NHS

Thames Valley & Wessex
Critical Care Network

Annual Report 2018/19

Contents

Network Manager Summary

2018/19 has been a busy year for the Network. Firstly we welcomed two members to our administrative team, who will be providing admin support for our adult critical care ODN, along with the neonatal and paediatric ODNS within Thames Valley & Wessex. The benefit of having administrative support in place has already shown, as we have been able to re-establish a number of subgroups who will have a key focus on shared learning and sharing best practice to improve critical care practice within the Network.

The Network continues to work closely with our neighbouring critical care ODNs in the South West and South East, along with NHS England South Specialised Commissioners on a number of projects as part of an NHS England Improving Value Scheme with the aim of ensuring high quality care is delivered within the region. I would personally like to thank all the Units who provided data for both the Demand and Capacity and Costing Projects. The recommendations from the reports of these projects will help shape the direction of travel for the Improving Value scheme in 2019/20. Next year will also see the audit stage for the Standardised Mobilisation Project that has been worked on as part of this scheme with physio leads from across the south of England who have all been keen to be involved and promote the early mobilisation of critical care patients.

The ICNARC Casemix programme Network Quality report continues to highlight how are Units are performing against key quality indicators. Delayed Discharges remain an ongoing issue, however through a continued focus we have managed to see a notable decrease in the bed days associated with delayed discharges, which is a great testament to all the great work being done by our Units and their colleagues to combat this.

Our Network has also worked closely with our neighbouring networks on a comprehensive gap analysis tool, in preparation of the publication of the D05 Adult Critical Care Service Specification. Following publication of the Service Specification in early 2019/20, all Units have been asked to complete the tool and we will generate a report to ensure units/Trusts, network and commissioners understand any gaps that may exist between the expectation from the service specification and the service that is actually being provided.

Finally a thank you to everyone who has supported the Network throughout the year. Your engagement at clinical forums, subgroups and network visits helps drive all of the work we do.

Kujan Paramanantham
Network Manager

Network Medical Lead Summary

This year has been a busy and productive year for Thames Valley and Wessex Adult Critical Care ODN due to continued and consistent engagement and commitment from all members of our network but also due to close working and collaboration with the South West and South East networks to facilitate delivery of the NHS England Improving Value scheme across the South.

The consistent and active engagement of our members in the quarterly clinical forums is much appreciated and the open discussion of clinical cases and adverse events with resultant learning outcomes is particularly rewarding. This highlights the true meaning of networking and the benefits of learning from each other to promote safer and improved patient care.

For 2019/20 we have reinstated our peer reviews with a more structured format and included 360 degree feedback which I hope the units to date have found useful and informative. Using the Network ICNARC report, SSQD data, and Gap analysis we hope to open up conversations to appreciate your needs and provide guidance and support in addressing them.

The Network has established many new subgroups this year including rehabilitation and standard mobilisation group, practice educators and outreach. We also wish to extend AHP participation and have invited representation from the ACCP group in our region.

This year has seen closer working relations and collaboration with South West and South East ODNs and we have engaged with NHS England Specialised services in the South as part of their 'Improving value scheme'. Following publication of the D05 Service Specification for Adult Critical Care we provided a gap analysis of where each of our units was in relation to the requirements and a report is soon to follow.

We have enjoyed strong clinical input from the specialised critical care units with discussions focused on access, transfer and repatriation to improve patient flow across our region.

As a member of the National Medical Leads Group I will continue to remain appraised of CRG and other national issues and provide a conduit of information for your benefit.

Thank you for your ongoing commitment to the Network and we welcome your feedback and suggestions in how we can enhance and strengthen its purpose for the future.

Kathy Nolan
Network Medical Lead

Network Nurse Lead Summary

The 2018-2019 annual report is an opportunity to take stock of what our priorities are, what changes have occurred during the year and how we have responded to them. Success of the Network is dependant on the ongoing work and engagement of the staff in the critical care units.

As a Network Management Team, we have continued to be very involved with NHS England and working closely with our neighbours across the south coast. This group is focused on “improving values” for all critical care patients.

Unit visits are very important to us and give us the opportunity to understand the difficulties faced on the shop floor, share good practise and improve the quality and safety of care. We are better placed to represent and support critical care with our commissioners.

Activity across the Network has increased, and recruitment and retention are an ongoing concern for many of our units. At our Network Clinical Forum, we had a very interesting presentation re “Nurses reasons for leaving critical care” and the very high cost incurred in training critical care nurses for all our units. Work is on-going nationally looking at workforce and skill mix and audits will roll over into 2019-2020. Many things impact on retention and 2 of these are also being audited: agency usage and staff moves to the ward. Guidance from CC3N is available about both topics and has been endorsed by all the National nursing bodies.

Nursing is not the only discipline which is struggling to recruit and in 2019-2020 there are workshops for medical workforce planning and our Pharmacy colleagues will aim to audit training and recruitment.

A big thank you to everyone for completing these audits and answering the many questions that are shared nationally. Let’s continue to share, this is not only an excellent way to benchmark, but also helps to save us time by not repeating all the work that has already been undertaken by like-minded staff across the country.

The Network rehab group has been re-established and a new chair appointed. This group are working hard both across our own patch and with the south east and west networks looking at “Standardised Rehabilitation”. This project will build on the work undertaken at Southampton where they demonstrated a reduced length of stay and therefore a cost saving.

Transfer remains high on our agenda and the transfer group is very proactive in ensuring training and guidance for staff is up to date. They continue to meet and share critical incidents for Network learning. The work-plan for 2019-2020 has also been discussed and the group aim to look at Network wide competencies and a workbook to support the face to face training.

Our aim in 2019-2020 is to re-establish the Outreach Group and fully establish the Practise Educator group, so watch this space.

I would like to thank all stakeholders for their continued support and involvement in the ODN and look forward to working with you all in 2019-2020.

Gill Leaver
Network Lead Nurse

Stakeholders and Governance

'The Way Forward: Developing Operational Delivery Networks' (NHS Commissioning Board 2012) proposed Adult Critical Care Operational Delivery Networks (ODNs) be established nationally, with a remit for ODNs to ensure outcomes and quality standards are improved and evidence based networked patient pathways are agreed. The focus for ODNs will be supporting the activity of Provider Trusts in service delivery, improvement and delivery of a commissioned pathway, with a key focus on the quality and equity of access to service provision.

The Thames Valley & Wessex Adult Critical Care Operational Delivery Network (TV&W ACC ODN) is hosted by the University Hospital Southampton NHS Foundation Trust. As a host provider, they are responsible for employing the ODN team and supporting their roles. Oversight and governance of the ODN is provided in partnership NHS South Specialised Commissioning. From the 1st April 2019, NHS England and NHS Improvement came together to act as a single organisation, whilst also splitting the NHS South region into 2 separate regions (South East and South West). This realignment will likely impact on the governance framework of the ODN with future arrangements to be confirmed in 2019/20.

Throughout 2018/19 our network has worked closely with fellow networks in the NHS England South region and with colleagues in NHS England South Specialised Commissioning to continue a programme of improvement for Critical Care. This collaboration will continue into 2019/20 as part of a combined NHS England South East and South West Improving Value scheme.

Network Team

The Thames Valley & Wessex Adult Critical Care ODN team consists of:

- Kujan Paramanantham: Network Manager
- Kathy Nolan: Network Medical Lead
- Gill Leaver: Network Lead Nurse
- Leonie Shepherd: ODN Co-ordinator (shared with TV&W Neonatal and Paediatric ODNs)
- Sue Barrett: ODN Admin Assistant (shared with TV&W Neonatal and Paediatric ODNs)

Critical Care Units

The Thames Valley and Wessex Adult Critical Care Operational Delivery Network covers a population between 5 and 6 million people across Thames Valley & Wessex, including Dorset and extending to Milton Keynes, West Sussex and Wiltshire. The Network consists of the following Critical Care Units from the following 14 Trusts in the table below.

Trust	Critical Care Unit	Level 3 equivalent beds	*Total Physical beds*
Buckinghamshire Healthcare NHS Trust	Stoke Mandeville ICU	*10*	*12*
	Wycombe ICU	*4*	*8*
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital ICU	*6*	*11*
Frimley Health NHS Foundation Trust	Wexham Park ICU	*10*	*12*
Hampshire Hospitals NHS Foundation Trust	Basingstoke ICU	*11*	*16*
	Winchester ICU	*5*	*10*
Isle of Wight NHS Trust	Isle of Wight ICU	*6*	*7*
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes ICU	*7*	*9*
Oxford University Hospitals NHS Foundation Trust	John Radcliffe AICU / Churchill ICU	*22*	*24*
	John Radcliffe Neuro ICU	*13*	*16*
	John Radcliffe Cardiothoracic Critical Care Unit	*14*	*21*
Poole Hospital NHS Foundation Trust	Poole ICU	*8*	*12*
Portsmouth Hospitals NHS Trust	Portsmouth ICU	*19*	*24*
Royal Berkshire NHS Foundation Trust	Royal Berkshire ICU	*12*	*17*
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Bournemouth ICU	*8*	*13*
Salisbury NHS Foundation Trust	Salisbury ICU	*8*	*12*
University Hospital Southampton NHS Foundation Trust	Southampton General ICU	*21*	*25*
	Southampton Neuro ICU	*11*	*13*
	Southampton Cardiac ICU	*15*	*16*
Western Sussex Hospitals NHS Foundation Trust	St Richards ICU	*8*	*10*

NHS England (South) Adult Critical Care (ACC) - Improving Value Scheme

(Improving Value Scheme Section adapted with permission from the South East ACC ODN 2018/19 Annual Report)

The Thames Valley & Wessex ACC ODN continues to work closely with neighbouring networks and Specialised Commissioning South to develop and deliver the ACC Improving Value Scheme. The vision of the scheme is to achieve a high quality, safe, effective and sustainable critical care service providing patients with timely and equitable access to an appropriate environment and clinically appropriate length of stay. The work during 2018/19 has focussed on a number of key areas. All the work streams are ongoing and will continue into 2019/20:

- ### Demand and Capacity Review

  The need to quantify and qualify the capacity needed for efficiency and equity of access to ACC is unequivocal. In an attempt to better understand demand and capacity a review template was developed and sent to all regional Trusts in July 2018 with a request for completion from NHS England (South) by all units that attract a critical care tariff. The review asked for a combination of quantitative and qualitative information and, whilst the limitations of the review were acknowledged, it did serve to illustrate and clarify many very important issues. A demand and capacity report and comprehensive data appendix were produced and circulated to providers and commissioners.

  Demand is complex and can roughly be divided into what we know and record, what we know and either don't record or record inconsistently and what we don't know. Even in the former category, admission number, levels of acuity and organ support, length of stay etc. are dependent on emergency and surgical pathways, alternative care areas and, of course, patient flow. The report and the unit submissions from which the report is compiled will be used to encourage conversation and collaboration between providers and commissioners about how best to manage precious and costly ACC resources. Recommendations listed in the report will determine the direction of this work stream throughout 2019/20.

- ### Costing Review

  A costing review tool was circulated in tandem with the demand and capacity review. Units were requested to list the cost of selected operational measures under the headings: clinical support services; consumables; staffing; unit characteristics. In general this review proved more difficult; the number and quality of returns was disappointing and demonstrated anomalies and inconsistencies which resulted in some unusual and unexplained results. Nonetheless, the review did serve to highlight the complexity of comparing critical care unit costs and informed a number of recommendations to be followed up in the coming year.

- ### Standardised Mobilisation Project (SMP)

  Building on exciting work on early mobilisation at University Hospitals Southampton the SMP project aims to facilitate timely mobilisation in ACC across the region. Initial work in 2018/19 has focused on developing an audit tool and data spreadsheet to assess current mobilisation practice and a benchmarking tool for rehabilitation staff resource. Both tools are to be piloted in April/May 2019 with the objective of wider roll out thereafter. Next steps for 2019/20 include agreement of the SMP pathway and an educational programme to encourage adoption where resource permits. A repeat audit will follow to demonstrate the impact of SMP on metrics including time to mobilisation and length of stay.

- ### Cancelled Elective Surgery due to lack of post-operative ACC bed
  During 2018/19 the initial phase of this work stream has focused on well performing units in South West to better understand their approach and potentially replicate practice elsewhere.

- ### Clinical Commissioning Group (CCG) and Sustainability and Transformation Partnership (STP) Engagement
  The aim of this work stream is for integrated collaborative commissioning of ACC with a designated lead commissioner for each ACC unit. An initial challenge has been to enable data sharing between CCGs and specialised Commissioning and this is progressing at a preliminary site within the South East Critical Care Network.

- ### Delayed discharge and discharge at night
  Data clearly shows that delayed discharge remains a thorny problem for ACC despite attempts to raise the profile of discharge delay for some time. In an attempt to better understand its impact three units within the South East Critical Care Network have offered to look more closely at night time discharge and the links between untimely discharge and discharge delay. An early audit in 2018/19 served to identify gaps in data and a more detailed audit is to be completed in 2019/20.

D05 Adult Critical Care Service Specification

During 2018/19, in preparation for the publication of the D05 Adult Critical Care Service Specification (published in May 2019), the Network worked in collaboration with the South East and South West ACC ODNs to develop and gap analysis tool to help Units, Networks and commissioners understand any gaps that may exist between a service that is being provided at a Unit and expectation within the Service Specification.
Following the publication of the service specification, all Critical Care Units within the Thames Valley & Wessex ODN have been asked to complete the tool, with analysis to be completed in 2019/20 and picked up as part of the NHS England South Improving Value Scheme.

The tool has also been presented and circulated to the critical care networks nationally, for their local use as they determine.

Network Subgroups

- ### Transfer
  It has been a busy year for the ODNs Transfer subgroup. Having led the Wessex Transfer Group for a number of years, Mary Meeks moved on from her role as Matron at Winchester ICU, and stepped down from co-chairing the subgroup. Neil Johnson (University Hospital Southampton) kindly offered to co-chair the group alongside Carolyn Barrett (Oxford University Hospitals) and Nikos Makris (Milton Keynes University Hospital).
  Over the course of the year, the group has finalised a new standardised network Transfer Form, shared learning and discussed case studies as well as running an audit to benchmarking Transfer Training provision across the Network.

- ## Pharmacy

  Whilst the network's pharmacy groups had not been active for some time, with key support from Mark Borthwick (Oxford University Hospital) and Mark Tomlin (University Hospital Southampton), a survey was developed to benchmark and review critical care pharmacy services across the Network. This allowed Units to benchmark their pharmacy services against other Units within the Network, as well as against key standards set out in the Guidelines for the Provision of Intensive Care Services (GPICS).
  The findings from this benchmarking was presented at our Clinical forum, and shared presentation shared with all units. Some of the key findings (accurate at time of survey) included:
    - 4 out of 17 responses had no designated Intensive Care pharmacist
    - 90% of Units only have pharmacy services available 5 days a week
    - A third of Units never have any pharmacy attendance at daily multi-disciplinary ward rounds
    - Majority of pharmacists do not have peer to peer practitioner visits
    - Half of the Pharmacy Leads do not identify themselves at a level of practice to meet GPICS minimum competencies
    - The majority of Units do not meet GPICS suggested whole time equivalent/Level 3 equivalent ratios

  Re-establishing the Network Pharmacy groups and reviewing the gaps highlighted in this benchmarking exercise will be part of the Networks 2019/20 work programme.

- ## Rehabilitation

  Late 2018 saw the re-establishment of the network's rehabilitation subgroup, with Zoe van Willigen (University Hospital Southampton) chairing the group. The initial meeting was well attended with a lot of shared learning and priorities being identified for future meetings. Initially starting off as just physiotherapists, the group has expanded to include nurses/clinicians. The group has also run a benchmarking exercise and are being asked to partake and actively champion the Standardised Mobilisation Project mentioned as mentioned in the Improving Value scheme.

- ## Practice Educators

  Late 2018 also saw the re-establishment of the network's practice educators subgroup, with Jane Adderley (Milton Keynes University Hospital) chairing the group. The initial meeting was well attended with a lot of shared learning. A key priority for the group in 2019/20 will be reviewing the variation that exists within the network in the post-registration awards in critical care nursing, being offered by the Higher Education Institutions within the region.

New Website / Patient Stories

Along with 8 other ODNs in the South of England, we began using a new website as a place to share documentation and highlight some of the work being done within the Network. It has also given us a platform to share some of our patient stories, to help highlight some of the experiences that our patients have been through. We are fortunate enough to have had 3 people within our Network willing to share their experiences with us and can be seen on our website.
https://southodns.nhs.uk/our-networks/adult-critical-care/?sub=thames-valley-wessex
https://southodns.nhs.uk/patient-stories/

Collaboration with University of Southampton - CORMSIS Student

For the last 3 years, the Adult Critical Care ODN has collaborated with the CORMSIS (Centre for Operational Research, Management Sciences and Information Systems) department at the University of Southampton by supporting MSc students through a summer project. In 2017 we were fortunate enough to have 3 students all receive distinction for their MSc projects with one of the students receiving a University prize for her work. In 2018 we had a student (Alice) work on a project to review variation and benchmark units across the south of England using regression analysis and optimisation techniques. The project helped highlight areas for the network to focus attention on and highlights some anomalies in current data reporting which was raised to National level. The Network was pleased to see her also receive a distinction and University prize for her work.

2018/19 ICNARC Case Mix Programme Data

The Intensive Care National Audit and Research Centre (ICNARC) run the ICNARC Case Mix Programme (CMP) which 100% of all Adult General Critical Care Units participate in. Other specialists Units including neurosciences, cardiac and stand-alone high dependency units also have the opportunity to participate (whilst OUH Neuro ICU have participated for some years; OUH CTCCU, UHS Neuro ICU and UHS Cardiac ICU only begun participating in 2018/19).

The Case Mix Programme is an audit that compares the data from patients with outcomes from other similar patients, other similar units and all units to help units and networks better understand the care that they deliver.

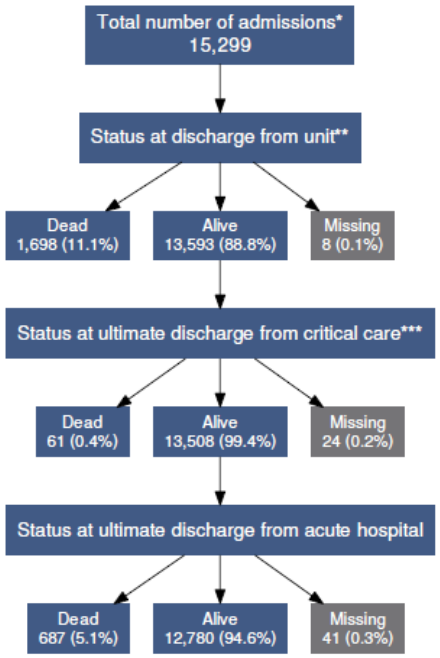
The data appendix shows extracts from the 2018/19 ICNARC CMP Network Quality Report (NQR). Some of the key points shown in the NQR:

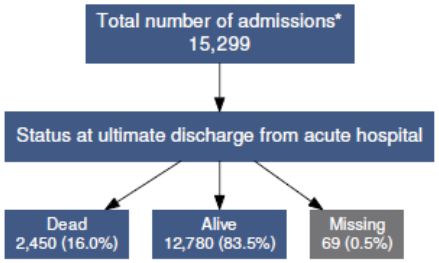
- Horton General Hospital stopped submitting data following the change in care provided at the hospital (patients stabilised and moved to John Radcliffe)
- University Hospital Southampton Neuro ICU only began participating in the audit mid-year in 2018/19, so do not have a full year of data.
- The Network performs comparably to the national average for most measures.
- Out of Hours discharges to the ward (not delayed), highlighting a Network increase compared to previous year, coinciding with the John Radcliffe Cardiothoracic ward beginning to submit data (the Unit is an outlier for this measure, with high admission numbers which affects the networks average)
- A decrease to now below national average in the percentage of bed days associated with delayed discharges
- A decrease to now below national average in the percentage of non-clinical transfers to another Unit

Data Appendix (Data from the 2018/19 ICNARC CMP Thames Valley & Wessex Network Quality Report)

Thames Valley and Wessex Operational Delivery Network

Outcome





* Excluding readmissions of the same patient within the same acute hospital stay
** Where a patient was admitted to a unit more than once during the same acute hospital stay, the first admission is used
*** For all patients discharged alive from a unit, including those not transferred to another critical care unit

Explanation

- In the staged outcome flow (left), the numbers of admissions at each stage are reported as percentages of those alive at the previous stage
- In the overall outcome flow (above), the status at ultimate discharge from acute hospital is presented as the percentage of all admissions (i.e. excluding readmissions of the same patient in the same acute hospital stay)

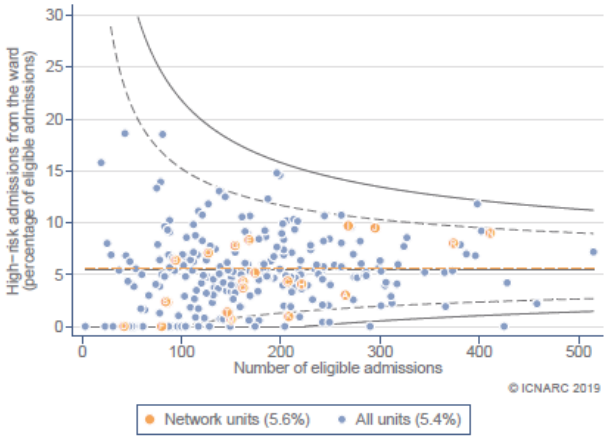
Thames Valley and Wessex Operational Delivery Network

Participation

Key	Hospital	Critical care unit	N	Q1	Q2	Q3	Q4
A	Basingstoke and North Hampshire Hospital	Intensive Care Unit	1024				
B	Churchill Hospital	Intensive Care Unit	575				
C	Dorset County Hospital	Intensive Care/High Dependency Unit	705				
D	Horton General Hospital	Critical Care Unit	98				
E	John Radcliffe Hospital	Adult Intensive Care Unit	947				
F	John Radcliffe Hospital	Neurosciences Intensive Care Unit	553				
G	Milton Keynes University Hospital	Department of Critical Care	482				
H	Poole Hospital	Intensive Care/High Dependency Unit	691				
I	Queen Alexandra Hospital	Intensive Care Unit	1370				
J	Royal Berkshire Hospital	Intensive Care Unit	832				
K	The Royal Bournemouth Hospital	Intensive Care Unit/High Dependency Unit	848				
L	Royal Hampshire County Hospital	Intensive Care Unit/High Dependency Care Unit	582				
M	Salisbury District Hospital	Radnor Ward	478				
N	Southampton General Hospital	Intensive Care/High Dependency Unit	1675				
O	St Mary's Hospital, Isle of Wight	Intensive Care Unit	355				
P	St Richard's Hospital	Intensive Care Unit	650				
Q	Stoke Mandeville Hospital	Intensive Care/High Dependency Unit	578				
R	Wexham Park Hospital	Critical Care Unit	823				
S	Wycombe Hospital	Intensive Therapy Unit	382				
T	John Radcliffe Hospital	Cardiac and Thoracic Critical Care Unit	1877				
U	Southampton General Hospital	Wessex Neurological Centre Intensive Care Unit	513				

Data included | Data excluded - in validation | Data excluded - not received

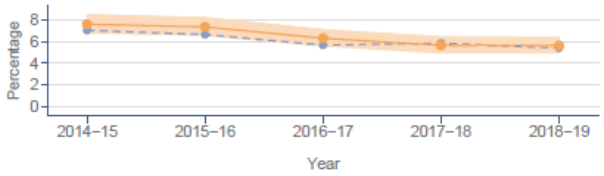
High-risk admissions from the ward



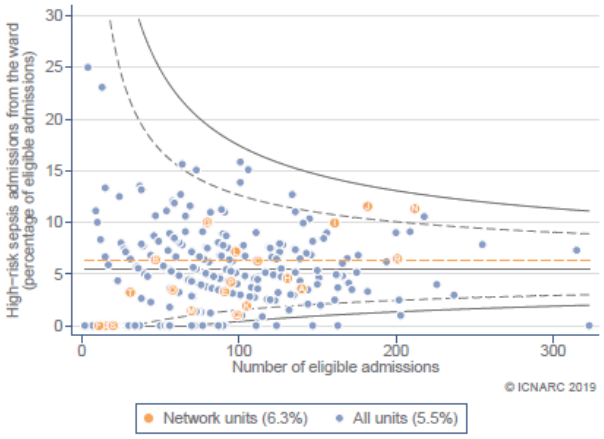
Unit	Eligible	Numerator	Denominator	Result
Network units	3878	219	3878	5.6%

Definition

- Eligible: Critical care unit admissions from a ward (or intermediate care or obstetric area) in the same hospital
- Numerator: Number of eligible admissions with four or more organ dysfunctions (SOFA ≥ 2 per organ) during the first 24 hours following admission
- Denominator: Number of eligible admissions



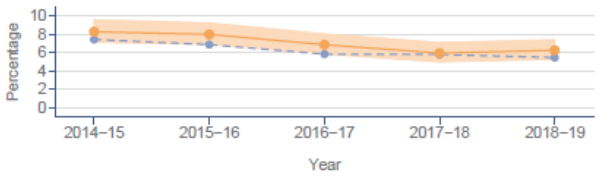
High-risk sepsis admissions from the ward



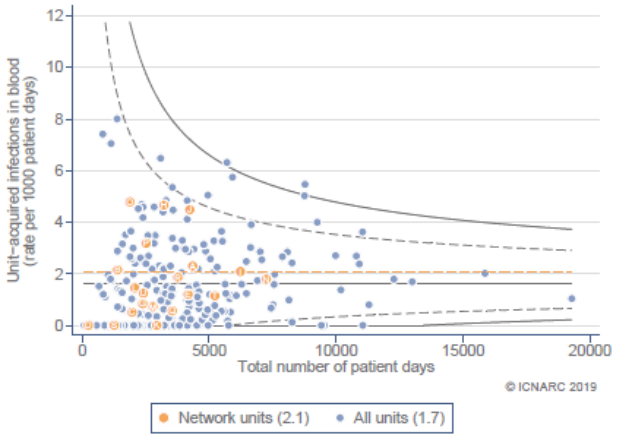
Unit	Eligible	Numerator	Denominator	Result
Network units	1980	124	1980	6.3%

Definition

- Eligible: Critical care unit admissions with infection from a ward (or intermediate care or obstetric area) in the same hospital
- Numerator: Number of eligible admissions with four or more organ dysfunctions (SOFA ≥ 2 per organ) during the first 24 hours following admission
- Denominator: Number of eligible admissions



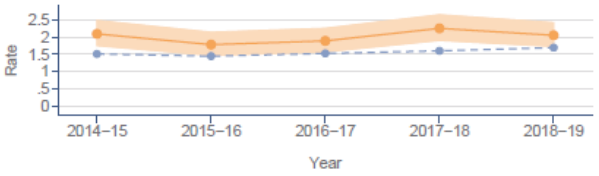
Unit-acquired infections in blood



Unit	Eligible	Numerator	Denominator	Result
Network units	8364	140	68060	2.1

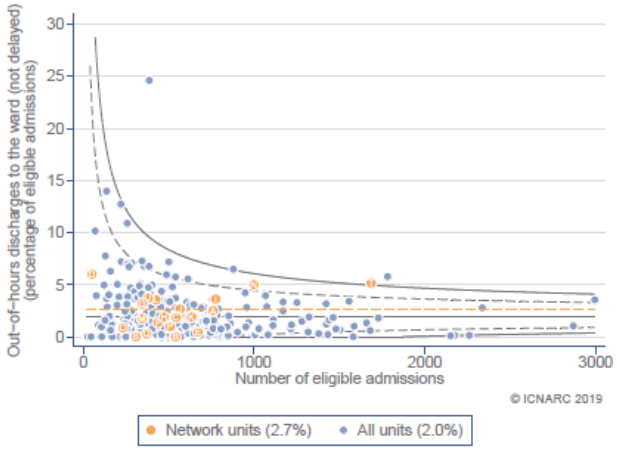
Definition

- Eligible: Critical care unit admissions staying at least 48 hours
- Numerator: Number of unit-acquired infections in blood, defined as the presence of infection in any blood sample taken for microbiological culture after 48 hours following admission
- Denominator: Total number of patient days that eligible admissions stayed in the critical care unit



Thames Valley and Wessex Operational Delivery Network

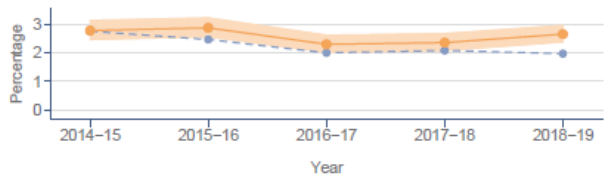
Out-of-hours discharges to the ward (not delayed)



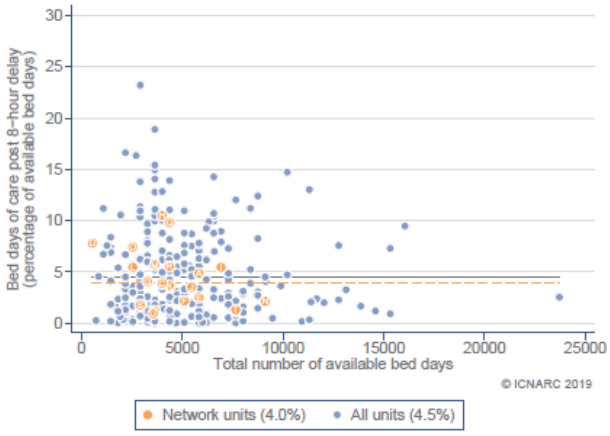
Unit	Eligible	Numerator	Denominator	Result
Network units	11614	308	11614	2.7%

Definition

- Eligible: Critical care unit survivors discharged to a ward in the same hospital
- Numerator: Number of eligible admissions discharged between 22:00 and 06:59 and not delayed (i.e. not declared fully ready for discharge by 18:00 on that day)
- Denominator: Number of eligible admissions



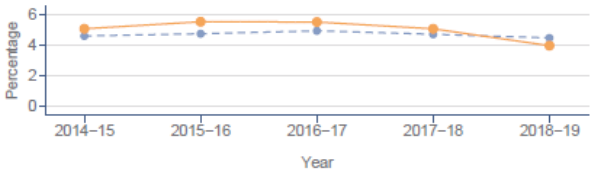
Bed days of care post 8-hour delay



Unit	Eligible	Numerator	Denominator	Result
Network units	12324	3691.4	92803	4.0%

Definition

- Eligible: Critical care unit survivors discharged to a ward in the same hospital (or direct to home)
- Numerator: Bed days of care provided for critical care unit survivors more than 8 hours after the reported time fully ready for discharge
- Denominator: Total number of available bed days in the critical care unit



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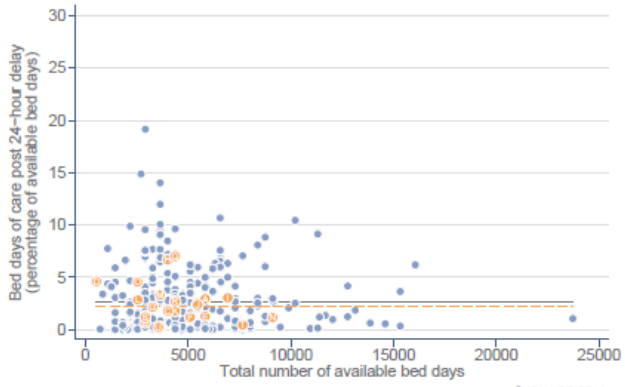
Thames Valley and Wessex Operational Delivery Network

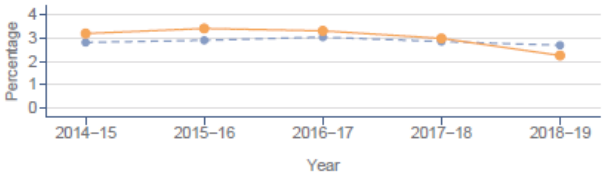
Bed days of care post 24-hour delay



Unit	Eligible	Numerator	Denominator	Result
Network units	12324	2088.2	92803	2.3%

Definition

- Eligible: Critical care unit survivors discharged to a ward in the same hospital (or direct to home)
- Numerator: Bed days of care provided for critical care unit survivors more than 24 hours after the reported time fully ready for discharge
- Denominator: Total number of available bed days in the critical care unit



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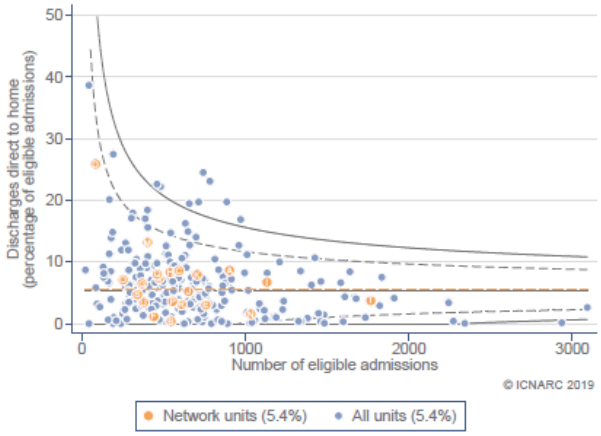
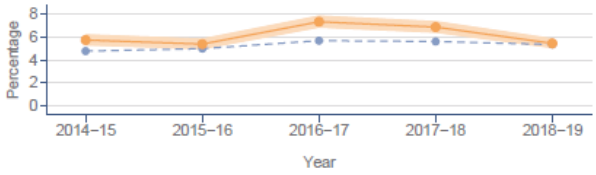
Discharges direct to home



Unit	Eligible	Numerator	Denominator	Result
Network units	13010	709	13010	5.4%

Definition

- Eligible: Critical care unit survivors with a reason for discharge from the critical care unit of ending critical care, excluding planned admissions direct from home
- Numerator: Number of eligible admissions discharged direct to a non-hospital location
- Denominator: Number of eligible admissions



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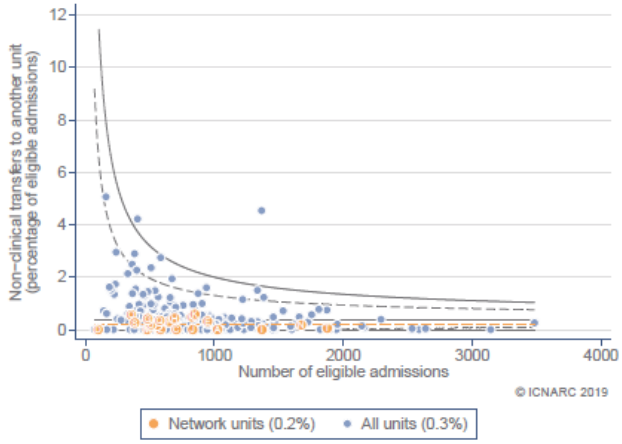
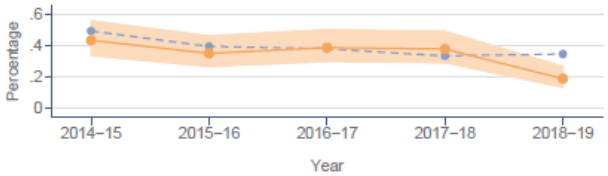
Non-clinical transfers to another unit



Unit	Eligible	Numerator	Denominator	Result
Network units	16027	30	16027	0.2%

Definition

- Eligible: All critical care unit admissions
- Numerator: Number of critical care unit survivors receiving Level 3 care on discharge and discharged for comparable critical care to a Level 3 bed in a critical care unit in another acute hospital
  [For HDUs, number of critical care unit survivors receiving Level 2 care on discharge and discharged for comparable critical care to a Level 2 bed in a critical care unit in another acute hospital]
- Denominator: Number of eligible admissions



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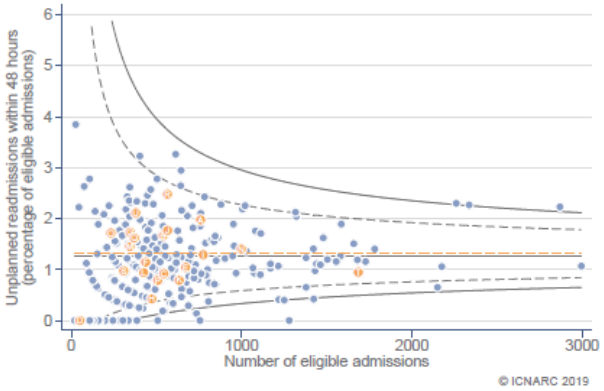
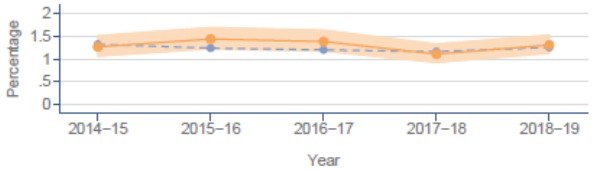
Unplanned readmissions within 48 hours



Unit	Eligible	Numerator	Denominator	Result
Network units	11614	152	11614	1.3%

Definition

- Eligible: Critical care unit survivors discharged to a ward within the same hospital
- Numerator: Number of eligible admissions subsequently readmitted (unplanned) to the same critical care unit within 48 hours of discharge
- Denominator: Number of eligible admissions



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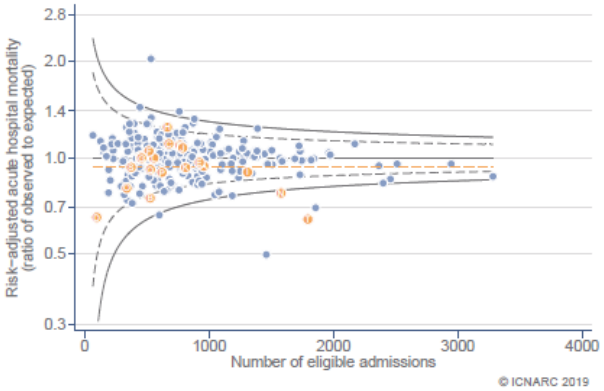
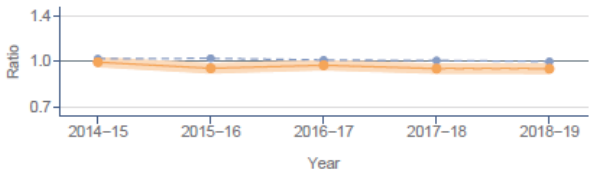
Risk-adjusted acute hospital mortality



Unit	Eligible	Numerator	Denominator	Result
Network units	15194	2426	2586.4	0.94

Definition

- Eligible: All critical care unit admissions, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Numerator: Observed number of eligible admissions that died before ultimate discharge from acute hospital
- Denominator: Expected number of acute hospital deaths among eligible admissions from the $ICNARC_{M-2018}$ model



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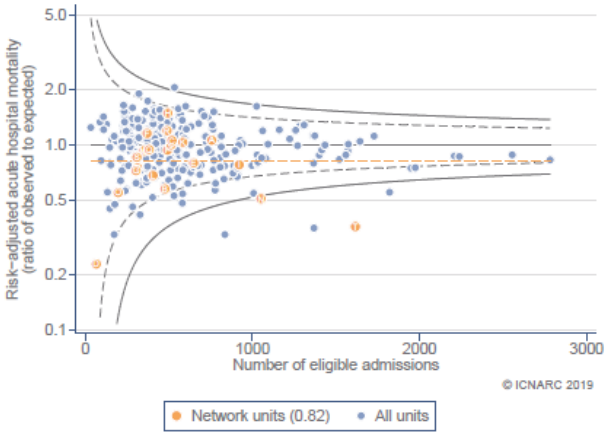
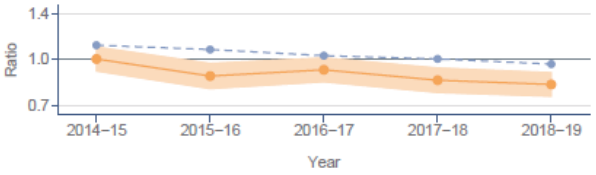
Risk-adjusted acute hospital mortality - predicted risk < 20%



Unit	Eligible	Numerator	Denominator	Result
Network units	11244	448	545.8	0.82

Definition

- Eligible: All critical care unit admissions with a predicted risk of death < 20% on the ICNARC$_{M-2018}$ model, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Numerator: Observed number of eligible admissions that died before ultimate discharge from acute hospital
- Denominator: Expected number of acute hospital deaths among eligible admissions from the ICNARC$_{M-2018}$ model



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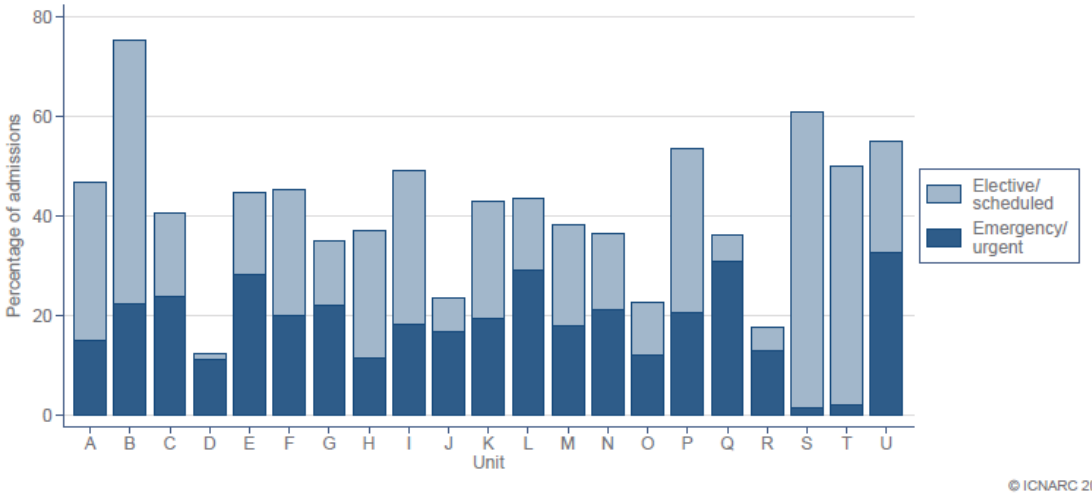
Admission groups - surgery



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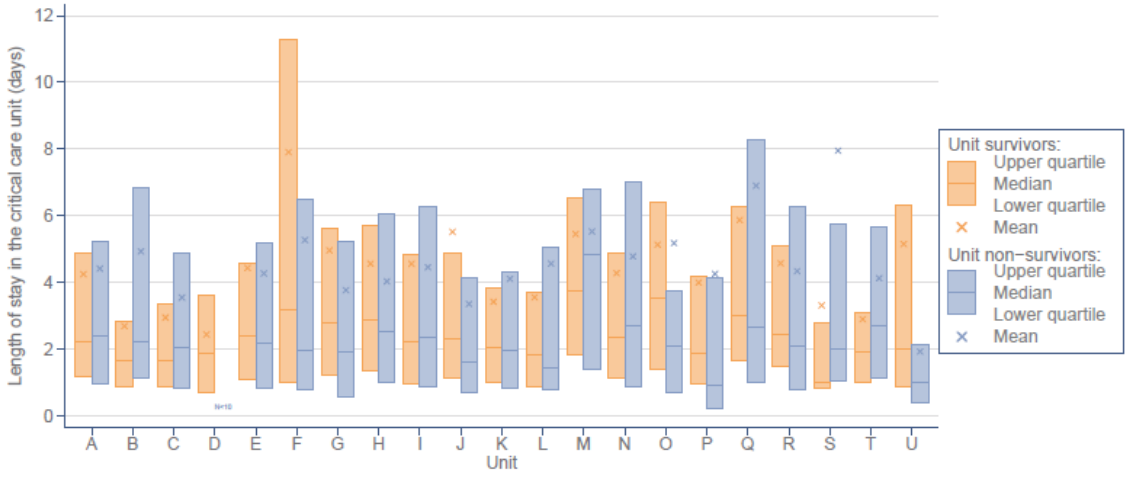
Length of stay in the critical care unit



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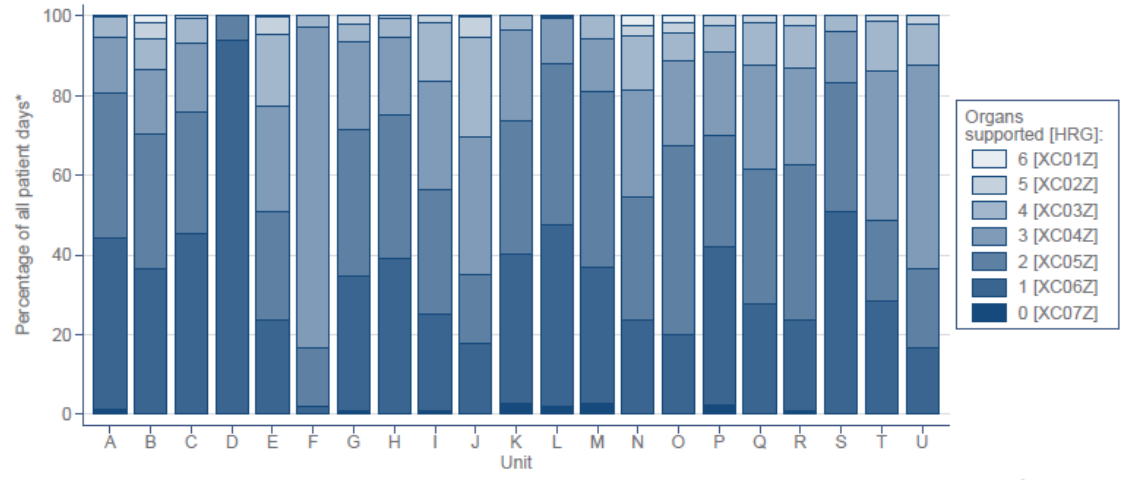
Healthcare Resource Group



* Only days receiving Level 2 or 3 care are counted