



ANNUAL REPORT 2024-2025

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FOREWORD

It is with pleasure that we introduce you to our Annual Report for the Thames Valley & Wessex (TVW) Adult Critical Care Operational Delivery Network (ODN). This report aims to summarise the work that has been undertaken by the Network during 2024/25 and guide the strategic planning for Network activities over 2025/26.

Highlights/achievements for the Network during this year include:

- In collaboration with neighbouring Networks (Kent, Surrey & Sussex and South-West), producing a service specification gap analysis report and benchmarking tool. This will be used to highlight to Units and the Networks any gaps that presently exist between the service currently being provided by each Critical Care Unit, and the expectation of a critical care service as stated within the NHS England adult critical care service specification.
- Working closely with the Wessex and Oxford & Thames Valley Health Innovation Networks, to support the implementation of Martha's Rule across the ten Trusts who have signed up as pilot sites.
- Supporting the newly commissioned substantive Adult Regional Critical Care Transfer Service for our Network: ARCC (TVW), to ensure an optimal service to our Units and stability for them, during the transition from our interim service (RESCUE). We also conducted our annual feedback from Units, where 100% of responses rated the service at Excellent (74%) or Good (26%).
- Completion of 2022-25 Peer Review cycle. Virtual follow-up meetings held with Units who had peer review visits during 2023/24 to discuss status and progress against Network recommendations highlighted in 2023/24 reports.
- 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 and supporting Critical Care Units and South-Central Ambulance Service in completing a timely risk assessment that has allowed a return to the use of critical care transfer trolleys on front-line ambulances.

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- Planning and running our annual Network Conference. The day was extremely well evaluated with over 200 attendees. Topics covered included a learning incident focusing on hierarchy, the use of Fibreoptic Endoscopic Evaluation of Swallowing (FEES), advanced practice within critical care outreach, nurse progression pathways, sustainability, the transition from paediatric to adult ICU, ICU dilemmas, exploring the professional nurse advocate (PNA) role and a talk from a former patient who shared their experience of their time in critical care.
 - Foundation Course has seen increased interest from Units within (and external to) our Network, with 28 Units now using the course. There have been 668 students enrolled onto this course since May 2022 with a 96% success rate.
 - With 89 students enrolled in the current Adult Critical Care course (commenced September 24), the program continues to grow in popularity, attracting an increasing number of participants and Units from neighbouring Networks.
 - Network Medical Lead continues to attend the Adult Critical Care CRG and support National Adult Critical Care programmes of work.
 - Using upskilling funds from NHS England WT&E (South-East), supported HCSWs through a development programme designed by Shiny Mind.
 - Supporting 44 people, across different specialties, working 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.
 - Collating details of clinical incidents throughout the Network and promoting sharing of learning through presentations at quarterly clinical forums and publishing summaries in the quarterly newsletters.
 - 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.
 - Establishing a Network Data subgroup to facilitate best practice in data collection and reporting, on top of exploring how Units can optimise consistency and robustness of national audit data collection methods across the Network.

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- Supporting Units through restructuring and redevelopment by providing data and highlighting areas of difference between Units across the Network and potential gaps against the standards published through the Guidelines for the Provision of Intensive Care Services (GPICS) and the critical care service specification.
 - Engaging with Integrated Care Boards (ICBs) in preparation for closer collaborative working in 2025/26.
 - Working closely with other specialities, including Maternity Networks, Paediatric Critical Care Networks, and Regional Infection Prevention and Control Leads, to ensure all patients receive evidence-based care and staff are supported.
 - Working with the Standards and Guidelines Team at the Intensive Care Society (ICS) on the development of a standardised drugs list for transfer teams nationally. This work is due to be published as part of the updated ICS Transfer Guidance, in 2025.

As a Network, we continue to be 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 2025/26, we are expecting a challenging year as we await further information regarding the proposed restructure of Networks within NHS England South-East, and the impact to Networks of the recent announcements relating to commissioning and NHS England. As a Network we will be looking to ensure this has minimal impact on our Units and the staff within the Network team.

One of our main priorities for the year ahead will be the commencement of a new cycle of peer review visits where we will use the findings from the service specification gap analysis to focus conversations. We also plan to expand our peer review panel membership by inviting ICB Quality Leads and an Allied Health Professional (AHP) to provide added expertise as part of the panel.

We will also repeat our Network staff retention survey (and associated report and recommendations), which was first run in 2021/22, to evaluate the views of our nursing workforce when it comes to staff retention, and how this may have changed over the last three years.

We look forward to reporting on the progress of this work in our 2025/26 report!

ABOUT THE ODN

Stakeholders and Governance

Adult Critical Care Operational Delivery Networks (ODNs) serve as 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
- Best possible outcomes and quality standards
- Evidence based networked patient pathways are agreed and implemented

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 Paramanantham: 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	16
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes	7	10
Oxford University Hospitals NHS Foundation Trust	OUH - OCC	18	18*
	OUH - Churchill	6	8
	OUH - CTCCU	12	21
	OUH - Neuro ICU	13	17
Royal Berkshire NHS Foundation Trust	Reading	16	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	9	14
	UHD: Poole	8	11
University Hospitals Sussex NHS Foundation Trust	Chichester	8	10

** during 2024/25, OUH OCC relocated floors. As well as the declared 18 physical beds, they have access to additional beds which they utilise for lower acuity patients.*

NETWORK EDUCATION PROGRAMMES

Foundation Course (National Step 1 Competencies)

The Foundation Course proudly marks its third successful year. Launched in May 2022, the course continues to evolve, while maintaining its core blended learning approach. The course boasts an impressive 96% success rate among participants. The past year has seen further enhancements, including an increase in interactive content to enrich the learning experience. The expanded involvement of Practice Educators in reviewing student essays has resulted in more efficient feedback delivery and a better understanding of nurses' critical writing abilities. This enables Practice Educators to provide targeted support, addressing specific developmental needs and strengthening nurses' abilities in evidence-based practice and critical appraisal of relevant literature. Regular reviews remain integral to ensuring the content is current and responsive to the evolving demands of critical care nursing.

Building on previous success, the past 12 months have witnessed an exceptional 103% increase in enrolment compared to two years prior (a further 48% increase on last year's impressive figures). This significant expansion now reaches an even wider geographical area, furthering our aim to standardise critical care nurse education. The Foundation Course is currently being utilised across 14 Critical Care Units within our Network. The growing demand is evident in the continued interest beyond our immediate Network, with students currently enrolled from 13 external Units across the South-West, Kent, Surrey, and Sussex regions. The private sector has also increasingly recognised the value of the course, with a growing number of candidates joining the 2024/2025 cohorts. Consequently, a total of 675 critical care nurses have enrolled and are benefitting from this valuable educational opportunity.

The Foundation Course continues to be significantly strengthened by the ongoing support of Oxford Brookes University. Their expertise contributes to enhancing the course's accessibility, interactivity, and engagement. Oxford Brookes University also provides essential resources on academic writing, reflective practice, referencing, literature searches, and critical appraisals, further enriching the learning journey for our nurses.

To view feedback from our Network Foundation Course please visit our [website](#).

Adult Critical Care Course (National Step 2 and 3 Competencies)

Now in its fourth year, the programme continues to utilise a blended learning model with 10 online and 10 face-to-face study days. Reflecting on our commitment to continuous improvement, the inclusion of a pre-course study skills day for each module, based on valuable student and stakeholder feedback from our previous cohort, remains a key component in supporting student academic success.

The course continues to attract candidates from a wider geographical area, now including Units from Surrey down to Cornwall. To ensure equitable learning, the Cornwall sector participates via a hybrid facilitated venue, mirroring the educational experience of all other students.

Students continue to learn from a distinguished group of multi-professional specialist speakers, many of whom are nationally and internationally recognised experts in their clinical practice. This exposure significantly enhances their learning and underscores the course's credibility.

The highly valued immersive simulation element of the course was expertly facilitated across three days by a collaborative faculty of 15 Practice Educators, drawing on the support of the Network Education team and the Oxford Brookes simulation team. This ensured a quality educational experience for our Adult Critical Care Course students.

All academic assignments continue to be developed and approved by the Quality team at Oxford Brookes University. This process ensures that the programme meets the diverse learning styles of our students, maintains academic rigour, and equips our course candidates with the skills and knowledge necessary to provide contemporary, evidence-based care to patients across the region.

In collaboration with the Oxford Brookes University Centre for Academic Development team, the course offers additional academic study sessions delivered throughout the course, alongside the course lead. This partnership is designed to enhance students' success in completing their academic assignments.

Beyond the formative feedback, feedforward, individual meetings, and drop-in clinics offered by the course marking team, students needing further academic assistance are also signposted to the University's Academic Development team for one-on-one tutorials and assignment reviews. This multi-layered approach ensures robust support for all learners.

To view feedback from our Network Adult Critical Care Course please visit our [website](#).

Certificate presentation day - Cohort September 2023

Some of the September 2023 course candidates and their Practice Educators joined the Network Education team for an afternoon of celebration and certificate presentations.



NETWORK TRANSFER SERVICE

The last year has seen many changes and challenges for the Adult Critical Care Transfer Service, the biggest of which was becoming a fully commissioned substantive service from the 1st of October 2024.

The Royal Surrey NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust joined forces as host providers for the newly commissioned transfer service covering the whole South-East England Region. The region incorporates all the Critical Care Units within the Kent, Surrey and Sussex (KSS) and Thames Valley and Wessex Networks.



Royal Surrey are hosts for Units in the KSS Network with South-East Coast Ambulance Service (SECamb) as their delivery partner, and Buckinghamshire Healthcare Trust are hosts for the service in the TVW Network with South Central Ambulance Service (SCAS) as their delivery partner. In addition, a Single Point of Contact (SPOC) for the entire South-East region is provided by SCAS. The SPOC receives all the referrals for the region and subsequently triages and coordinates transfers with the hosts and delivery partners.

The transition to a substantive service has sadly meant saying goodbye to 'RESCUE', which has been our name since the start of service in 2020. After much deliberation we are now known as the Adult Regional Critical Care (ARCC) Transfer Service, with each half of the region adopting either the suffix KSS or TVW. A formal launch of the new service with the new branding is due in 2025/26.

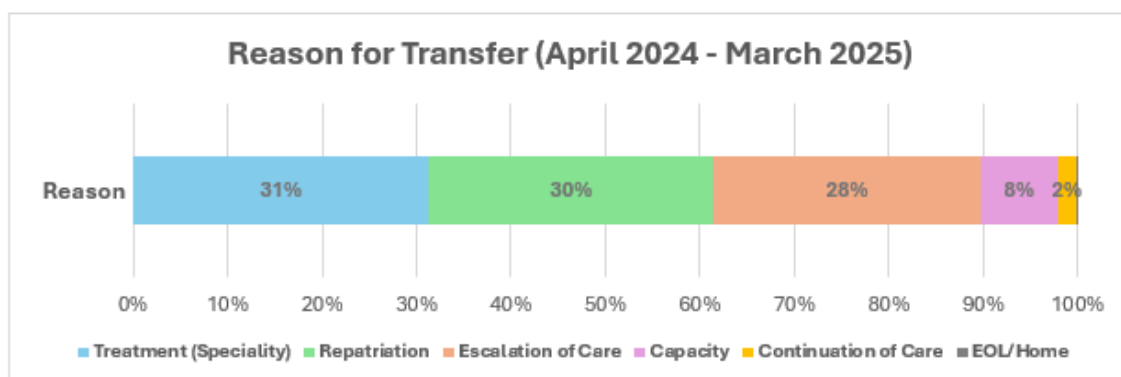
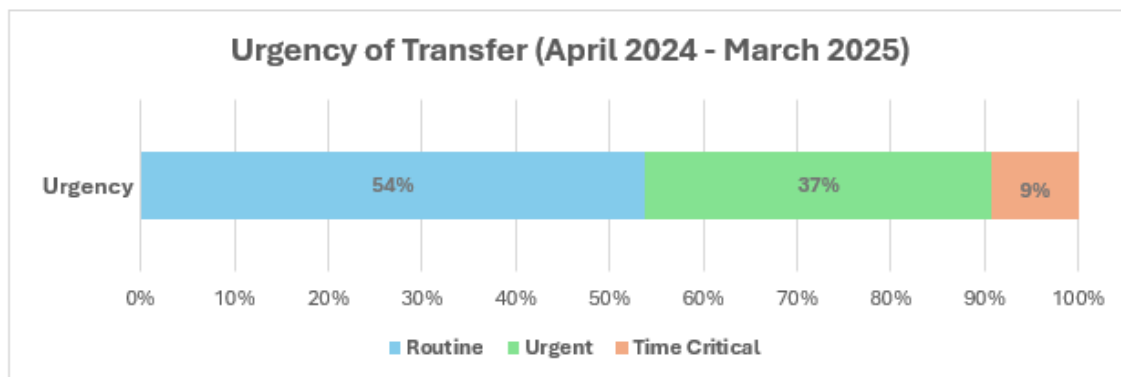
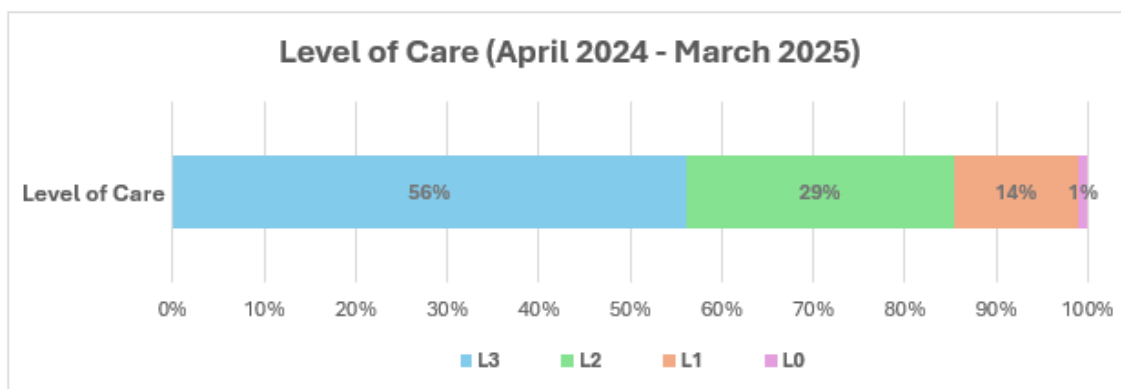
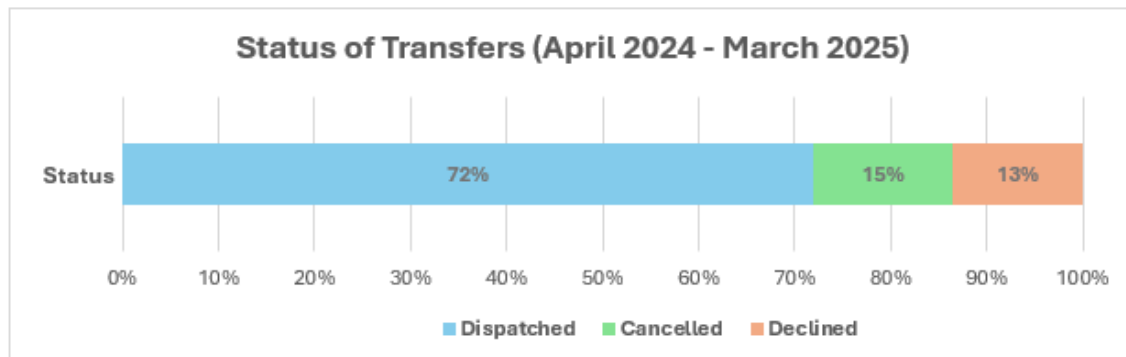
Despite all the complex challenges these new arrangements have brought, the day-to-day operational service in TVW has been largely unaffected. We have once again been able to support transfer training days for Units across the TVW region (with the team attending approximately 20 events in the last year) and we have continued to deliver an excellent service to all our Units with our dedicated team of Transfer Practitioners, Emergency Care Assistants and Transfer Doctors.

Leadership team for ARCC (TVW) Transfer Service:

- Dr Zulfiquar Ahmed – Co-Clinical Lead (BHT)
- Dr Jonathan Careless – Co-Clinical Lead (BHT)
- Antonia Cook – Service Operations Manager (SCAS)
- Luke Maddox – Service Development Manager (BHT)
- Leah Turner – Operational Team Lead (SCAS)

ARCC (TVW) Transfer Service (formerly RESCUE) April 2024 to March 2025

Total transfer requests received April 2024 to March 2025 = 785 (Dispatched 565)



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 2024/25.

Advanced Critical Care Practitioner (ACCP)

At the start of 2024/25, the Thames Valley and Wessex ACCP subgroup joined with the Kent, Surrey and Sussex Network to expand representation, improve meeting attendance and share and learn from the experience of a wider ACCP and stakeholder community. The ACCP subgroup has continued to provide feedback to FICM regarding the Optional Skills Framework ahead of planned re-publication of these documents.

Data Leads

In Spring of 2024 staff involved in data collection across the Network were invited to take part in a survey to explore the appetite for a new Network subgroup focusing on data. There was an enthusiastic response from across the Network and the Data Leads group was therefore convened. Since September 2024 we have met three times via Teams, with plans to meet every six months, including potentially a face-to-face meeting if required.

As a group we are still assimilating and aim to be flexible in how we develop our purpose and fulfil the needs of our members, however Terms of Reference have been agreed and the main focus areas to date have been:

- Providing a dedicated networking space for facilitating best practice in data collection and reporting of said data.
- Exploring how we can optimise consistency and robustness in the ICNARC data collection methods across the Network.

It is clear from the initial meetings that there is a need to create a space where data collection methodology can be discussed, and consistency agreed across the Network. Plans for more formal learning events in the future that support the above are still in the planning stages but will involve representatives from ICNARC, Mela and possibly a Quality Improvement Coach.



Follow Up / ICU Recovery

We have held three virtual meetings and an away day this year with a focus on sharing practice and local projects. We have been very lucky to hear some inspiring presentations from across the multi-disciplinary team, and value the active discussions that followed them. We have covered a plethora of topics from delirium in the sub-acute stage, musculoskeletal impairments, securing business cases and reviewing progress following service establishment, and consideration of cost economics in one local service. This year a strong emphasis has been placed on hearing and promoting the patient voice during this stage of the ICU continuum.

We have continued discussions to support members in submitting NHSE Specialised Services Quality Dashboard ACC18 & ACC19 data. We have achieved a consensus on recommendations for repatriation of patients from tertiary ICUs and hospitals to encourage clarity and communication between colleagues, and we look forward to receiving feedback of how this supports in practice.

Over the last year, membership of the group has grown across professions strengthening engagement and the holistic approach to patient care. We are lucky to regularly meet as nurses, consultants (ICU and psychiatry), physiotherapists, occupational therapists and clinical physiologists alongside the Network team. The 2024/25 away day had a full room with 32 in attendance, and as we look forward to 2025/26, we are planning a shared away day with the Rehab Group.

Outreach

A key emerging focus for the group over the last 12 months has been the implementation of Martha's Rule, with national attention intensifying throughout 2024/25. Outreach teams are at varying stages of implementation, and with additional Martha's Rule meetings, we are aligning with the national ambition of a 24/7 response. Please see the Martha's Rule section of the report below for further details.

The introduction of the National Outreach Dataset (NORF 2024) led to the development of a bespoke dataset by the group. Outputs from this dataset have now begun to emerge in 2024, offering valuable insights and the opportunity to benchmark services nationally. This project took a backseat to Martha's Rule implementation but is now our main focus.

Recognising the wide variation in outreach teams and service models across the country, benchmarking has remained a core focus. The group continues to use this as a tool to encourage national consistency and drive improvements in service delivery. Alongside this, members have continued to share successful business cases, allowing teams seeking to expand or enhance services to learn from one another's experiences.

Peer support particularly for team leads remains a cornerstone of the group's value, providing a much-needed space for shared learning and problem-solving. The central document-sharing portal, established in 2023/24 has further supported this, enhancing access to shared resources and fostering collaboration.



Several group members are now collectively engaged in a new multicentre research project exploring advanced practice in critical care outreach. The initial proposal was shared at the Outreach Conference, and the study was rolled out during 2024. This project represents an exciting opportunity to strengthen the evidence base for outreach practice.

Case studies continue to be a standing agenda item, offering practical examples of innovation and lessons learned across organisations. These sessions remain invaluable for inspiring quality improvement and shared learning.

The Network Units are all working towards training CCOT staff to ACP level practice which is in line with national guidelines. This provides a standardised approach to patient care with improved patient outcomes and reduced Level 3 admissions. In the current financial position this is proving challenging for some teams. Our ongoing plan is to standardise training and banding across the Network.

Pharmacy

One of the great strengths of this Network group has been the ability to offer peer support for critical care pharmacists within the Network. Members have been extremely proactive in reaching out via group forums to share updates and seek advice from colleagues. The scheduled meetings also incorporate this, but have also allowed time to share case studies, discuss findings from the latest research and highlight challenges. Time has also been spent to review how Units benchmarked against each other for the pharmacy specific queries in the Network gap analysis.

A concern that is raised repeatedly at the ODN pharmacy meetings is the pressure that critical care pharmacy colleagues are facing on a daily basis, especially to support in the delivery of core pharmacy services (e.g. dispensary). This pressure is recognised for its negative impact on clinical pharmacy delivery to critical care and the risk of burnout on individual pharmacy professionals, and as a group we look to support colleagues facing this challenge.

The group will continue to meet and provide peer support in the year ahead, with some planned collaborative work to review and update the Thames Valley compatibility chart.

Practice Educators

The Practice Educators across the ODN, and those invited to attend from Trusts accessing the ICU Courses from neighbouring Networks, have had another exceptionally busy year. Practice education is in high demand for all staff, from those new into Intensive Care, to those continuing their development across the varied roles we offer in this speciality.

The challenges to provide quality learning and support, to such a diverse group of individuals, remains high and constantly evolving. It is essential in developing critical thinkers and safe practice to ensure our patients receive the highest quality of evidence-based care.



The Practice Educator group consistently demonstrates commitment to every member of staff throughout the Network. The group continues to be visionary and dedicated to progress their learning to ensure we can deliver best practice for all.

In 2024/25 the focus again has been to support the work of the Foundation Course and Intensive Course. In parallel to this and to standardise and optimise nurse education, we have completed an audit aligned with our Nurse Education, Training and Development Strategy. The results will be published later this year. This has been our first opportunity to benchmark our role and work across the Network.

To augment the ongoing work on standardisation of the Step 2 and 3 competencies, these are in the process of being streamlined and updated to support all Units using the digitalised platform moving forwards. The group has representation into the national project and all members have had the opportunity to contribute towards the revision of these important documents.

The future of Intensive Care and our role towards sustainability continues to be an important and developing question. We feel we have a responsibility to contribute towards reducing our carbon footprint and in doing so, we have created a 'Gloves Off' subgroup to progress the work of the Intensive Care Society. Supporting individuals or small groups within our individual Trusts our aim is to promote this excellent work, challenge concerns and optimise sustainable practice. We hope to progress this project across 25/26 and present outcomes to the wider audience in the coming year.

Professional Nurse Advocate (PNA) and Wellbeing

We continue to facilitate a Network PNA group, which provides a safe and supportive place for the PNAs 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. The South-West Network ran a successful study event in October and extended an invitation to our Network. Several staff were able to attend and one of our group gave a very well received presentation. We hope to continue these joint events.

The Wellbeing Group largely consisted of the same members as the PNA group, and it was agreed to disband the group.

Psychologists in Critical Care

This group has now been running for a calendar year and meets quarterly by Teams. We have representation from clinical psychologists working across six Trusts providing services geographically in Buckinghamshire, Southampton, Portsmouth, Frimley Health, and Reading. This year we also welcomed our colleague from Dorset and Poole who is setting up an embedded ICU service. The purpose of the group is to support best psychological practice within adult ICU services and to provide a resource for teaching, training, and research within the Network. The group also looks to continue to integrate psychological practice into other subgroups, the follow-up and rehabilitation subgroups in particular.



The pressures with the ICUs continue to be high. A main function of the group is to provide peer support and supervision to the psychological practitioners, many of whom are lone practitioners in Intensive Care Units. Psychologists continue to support the increasing complexity seen in ICU, particularly with the growing number of patients with extended admissions and high rehabilitation needs. Psychological services also support colleagues, some have a direct staff support role, and all support ICU nursing colleagues who are rolling out a PNA role by providing supervision as outlined in the guidance from the ICS document PNA: role implementation in critical care.

This year the group has re-established delivery of psychological module to the Network Adult Critical Care Course. Members also presented at the annual Network Conference to support the understanding of the role of practitioner psychologists within ICU teams. In 2025/26 we will also run our first clinical research forum to look at opportunities for supporting across region collaboration in psychological research as well clinical research and development within the Units.

Rehabilitation

The Network rehabilitation subgroup continues to thrive. Our annual face to face meeting was interactive and engaging, with all Units contributing to the agenda. We were able to discuss complex cases and share best practice, such as delirium bundles and upper limb rehabilitation. We had a fantastic presentation by the UHS tracheostomy practitioner Danielle Worsley, who shared valuable education and resources which was hugely beneficial for all of us who care for patients with tracheostomy. We also heard about the SPEAK one-way valve safety project at Wexham park which raised awareness of the issues for all of us.

Much of our discussions this year have been around two large national projects: The AHP capability document and how we implement this in practice now that its completed, and the SSQD rehabilitation metrics. We are looking to reach a consensus as a Network on how we collect this data as there is a lot of variability nationally and it would be useful to be able to compare regionally at the very least. This work is ongoing.

We also sought feedback from our members this year, to ensure that we are meeting the needs of the group. 93% of respondents replied that they found the content of the meetings relevant to their role, and 79% felt that the meetings provided what they needed from a rehabilitation Network. We also received some very positive qualitative feedback, for example: *"If we didn't have the Network meeting, I am not sure how I would receive all the up-to-date information that I am required to know about for my role. It is invaluable and I find the support amazing. Enjoying the short presentations from around the Network also on different topics/research etc. Thank you"*

The results of the NCEPOD study into rehabilitation after critical illness are due to be published in June this year so in addition to our other ongoing work, we are looking forward to being able to use the results of this study to improve the rehabilitation service we provide for our critically unwell patients. We regularly make contact via our WhatsApp group, and we will continue to offer support to one another and share best practice and knowledge and skills through this proactive group.

Speech and Language Therapy

This year, the SLT group has continued its focus on professional development and collaborative learning. They've maintained regular meetings which are supportive environments to discuss complex cases and share evidence-based best practices. In November, our chairs Charlie and Laura, presented in person at the Network Conference, speaking on the SLT role and Flexible Endoscopic Evaluation of Swallowing (FEES) on the Intensive Care Unit, which was a valuable opportunity for networking and face-to-face meetings.

Transfer

The Transfer group have continued to meet regularly throughout the year, working closely with ARCC TVW (RESCUE) to ensure the safety of critical care patients during transfer from or too critical care facilities. We have continued to share experiences of transfers, where there has been learning which can be shared across Units and this has been incredibly valuable.

Having audited the drugs used on transfer and discussed with our pharmacy colleagues we have raised the content of the drug list with the ICS, and this will be revised and included within the new guidelines due for publication in 2025. Work is also ongoing with the regional and Unit Infection Prevention and Control (IPC) leads to adopt a Network-wide IPC policy for transfer.

We welcome a new Co-Chair Antonia Cook and thank her for taking on this role alongside Nikolaos Makris.

Organ Donation

95 patients donated organs to save the lives of 229 others. Many other lives have been transformed through the precious gift of tissue donation and research.

The regional consent rate for 24/25 was 60% with a target of 66%. We have experienced a decrease in eligible patients combined with lower consent rates, which means our donation and transplantation rates are decreasing. This is not unique to South-Central with a decrease in donation activity noted nationally. Our focus remains the referral of patients as early as possible to allow Specialist Nurses to attend in a timely manner to assess and talk to families alongside Unit colleagues to ensure donation is discussed as part of end-of-life care in all cases.

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 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 2024, 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 95% of responses stating the day met their expectations, with an average overall score of 4.5 out of 5.

The morning topics included exploring the meaning of Advanced Practice within critical care outreach, the importance of early SLT intervention & FEES, the critical care nurse progression pathway, exploring the PNA role and the transition pathway from paediatric to adult ICU. We finished the morning with a talk from a former patient who shared their experience of their time in critical care. In the afternoon the attendees heard about sustainability and a guide to NHS Net Zero for the ICU, learning from incidents with a focus on hierarchy, and ICU dilemmas and how psychologists can help in the ICU setting. 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. We plan to look for a larger venue to accommodate larger numbers for the 2025 conference.



Peer Reviews and Unit Visits

The Network completed the 2022/2024 Peer Review and Unit visit cycle this year by visiting the final Unit. The visit consisted of a 360-review completed in advance, discussion around achievements and challenges and data, and a look around the Unit. Once the visit was complete the Network team wrote a report based on what was discussed and included a list of Network recommendations for both the Unit and the Trust. Once agreed with the Unit leads, this report was 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 Unit for hosting the Network team.

The second stage of the Peer Review process continued this year with online follow-up calls to Units approximately one year on from the visits and circulation of the original reports. In these meetings we discussed the progress against the Network recommendations made in the original reports and any other challenges that the Units raised that may have developed since the original visits. A summary of these conversations was then written and shared with each Trust's Chief Medical Officer and Chief Nursing Office in addition to the Unit team and any other key stakeholders. There will be one Unit left to follow-up with and this meeting is planned for April 2025. This will complete the 2022/2024 Peer Review and follow-up cycle.

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 newsletters are published quarterly in February, May, August, and November and are shared on the [publications page](#) of the website. We receive excellent content from Units who share their QI projects, improvements, and updates. 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 held quarterly Clinical Forums. The March, September December meetings were held on MS Teams, and we hosted 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 presentations on maternal/neonatal separation, a 'View from the Deanery', updates from colleagues in the Paediatric Network, and updates following concerns around the use of Ferno Trolleys on SCAS ambulances. Colleagues from across our region have also presented on topics such as enhanced maternal care, the implementation of Martha's Rule, Wexham's water safe ICU project and a paediatric airway quality improvement project. 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.

MARTHA'S RULE PILOT

Background

Martha's Rule is a major patient safety initiative providing patients and families with a way to seek an urgent review if their or their loved one's condition deteriorates, and they are concerned this is not being responded to. It is named after Martha Mills, a 13-year-old girl who tragically died after her family's concerns about her worsening condition were not responded to.

Martha's Rule has three components:

- 1) Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way (e.g. Patient Wellness Question (PWQ)).
- 2) All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
- 3) This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

National pilot

Across England 143 acute organisations signed up to be a part of the pilot year to implement Martha's Rule, including ten acute sites within Thames Valley & Wessex.

Collaborating across Thames Valley and Wessex

Across our Units, teams have been working collaboratively with the Patient Safety Collaboratives (PSCs) to implement Martha's Rule by sharing resources, learning, challenges and successes.

The PSCs are hosted locally by the Health Innovation Networks (HIN) and deliver the National Patient Safety Improvement Programmes (NatPatSIP), which are a key part of the NHS Patient Safety Strategy.

By working together, we aimed to:

- Take a structured and collaborative approach to implementation
- Share resources and learning (and frustrations!)
- Ensure a joined-up approach for our populations

This has been through bimonthly Martha's Rule Network meetings hosted by the Network, and Communities of practice hosted locally by the HINS.

Progress of implementing Martha's Rule

	Thames Valley & Oxford			Wessex						
	BHFT (SM site)	FHFT (both sites)	RBH	HHFT (both sites)	IOW	PHU	UHS	DCH	UHD (both sites)	SFT
Component 1	Rolling out	Piloting	Piloting	Pilot imminent	Pilot imminent	Piloting	Piloting	Piloting	Piloting	Piloting
Component 2	In place									
Component 3	In place									

Component one– Patient Wellness Question

Due to the complexity of component one, each site has taken an individual approach to who, when, where and how they are piloting. The aim of this approach was to help draw learning within specialties and patient groups.

WHO: Health care support workers, ward/shift leaders, AHPs

WHERE: range of clinical areas such as respiratory, older persons medicine, elective/emergency surgery, oncology and specialist units such as burns

WHEN: some areas are testing a PWQ ward round, others are incorporating into observation/intentional rounding

HOW: most sites are using the Bradford wellness score, Stoke Mandeville adapted this to incorporate the Dutch Nurse Worry Score (DENWIS) for patients unable to respond. Example of the PWQ:

If patient able to answer:

How are you feeling?

Very Good Good Fair Poor Very Poor

How are you feeling compared to the last time we asked you (or compared to yesterday)?

Much better Better No Change Worse Much worse

Think: Pain BM

Decision Scoring Matrix				
2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5	6	7	8	9
6	7	8	9	10

Action Based on PWQ Score	
2-5	Monitor - Continue routine monitoring as per physiological observations policy - Repeat observations if any clinical concern.
6-7	Concern - Registered Nurse to recheck observations and undertake an ABCDE assessment. - Escalate score to Nurse in Charge for consideration of a medical review. - Consider increased observation frequency. - Consider commencing a fluid balance chart. - Consider further investigations such as: blood tests, infection screen.
8-10	ACT Now - Registered Nurse to recheck observations and undertake an ABCDE assessment. - Escalate score to Nurse in Charge and Medical Team for a medical review. - Consider increased observation frequency. - Commence a fluid balance chart. - Consider further investigations such as: blood tests, infection screen. - Consider referral to the Acute Intervention Team.

If patient unable to answer or needs support to complete:

How is your patient today?

Does the person show any of these signs of Deterioration?

- New or Increased Confusion
- Agitation/Anxiety/Pain
- A change to their usual level of alertness / consciousness / sleeping more
- Increasing breathlessness or chestiness
- Change in usual drinking/diet habits
- 'Cant pee' or 'no pee', change in pee appearance
- Diarrhoea, Vomiting, Dehydration
- A shivery fever – feels hot or cold to touch
- Reduced mobility – 'off legs'/less co-ordinated
- Any concerns from Family/carers that the person is not as well as normal?

If YES to one of more of these triggers ACT NOW

Component two– Staff escalation:

- Across Thames Valley and Wessex all sites had Critical Care Outreach Teams (CCOT) in place during the day
- All sites involved now have 24/7 CCOT

Component three– Patient/family escalation:

- A number of sites already had a version of escalation in place, formally or informally prior to the start of the pilot year

- All sites have now formally launched patient and family escalation, using the title 'Call for Concern' or 'Call 4 Concern ©'
- Submitting data to NHSE national data set
- Being monitored for ongoing learning and improvements

Next steps:

Progression of phase 1: Support the implementation of Martha's Rule (all three components)-

Pilot sites will progress from the testing of Martha's Rule to full implementation.

Phase 2: Support the testing of Martha's Rule (all three components) in:

Non 24/7 CCOT sites (as of this report await confirmation from NHSE of EOI from Trusts)

Maternity, neonatal, mental health and community hospital settings- testing of this is being led by other HINs. PM will provide support as indicated (e.g. identify pilot sites to test in, site visits if needed)

Jon Vollam

Senior Programme Manager – Patient Safety
(Deterioration)



Grace Smith

Programme Manager- Patient Safety



SERVICE SPECIFICATION GAP ANALYSIS

In 2019, working alongside the South-West and Kent, Surrey and Sussex networks, we created a Service Specification gap analysis tool that was shared nationally. The purpose of the tool was to help highlight to Units, Networks and Commissioners any gaps that may presently exist between the service currently being provided by a Critical Care Unit and expectation of a critical care service as stated within the NHS England adult critical care service specification.

In 2021/22 there were some minor amendments made to the adult critical care service specification, and in 2024/25 we updated our gap analysis tool to reflect these changes. Again, working alongside the South-West and Kent, Surrey and Sussex Networks, we asked every Unit to complete the updated analysis. We created an Adult Critical Care Service Specification Gap Analysis Report as well as a spreadsheet for Units to see how they benchmark with their peers.

A list of recommendations is included in the report, and as a Network we will collaborate closely with our Critical Care Units to support implementation of these. We will also utilise the data and findings from this report in future peer review discussions to identify and address any deviations from standards and plan future actions.

Some of the findings from the analysis of this report can be seen below:

Chart 1: Overall % Met, Partially Met and Unmet for each Unit within the Thames Valley and Wessex Network

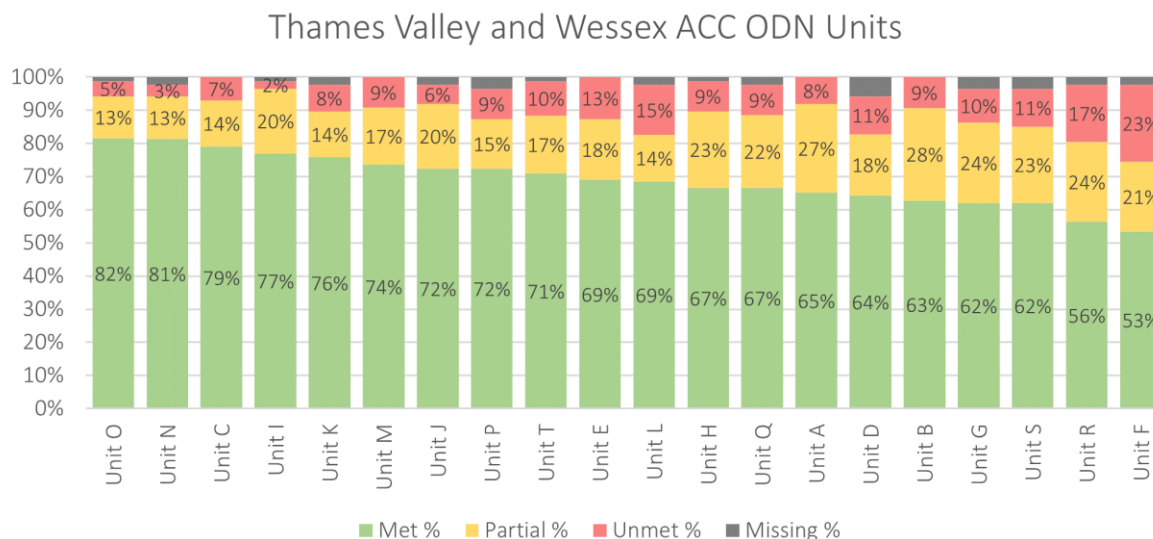


Chart 2: Thames Valley and Wessex overall % met, partially met and unmet by section

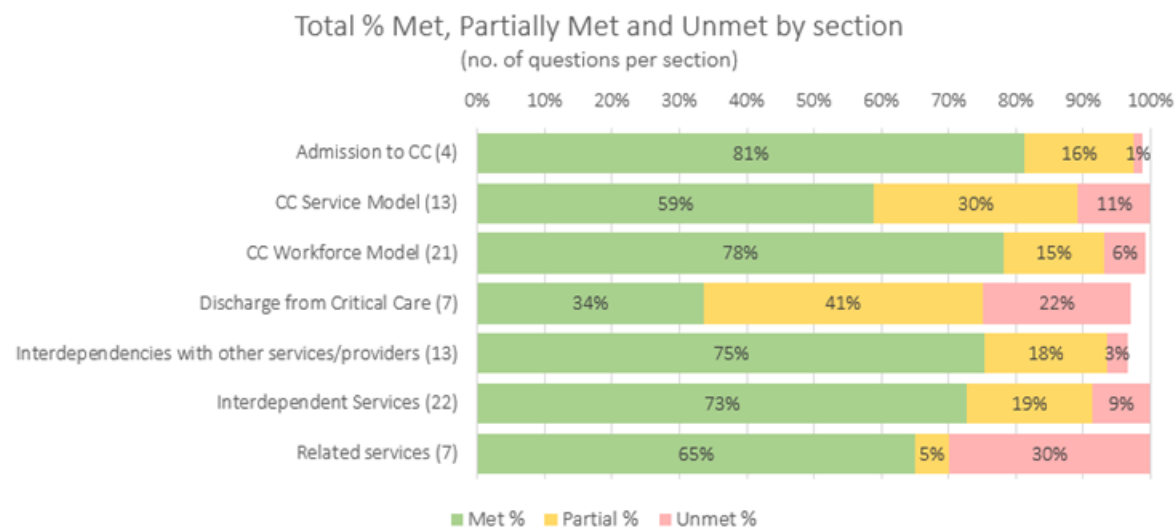


Chart 3: Measures with the highest % of Units declaring “Unmet”

Thames Valley and Wessex

Question/Item	Unmet
Discharge from Critical Care to ward level care should ideally be within 4 hours of the decision to discharge.	80%
There should be multidisciplinary 7-day input available from: psychology	60%
Interdependent Services - Acute/Early Phase Rehabilitation Services	45%
Related Services - Local Hospital and Community Rehabilitation Services	45%
Participate in Public Health England Infection in Critical Care Quality Improvement Programme (ICCQIP).	40%
Related Services - Clinical Psychology	35%
Related Services - Critical Care Follow Up	35%
Discharge from Critical Care to ward level care must be within 24 hours decision to discharge	30%
There should be multidisciplinary 7-day input available from: technologists	30%
Clinical pharmacists supporting delivery of medicines optimisation in critical care areas must provide patient-centred care, including: Attendance of multi-professional ward rounds	30%

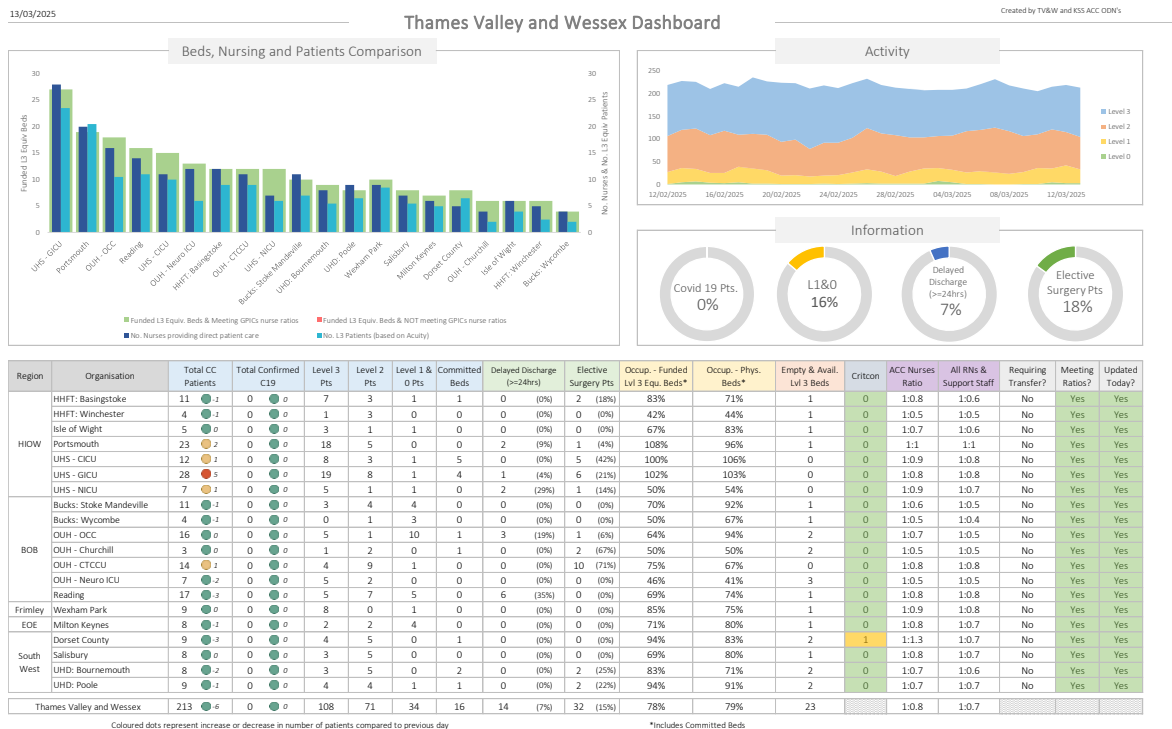
NETWORK DATA

Network Data 24/25

In 24/25 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 24/25 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 this financial year.

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 four 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 72% (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 40% 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 over 24hrs, with some as high as 18% for the year.

ICNARC

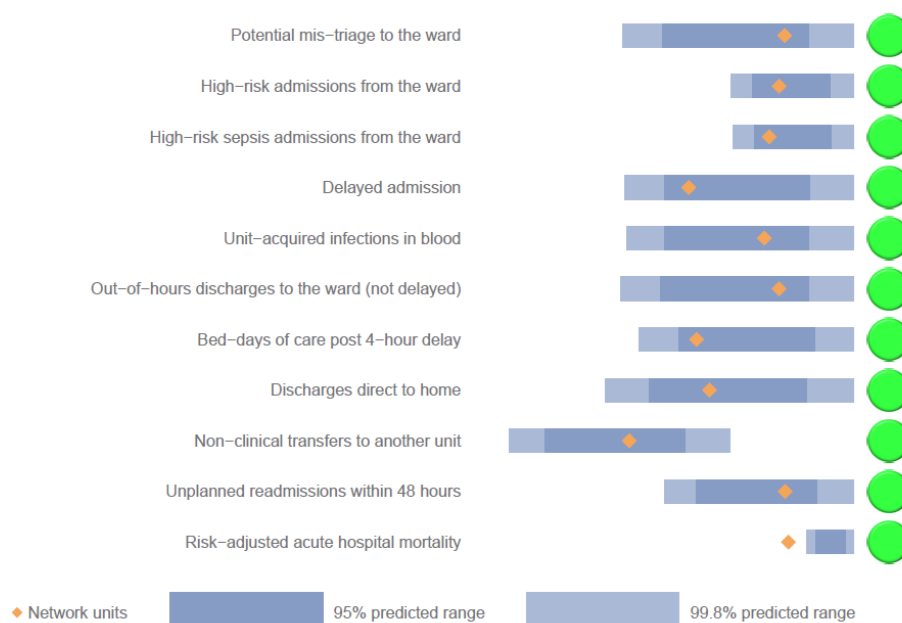
The Intensive Care National Audit and Research Centre (ICNARC) run the ICNARC Case Mix Programme (CMP) in which 100% of all Adult General Critical Care Units participate. ICNARC began producing the standard CMP Network Quality Reports (NQRs) which has ceased production since the covid pandemic. The network 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 261 patients on the previous year (23/24). Of these patients, 30% were elective surgeries, 16% emergency surgeries and 54% non-surgical.

ICNARC CMP has 11 data measures that they compare units to, detailed below.

Thames Valley and Wessex Critical Care Network Report
Network Quality Report: 1 April 2024 to 31 March 2025



Quality indicator dashboard



Full details of how each unit benchmarks with the other units within the network, can be found in the ICNARC CMP Network Quality Report, which has been shared directly with unit clinical leads.

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]	61.3 (17.0) [16546]	60.5 (16.8)
Male, n/N (%)	9742/16546 (58.9)	(58.1)
BMI (kg/m ²), mean (SD) [N]	28.2 (11.2) [16412]	29.1 (18.0)
Ethnic group, n/N (%)		
White	12768/16546 (77.2)	(75.5)
Mixed/multiple ethnic groups	99/16546 (0.6)	(0.9)
Asian/Asian British	553/16546 (3.3)	(5.6)
Black/African/Caribbean/Black British	224/16546 (1.4)	(3.3)
All other	343/16546 (2.1)	(2.7)
Not stated	2559/16546 (15.5)	(12.0)
Index of Multiple Deprivation (IMD) quintile *, n (%)		
1 (least deprived)	4479/15844 (28.3)	(16.8)
2	3694/15844 (23.3)	(18.5)
3	3279/15844 (20.7)	(20.2)
4	2785/15844 (17.6)	(21.8)
5 (most deprived)	1607/15844 (10.1)	(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 (indicators of acute severity)

	Network units	CMP
Source of admission*, n (%)		
ED, emergency admissions unit or not in hospital	4664 (28.2)	(27.5)
Theatre – planned admission following elective/scheduled surgery/procedure	4281 (25.9)	(27.4)
Theatre – unplanned admission following elective/scheduled surgery/procedure	622 (3.8)	(3.2)
Theatre – admission following emergency/urgent surgery/procedure	2680 (16.2)	(17.5)
Ward/intermediate care	3273 (19.8)	(18.7)
Other critical care unit – repatriation	199 (1.2)	(0.9)
Other critical care unit – planned or unplanned transfer	762 (4.6)	(4.2)
Other hospital (not critical care)	65 (0.4)	(0.6)
CPR within 24 hours prior to admission, n (%)		
Community CPR	621 (3.8)	(3.4)
In-hospital CPR	379 (2.3)	(2.3)
NEWS2 within 24 hours prior to referral		
Mean (sd)	6.5 (3.4)	6.4 (3.4)
Low risk (aggregate score 0-4), n (%)	1474 (22.5)	(24.9)
Medium risk (aggregate score 5-6, or any individual score of 3+), n (%)	1781 (27.1)	(26.7)
High risk (aggregate score 7+), n (%)	3310 (50.4)	(48.4)
Hours from decision to admit to admission, mean (SD) [N]	1.4 (1.6) [6710]	1.6 (2.2)
Severity scores, mean (SD)		
ICNARC Physiology Score	16.6 (8.2)	15.5 (8.4)
APACHE II Acute Physiology Score	10.5 (5.4)	10.3 (5.5)
APACHE II Score	14.8 (6.2)	14.6 (6.4)
SOFA Score	5.2 (3.2)	5.0 (3.3)
ICNARC _{V4-2024} model predicted risk of acute hospital mortality (%), median (IQR)	5.5 (1.4, 24.4)	4.2 (1.0, 20.0)

*categories are as defined in the ICNARC_{V4-2024} model risk prediction model

Length of stay

	N Network units	Median (IQR) or n (%)		Mean (SD)	
		Network units	CMP	Network units	CMP
Length of stay in acute hospital prior to admission to the critical care unit (days)*	15854	1 (0, 2)	1 (0, 2)	4 (12)	4 (13)
Length of stay in the unit (days)					
All admissions†	16539	2.6 (1.2, 5.1)	2.8 (1.1, 5.7)	4.7 (7.6)	5.1 (8.4)
Unit survivors	14676	2.6 (1.2, 5.0)	2.8 (1.2, 5.5)	4.7 (7.7)	5.0 (8.2)
Unit non-survivors	1863	2.3 (0.9, 6.0)	2.8 (1.0, 6.9)	4.9 (7.4)	5.8 (10.0)
Duration from reported time fully ready for discharge to time of discharge‡, n (%)					
≤ 4 hours	12352	3936 (31.9)	(34.0)		
> 4 hours and ≤ 24 hours	12352	5750 (46.6)	(40.5)		
>24 hours	12352	2666 (21.6)	(25.5)		
Length of stay in acute hospital following discharge from the critical care unit (days)*§					
All unit survivors	12931	8 (4, 17)	7 (4, 17)	15 (23)	16 (25)
Acute hospital survivors	12073	8 (4, 17)	7 (4, 16)	15 (23)	15 (24)
Acute hospital non-survivors	722	8 (3, 21)	10 (3, 24)	17 (29)	20 (28)
Total length of stay in acute hospital (days)*					
All patients	15561	11 (6, 23)	11 (6, 23)	20 (28)	21 (30)
Acute hospital survivors	13043	12 (7, 24)	12 (6, 24)	21 (28)	21 (30)
Acute hospital non-survivors	2518	6 (2, 16)	8 (3, 19)	13 (24)	16 (25)

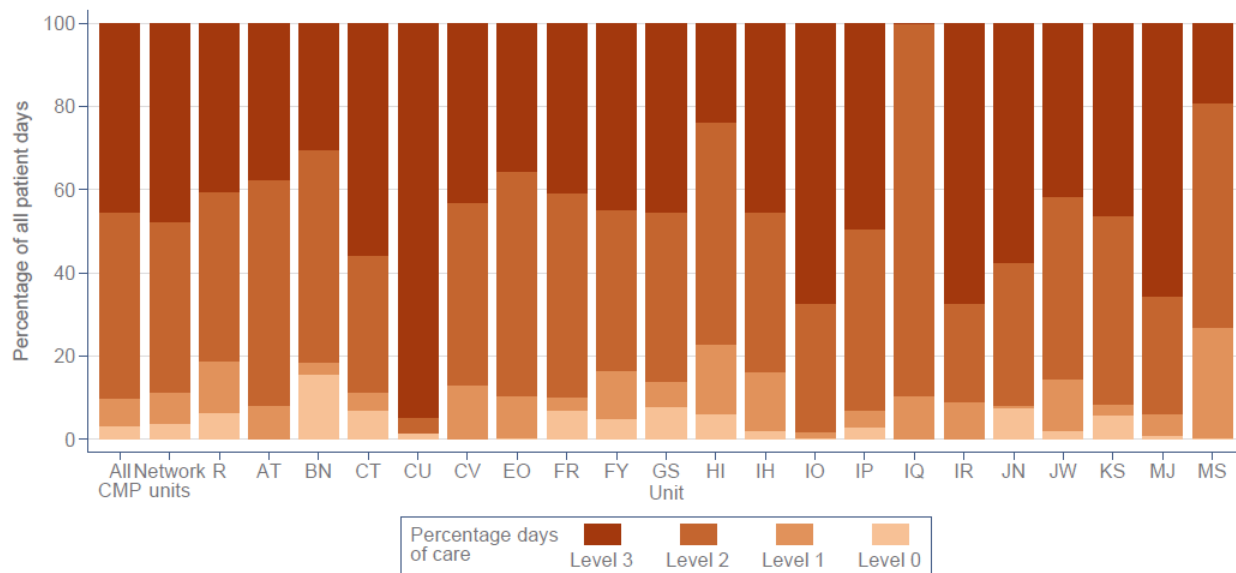
*Excluding readmissions of the same patient within the same acute hospital stay

† 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

Level of care days



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Thames Valley & Wessex
Critical Care Network

