

Chair's Welcome



Welcome to this CC3N newsletter. I am privileged to be the Chair of CC3N since March 2017, and as my term of office draws to a close it seemed an opportune time to reflect of the achievements of the group and to let all our critical care colleagues know about the work we are currently involved in and how we are able to support staff in driving standards for critical care nursing to deliver high quality, safe and effective care for our patients. The group and sub groups (Education and Rehabilitation), work hard to provide resources that help nurses in every day practice in order to ensure high quality care is delivered and we will raise issues and concerns on a national platform to ensure the voice of critical care nursing is represented.

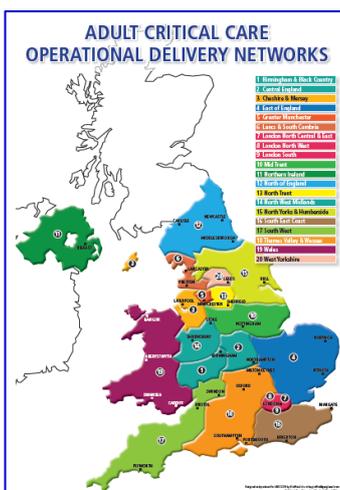
Events

On 8th June 2018 we held our first Critical Care Nursing Symposium in Leeds. The event was attended by over 150 critical care nurses and thanks to our sponsors, delegates were able to secure places at a significantly reduced rate. To close the day, we enlisted the fantastic Steve Head to provide his inspirational insight to ensure attendees left feeling energised, motivated and positive! The event evaluated extremely well and we are planning to repeat a similar event next year, so save the date. It will take place on **Thursday 18th June 2020 at The Studio, 7 Cannon Street, Birmingham, B2 5EP.**

Visit: <https://www.eventbrite.co.uk/e/national-nurse-leads-cc3n-symposium-tickets-69170146771?aff=ebdssbdestsearch>



Website & Twitter



In November 2018 we were excited to announce the launch of our newly designed website. Our goal with this new website is to create a user friendly browsing experience for the critical care community and beyond. There are links to the latest critical care guidance and reports from us, ICS, FICM and NICE. You will also be able to keep up to date with our news updates and have access national critical care events such as the BACCN and ICS conferences. Since its launch in November 2018 there have been over 18, 000 unique visitors, with on average 2500 visits per month. The site has kindly been supported by an educational grant from Orion. Our Twitter account has an increased in popularity over the past 2 -3 years, with just over 1,400 followers now. Don't miss out! Follow us & keep in touch via Twitter @CC_3N or visit our website: www.cc3n.org.uk

Collaborative Relationships

CC3N is fortunate to have a number of collaborative relationships with other critical care relevant groups and forums. It is through these forums we are able to influence and inform critical strategy and clinical practice for the

benefit of staff and the critically ill patient. More detail about our work with these various groups can be found on our website. 3 key relationships are:



Adult Critical Care Clinical Reference Group (ACC CRG)

The ACC CRG consists of a group of clinicians, commissioners, public health experts, patients and carers who use their specific knowledge and expertise to advise NHS England on the best ways that critical care services should be provided. CC3N are fortunate to represent critical care nurses.

United Kingdom Critical Care Nursing Alliance (UKCCNA)

This forum provides a structured mechanism to facilitate collaborative working with all nationally recognised critical care nursing organisations across the United Kingdom. The aim of the UKCCNA is to be proactive and visionary about service requirements, providing quality assurance, enhancing the service, quality of care, patient experience and outcomes in critical care.

Critical Care Leadership Forum (CCLF)

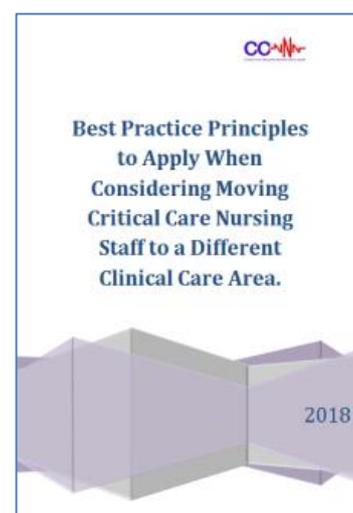
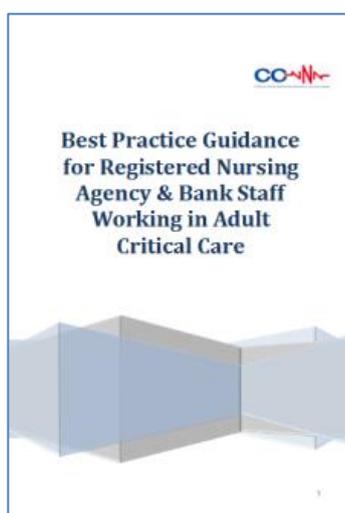
The primary role of the CCLF is to promote UK-wide high quality care for patients with, or at risk, of critical illness through integrating the energies and skills of its participating organisations. The forum aims to act as a single point of reference for accessing specialist advice for national policy initiatives, commissioning, research, audit, education, professional standards and clinical practice.

CC3N have also been involved with the development and endorsement of a variety of key documents relating to critical care nursing, including the recently published Guidelines for the Provision of Intensive Care Services (ICS & FICM, 2019)

Productions

Over the past 2 years, CC3N have produced various resources to support critical care nurses in practice, including:

- Best Practice Guidance for Registered Nursing Agency & Bank Staff Working in Adult Critical Care (endorsed by the UKCCNA).
- Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Care Area (endorsed by the UKCCNA)



Incoming Chair & Deputy Chair



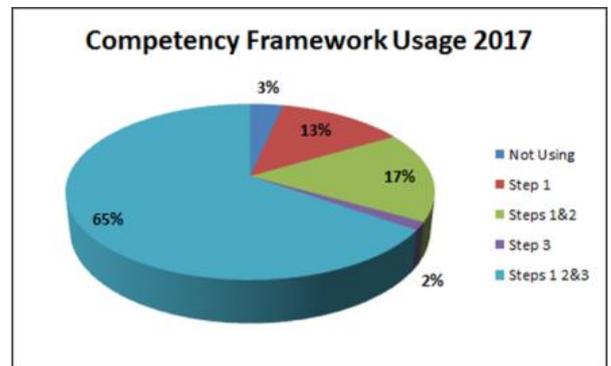
Although I shall be sorry to step down from my role as Chair of CC3N, I am delighted to handover to Julie Platten who is equally passionate about critical care nursing and she has been a wonderfully supportive colleague to me in her role as Deputy Chair. With Julie taking up the reins, we have the pleasure in welcoming a new Deputy Chair; Karen Wilson who is the Quality Improvement Lead Nurse for Cheshire & Mersey Critical Care Network. Best wishes to both of you in your roles.

Julie Platten

Workforce Survey

CC3N conduct a Critical Care Nursing and Outreach Workforce Survey on alternate years. The last survey took place in 2017 and the full report can be located on the website, some key points to note include:

- An increased number of critical care units are seeking to recruit registered nurses from overseas in order to fill vacancies, with some regions reporting up to 50% of the registered nursing staff workforce being from overseas countries. Nationally, 9.9% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.6% being recruited from non-EU countries.
- At the time of the survey there were over 1440 registered nursing vacancies reported in critical care areas, representing 8.35% of the nursing workforce.
- Agency use has reduced since the previous survey, although this is likely to be as a result of the introduction of the cap on agency spending and may not necessarily indicate improved staffing numbers.
- There are now fewer regions with in excess of 20% of the nursing workforce over the age of 50; however this represents a loss of critical care nursing experience between the years these surveys took place.
- At the time of the survey, 18 critical care units reported an annual staff turnover in excess of 20% with some as high as 42%.
- Although there has been an increase in the number of Advanced Critical Care Practitioners (ACCPs) to support medical staffing rotas, these posts are mostly filled by experienced nursing staff.
- There has been a significant increase in the adoption of the CC3N national step competency framework to support critical care nurse education programmes.
- 48.8% of registered nursing staff have completed an academically accredited critical care course, there are however serious concerns about the reduction in Continuing Professional Development (CPD) funding and the impact that will have on the access and provision of future post-registration critical care nurse education.



Survey Highlights Relating to Critical Care Outreach Teams (CCOT)

- There has been increase in hours covered by CCOT between 2015 and 2017 with fewer teams covering Monday – Friday and more providing Monday – Sunday or 24/7 cover.
- There has been an increase in the proportion of band 7 and 8 staff (in particular band 7) and a decrease in the proportion of band 2 – 6 staff in CCOTs.
- The overall average turnover and sickness rates remain low amongst CCOT staff.

This survey will be repeated in autumn this year and details will be sent out via your Critical Care Network Lead Nurse /Manager. **PLEASE COMPLETE THE SURVEY AND RETURN IT BY THE DEADLINE**

Staff Moves Survey

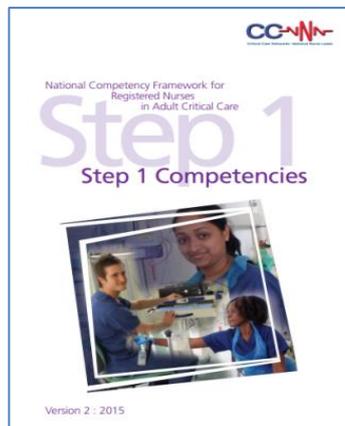
Many of you are reporting increasing requests to fill gaps in staffing establishments in other areas of your hospital. Whilst it is accepted that such instances are required occasionally due to unforeseen circumstances, there is a concern that critical care staff are frequently moved which can affect the quality and safety of care delivery on critical care, but it also has the potential to affect staff wellbeing and in turn adversely impact upon retention. As part of a national project carried out by the UK Critical Care Nursing Alliance (UKCCNA), CC3N has agreed to periodically carry out a 'movement of staff' survey in order to quantify the issue. **The data collection period for the next survey is 14th – 27th October 2019.** A summary report will be made available via the CC3N website later this year.

**CCNERF
EDUCATION UPDATE**

Critical Care Nurse Education Review Forum (CCNERF)

The Critical Care Nurse Education Review Forum (CCNERF) is a national group of interested Lead Nurses, Practice Educators and Higher Education Institute (HEI) colleagues who wish to contribute, inform and shape the future of critical care nurse education; It is the educational 'arm' of CC3N.

The group is passionate about education and recognises that excellent nursing care in critical care starts with good education. It is a very active group and has regularly contributed work at National Conferences such as British Association of Critical Care Nurses (BACCN) and Intensive Care Society (ICS) conference.



The group has written and produced agreed Critical Care Nurse Education Standards and the National Competency Framework, and works hard to ensure regular review of these and develop additional new competencies. **All documents are available to download on our website.**

Chair: Samantha.Cook@mft.nhs.uk
 Deputy Chair: Sarah.leyland@stgeorges.nhs.uk

Rehabilitation Sub-Group

The Rehabilitation sub-group of CC3N was a multi-professional task and finish group set up in October 2015 by Karen Cotton (Lead Nurse, East of England Network). The objectives of the group were to:

- Facilitate progression of rehabilitation services nationally for the benefit of patients.
- Clarify and aid implementation of national standards.
- Share good practice and to offer solutions or suggestions where compliance with standards had been difficult to achieve.

Group achievements:

- A national survey was carried out against the 2015 GPICS standards relating to rehabilitation.
- A national survey report was completed April 2017, the findings of which were used to influence standards and other publications; these included the Adult Critical Care Service Specification (D05), NICE Quality Standards (QS) 158 (2 group members on the QS committee) and GPICS V2. The Chair of the rehabilitation sub group also co-authored the GPICS rehabilitation chapter.
- Development of an advisory national 'Critical Care Rehabilitation Handover' document to accompany a medical and nursing discharge summary when patients are discharged from critical care. This is to aid compliance with Quality Standard 158 No. 2.

The document has been endorsed by the Critical Care Networks and the Intensive Care Society, available here: <https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/CollaborativeGuidance.aspx>

Multidisciplinary team (MDT) involvement during critical care	Contact details of critical care MDT	Referral made on discharge	Date referred made
Physiotherapy	Yes / No	Yes / No	
Occupational Therapy	Yes / No	Yes / No	
Speech & Language Therapy (SLT)	Yes / No	Yes / No	
Dietitian	Yes / No	Yes / No	
Contact for any psychological assessment / treatment	Yes / No	Yes / No	
Pain Team	Yes / No	Yes / No	
Pharmacy	Yes / No	Yes / No	
Other (specify) Alcohol specialist, smoking cessation, sexual health etc.	Yes / No	Yes / No	



Information requests to CC3N

If you want to improve patient care what's your first port of call? A journal, a book, Google or do you ask your colleagues? For many people asking a colleague might be the first port of call, after all they may be able to offer wise words of wisdom.

What if there were lots of people you could ask for assistance? Well there is...!

CC3N have a repository of information requests over the last few years regarding critical care, aspects ranging from 'Which type of incontinence pads do people use for patients?' to 'How many units have single room only critical care units?'

If you have a query and want to see whether anyone else has any information on it then contact your local Network Lead Nurse who will forward the query to Karen Berry – Lead Nurse for the Greater Manchester Network, who will pose the question to all the other Network Lead Nurses who in turn will disseminate to critical care units in their network via Matrons and Lead Nurses. This means there are a possible 288 other people you can ask for advice & support!

Not all requests for information generate a response but if you don't ask you won't find out!