



Thames Valley & Wessex
Critical Care Network



ANNUAL REPORT 2023-2024

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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 2023/24 and guide the strategic planning for Network activities over 2024/25.

Highlights/Achievements for the Network during this year included:


- Completing our cycle of Network Peer Review Visits, with visits and reports published for the following Units:
 - Portsmouth ICU
 - Royal Berkshire ICU
 - Poole ICU & Bournemouth ICU
 - Winchester ICU & Basingstoke ICU
 - Milton Keynes ICU
 - Isle of Wight ICU (*April 2024*)

With follow-up meetings held with the Units who were visited during 2022/23 to review status and progress against network recommendations.

- 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.
- Working with interim Network Transfer Service to provide an optimal service for our Units and ensuring there has been stability for them during the protracted, but ultimately successful procurement process of a substantive regional transfer service.
- Planning and running our annual Network Conference. The day was extremely well evaluated at a new venue with approximately 240 attendees. Topics covered included delirium, wellbeing, health literacy, breaking bad news, a patient experience, plus more.
- The Foundation Course is now established and has seen increased interest from Units within (and external to) our Network. There have been 346 students enrolled onto this course since May 2022 with a 94% success rate.
- Enrolment of 87 students to our Adult Critical Care Course in September 2023 awaiting completion of their 2nd module at the time of the annual report. We have also seen an increased interest in the course applications for September 2024, both from within and outside of the region. Course selection criteria have been reviewed, agreed and streamlined across the regions.

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- Supporting NHS England colleagues in the National Adult Critical Care Programme, with analytical support for the rehab outcomes project.
 - Network Manager and Medical Lead continue to attend the Adult Critical Care Clinical Reference Group (CRG) and support National Adult Critical Care Programmes or work (particularly around rehab and the national stocktake).
 - Working with the Intensive Care Society and National Transfer Leads to develop an agreed standardised formulary of transfer drugs.
 - Supporting NHS England Workforce, Training & Education (South East) with the allocation of funds and review of bids for critical care nursing and HCSW upskilling monies.
 - Supporting Professional Nurse Advocates within our network to attend Peer Support Training provided by the Intensive Care Society, to enhance their skills.
 - 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 two new subgroups: Psychology and Dietitians.
 - Promoting the work of the Network through the publication of quarterly newsletters. These newsletters celebrate unit achievements and allow sharing of regional learning, as well as national documents and initiatives.
 - Continuing to provide a mechanism for our Units to receive, and feedback on, national communications, such as the national communications regarding the implementation of Martha's Rule.
 - Recognition of our staff, with our Project Support Officer winning the "Going the Extra Mile Award" at the annual Intensive Care Society Awards. Catherine was one of a number of award winners from within our network, which also included RESCUE (Network Transfer Service) winning the association of the year.

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 represent 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 2024/25, one of the main priorities for the network will be to help ensure a smooth transition for our interim transfer service to a regional substantive service. The network will work closely with NHS England, South Central Ambulance Service (SCAS), Buckinghamshire Healthcare Trust, South East Coast Ambulance (SECAMB), Royal Surrey Country Hospital and the Kent, Surrey & Sussex Adult Critical Care Network to ensure the substantive service meets the needs of our patients and units.

We are also expecting NHS England South East to complete their review of networks, and so will be looking to ensure this has minimal impact on our units and the staff within the network team.

We plan to explore the feasibility of establishing an ICNARC subgroup within the Network.

And finally, following discussions with our Units and within our Network Board, the Network team will not conduct any formal peer review visits in 2024/25 (although we will continue to have meetings with units who had peer reviews visit during 2023/24). Instead, the Network will work with our neighbouring Networks in the South of England in updating the Adult Critical Care Service Specification Gap Analysis Tool (initially created in 2019), to review how our units meet these standards and benchmark with their peers.

We look forward to reporting on the progress of this work in our 2024/25 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 constant with no changes in the last year.

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 Ridgwell: 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	12
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	13	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	7	12
Hampshire Hospitals NHS Foundation Trust	HHFT: Basingstoke	12	18
	HHFT: Winchester	6	9
Isle of Wight NHS Trust	Isle of Wight	6	6
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 PROGRAMMES

Foundation course (National Step 1 competencies)

The Foundation Course celebrates two successful years! Launched in May 2022, the course has undergone exciting evolutions while staying true to its core blended learning approach. Interactive content has been increased, and a comprehensive course handbook and learning contract have been implemented to clarify expectations, promote ownership, and enhance the learning experience. Regular reviews ensure the content remains relevant and addresses the evolving needs of critical care nurses.

The past 12 months have seen a remarkable 55% increase in enrolment compared to the previous year. The course expansion now caters to a wider geographical area, aiming to standardise critical care nurse education. This has attracted interest beyond our network, with students currently enrolled from hospitals in the South West, Kent, Surrey, and Sussex regions (totalling 8 external units), and an additional 5 expressing interest. The private sector has also joined, sending candidates for the 2024 cohorts. As a result, 375 critical care nurses have accessed this educational opportunity.

The Foundation Course is further strengthened by the support of Oxford Brookes University. Their valuable insights contribute to making the course more accessible, interactive, and engaging. Oxford Brookes University also provides resources on academic writing, reflective practice, referencing, literature searches, and critical appraisals.

2023-2024 students and stakeholder quotes:

- “This course has been an incredibly valuable resource for me, providing a thorough understanding of each body system. The wealth of information I have gained will undoubtedly enhance my practice and enable me to provide better care for my patients. I found all the topics extremely useful in enhancing my professional practice.”
- “The essay was a challenge which I enjoyed doing as I am passionate about my topic. I learnt where I can improve my practice and I look forward to potentially doing a quality improvement project in the future.”
- “Thank you so much for your kind words, congratulations and for the opportunity that you have given to us. I am beyond grateful, and I truly appreciate your support and encouragement. I'm excited about the opportunities ahead and am thankful for the chance to make a positive impact in critical care nursing. Your confidence in my abilities means a lot to me. Thanks again, and I look forward to continuing to learn and grow in my career.”
- "I want to give you some feedback about the quality of the learning on the course, as one of my students has told me how interesting, in-depth but understandable, and how enjoyable he is finding it. One of our Senior nurses also commented on how good the content was. We appreciate being able to access this sort of support for our new nurses so thank you."

- "The progress reports have been really good and helpful. The support has been fantastic."
- "Our candidates have loved being on the Thames Valley & Wessex Foundation Course."
- "The course has been a great success and extremely useful for our smaller units."

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

This is the first cohort using a blended approach with 10 study days online and 10 study days held face to face. In addition to the 20 taught days, a Pre course study skills day has been added, one per module. This is to support the academic abilities that student and stakeholder feedback has highlighted.

The academic assignments have been reviewed in the light of Artificial Intelligence software, and these have been approved by the Oxford Brookes University Quality board.

Immersive Simulation has been incorporated into the curriculum, taking place at Oxford Brookes University, delivering parity across both cohorts.


We have seen a 34% increase in course candidates since the last intake, with students now joining from three external Trusts from the South West enrolled on the current course.

We have recruited an increased number of specialist speakers who are multi-professional experts within their own field of clinical practice, some of whom are Nationally and Internationally renowned for their work. This further enhances the students learning experience and the credibility of the course.

The support available is fundamental to the student's success and has increased with added drop-in clinics and one to one feedback sessions following formative and summative assignments.

Current Sept 2023 cohort feedback (course completing July 2024):

- "Me and my colleague decided to do our session in our hospital library to get the feel of studying together for coming months. I enjoyed it very much. The programme lead was very effective to deliver the right and relevant information efficiently. she was very supportive of students to speak up. Having a colleague there to answer our comments and help was icing on the cake. I am feeling good and happy about the course."
- "Taking the course is overwhelming, but this course gave a great overview and introduction on what to expect during the course"
- "Great study day overall. All the sessions have been very good and I have learnt a lot of useful information which I will be using in my practice."

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- “I believe that the pre reading material is a great strategy that should be adopted for future lectures, I felt much more engaged in the first lecture because I had the physiology of ARDS fresh in my memory and was able to think faster and make better associations through the lecture.”
 - “Lecturers have an impressive and extensive technique for areas of discussions shared. The annotated bibliography lecture is the highlight of the day. This will provide to be useful to all students.”
 - “I enjoyed it again, just right amount of information and breaks too. Looking forward to see everyone next week especially the Course lead and the co-teachers. Thank you for these two weeks to ease us into the course with lots of support and by providing right amount of information.”
 - “All session were very good in their own way. I have learnt so much from each session.”

Stakeholder feedback:

- “Very good on all elements, all systems are covered in the curriculum. Very positive feedback has been expressed to the stakeholders from students regarding the course.”
- “The course is being taught at the right level of knowledge and skills to further enhance the patient journey.”
- “The course is excellent. We no longer have to provide extra study support for our students. The taught knowledge is of a very high standard.”
- “The course is nourishing the students to actively improve their practice.”
- “Students are feeling empowered to train other staff members coming into the ICU. Knowledge learned is therefore demonstrated in clinical practice.”
- “Students are displaying more situational awareness.”
- “Students are delivering micro-teaching, this includes teaching foundation subjects as well as study skills to their peers. “
- “It is evident that the course is teaching the latest contemporary evidence.”
- “Students are self-motivated and lead on Quality improvement projects.”

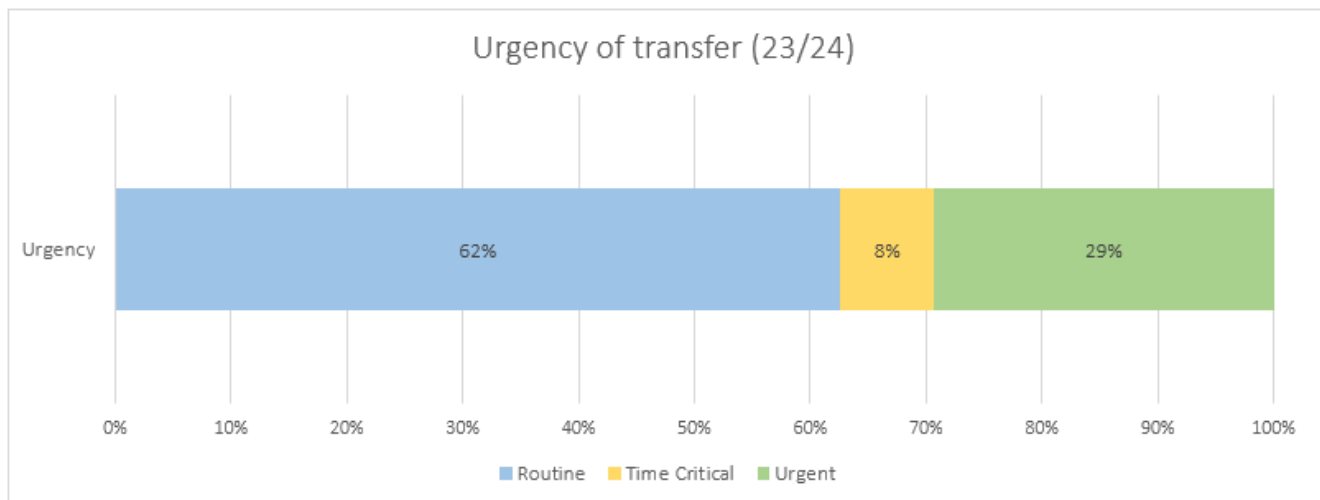
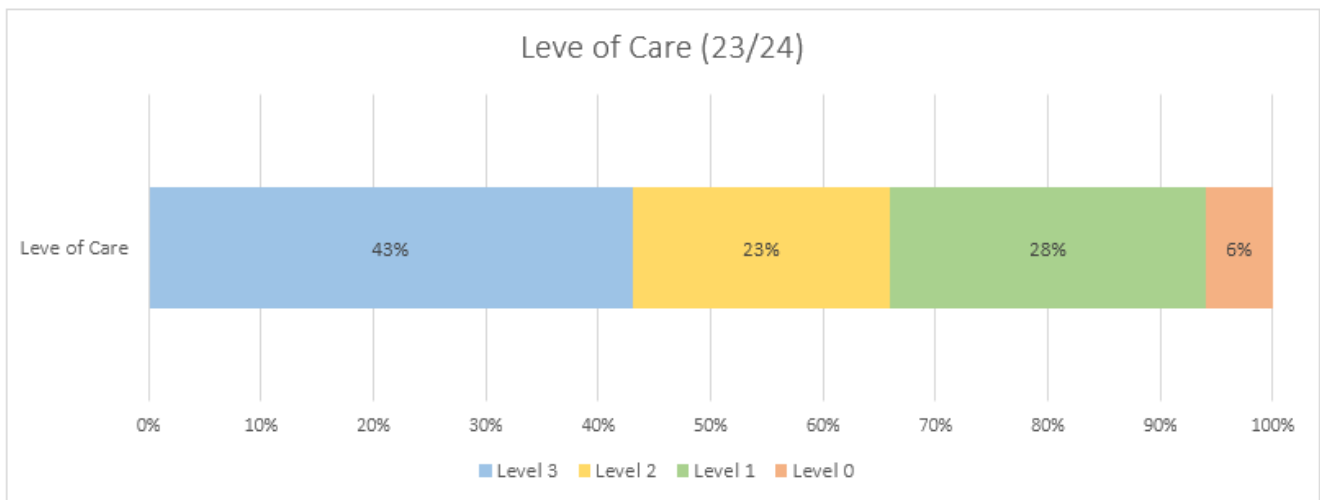
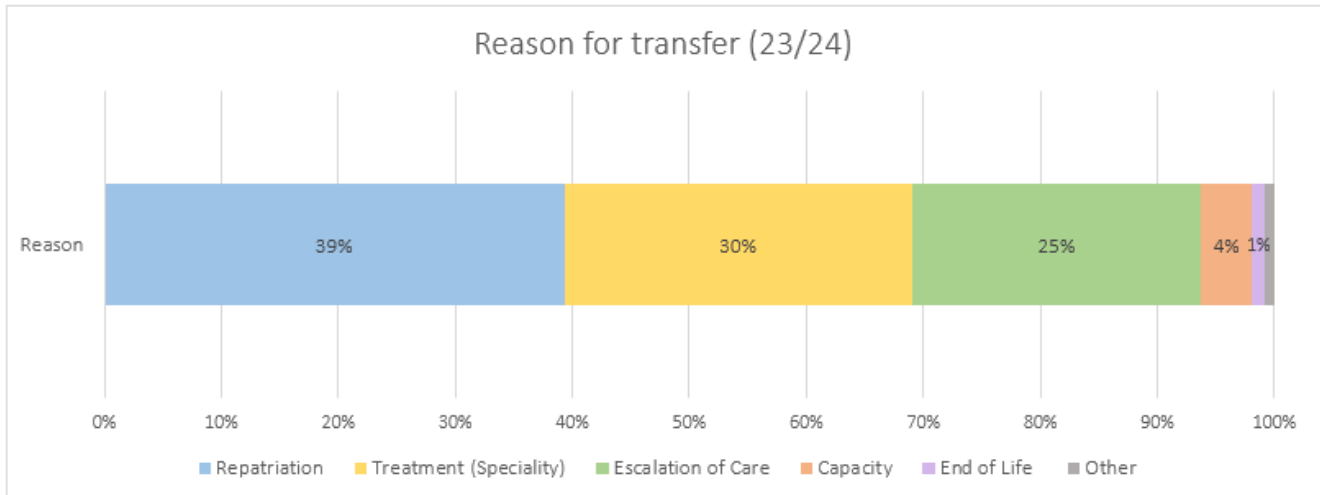
Certificate presentation day - Cohort May 2022

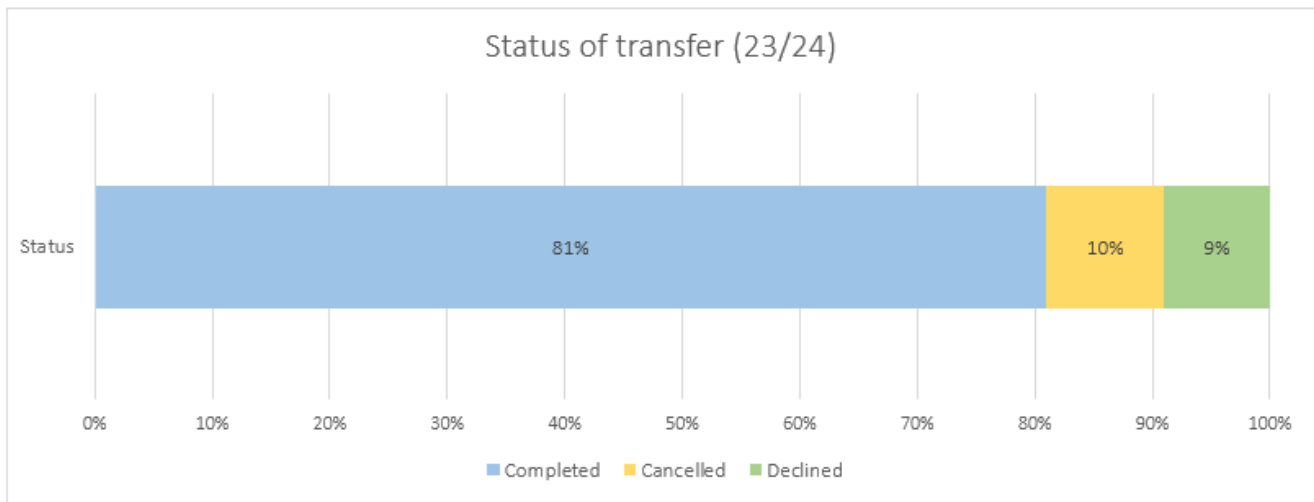


We look forward to welcoming the September 2023 cohort to the next Certificate presentation day on 29th January 2025 at Shaw House, Newbury.

NETWORK TRANSFER SERVICE

The Adult Critical Care Transfer Service (RESCUE) has been providing a dedicated (interim) transfer service for critically unwell patients within the Thames Valley and Wessex region since December 2020. During April 2023 to March 2024, we undertook a total of 733 transfers, with 43% being Level 3 patients.





During this year, NHS England South East ran a procurement process with the hope of being able to offer a substantive adult critical care transfer service across the region. Whilst this process was unsuccessful, NHSE South East remain committed to providing a transfer service within the region, and will be working alongside partners in 2024/25 to ensure this happens in a way that builds on the current service that we currently have. Despite all of this uncertainty, the RESCUE service has continued to go from strength to strength. The feedback that we have received from units remains overwhelmingly positive, and we were honoured to have won the “Association of the Year” at the Intensive Care Society’s annual awards.

We have supported 15+ transfer training days for units across the TVW region (including Winchester, Basingstoke, Salisbury, Stoke Mandeville, Dorchester, Reading (RBH) & St Richard’s) usually there’s a presentation given by one of our transfer doctors, who are supported by one or two members of the team, and we take a truck so people can have a look around, see the kit and ask any questions.

More information on our service, can be found on the [network website](#).



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 2023/24.

Advanced Critical Care Practitioner

The Advanced Critical Care Practitioner (ACCP) subgroup has continued to meet regularly with clinical & ACCP leads (or senior ACCP representatives) from within the network. The meetings have provided opportunities for people to meet with their peers and discuss shared challenges and learning, whilst also providing an opportunity to engage with higher education institutes and NHS England representatives involved with the progression of ACCPs.

Of note this year, following discussions within the group, a network consensus statement was shared with the Faculty of Intensive Care Medicine ACCP subcommittee, regarding the content of two of the optional skills frameworks. The statement was well received by the faculty who valued the statement and have taken it away for further consideration.


As we move into 2024/25, the group are evaluating the optimal way for the group to function, with regards to content and membership, to ensure ACCPs within the network are supported.

Follow Up / ICU Recovery

This year started with an amazing away day where 'follow-up' teams from across the Network all came together to discuss and share learning. There was representation from intensivists, nursing, physiotherapy and clinical psychology. It was great to get the different professions in the same room discussing our current challenges and our way forward.

We concluded that there were common assessment tools used by many units but equally there were also local tools which facilitated the process within that particular follow-up team. The concept of a potential minimum dataset was discussed although this is a longer-term goal.

Tertiary centres see so many patients in their ICUs who then go on to be repatriated. Patients can be in a situation of not knowing which 'follow-up' appointment to attend as well as the workload for tertiary centres



being over-stretched. Work is ongoing on a standard operating procedure that would see patients seen in their local ICU clinic on the proviso that they were repatriated to that local ICU. If they transferred from the tertiary centre back to a general ward, the responsibility of the 'follow-up' would fall to the tertiary centre's ICU follow up team. There will be occasions when the home ICU team may need to consult with the tertiary centre for information or in fact refer them for a second appointment with that team.

Many of us would have, by now, completed a survey from the NHSE Specialised Services Quality Dashboard looking at ICU follow-up provision. Concern was raised by the forum that there was not enough clarity or definition in the metrics given and that this would lead to inaccurate data in service provision.

Looking ahead, we hope to share current research / audits / projects from across our Network as well as consider research themes for the future.

Outreach

The Outreach group have over 2023/24 returned to quarterly meetings. The latter part of the year has included joint meetings with Kent, Surrey and Sussex on occasions to allow for collaboration and discussion of some joint priorities. With the introduction of the National Outreach dataset, the group have together created a bespoke dataset and output from this will start to be seen into 2024.

The group recognises the vast variation in teams and services, so a key focus has remained benchmarking with the intention of driving some national consistency in teams and services. There has been and continues to be sharing of successes with business cases and this has meant people continuing to expand teams can take learning from those that have had success. Peer support, particularly for team leads remains a key focus of the group and has proven to be valuable. A central portal for sharing documents has also been set up.

Some members of the group are collectively undertaking new primary research to explore advanced practice in critical care outreach and the initial proposal will be shared at the Outreach Conference. This research will be multicentre and will take place during 2024.

Case studies continues to be a focus for the group, allowing sharing of good practice and lessons learned from each organisation. This will continue to be a standard agenda item for the group.

Preparation for the implementation of Martha's rule has become a focus for outreach teams during 2023/24, with our outreach teams at different points in terms of being able to comply with the national ambition of 24/7 outreach services and implementing a response system such as Call 4 Concern. With such a strong national focus on Martha's Rule in 2024/25, particularly for Trusts accepted as pilot sites, the expectation is that the network outreach group will continue to be a forum to help members share best practice during this implementation.

Pharmacy

2023/24 was the first full year of the re-formed group, with the group providing the ability to offer peer support for critical care pharmacists within the network. The group has been used to share case studies, discuss findings from the latest research, highlight workforce challenges and help promote training that has been made available specifically for critical care pharmacists. For 2024/25 we will hope to build on the planned service specification gap analysis and national critical care census, to be able to benchmark the pharmacy provision within our network.

Practice Educators and Curriculum

The Thames Valley and Wessex region is fortunate to have Practice Educators who are actively involved in sharing best practices, collaborating on current educational issues, and supporting our network programmes.

Last year, our focus has centred around the ongoing development of the Adult Critical Care course and Foundation programmes. However, we plan to continue to explore other critical care developments throughout the coming year.

Psychologists in Critical Care

We are a new group! The group was formed to unite a growing number of psychologists working within critical care across the Thames Valley and Wessex region. It's been welcome when most members are single practitioners who provide a service within their team resourced for less than one full-time equivalent staff member. We first met in Sept 23 and meet quarterly via Teams.

Funding and provision of psychological services is sparse and unequal between the 13 Trusts. Our group members run psychology services within 6 Trusts at sites in: Buckinghamshire, Reading, Salisbury, Southampton. There are new services in Frimley Park, Wexham and Portsmouth. The group provides a forum for collaboration, peer support and sharing of best practice. A key goal is to promote and support development of psychology services within the intensive care setting. Most of us are members of the UK group of psychologists in critical care and are active in research and teaching within and beyond the region. The group is keen to share psychological skills and we will be teaching on the network's Adult Critical Care Course from the Autumn.

GPICs and the ICS publication 'Guidance and Service Specification for Practitioner Psychologists in Intensive Care Units' demonstrates how psychologists as part of critical care teams can contribute to better patient outcomes. Many of us also work with staff and families. There are links on our new subgroup page on the TVW website. Take look to find out what psychologists do in ICU.

We are very grateful to the TVW Network, Kujan and Catherine in particular, for welcoming and supporting us. We're open to qualified psychological practitioners who work primarily in ICU in a clinical or research capacity in the TVW region— so get in touch if you want to know more.



Rehabilitation

Members of the rehabilitation group have contributed to several national projects this year: The ACC rehab outcome recommendations, National Rehabilitation Handbook and the AHP CC capability framework. These projects not only seek to improve rehabilitation services for patients following critical illness but also aim to improve the recruitment and retention of skilled critical care AHPs, and so we are proud to have been involved.

At our quarterly meetings we have continued to present areas of great practice - the recovery after critical illness provision at UHD and the ICU follow up service provided at Bucks, both of which were inspirational for those of us writing business cases for similar models of care. We have also discussed and shared standard operating procedures to avoid repetition and improve the consistency of care we provide across the region. There have been some cross-site observational visits which we hope to see more of in the coming year, and our recurring agenda items for rehab equipment and educational opportunities are always well received.

We held our most productive face to face meeting yet in October! The agenda was developed by the entire group and included discussions around the close relationships we build with palliative care teams for our long-term rehab patients, how we can best develop our support workers, using patient passports to humanise our ICUs and prioritising resources for those most at risk. Going forward we will continue to challenge one another and the literature, ensuring that the rehabilitation that we provide is as safe as it can be, now that an MDT rehab culture is fully embedded within our ICUs.

Together with the national work and guidance that we are contributing to as a group, we hope that we will be able to soon address the gap between the provision of rehabilitation services after critical illness and the needs of our patients. In the meantime, we are relishing the opportunity this group gives us to network and inspire one another with individual cases of successful rehabilitation provision.

Speech and Language Therapy

The speech and language subgroup has continued to meet throughout the year and share good practice and new projects going on within the region. We have used our forum to problem solve complex cases and talk through funding opportunities and challenges. The work completed on benchmarking SLT services across the region was presented at the National Network AHP meeting and at the regional Clinical Forum. Taking inspiration from the other subgroups we have added our subgroup to FutureNHS web group to share presentations and have ongoing discussions outside of our group.

We are looking forward to ongoing collaboration and potentially a face-to-face meeting in the future!

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.

As we await decisions regarding a substantive adult critical care transfer service for the network, the transfer group has continued to work closely with colleagues from RESCUE to ensure the interim service continues to meet the needs of our Units.

Outside of the transfer service, members of the group continue to share best practice and case studies to continually learn from each other.

Other (PNA and Wellbeing Groups)

We continue to facilitate Network PNA and wellbeing groups, which provides a safe and supportive place for the PNA and 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.

Organ Donation

119 patients donated organs to save the lives of 316 others. Many other lives have been transformed through the precious gift of tissue donation and research.

The regional consent rate for 23/24 was 64% with an aim of 69%. Our focus remains the referral of 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 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 Matthews, Pascale Withey and Hannah Bartlett-Syree
Lead Nurses South Central Organ Donation Services team



NETWORK ENGAGEMENT

Network Conference

In November 2023, over 200 people came together at the Green Park Conference Centre in Reading for our Network conference. Overall, the day received very positive feedback with 99% of responses stating the day met their expectations, with an average overall score of 4.7 out of 5.


The morning topics included SEISMIC-R - A study to evaluate alternative staffing models, delirium and sedation including a patient's experience and the A2F bundle and supporting staff wellbeing. In the afternoon the attendees heard about health literacy in critical care, mobility at ICU discharge and post-ICU outcomes, evacuating an ICU due to a fire incident, and breaking bad news. The day was chaired by our Medical Lead, Dr Steve Wimbush.



The event was supported by twelve sponsors who exhibited their products and services. We would like to say a huge thank you to our speakers for providing an informative and interesting programme, the attendees for joining us, the practice educators for supporting their staff to attend and the sponsors for helping us to fund the day.

Peer reviews and unit visits

The Network continued the peer review and unit visit process visiting ten units this year. 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 2023-24. We have one unit who we are visiting in April 2024 and once this visit is complete, we will have visited all of the units within a two-year period.



The second stage to this process also began this year with virtual follow up calls to units approximately one year on from the visit and circulation of the report. In these meetings we discuss the progress against the Network recommendations made in the report and any other challenges that the unit would like to raise. A summary of these conversations is then written and shared with the Trust's Chief Medical Officer and Chief Nursing Office in addition to the unit team and any other key stakeholders.

Network website

We continue to use and update our [network website](#) and have found it to be a useful resource for the Network to share publications and information.

Network newsletters

Network quarterly newsletters 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 2023-24, these included an occupational therapist and professional nurse advocate. 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 although this year the September meeting was cancelled as the date fell on a doctor strike day. The March and December meetings were held on MS Teams, and we held 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 Dr Jack Parry Jones, Vice Dean for the Faculty of Intensive Care Medicine, the Paediatric Critical Care ODN leads, James Ward SPARC ICM Lead and Andy Georgiou, Clinical Director for the South West Critical Care Network, and Antonia Cook, Clinical Operations Manager for the Adult Critical Care Transfer Service (RESCUE). Colleagues from across our region have also presented on topics such as dignity and respect at work and managing difficult behaviour, and the nursing, pharmacy and allied health professional workforce. 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.

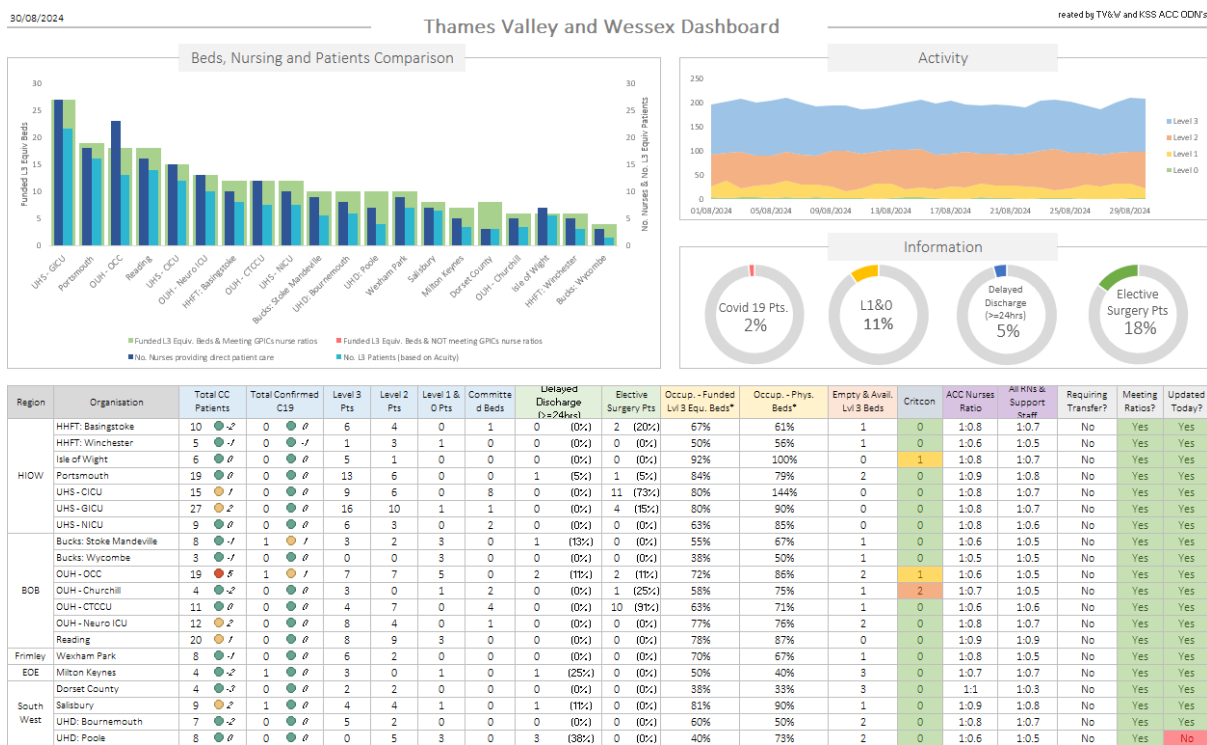
NETWORK DATA

Network Data 23/24

In 23/24 the network continued to utilise the vast amount of data available to support units, subgroups and provide information where needed and within the confines of network resource availability. The data demands for 23/24 continues to be high with ongoing regular reporting as well as continuing to improve and adapt to the needs of the network and wider stakeholders. The below will highlight some of the key data work that occurred in 23/24.

DoS/Network Dashboard

The Network dashboard continues to be run on a daily basis with the data submitted to the Directory of Services by the units themselves. This data is a snapshot in time of the situation within each unit taken at 0900. The dashboard has been running daily for over 3 years and is an essential tool for the network, and the units within it, to monitor the position of the units and a useful source of data for projects, peer reviews and further work.



According to the DoS data the average physical occupancy was 71% (average level 3 equivalent occupancy was 70%) with 87% of activity being level 3 and level 2. Occupancy varies across the network and can increase significantly during times of high pressure. One unit in particular had occupancies over 100% on more than 30% of days covered in this time period. Delayed discharges have been raised as an issue across the network but also nationwide. Units reported an average of 6% delayed discharge with some units as high as 13% for the year.

ICNARC

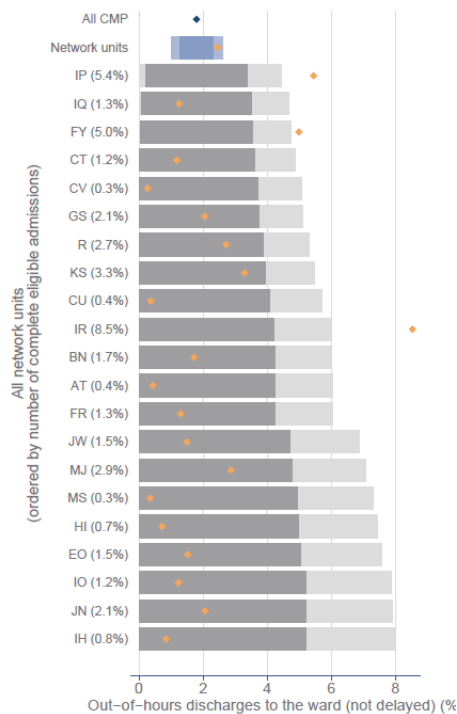
The Intensive Care National Audit and Research Centre (ICNARC) run the ICNARC Case Mix Programme (CMP) in which 100% of all Adult General Critical Care Units participate. ICNARC began producing the standard CMP Network Quality Reports (NQRs) which has ceased production since the covid pandemic. The network does continue to have access to the unit level data via the Quarterly Quality Reports (QQRs). The units within the Thames Valley and Wessex Adult Critical Care Network saw 16,285 admissions, this is an increase of 141 patients on the previous year (22/23).

ICNARC have 11 data measures that they compare units to.

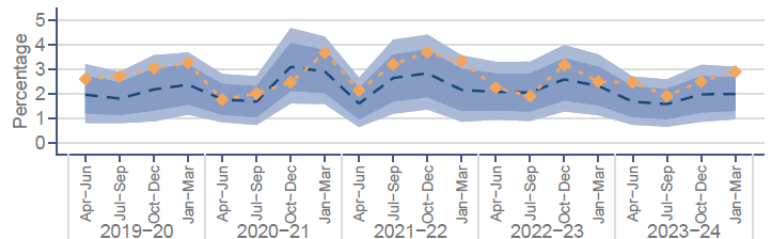
Thames Valley and Wessex Critical Care Network Report
Network Quality Report: 1 April 2023 to 31 March 2024



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



	Eligible n	Complete n (%)	Observed n (%)	Expected %	95% predicted range	99.8% predicted range
Network units	11255	11235 (99.8)	274 (2.4)	1.8	(1.3, 2.3)	(1.0, 2.6)



Network units: - - - Observed 95% predicted range 99.8% predicted range
CMP

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Definition

- Eligible: Critical care unit survivors discharged to a non-critical care location in your hospital
- Complete: The number and percentage of eligible admissions with complete data for date/time of discharge from your unit
- Observed percentage: The number and percentage of complete eligible admissions discharged between 22:00 and 06:59 and not delayed (i.e. decision to discharge not made before 18:00 on that day)
- Expected percentage: The overall percentage of out-of-hours discharges to the ward (not delayed) across all critical care units participating in the CMP
- Predicted range: We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000

The report also breaks down several key items including demographics, case mix, infection, length of stay and outcome. Some examples of those are below.

Case mix (demographics)

	Network units	CMP
Age (years), mean (SD) [N]	61.1 (17.1) [16435]	60.5 (16.9)
Male, n/N (%)	9579/16435 (58.3)	(57.9)
BMI (kg/m ²), mean (SD) [N]	28.2 (12.4) [16259]	29.3 (21.6)
Ethnic group, n/N (%)		
White	12774/16435 (77.7)	(76.8)
Mixed/multiple ethnic groups	111/16435 (0.7)	(0.8)
Asian/Asian British	512/16435 (3.1)	(5.3)
Black/African/Caribbean/Black British	215/16435 (1.3)	(3.1)
All other	377/16435 (2.3)	(2.8)
Not stated	2446/16435 (14.9)	(11.2)
Index of Multiple Deprivation (IMD) quintile *, n (%)		
1 (least deprived)	4461/15740 (28.3)	(16.9)
2	3739/15740 (23.8)	(18.7)
3	3313/15740 (21.0)	(20.0)
4	2682/15740 (17.0)	(21.8)
5 (most deprived)	1545/15740 (9.8)	(22.7)

* Index of Multiple Deprivation (IMD) is based on the patient's usual residential postcode (assigned at the level of Lower Layer Super Output Area) according to: English Index of Multiple Deprivation 2019 for postcodes in England; Welsh Index of Multiple Deprivation 2019 for postcodes in Wales; Northern Ireland Multiple Deprivation Measure 2017 for postcodes in Northern Ireland.

Case mix (medical history/organ dysfunction)

	Network units	CMP
Admissions with medical history recorded, n	16390	
Lungs, n (%)		
Chronic respiratory disease - no functional limitations	1520 (9.3)	(11.1)
Chronic respiratory disease - SOB with moderate activity	820 (5.0)	(7.4)
Severe chronic respiratory disease - SOB with light activity	168 (1.0)	(2.0)
Very severe chronic respiratory disease - SOB at rest and/or on home ventilation	39 (0.2)	(0.6)
Heart/vascular, n (%)		
Chronic cardiovascular disease - no functional limitations	2640 (16.1)	(19.7)
Chronic cardiovascular disease - symptoms with moderate activity	2014 (12.3)	(12.4)
Severe cardiovascular disease - symptoms with light activity	257 (1.6)	(2.4)
Very severe chronic cardiovascular disease - symptoms at rest	33 (0.2)	(0.3)
Kidneys, n (%)		
Chronic kidney disease - not dialysis dependent	1327 (8.1)	(9.0)
Chronic kidney disease - dialysis dependent (end stage)	401 (2.4)	(2.8)
Liver, n (%)		
Portal hypertension - no variceal bleed	164 (1.0)	(1.3)
Portal hypertension - with variceal bleed	93 (0.6)	(0.8)
Cirrhosis, n (%)	443 (2.7)	(3.1)
Hepatic encephalopathy, n (%)	95 (0.6)	(0.8)
Brain, n (%)		
Cerebrovascular disease/stroke - no functional limitations	602 (3.7)	(4.2)
Cerebrovascular disease/stroke - with functional limitations	272 (1.7)	(2.0)
Dementia, n (%)	124 (0.8)	(0.8)

Length of stay

	N		Median (IQR) or n (%)		Mean (SD)	
	Network units		Network units	CMP	Network units	CMP
Length of stay in acute hospital prior to admission to the critical care unit (days)*	15729		1 (0, 2)	1 (0, 2)	4 (12)	3 (12)
Length of stay in the unit (days)						
All admissions†	16415		2.6 (1.1, 5.1)	2.8 (1.1, 5.7)	4.7 (7.3)	5.1 (8.3)
Unit survivors	14564		2.6 (1.2, 5.0)	2.8 (1.2, 5.6)	4.6 (7.4)	5.1 (8.1)
Unit non-survivors	1851		2.3 (0.8, 6.1)	2.7 (0.9, 6.6)	4.8 (7.2)	5.6 (9.3)
Duration from reported time fully ready for discharge to time of discharge‡, n(%)						
≤ 4 hours	12247		4868 (39.7)	(34.3)		
> 4 hours and ≤ 24 hours	12247		5139 (42.0)	(41.2)		
>24 hours	12247		2240 (18.3)	(24.4)		
Length of stay in acute hospital following discharge from the critical care unit (days)*§						
All unit survivors	12777		8 (4, 17)	7 (4, 17)	15 (20)	15 (23)
Acute hospital survivors	11893		8 (4, 16)	7 (4, 17)	14 (20)	15 (23)
Acute hospital non-survivors	720		10 (3, 24)	9 (3, 24)	19 (28)	20 (29)
Total length of stay in acute hospital (days)*						
All patients	15368		11 (6, 22)	11 (6, 23)	19 (25)	20 (28)
Acute hospital survivors	12885		12 (7, 23)	12 (6, 24)	20 (25)	21 (28)
Acute hospital non-survivors	2483		6 (2, 17)	7 (2, 18)	15 (26)	16 (25)

* Excluding readmissions of the same patient within the same acute hospital stay

† Excluding admissions still in the critical care unit at the time this report was run

‡ Reported for unit survivors discharged to a ward in the same hospital (or direct to home)

§ Reported for unit survivors only, excluding those discharged direct to a non-acute hospital or non-hospital location

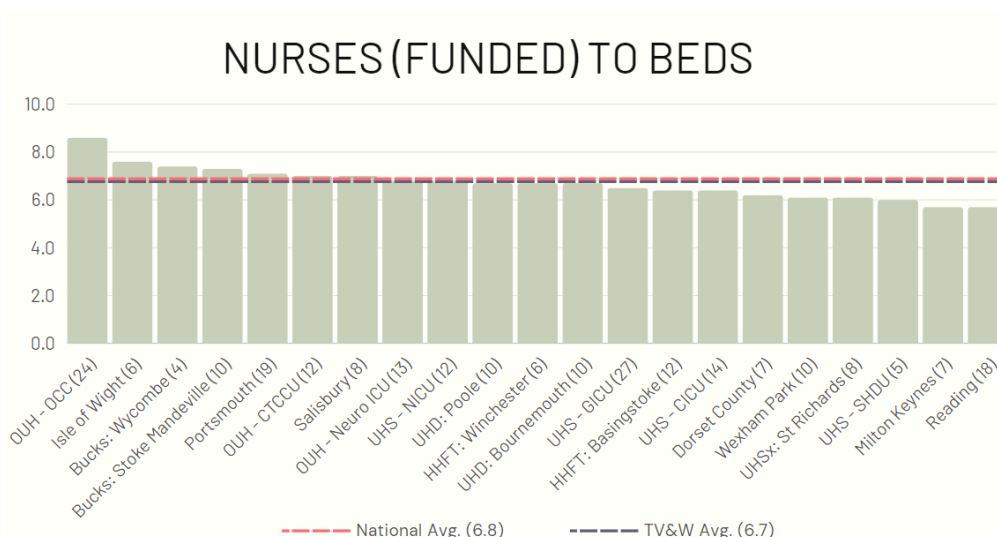
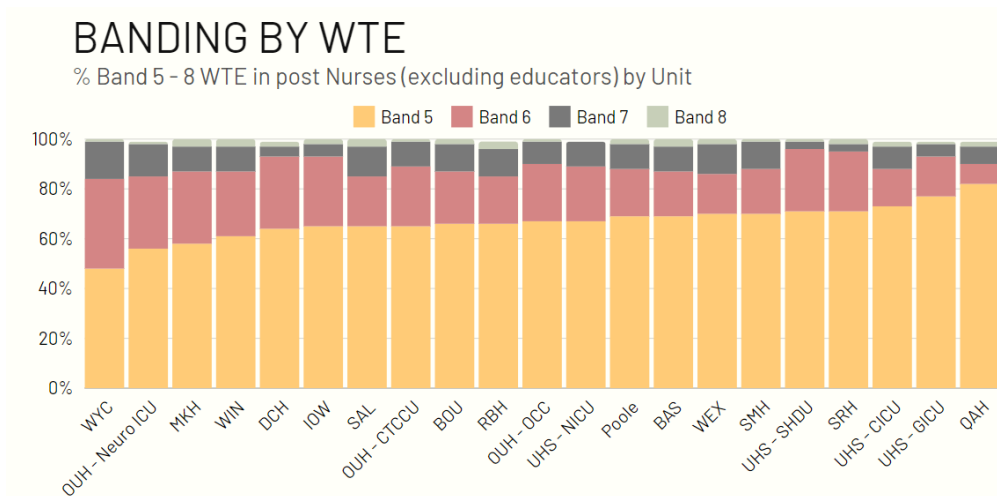
Levels of care

	Number of admissions (%)		Days at each level of care (% of all patient days)	
	Network units	CMP	Network units	CMP
Level of care received at any time during unit stay				
Level 3	9090 (55.4)	(49.4)	45295 (49.2)	(46.2)
Level 2	12572 (76.6)	(80.2)	37170 (40.4)	(44.6)
Level 1	2982 (18.2)	(17.3)	5846 (6.4)	(6.2)
Level 0	2180 (13.3)	(9.3)	3723 (4.0)	(3.0)
Highest level of care ever received				
Level 3	9090 (55.4)	(49.4)		
Level 2	6975 (42.5)	(48.8)		
Level 1	265 (1.6)	(1.4)		
Level 0	85 (0.5)	(0.3)		
Level of care at discharge from your unit				
Level 3	481 (3.3)	(2.8)		
Level 2	2724 (18.7)	(12.6)		
Level 1	4924 (33.8)	(43.2)		
Level 0	6435 (44.2)	(41.4)		

Stocktake

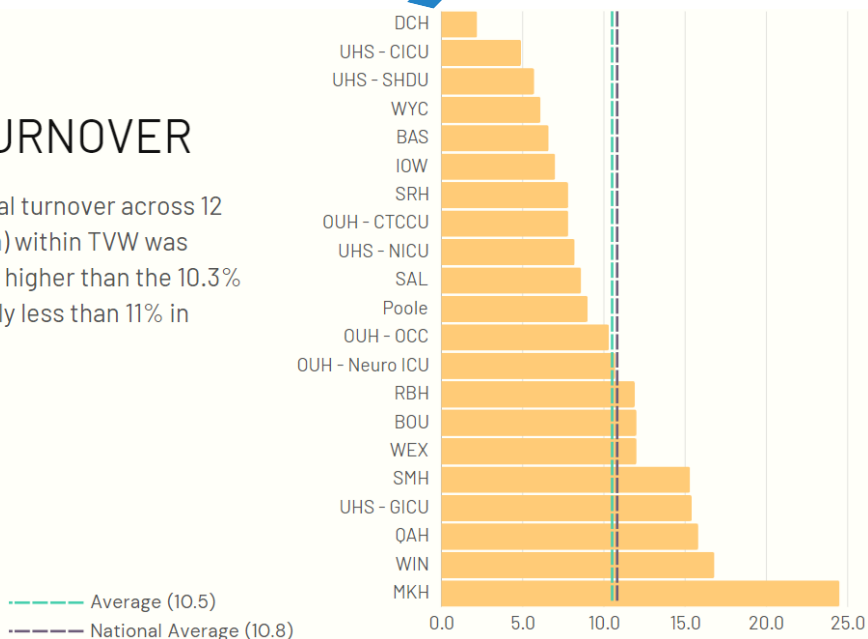
In June 2023 the third iteration of the national stocktake of adult critical care services was undertaken. The stocktake intended to understand the situation and capacity within critical care units across the country, as well as understanding the regional and national picture and ensure that, where there are significant staff shortages, actions can be taken to improve. The stocktake was completed by adult critical care units with support and coordination for the returns by the Network 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 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 following charts are examples of some of the analysis the network is undertaking on this data.

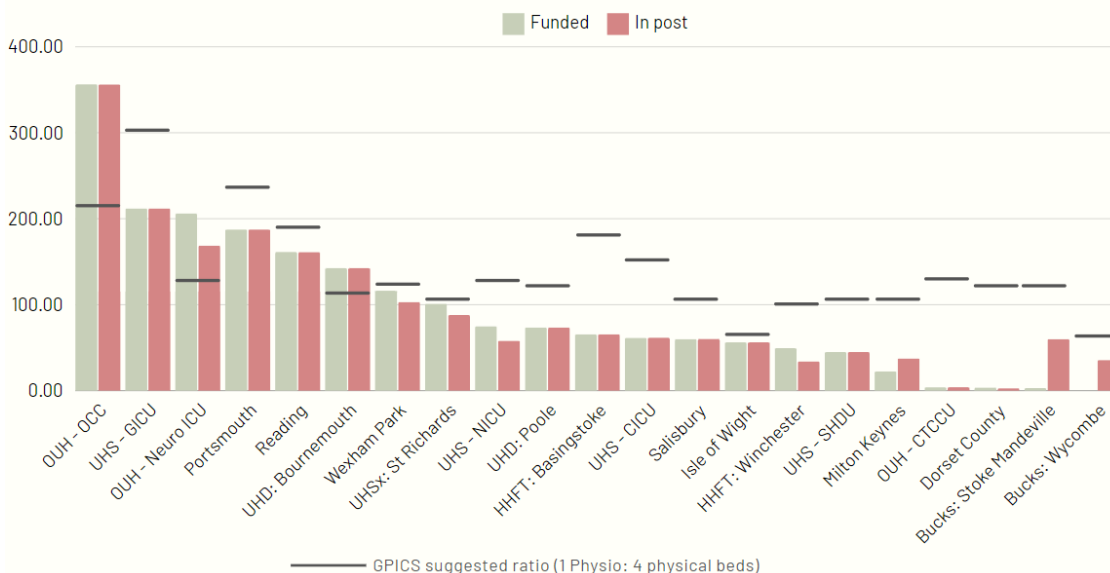


ANNUAL TURNOVER

Average rate of annual turnover across 12 months (April - March) within TVW was 10.5%. This is slightly higher than the 10.3% in Stocktake 2 (slightly less than 11% in Stocktake 1).



PHYSIOTHERAPIST (B5+) FUNDED V WTE



The stocktake is a useful tool for the network, looking at these charts it is possible to see the variation amongst the units. The results of this analysis and these charts are shared with the units to allow them to use this information to improve their services. It also provides the network team with key information for peer review and further areas for improvement.

Rehab Outcomes Project

The network analyst was tasked with assisting colleagues from NHS England in the National Adult Critical Care Programme with a national Rehab Outcomes Project. The project necessitated generating unit-level outcomes for dissemination to each unit and network nationwide, providing a comprehensive overview of survey results. Ensuring that units could effectively leverage this data and survey findings to enhance service quality was a critical objective. The findings revealed significant disparities in rehabilitation services offered throughout the country. Below are some screenshots from the unit level results that the units and networks received.

Rehab Survey - Unit Level Information

Use the below drop downs to select your unit

The below shows the response the unit gave to the survey ("Unit Declared") compared to the met, partially met, or unmet %'s for all responses, responses within network and responses from units with a similar bed size. Met is shown in green, partially met in yellow and unmet in red

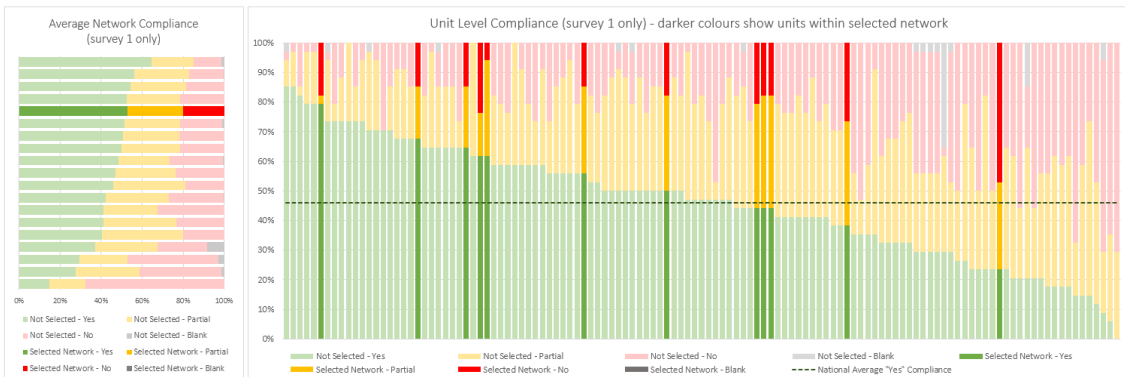
Select Network >> Network 7

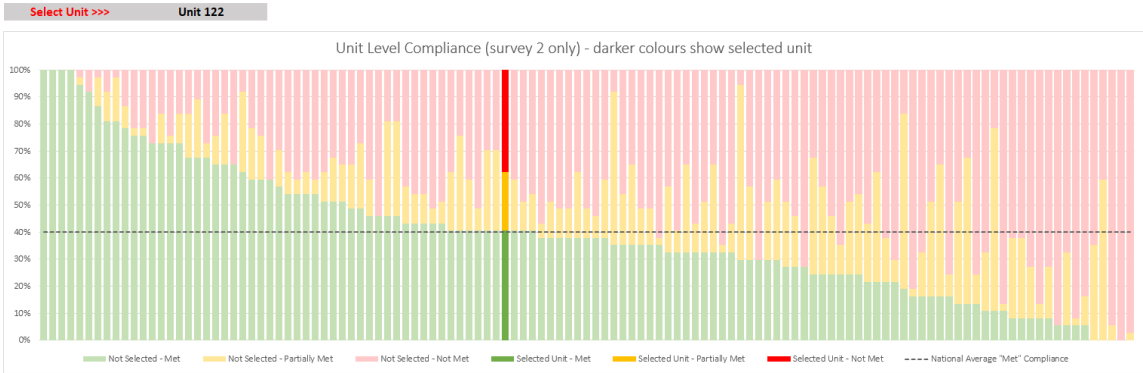
Select Unit >> Unit 40

Item Number	Statement	Unit Declared	All Units Response Rate (n= 122)	All units within Network Response Rate (n= 5)	Units with Similar Bed Size Response Rate (n= 9)
Critical Care Spell					
1.1	There is a Standard Operating Procedure which sets out the process for initial assessment, follow up assessment and rehabilitation planning and review of patient's identified as at risk of physical or non-physical morbidity	No	21% 26% 54%	60% 0% 40%	33% 33% 33%
1.2	Does the hospital have a policy/protocol detailing which healthcare professionals are considered to have the appropriate competencies to carry out clinical assessments and coordinate the person's rehabilitation pathway?	No	8% 28% 65%	40% 20% 40%	22% 33% 44%
1.3	Is there a protocol to ensure that the comprehensive clinical assessment to identify the current rehabilitation needs for people at risk of physical and non-physical morbidity, includes assessments by healthcare professionals experienced in critical care and rehabilitation?	No	26% 28% 47%	60% 0% 40%	44% 44% 11%
1.4	There is a short clinical assessment tool which is used to determine a patient's risk of physical or non-physical morbidity	No	62% 14% 25%	60% 0% 40%	56% 11% 33%

Network	Unit	Ward Based Care	Follow Up After Discharge from Hospital	Critical Care Spell	Discharged to Ward	Ward Based Care	Discharge from Hospital
Network 13 Total		33%	62%	34%	47%	60%	34%
Network 14	Unit 82	17%	100%	62%	0%	25%	31%
Network 14	Unit 74	0%	67%	31%	14%	0%	38%
Network 14	Unit 75	83%	50%	38%	14%	0%	15%
Network 14	Unit 76	33%	50%	92%	29%	100%	46%
Network 14	Unit 80	50%	67%	62%	14%	0%	23%
Network 14	Unit 77	33%	67%	0%	0%	0%	0%
Network 14	Unit 73	33%	67%	62%	29%	25%	23%
Network 14	Unit 78	33%	50%	54%	0%	75%	31%
Network 14	Unit 79	33%	83%	77%	14%	0%	38%
Network 14	Unit 83	83%	100%	46%	29%	25%	15%
Network 14	Unit 81	67%	83%	100%	57%	100%	69%
Network 14	Unit 122	33%	100%	85%	29%	0%	15%
Network 14 Total		42%	74%	59%	19%	29%	29%

Select Network >>> Network 14





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www.southaccnetworks.nhs.uk/tvw

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