox="23 1440 277 1473" data-label="Text"> <p>This SOP supports:</p> </div> <div data-bbox="38 1507 762 2018" data-label="List-Group"> <ul style="list-style-type: none"> • Benchmarking and best practice sharing across the network. • Identification of improvement opportunities in a constructive, non-judgemental way. • Professional development through participation in reviews. • Alignment with national quality and safety priorities. • Next Steps • Critical care units are encouraged to: • Familiarise themselves with the SOP. • Nominate team members to participate in upcoming peer reviews. • Use the SOP to guide internal preparation and post-review action planning. </div>	<div data-bbox="799 174 1492 302" data-label="Section-Header"> <h2>Empowering the Workforce: KSS ACC ODN Hosts 3rd Regional Study Day for HCAs and Nurse Associates</h2> </div> <div data-bbox="799 322 1567 526" data-label="Text"> <p>On 21 May 2025, the KSS Network proudly hosted its third regional study event tailored specifically for Healthcare Assistants (HCAs) and Nurse Associates (NAs) working in critical care. The event brought together professionals from across the region for a day of learning, collaboration, and inspiration.</p> </div> <div data-bbox="799 560 1169 593" data-label="Section-Header"> <h3><u>A Day of Practical Learning</u></h3> </div> <div data-bbox="799 627 1567 728" data-label="Text"> <p>The study day featured a rich and interactive programme designed to enhance clinical knowledge and support professional development. Topics included:</p> </div> <div data-bbox="813 761 1476 965" data-label="List-Group"> <ul style="list-style-type: none"> • ABCDE of Caring for a Deteriorating Patient • Understanding Non-Invasive Ventilation • Preventing Ventilator-Associated Pneumonia • Occupational Therapy & Patient Positioning in Critical Care • ECO Bedspace: Sustainability in Practice </div> <div data-bbox="799 999 1567 1099" data-label="Text"> <p>Each session was crafted to be engaging and hands-on, equipping attendees with practical tools to take back to their units.</p> </div> <div data-bbox="799 1133 1090 1167" data-label="Section-Header"> <h3><u>What Attendees Said</u></h3> </div> <div data-bbox="799 1200 1453 1301" data-label="Text"> <p>The event received 100% positive feedback, with participants praising the content, speakers, and inclusive atmosphere. Reflections included:</p> </div> <div data-bbox="799 1335 1567 1608" data-label="Text"> <p><i>"Thank you everyone for one of the best study days I have attended. I look forward to future events."</i> <i>"Relevant to my role. Very nice venue. The speakers engaged well with the audience and were not boring to listen to!"</i> <i>"As a NA, I found the course day more of a refresher. I'd love future events to explore the NA role more within critical care."</i></p> </div> <div data-bbox="799 1641 1567 1742" data-label="Text"> <p>Many attendees left inspired to initiate quality improvement projects, particularly around sustainability and enhanced mouth care.</p> </div> <div data-bbox="799 1776 1007 1809" data-label="Section-Header"> <h3><u>Looking Ahead</u></h3> </div> <div data-bbox="799 1843 1567 2047" data-label="Text"> <p>The success of this event highlights the importance of ongoing education and recognition for HCAs and NAs in critical care. The Network remains committed to supporting this vital part of the workforce through future study days, development opportunities, and peer engagement.</p> </div>
<div data-bbox="28 2101 472 2134" data-label="Page-Footer"> <p>KSSCriticalCareNetwork@uhs.nhs.uk</p> </div>	<div data-bbox="525 2101 1394 2134" data-label="Page-Footer"> <p>Kent, Surrey and Sussex ACC Operational Delivery Network</p> </div>

Spotlight on ICS Guidelines:

Did you know the Intensive Care Society (ICS) hosts a comprehensive library of clinical guidelines designed to support safe, evidence-based practice across the critical care community?

These guidelines are developed and regularly reviewed by the ICS Standards and Policy Committee, in collaboration with subject matter experts and the ICS team. With over 50 published documents, the collection spans a wide range of clinical, operational, and ethical topics relevant to everyday practice in intensive care.

Where to Find Them

All guidelines are freely accessible via the [Intensive Care Society website](https://www.intensivemedsociety.org.uk/), with many available as editable PDFs to support local adaptation and implementation. You can also find selected publications in the Journal of the Intensive Care Society.

Why It Matters

These guidelines are more than just documents—they're tools to:

- Promote consistency and safety in care delivery.
- Support training and education across the multi-professional team.
- Encourage innovation and reflection in clinical practice.

We encourage all critical care professionals to explore the ICS guideline library and consider how these resources can support your unit's practice.

Draft Guidelines in Circulation: Transfer of the Critically Ill Patient

The Intensive Care Society (ICS) will soon launch its updated 2025 National Transfer Guidelines, setting a new benchmark for the safe and effective transfer of critically ill patients across the UK. These guidelines reflect the evolving complexity of critical care and the increasing demand for seamless, patient-centred transfers between units, hospitals, and care settings.

Purpose of the Guidelines

Transfers are high-risk moments in a patient's journey, whether planned or urgent, they require meticulous coordination, skilled personnel, and robust systems. The updated ICS guidelines aim to:

- Standardise best practices across all regions and services.
- Enhance patient safety through structured risk assessments and decision-making tools.
- Support multi-professional teams with clear roles, responsibilities, and training expectations.
- Promote equity in access to specialist care, regardless of geography.

The document aims to provide a comprehensive, standardised framework for the safe transfer of critically ill patients, whether between departments, hospitals, or regions. It reflects the growing complexity of patient needs and the increasing demand for structured, high-quality transfer processes.

While the document is still under review, early insights cover:

- Risk assessment and decision-making prior to transfer.
- Minimum standards for equipment, staffing, and training.
- Communication protocols to ensure continuity of care.
- Documentation and governance to support learning and accountability.
- Equity of access to specialist services through coordinated transfer networks.
- A tiered framework for transfer services, from local to regional and national levels.
- Updated equipment and staffing standards for all transfer types.
- Emphasis on communication protocols, including pre-transfer briefings and post-transfer debriefs.
- Integration of digital tools for documentation and monitoring.

Meetings

Below is a list of dates for upcoming meetings and events

Date	Time	Meeting	Location
2nd Sept 2025	12:00 – 13:00	Transfer Meeting	MS Teams
3rd Sept 2025	13:30 - 16:30	Clinical Forum	MS Teams
11th Sept 2025	10:30 - 11:30	Sustainability Meeting	MS Teams
15th Sept 2025	All day	Data Leads (in person) Meeting	York House
16th Sept 2025	13:00 - 14:00	PNA meeting	MS Teams
18th Sept 2025	All day	CCOT (in person) meeting	PGEC at East Surrey Hospital
30th Sept 2025		Medway Peer review visit	