



Thames Valley & Wessex
Critical Care Network



ANNUAL REPORT 2022-2023

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FOREWORD

It is with pleasure that we introduce you to our Annual Report for the Thames Valley & Wessex Adult Critical Care Operational Delivery Network (ODN). This report aims to summarise the work that has been undertaken by the Network during 2022/23 and guide the strategic planning for Network activities over 2023/24.

Entering the 2022/23 year, the focus for the Network was to build on the work done in 2021/22 in continuing to support units emerging from the Covid-19 pandemic, while returning to our Network priorities that were in place before the pandemic. Central to this was ensuring our Units remained supported with all surge, capacity and transfer related needs, while we continued to inform and support NHS England colleagues, particularly with regard to capacity planning and development of the regional transfer service (RESCUE).

Highlights/Achievements for the Network during this year included:

- Restarting Network Peer Review Visits, with visits and reports published for the following Units:
 - Salisbury
 - Oxford Adult ICU
 - Oxford Neuro ICU
 - Oxford Cardiothoracic CCU
 - Dorchester ICU
 - Stoke Mandeville ICU & Wycombe ICU
 - Southampton Cardiac ICU
 - Southampton General ICU
 - Southampton Neuro ICU
- Supporting our Critical Care Units through times of surge, by:
 - Daily production of a Network dashboard, shared with clinicians and commissioners.
 - Understanding current capacity need and barriers to reaching this within our units.
 - Supporting Units to minimise any disruption to critical care services during any planned Industrial action.
 - Joining escalation and surge meetings with ICS and NHS-SE representatives when required.
- Working with interim Network Transfer Service to provide an optimal service for our Units, whilst also working closely with NHS England regional commissioners for future plans for a substantive service.
- Planning and running our first Network Conference since 2019. The day was very well evaluated with a full house of 140 attendees. Topics covered included wellbeing, post ICU rehab, patient experience, an ethical debate, plus more.
- Development and completion of our Network Adult Critical Care Foundation course, with 170 students enrolled from the majority of Units within our Network (as well as many students in Units from neighbouring Networks).
- Enrolment of 78 student to our Adult Critical Care Course in May 2022, with 94% of students who completed the course successfully passing.

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- Steve Wimbush appointed as a member of the Adult Critical Care CRG.
 - Providing analytical support to the CC3N on their [Network workforce retention survey](#), which was commissioned following the success of the survey & [report](#) developed in our Network over the 2021/22 financial year.
 - The creation of our new [Network website](#), which is being used to highlight the work we do as a Network and help market our Network critical care courses.
 - Working collaboratively with our neighbouring ACC Networks in the South (KSS & SW) through an annual all-day meeting in Reading and through shared website development.
 - Supporting our neighbouring units with the peer review process, by joining the peer reviews of the units of the Medical Leads in KSS (Guildford) and the South-West (Bath).
 - The quarterly newsletter enables us to promote the work of the Network, celebrate unit achievements and share national documents and initiatives.
 - Continuing to share insight, experience, learning and best practice amongst our critical care units through Network clinical forums and subgroups. This included the formation of a Speech and Language Therapy subgroup and restarting our Pharmacy subgroup.

We are extremely proud of the work that we have been able to deliver with the resources that we have available to us. The achievements of the network during the year have been a genuine team effort and we are grateful to all members of the team for everything that they do to support our units, their staff, and commissioners of critical care in Thames Valley and Wessex.

Looking ahead to 2023/24, our work programme will have a similar focus to 2022/23. We plan to complete our two-year Peer review cycle by March 2024. Workforce will be a significant focus for us, with ongoing Industrial action, and retention of staff continuing to be a consistent issue for critical care units across the Network. We will also continue to ensure that our units and NHS England colleagues remain supported with all surge, capacity and transfer related projects, particularly as plans for a substantive regional transfer service evolve and hopefully come to fruition over the year ahead.

We look forward to reporting on the progress of this work in our 2023/24 report!

ABOUT THE ODN

STAKEHOLDERS AND GOVERNANCE

Adult Critical Care Operational Delivery Networks (ODNs) are a vehicle for collaboration between patients, providers and commissioners. All networks have an important role in delivering the NHS's triple aim, supporting:

- Better health and wellbeing
- The quality of care for all patients
- The sustainable and efficient use of NHS resources

Successful networks create climates of innovation and improvement leading to the delivery of safer, higher quality patient centred care.

Adult Critical Care Networks act as a conduit between commissioners and providers and are focused on coordinating patient pathways between providers over a wide area to ensure:

- Equitable access to specialist resources and expertise
- Improving outcomes and quality standards
- Evidence based networked patient pathways are agreed

The Thames Valley & Wessex Adult Critical Care Operational Delivery Network is hosted by the University Hospital Southampton NHS Trust. As a host provider, they are responsible for employing the ODN team and supporting their roles. We have clear lines of accountability with NHS England & Improvement, Specialised Commissioning South East Region to ensure local ownership, alignment and a local mandate to deliver national Adult Critical Care priorities and objectives.

THE ODN TEAM

The ODN team has remained consistent with only minor changes in the last year. Carl Ridgley commenced his role as part-time Education Facilitator in April 2022 to lead on the development of a Foundation Step 1 e-learning programme, with the role becoming a full-time position in November 2022. Also, Dr Wassim (Sim) Shamsuddin role as Medical Lead for Transfers for the Network evolved into a role for NHS England supporting the setup of a Transfer Service for the South East Region. Whilst this role is outside of the Network, Sim still works very closely with the Network team.

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

- Kujan Paramanatham: Network Manager
- Dr Steve Wimbush: Network Medical Lead
- Gill Leaver: Network Lead Nurse
- Mary Meeks: Network Education Project Lead
- Carl Ridgley: Network Education Facilitator
- Lynette Kinnaird: Network Education Administrator (shared with TV&W Neonatal ODN)
- Roxy Burns: Network Data Analyst (shared with Kent, Surrey & Sussex ACC ODN)
- Catherine Ridgewell: Network Project Support Officer (shared with TV&W Neonatal ODN)

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 covers 21 Critical Care Units, hosted by 13 Trusts.



Thames Valley Units

Trust	Unit	Lvl 3 equiv. beds	Total physical beds
Buckinghamshire Healthcare NHS Trust	Bucks: Stoke Mandeville	10	12
	Bucks: Wycombe	4	6
Frimley Health NHS Foundation Trust-Wexham	Wexham Park	10	16
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes	7	10
Oxford University Hospitals NHS Foundation Trust	OUH - OCC	18	22
	OUH - Churchill	6	8
	OUH - CTCCU	12	21
	OUH - Neuro ICU	14	17
Royal Berkshire NHS Foundation Trust	Reading	18	23

Wessex Units

Trust	Unit	Lvl 3 equiv. beds	Total physical beds
Dorset County Hospital NHS Foundation Trust	Dorset County	8	12
Hampshire Hospitals NHS Foundation Trust	HHFT: Basingstoke	12	18
	HHFT: Winchester	6	9
Isle of Wight NHS Trust	Isle of Wight	6	8
Portsmouth Hospitals University NHS Trust	Portsmouth	19	24
Salisbury NHS Foundation Trust	Salisbury	8	10
University Hospital Southampton NHS Foundation Trust	UHS - CICU	15	16
	UHS - GICU	27	31
	UHS - NICU	12	13
University Hospitals Dorset NHS Foundation Trust	UHD: Bournemouth	10	14
	UHD: Poole	10	11
University Hospitals Sussex NHS Foundation Trust	Chichester	8	10

NETWORK EDUCATION

Adult Critical Care course (National Step 2 and 3 competencies)

We have now had two successful cohorts of students through our collaborative Adult Critical Care course. The total number of candidates has grown as well as the interest in attending the course. This is due to the expertise and quality taught throughout the programme. We are now recruiting from outside the network from various hospitals within the South West as well as various hospitals from the private sector. The number of specialist speakers who are multi-professional experts within their own field of clinical practice has increased to further enhance the learning experience.

In collaboration with the Quality team at Oxford Brookes we have extended the programme to 10 months in length. This will facilitate more time for support and completion of academic assignments and embed the learning from the taught study days.

May 2022 students quotes:

"They have made the sessions interesting. Each topic was delivered with passion, purpose and hands-on knowledge, both academic and intensive care experience."

"A brilliant course, it has changed me as a person for the better, not just the knowledge I have gained, but in so many ways."

"Now when I challenge practice on the ward round, the team will say – 'Oh you must have attended the Thames Valley and Wessex/Oxford Brookes Critical Care course'."

"I have learnt so much more than knowledge, and it is so relevant to current practice."

Feedback from External Assessor Report:

"An aspect I consider to be a strength is the commitment of the programme lead to ensure that the students are achieving their potential. The programme lead, teaching faculty and link tutor were incredibly responsive and proactive. The team implemented additional taught sessions and supportive resources for the students to ensure they were well equipped to complete the assessments.

The Programme Lead meets regularly with other national providers of Critical Care Courses approved by Health Education England to compare standards and processes.

The assessments are focused on patient care and conditions to enable students to become critical thinkers, providing them with the tools to discuss evidence in the clinical situation and advocate for their patients with the wider multi-disciplinary team. This allows the students to implement evidence-based practice."

The delivery of the course is from a variety of multi-professional specialist speakers as well as the Practice Educators who play a key role in delivering some of the seminars, members of this group also form our marking team. A huge thank you goes to them all for being involved and dedicating their time towards the course, without them we would not be able to deliver a course that is of the highest quality and content.

Foundation course (National Step 1 competencies)

The Foundation Course delivers a blended approach to the education of nurses who are new to the critical care environment or within their first year of critical care nursing. Much of the teaching content is online and asynchronous which improves access to and inclusivity of educational opportunities. It involves a mixture of pre-session reading, online activities, interactive scenarios and presentations, online discussions, and MS Teams drop-in clinics. The programme is mapped to the National Standards for Critical Care Nurse Education (CC3N, 2018). The programme contains a work-based element which includes the completion of the National Competency Framework for Critical Care Nurses, Steps 1.

In addition, the course is offered to a wider geographical area with the aim of standardising the education of new critical care nurses. This has attracted interest from outside the network, and we now have students undertaking the programme from hospitals in the South West, Kent, Surrey, and Sussex regions.

The Foundation Course is supported by Oxford Brookes University who provide valuable insight to how we make the course more accessible, interactive and engaging. Oxford Brookes University also provide guidance and resources on academic writing, reflective practice, referencing, literature searches and critical appraisals.

2022-2023 students quotes:

"I now better understand cardiac output as well as recognising common irregular ECG rhythms. I have also begun to understand how cardiac drugs work in the body."

"So informative and interestingly presented."

"This was a very good course for me and has helped me a lot."

"I now have a better understanding of underlying respiratory pathophysiology which will help me make sense of the conditions people are in ITU with. I now also understand the different modes and functions of ventilators in a bit more depth."

NETWORK TRANSFER SERVICE

The Adult Critical Care Transfer Service (RESCUE) has been providing a dedicated transfer service for critically unwell patients within the Thames Valley and Wessex region since December 2020. Between April 2022 and April 2023, we undertook a total of 863 transfers, with about half of these being Level 3 patients.

After a direct referral to the service, we will undertake the transfer with our experienced and extended trained team comprising of a Doctor, Paramedic and an Emergency Care Assistant, eliminating the need to take vital staff from the hospital unit. Transfers are undertaken in our specially equipped Ambulances that contain all the necessary equipment including ventilators, ultrasound, point of care blood testing and fluid warmers.

During the past year we have gone from strength to strength, increasing our training opportunities, equipment and doctor cover, and we have improved our referral process. The feedback that we have received from units has been overwhelmingly positive. We are currently an interim service, commissioned until 31 March 2024, but our hope is to be made a substantive service in 2024.

For more information on our service, or the referral process, please visit www.rescue-acct.org or clinical staff can ring the team on 0300 303 4147.



NETWORK SUBGROUPS

A key aim of Adult Critical Care Networks is to improve equity of access, experience and health outcomes for patients within critical care services, across healthcare organisations and geographical boundaries.

One of the most effective ways of doing this is through the sharing of insight, experience, learning and best practice amongst our critical care units. As such, we have specialist area subgroups to help enable this cross-unit working. Group meetings and networking provide the opportunity for peer support to staff working in these areas.

These subgroups are formed of representatives from specialist areas of critical care from units across the Network and are chaired by a chosen member (or members) of the group and supported by the Network.

Below is an update from each of our subgroup leads, highlighting the work and priorities during 2022/23.

Advanced Critical Care Practitioner


The Advanced Critical Care Practitioner (ACCP) subgroup has sought engagement with clinical & ACCP leads (or senior ACCP representatives) from within the network to meet on a quarterly basis. The meetings have provided opportunities to learn about funding for trainee ACCPs and to share experiences on creating business cases. The group has also shared key publications from the Faculty of Intensive Care Medicine (FICM) on sustainable careers for ACCPs, and the optional skills frameworks. Network feedback will be taken back to FICM for consideration.

Follow Up

This year, the Follow Up group have become more established and now meet quarterly. These meetings offer the opportunity to share learning, discuss topics of interest and offer peer support. The Frimley team shared how their successful business case led to a greater Follow Up service in Wexham Park and Frimley Park. Southampton talked about their experience of peer support groups for patients and relatives, and following this have spoken individually with other units about how they too can set these groups up. In February the team at Stoke Mandeville and Wycombe presented the data they have collected from Follow Up which inspired further conversations regarding data collection.

At the start of the year the group embarked on benchmarking services across the region. The findings of this benchmarking were pulled together in both a presentation and a directory of what is offered in each unit. There is still a disparity between services with some Trusts struggling with a lack of resources and without a funded service.

We are looking forward to our face-to-face meeting in May where we hope to see multi-disciplinary representation from across the Network. Topics to discuss on the day include the possibility of a Network-wide generic dataset of our patients, data collection tools being used, and what benefits there could be by having this powerful database of information. No doubt this may generate further discussion and work in the forthcoming year.



At the Network conference in November, we supported a past patient (Graham) who kindly shared his ICU recovery story with the delegates. Through that, Graham was able to show how the ICU recovery is multi-faceted, affected everyone around him as well as himself, and is long-lasting. Very humbling to hear.

The group have also set up a WhatsApp group for any timely questions or advice. We continue with only one chairperson and are seeking a second.

The forum wishes to extend its thanks to the TVW Network (Kujan, Catherine and Roxy in particular) for the resources that allow us to meet and grow, the data analysis and for the connectivity the Network provides.

Outreach

The group meetings more recently have been postponed as planned meetings fell on the Doctors strike dates, during which Outreach teams across the Network were integral to safe patient care. The group aims to meet face to face and the next meeting is planned for September 2023. Support for the group has been obvious and it has been missed during the cancellations – members of the group feedback that it is a useful group to share practice and provide support and supervision to each other.

Data submissions have remained a key part of the group to enable some benchmarking which has been really helpful, particularly in support of business cases in teams aiming to expand. A piece of work undertaken within the year saw service specifications submitted for analysis which showed a significant variation in teams, including hours of service, staff training and organisational support during the pandemic. This has given opportunity for new ideas and ways of working to be gathered to support service progression. Whilst the provision of outreach services is featured in most national papers and standards for critical care, the service specification remains largely undefined, so variation exists.

The long awaited NOrF (National Outreach Forum) Competencies and framework for practice have been implemented which are very detailed but offer a brilliant framework to work with for existing and new staff in outreach and ensures consistent expectations for outreach teams. How these will be implemented is to be locally agreed.

The group continues to be co-chaired which has enabled sharing of the load in challenging times. A new addition to the agenda is case based discussions which have been valuable for joint learning and the aspiration is for this to continue but also grow into a formal lesson learnt approach to enable wider sharing.

Pharmacy

The Pharmacy Group reformed in March 2023 with the pandemic having put a long pause in these meetings. Having previously been two separate groups, the Thames Valley and Wessex sections of the Network are now meeting as one combined group, with Cathy Mackenzie joining Mark Borthwick to co-chair these meetings. Our first meeting was well received, with a desire for more regular meetings in 2023/24 to discuss national news, share challenges/learning from incidents and potentially collaborate on work. We look forward to seeing how this group progresses next year!

Practice Educators and Curriculum

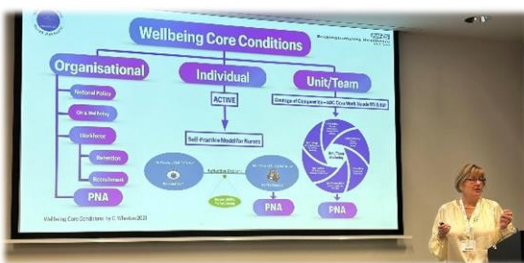
2022/23 continues to be a busy time for education across the network. Challenges remain in training, supporting and educating large numbers of new staff as well as supporting and engaging with the retention of current staff. The group continues to share good practice, as well as issues encountered along the way. Many of the Practice Educators are joining in to support the teaching and marking of the Network Adult Critical Care course. The Foundation course also receives support from this group via regular curriculum group meetings. Emphasis on education; it's value and importance in Critical Care, has been brought to the fore this year with support and input nationally from the Intensive Care Society (ICS) and Critical Care National Network Nurse Leads forum (CC3N) on updated National Education standards that are now available on the [CC3N website](#).

Professional Nurse Advocate

Ruth May, Chief Nursing Officer for England, introduced the national PNA programme in May 2021 and encouraged Critical Care nurses to be the pioneers. The Professional Nurse Advocate (PNA) programme is a clinical and professional leadership programme delivered by Higher Education Institutions (HEI), which equips nurses with the skills to deliver restorative clinical supervision to colleagues and provide vital peer to peer support with career conversations, QI projects. This programme is the first of its kind for the nursing profession globally, as well as gaining traction in England there is international interest from our Canadian and Australian colleagues.

Critical care nurses in the TVW Network were among the first two waves of the roll out and have continued to lead the way on the local and national stage. We are the converted, with TVW PNAs being strongly represented and presenting their work at BACCN & IACCN Conference 2022 alongside national and regional symposiums.

The current number of Qualified PNAs (Q-PNAs) in the network are approximately 31, the national ask is to have 2 Q-PNAs in every ICU (Intensive Care Unit) in England. New training places have been ring-fenced for ICU nurses in 2023/24. The TVW Network have generously secured places for the PNAs within the Network to attend the ICS Peer Support training delivered by Julie Highfield.



Ciara Wharton (Bucks - 1st wave cohort) and Melanie Gager (Berks – 2nd wave cohort) have co-chaired the PNA group in the network for the last year. We meet virtually bi-monthly and initially had attendance from the regional PNA lead Samantha Lungu who informed us regarding the national picture and progress. We are also very privileged to have Helen Gadsby (Bucks) who Co-chairs alongside Sam Lungu the regional PNA Community of Practice and is a PNA QI champion in our midst with Humanisation of ICU.

Whilst our initial meetings were structured and guiding the way forward, they have now developed into a supportive space where we share our experiences of organisational engagement, implementation successes and challenges and keep abreast of the national progress, research, and systems level political leverage.


There are some excellent examples within the network of organisational implementation of a lead PNA which has enabled effective roll out. Whilst others are experiencing the challenges of lack of buy in, vision and funding. The reality of the challenges can be exhausting, the energy gained when the group meet is inspirational and motivates us to keep the focus on the vision.

Rehabilitation

What a proactive year we have had within the rehab subgroup! We have been able to take full advantage of the Allied Health Professional (AHP) in critical care upskilling fund from Health Education England. Our members have attended a whole range of conferences, courses and post graduate training modules. A national course: 'the exercise response in critical illness', was hosted by the region with huge success. As a group we have participated in various large scale research trials (MARCH, TEAMS, Feasibility@48, iRehab), and representatives from each of our Trusts have also presented their own service improvement developments at our quarterly meetings. We continue to benefit from not only the sharing of knowledge and skills, but also peer support. We have a very active WhatsApp group where we can ask for point of care advice as and when needed.

December 2022 saw our first face to face meeting since pre-pandemic, and we certainly made the most of it! The networking, presentations and 'show and tell' of novel rehab equipment were all hugely beneficial.





Additionally, we continue as a network to be fully engaged in the national rehab agenda. We have representation from the network on the Intensive Care Society Physiotherapy Professional Advisory Group, NCEPOD (National Confidential Enquiry into Patient Outcome and Death) rehab after critical illness study, National Rehab outcomes group and the AHP capability project. Going forwards, we are hoping to build on what we have already achieved and work on some joint projects.

Speech and Language Therapy

In September we formed our Speech and Language Therapy (SLT) subgroup. There was a real desire from some SLTs to meet with their peers and share their experiences and challenges that they may be facing, recognising that very few units have funded SLT input into critical care, even though the value of SLT input is highlighted in several national documents, including GPICS.

Laura Adams and Charlie Macdonald volunteered to co-chair the group, and from our first few meetings, it became clear that one of the priorities for the group was to promote the specialty. To help do this, some members of the group produced a “day in the life of speech and language therapy” piece for the network newsletter. We have also embarked on a benchmarking exercise to highlight the variation in practice at Unit level, which we hope to analyse and present to a wider audience in 2023/24. As this new group becomes more settled, we hope it is seen as a valuable space for us to share clinical knowledge, research and experience.

Transfer

The Network Transfer Group is one of our longest running groups and remains very proactive in ensuring inter and intra hospital transfers of critically ill patients are undertaken by a team of skilled professional staff.

Whilst RESCUE is growing from strength to strength and can support a large majority of the inter hospital transfers, it is still essential that staff are suitably trained to undertake intra hospital transfers and those occasional inter hospital transfers.

This year the Transfer Group have been working closely with our Pharmacy colleagues looking at the contents of the drug bags carried on transfers. There was some variation across the Network and this work continues into 2023/24.

RESCUE continue to work with us and have joined all our meetings to feedback on activity across the Network.

We have had some very interesting presentations from various units and RESCUE, sharing learning and celebrating success.

The group agreed on a Network Transfer Information Sheet which is now available for relatives.

Wellbeing

As many of our wellbeing leads are also PNAs we have alternated our meetings so as not to overload the members. We did discuss combining the groups, but each felt they had specific roles that were different, and some members only had one role. The meetings are a safe and supportive place for the Wellbeing Leads to share best practice, learn, and support each other, which in turn helps them support their own staff and ultimately improve the quality of care delivered to patients.

We have linked closely with the ICS and work undertaken by Dr Julie Highfield. Follow the links to access the ICS resources:

[Intensive Care Society | Thrive at Work \(ics.ac.uk\)](https://www.ics.ac.uk)

[Intensive Care Society | Workforce Wellbeing Best Practice Framework \(ics.ac.uk\)](https://www.ics.ac.uk)

Please contact the Network if you wish to join this group.

Other Subgroups: Dietitians, Psychology Professionals

Towards the end of the financial year, the network started to form two further subgroups: one for advanced dietitians and another for psychology professionals. These groups were started following a desire to share learning and provide peer support, and as they are in their infancy, we will update further progress from these groups in next year's annual report.

Organ Donation

2022-2023 saw the highest number of proceeding organ donors recorded in South Central region for the second year in a row with 135 patients going on to save the lives of others through organ donation. On average, in the UK each donor will donate 3.2 organs so these donors will have saved the lives of approximately 430 people. This figure is likely to be higher and does not include those who have enhanced lives through tissue donation, research and innovation. The regional consent rate for 22/23 was 65% with an aim of 74% for 22/24. Consent is an area of challenge for our region and is also reflected nationally with a downward trend in consent for the last 3 years. Looking ahead our ask is that units refer potential patients as early as possible to allow Specialist Nurses to attend in a timely way to assess and talk to families alongside unit colleagues to ensure donation is discussed as part of normal end of life care.

We would like to thank you for all your support. Organ donation is a truly multidisciplinary team effort and without unit support we wouldn't be able to uphold patient's end of life care decisions to donate and the lifesaving transplants to go ahead.

Nicky, Pascale and Hannah

Lead Nurses South Central Organ Donation Services team

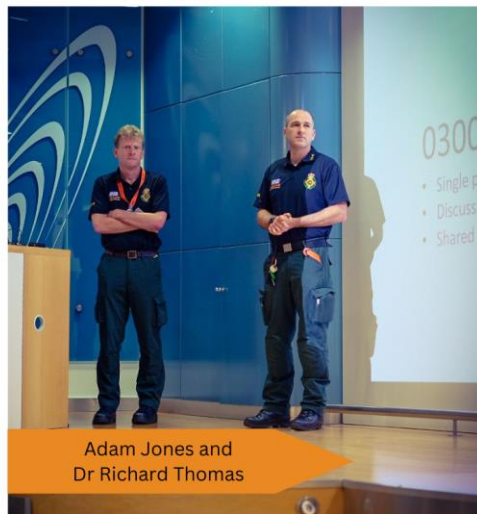


NETWORK ENGAGEMENT

Network Conference

In November 2022, the Network held its first in-person conference since the Covid-19 pandemic. The event was held at the Ark Conference Centre in Basingstoke and was attended by 112 delegates from across the region. The attendees were largely from nursing and allied health professional backgrounds.

The day started with a talk on the RESCUE Adult Critical Care Transfer Service. This was followed by the presentation of the Network and CC3N National Nurse Retention Survey results, and a talk on the role of the Professional Nurse Advocate (PNA) in staff wellbeing. The first session's final talk was on the Mental health impact of critical care.



Adam Jones and
Dr Richard Thomas



Ciara Wharton



Roxy Burns

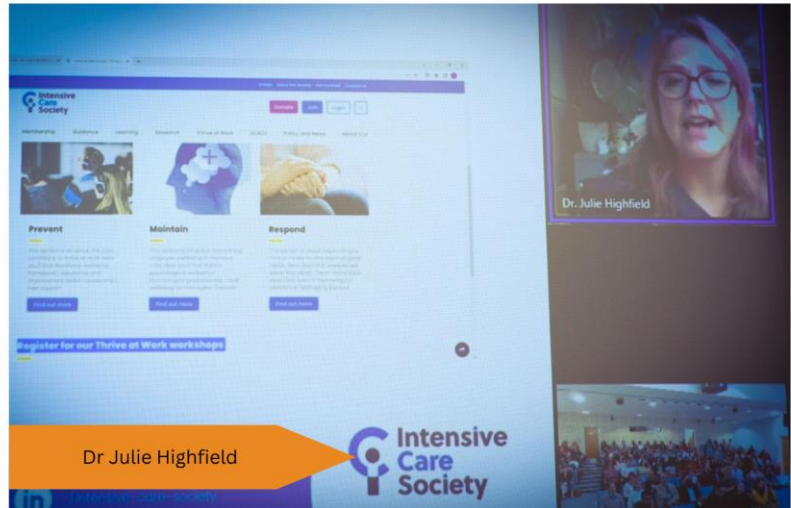


Andrew Bates

The second session of the morning began with Dr Julie Highfield attending via MS Teams to present on how staff can look after themselves when working intensively. We then enjoyed a talk on the 'EMPOWER' extended critical care rehabilitation beyond the ICU, before hearing from a previous ICU patient from Southampton's General ICU.



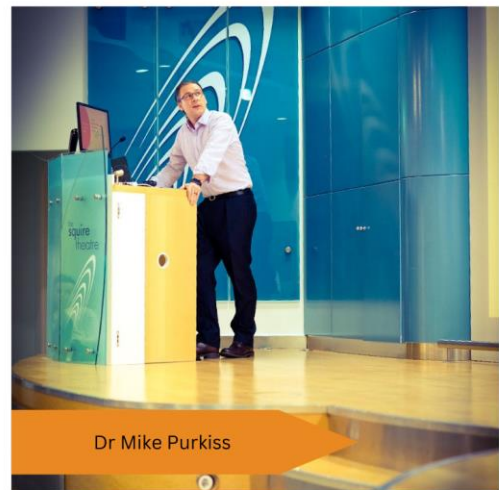
Zoe van Willigen and Rachel Devlin



Dr Julie Highfield



Graham Joslin



Dr Mike Purkiss

After lunch we heard a presentation about the Cardiogenic Shock Framework. We then heard about a patient case that had raised an ethical dilemma for the team at one of our units before Dr Chris Danbury gave further information on ethics in critical care. A lively discussion followed with questions from the audience for both speakers. We rounded the day up with a talk about the Nursing Professional Advisory Groups in the Intensive Care Society.

The day was chaired by our Medical Lead, Dr Steve Wimbush, and our Network Manager, Kujan Paramanatham.



Dr Steve Wimbush



Dr Chris Danbury and
Dr Martin Schuster-Bruce



Michaela Jones



Kujan Paramanatham

The event was supported by nine sponsors, and we would like to thank them for their support which made the day possible.



Quality, innovation and choice





Peer reviews and unit visits

In May 2022, the Network re-started the peer review and unit visit process and visited nine units from May to December. The visits consist of a 360 review completed in advance, discussion around achievements and challenges and data, and a look around the unit. Once the visit is complete the Network team write a report based on what was discussed and include a list of Network recommendations for both the unit and the Trust. Once agreed with the unit leads, this report is circulated to the Trust's Chief Medical Officer and Chief Nursing Office in addition to the unit team and any other key stakeholders. We would like to thank the units who have hosted us in 2022-23. We plan to continue to visit units and see all the Network units within a two-year period.

Network website

In February 2023, we were delighted to launch our new [network website](#)! We worked with our colleagues in the South West and Kent, Surrey and Sussex Adult Critical Care Operational Delivery Networks to create a joint website for the south of England networks. From a shared landing page, each network can navigate to their own area of the site which is delineated by our individual network colour schemes. On the TVW area we focused on three main subjects, education, transfer service and subgroups, in addition to the about us, events, news, and contact sections. In this way we can advertise our education programmes and share detailed information on the modules and entry criteria. We can also easily direct people to use the transfer service and associated documents created by the transfer group. The website has been well-received, and we hope to continue to use this resource to its full potential in the coming year.

Network newsletters

We continue to produce quarterly newsletters that are published in February, May, August, and November and are shared on the [publications page](#) of the website. We receive brilliant content from units who share their QI projects, improvements, and updates. We have introduced a 'day in the life of' item where we shine a spotlight on certain roles within the ICU. In 2022-23, these included an associate practitioner and a speech and language therapist. We hope to continue this item going forward. The newsletters also contain links to national updates, resources, and publications, as well as news from our education team, transfer service and subgroups.

Network meetings

In addition to the Network subgroup meetings, we continue to hold quarterly Clinical Forums. These were held on MS Teams in March, September and December with a face-to-face meeting in June. The meetings are well attended by clinical and nurse leads from the units. Guest speakers are invited to present at the meetings and in the last year these have included Alex Elson from the TVW Paediatric Network, Ramani Moonesinghe, Jacquie Kemp and Jo Pitt from NHS England, and Steve Mathieu, Intensive Care Society President. A popular item on the agenda is the 'Learning from Incidents' item where we ask units from the region to present incidents that have occurred and share the outcomes and learning from these. These presentations are very well received by the unit leads, and we would like to thank all those units who have presented incidents to the Network. The meetings are also a good opportunity to share updates from the Network, transfer service, education team, unit teams and subgroups.

NETWORK DATA

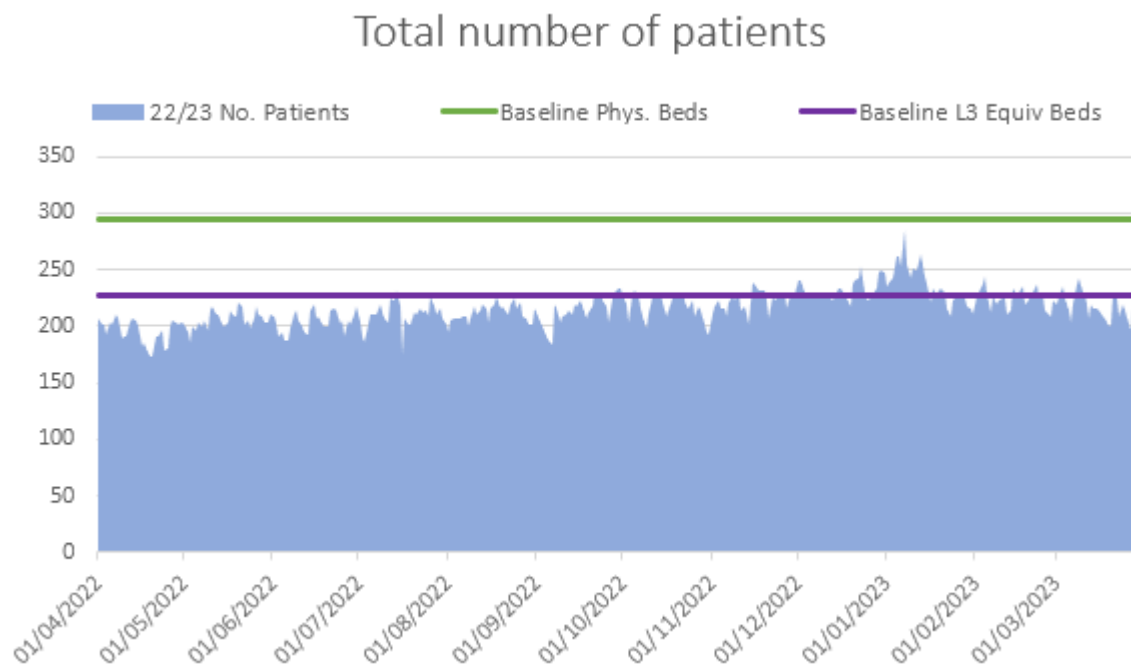
Data Collection and Reporting

The network continued to utilise the Network Dashboard (using the data supplied by the units via the NHS Directory of Services) to monitor the day-to-day activity within the units. The dashboard went through a major update midway through the year to maximise the use of the data from the NHS Directory of Services. This dashboard included activity, acuity, occupancy, Covid status, bed capacity and staffing. It continued to ensure that this data was available to the units as needed (particularly in times of increased pressure) so that they could plan and act accordingly.

Network Data

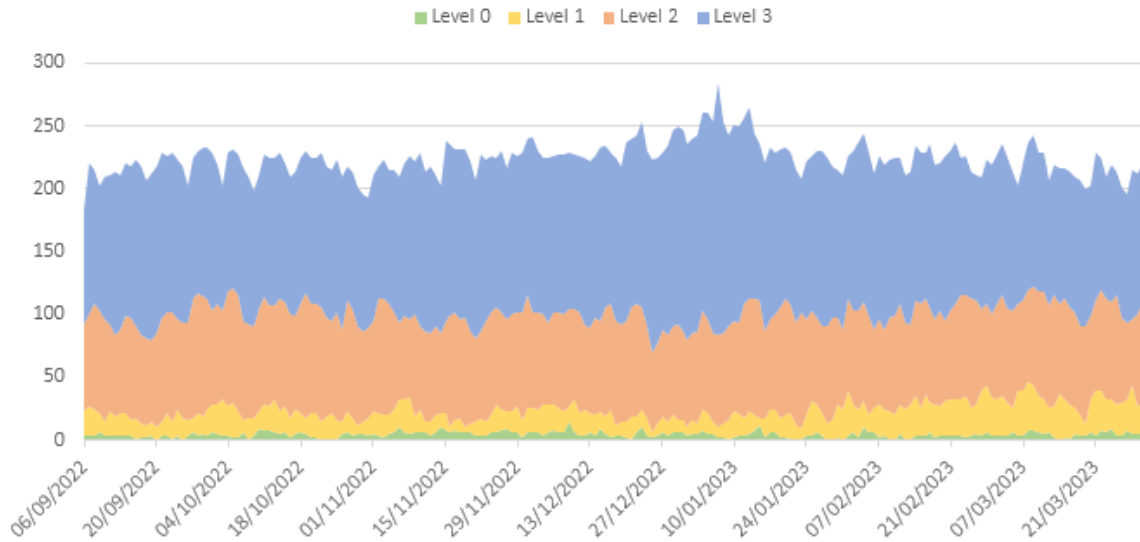
The units within the Thames Valley and Wessex Adult Critical Care Network saw 16,758 admissions, this is an increase of 2107 on the previous year (20/21). Average physical occupancy was 76% with average level 3 equivalent occupancy at 97% for the year.

The chart below shows the trend of total number of patients over time. As shown, this number begins to increase around October, with the height of this increase in the winter months as winter pressures impacted the number of admissions to critical care. On average there were more 10 more patients per day in 22/23 compared to 21/22 with the peak number of patients being 284 (in 22/23) compared to 249 (in 21/22). Of the 20 units in TVW, 8 saw an increase in the average number of patients per day, the remaining had the same number as the previous year, except 1 unit which had 1 less (on average).



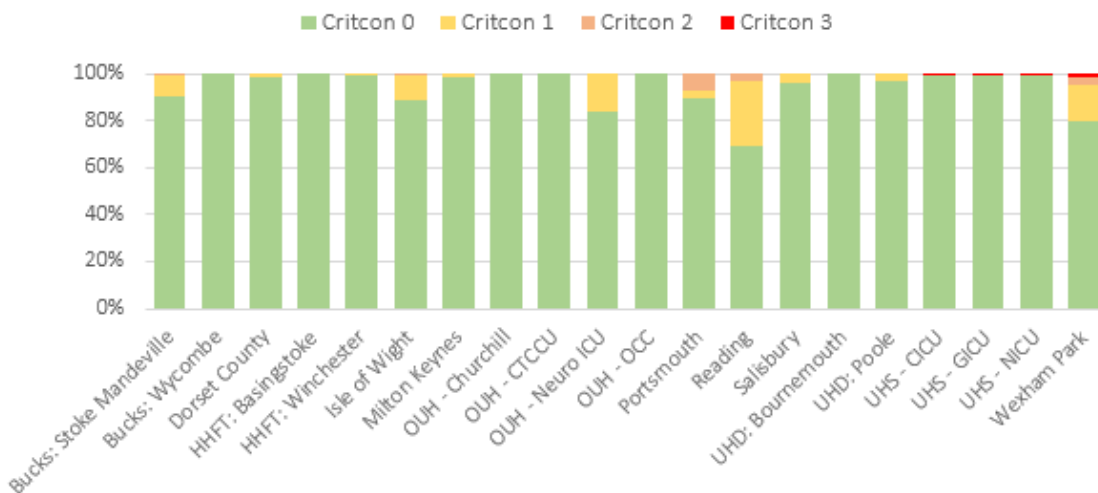
In early September 2022, the NHS Directory of Services was updated to include new fields and data points, one of these was level of care. The below chart shows activity split by the levels of care starting in September. 90% of all TVW activity was Level 3 or 2 with peaks in level 3 around winter.

Activity by level of care



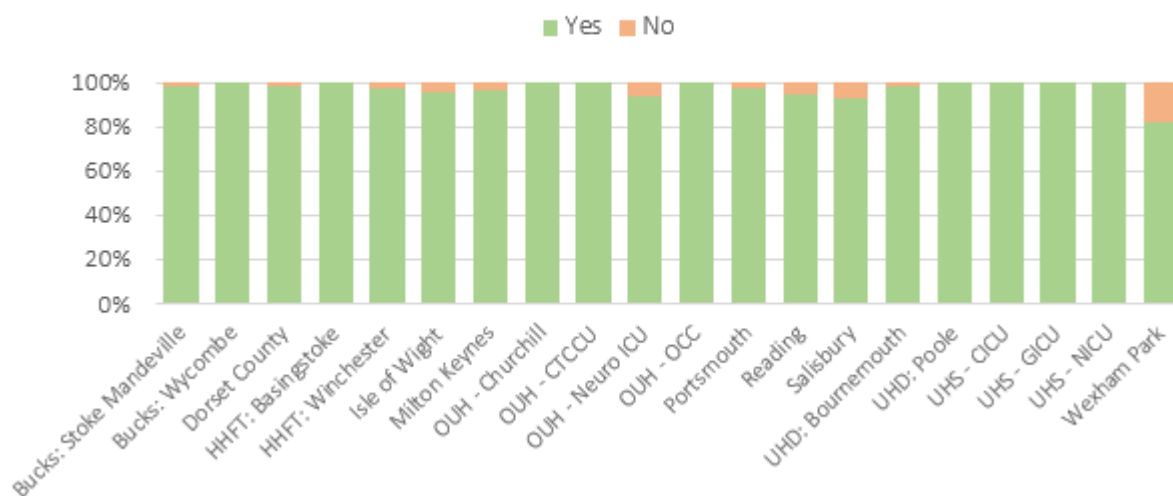
The Network analyses several different data points to understand the pressures that the units are under. A CRITCON score is a single number score between 0 and 4, designed to be an easy to collect, report and interpret tool to understand critical care capacity strain. A score of 0 suggests the unit is at a comfortable capacity with adequate staffing. The higher the score the greater the pressure on the unit. CRITCON score is collected daily as part of the DoS data. The graph below shows each unit's breakdown by percentage of their reported CRITCON score. This is useful for showing the pressure each individual unit felt over the year. When comparing the chart below to the same chart of the previous year, there has been a significant reduction in the number of Critcon 2's reported. This is almost certainly a direct reflection of the difference between the pandemic and post-pandemic situations within the critical care units.

% Critcon Score by Unit - April 22 - Mar 23



The General Provision of Intensive Care Services (GPICS) version 2 depicts the appropriate ratio of nurses to patients in adult critical care. Being unable to meet these ratios creates a lot of pressure on a unit. This data is collected within DoS, with the chart below highlighting the proportion of time (over the last year) where a unit was able or unable to meet nursing ratios.

Providing nurse ratio as per GPICs v2



ICNARC

The Intensive Care National Audit and Research Centre (ICNARC) run the ICNARC Case Mix Programme (CMP) in which 100% of all Adult General Critical Care Units participate. However, due to COVID-19 pandemic, ICNARC ceased producing the standard CMP Network Quality Reports (NQRs) and have since made the decision to no longer provide these. However, our Network does have access to some of the data available from the ICNARC CMP. The following data is some analysis on patients admitted to a critical care unit in 22/23.

Of note, Network ICNARC data now includes UHS Surgical High Dependency Unit, so some data may not be comparable to previous years.

The below table is a network breakdown of some of the key data collected by the ICNARC CMP:

Subgroup		Data	
Total Admissions		16758	
Sex	Female	7058	42%
	Male	9700	58%
Average of ICNARC Physiology Score		16	
Average of APACHE II Acute Physiology Score		10	
Basic respiratory support received		7284	43%
Advanced respiratory support received		7662	46%
Avg. Length of stay in unit		5	
Surgical Status	Elective	5140	31%
	Emergency	2723	16%
	Non-Surgical	8870	53%
Duration of Delay - Discharge	<=4 hours	3868	31%
	= >4 hours and <=24 hours	4844	38%
	= >24 hours	1990	16%
Discharged Direct to Home	Not Home	11717	70%
	Home	867	5%
Outcome	Discharged Alive	14766	88%
	Died	1976	12%

With this data it is possible to draw comparisons with previous years to understand the impact of change on services. For example, delayed discharges over 24 hours have increased to 16% up from 15% the previous year. However, the previous years were significantly impacted by Covid so may not be the best comparison. When reviewing pre-covid data the delayed discharges over 24 hours was higher at 34% in 19/20, which is much higher and shows that current data is still an improvement in comparison.

Stocktake

In July 2022, a repeat of the May 2021 national stocktake of adult critical care services was undertaken. The stocktake intended to understand the situation and capacity within critical care units across the country, as well as understanding the regional and national picture and ensure that, where there are significant staff shortages, actions can be taken to improve this. The stocktake was completed by adult critical care units with support and coordination for the returns by the Network. The stocktake was submitted in two parts and collected a significant amount of data on staffing, capacity, and equipment.

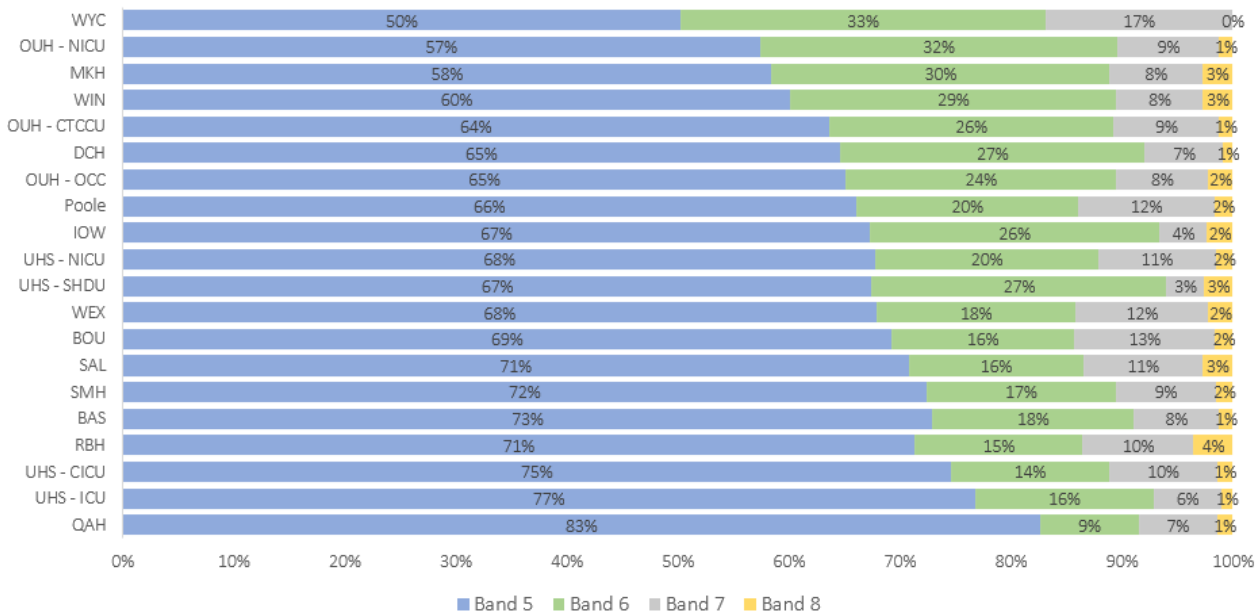
The stocktake collected a wealth of data covering the ICU including Medical, Nursing, Demographic, AHP etc. The data below details some of the information returned from the stocktake, showing the variations across the network. The stocktake did also collect medical staffing information, however there is some concern around the validity of this data due to ambiguity with some of the definitions, resulting in inter-unit variation in the data collected.

Organisation	Medical PA's per L3E bed (substantive & locum)	Nurses per Bed	No. Nurses per 1 WTE Educator	Sickness	Turnover	Nurse Vacancy (negatives = vacancy)	Do you have an Outreach Service?	PNA's (No. Trained and WTE given)	
HHFT: Basingstoke	4	6.4	49	7%	9%	9%	Yes	1	0.0
HHFT: Winchester	7	6.2	54	5%	17%	3%	Yes	2	0.0
Isle of Wight	5.8	7.6	97	22%	9%	-4%	Yes	1	0.1
Portsmouth	5.2	7.1	81	4%	12%	4%	Yes	2	0.0
UHS – CICU	1.3	6.7	78	7%	15%	-4%	Yes	3	0.0
UHS – GICU	2.9	6.5		5%	18%	-7%	Yes	2	7.5
UHS - NICU*	4.2	7	108	7%	10%	0%	Yes	1	0.2
UHS – SHDU				9%	9%	-4%	Yes	1	7.5
Bucks: Stoke Mandeville	5.2	7.3	83	13%	12%	-9%	Yes	2	0.0
Bucks: Wycombe*	6.6	7.1	68	8%	12%	-6%	Yes	0	0.0
OUH - OCC	4.9	5.6	28	9%	11%	4%	No	2	0.0
OUH - Churchill									
OUH - CTCCU	3.7	7.4	49	6%	15%	-4%	No	2	0.2
OUH - Neuro ICU	3.2	6.6	32	5%	6%	-7%	No	2	0.0
Reading	5.5	5.6	37	5%	13%	-14%	Yes	4	0.0
Milton Keynes	4.8	5.6		6%	6%	-5%	No	2	0.0
Dorset County	3.6	5.7	38	9%	2%	0%	Yes	0	0.1
Salisbury	3.6	7.3	81	8%	5%	-4%	Yes	2	0.0
UHD: Bournemouth	4.2	6.8	60	7%	6%	-6%	Yes	2	0.2
UHD: Poole	4.2	6.7	40	11%	6%	-9%	Yes	2	0.2
Wexham Park	4.5	6	45	7%	12%	-7%	Yes	1	0.0

The stocktake opened the door to a variety of different ways to analyse the data, to aid our understanding of the situation within the adult critical care units. The next charts are examples of some of the analysis the network is undertaking on this data.

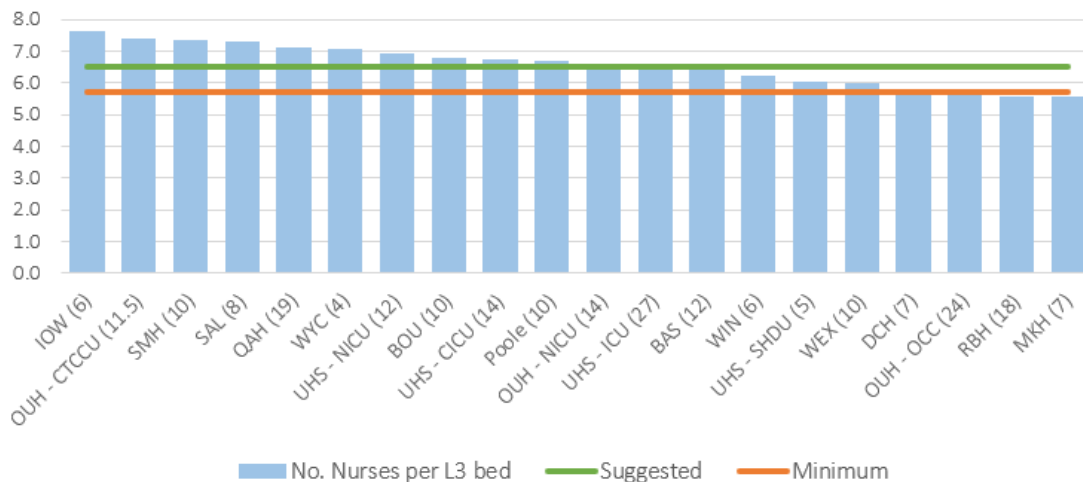
The chart below shows the differences in the number of in-post nurses of each band within each unit. There is clearly variability amongst the different units, particularly noticeable in the Band 5 nurses (ranging from 50% of a unit's nursing workforce to 83%).

% Band 5 - 8 WTE in post Nurses by Unit



The chart below shows the number of funded band 5 - band 8 nurses on each unit, as a ratio of the number of level 3 equivalent beds. Although there is not set number of nurses to beds that must be met, there are some suggested numbers (5.7 as the minimum with a suggestion of 6.5). Looking at this chart it is possible again to see the variation amongst the units and where there may be a need to increase the number of funded nurses.

B5 - 8 Funded Nurses to L3 Equiv Beds





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www.southaccnetworks.nhs.uk/tvw

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