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**Adult Critical Care Networks**

**England, Wales & Northern Ireland**

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| **Action Notes - DRAFT**  **NATIONAL CRITICAL CARE NETWORKS**  **DIRECTORS/MANAGERS MEETING**  **Tuesday 9th July 2019**  **Venue – 15 Marylebone Road, NW1 5JD** | | | |
|  | | **Present** | |
| Andrea Baldwin (ABa, Co-Chair), Graham Brant (GB, Co-Chair), Lesley Durham (LD), Sue Shepherd (SS), Angela Walsh (AW), Bincy Padiyara (BP), Julie Platten (JP), Melanie Wright (MW), Gezz Van Zwanenberg (GVZ), Mike Carraretto (MC), Rose Tobin (RT), Steven Cook (SCo), Sarah Clarke (SC), Kujan Paramanantham (KP), Victoria Parr (VP), Maureen Issott (MI), Dan Dineen (DD), Helen Morrison (HM).  Telephone participation from Jane Eddleston (JEd)  *Meeting note-taker Andrea Baldwin (for Dan Dineen)* | | | |
| **2.0** | | **Welcome and Apologies** | |
| ABa and GB welcomed everyone to the meeting and introductions were made. Helen Morrison in attendance (Commissioning Lead for Trauma Programme of Care & ACC CRG).  **Apologies** were received from: Claire Horsfield, Sue O’Keefe, Andrea Berry and Caroline Wilson  ABa kindly agreed to take notes of the meeting. | | | |
| **3.0** | | **Confirmation of minutes from previous meeting** | |
| The minutes from the last Directors/Managers/Medical Leads meeting held on the 14th December 2018 were approved as an accurate record – there was a minor typographical error which has been corrected for signed off.  **3.1 Action Log**  **3.2 Matters Arising**  **Action No 3. GIRFT –** update provided by AW. Structure of GIRFT ‘teams’ was described as varying across the country and some regional teams seemed not to be linking with networks, ultimately high level governance structure attendance. Some sensitivity around data being seen by commissioners which may be either in accurate or contentious; MC questioned the variability and original submitted data felt to be out of data. Discussions confirmed inclusion of ODN in visits varies; MW has attended 10 visits taking approx. 2 hours each. Turn around report/summaries not consistent, MC felt these inconsistencies were worrying. KP asked if the intention was to produce 1 national report, AW confirmed this is the aim. RT fed back that attendance at meetings was felt too high level and didn’t include ‘shop floor staff’. GVZ reported that there was lack of ‘next steps’ actions from visits, this may be addressed in the national reports. SCo reported that for the Burns GIRFT, he had been asked for his network work programme to aid discussions and experienced active engagement with the network.  **Action No 5.** – Paed Review. Refer to point 8 updates on this topic.  **Matters arising not on the agenda:**  **ODN funding going forward (SS)**. SS suggested this was a standing item to ensure resilience, this was supported. HM informed all that ongoing support for ODNs is not in question. MC felt challenges to ODN outputs and effectiveness will continue where teams are already lean especially with medical/nursing staff roles. **Action: SS to collate current ODN funding and any issues.**  **Frailty work (MW) across ODNs.** MW asked what work were ODNs involved in with regard frailty. SC reported MT CRG has clear frailty scoring processes, 4 pilot sites programme driven by NHSE. Regional tool kit. ICNARC starting to commence frailty data collection. Concerns were raised with regard the different frailty tools used across CRGs/specialities and that this should be better coordinated.  **Enhanced care:** ODN responsibilities with Enhanced Care work. Draft document gone to CC3N only for comments, LD was one of our ODN nominated reps for this work but hasn’t had any communication since the first meeting. Concerns whether these areas will come under the remit of CC; Input into these vary across ODNs. On ACC CRG work programme. FICM paper out for consultation soon.  **Action: LD to pick up with Alison Pittard ODN input in Enhanced Care document.** | | | **SS**  **LD** |
| **4.0** | **Notes and Evaluation from AGM – April 2019** | | |
| Notes and evaluation shared; thanks to JP for gathering feedback which was generally well evaluated. Co-Chairs asked for support to use the venue for the next meeting in 2020 (20th or 27th April 2020 proposed dates which avoids Easter) this was agreed.  **Action: Identify suitable date in Birmingham for April 2020 Annual Meeting** | | | **ABa** |
| **5.0** | **Group Governance** | | |
| **5.1 Updated Terms of Reference**  Thanks to SS who had updated these and then a minor change made by ABa. Questions arose about whether SCNs still exist, and these were variable around the country with some still existing but may be called something else. Helen commented that every meeting she is in asked to set up another network.  **Action:** **AW offered to send suitable words & suggested changing terminology for Wales & NI, GB to update TOR accordingly.**  **5.2 Engagement Strategy**  ABa has produced a draft following AGM discussions in April, and welcomed comments. Discussion followed with concerns from some that ODNs will be held to account on who we engage with and the resources implications. HM felt this was generally a good document that articulated the ODNs collaborative role. ABa clarified that the collaborative reference made to the ICS was as an example and there is no formal mandate to engage with them should an ODN not wish to. Generally felt to be worthwhile and useful to have a national Engagement strategy, especially for those networks that had not yet produced similar documents, but needs to be more concise with an introduction and recreated more as a set of principles.  **Action:** **Comments/ideas for Engagement Principles to ABa (all). Further versions to be circulated by ABa via email.** | | | **AW / GB**  **All**  **ABa** |
| **6.0** | **Critical Care Transfers** | | |
| HSIB report and ICS guidance released which could be used by ODNs for audit.  Ambulance design & spec: due to change, and a national review of ambulance standards may cause difficulty for critical care transfers e.g. self-loading trolleys, smaller vehicles may mean FERNO trolleys will not fit, may not accept existing unit trolleys if they can’t prove regular annual maintenance. GVZ suggested ODNs link with regional ambulance services on activities and that a national specification is possible, to address things like safe stowage. GB/MW said they were aware of work locally, with some impact on trolley usage.  Safer Transfer App (STrAPP): GVZ looking at potential to adapt the App for use across ODNs. SC suggested a business case for a national App which may be more cost effective. Potentially costing £10K each to develop.  Transfer Standards: GVZ felt a core dataset for ODNs related to transfers would be useful and offered to share the tool comparing new with previous standards (blank means either new or no longer applicable). ICS guidance is not mandated; therefore MC asked is it the expectations ODNs are ‘responsible’ for transfers? SC stopped auditing at network level and has devolved responsibility to receiving units who inform ODN of any issues.  KP is working to improve processes/digital software to capture transfer data.  GVZ Risk assessment form/algorithm for different transfers. SC – incident form if no transfer document received at site.  DD felt intra-hospital transfers were more problematic and difficult to capture, and encourage trusts to do their own audits on standards/quality of practice. SC informed in the NW there is an expectation that standards of care equally apply to inter and intra transfers. ABa asked how intra-hospital transfer data is captured. GVZ agreed there is no good digital data capture systems within hospitals, but they have forms with core data set which is sent back to the network. MC asked what are the expectations of ODNs who don’t have transfer activity as a key work stream. GVZ suggested ODN review why they don’t audit or have a core minimum dataset to monitor quality.  Intra-hospital transfers: Intra-hospital digital documentation in use for London. The process for governance of transfers varies around the country; SC felt in the NW the numbers and quality has significantly improved.  Deaths in Transfer: KP asked about ‘deaths in transfer’ and how deaths in transfers are managed as it is difficult to pronounce death in transfer. General agreement was to go proceed to destination (or nearest hospital) to declare death.  **Actions:**   * **Could ODNs share any policies on ‘death in transfer’ with KP?** * **GVZ to share ICS Transfer guidance mapping tool, Transfer triage tool, Transfer DNACPR form** * **Information on any changes to regional ambulance fleet and potential issues please to GVZ** | | | **All**  **GVZ**  **All** |
| **7.0** | **Updates from National groups/key topics** | | |
| **7.1 CRG:** JEd provided an update via telephone supported by the presence of HM.  **CC Funding –** proposed changes for CC funding model for critical care in development led by Donald Franklin & Ashley Dixon Revisiting concept of highest number of organ support level x LOS, concerns were raised about units with higher LOS/OS and loss of income. There is a desire to harmonise payments, and if so should this be local or national tariff, however there is currently no clear benefit on having national tariff, options will be tested with the CRG. The blended payment papers not previously seen were kindly circulated by HM, these identify a fixed amount of money for staff and infrastructure (80% of current budget) 0 or 1 organ support, plus activity based contract (20%) based on the previous year’s total number of organs supported. JEd is keen to identify other pilot sites of a mixture of sizes to test out the funding model, over and above the 4 units currently participating. MC asked if first year could be ring fenced to avoid unexpected swings in funding. Modellers developing draft guidance but HM felt it would to take some years to change any finally agreed funding model. All felt it would be useful to hold a workshop so ODNs can clearly articulate to regional units the ‘ask’.  In contract this year commissioners are not paying for only level 0 and those with discharge delay >24 hrs, mechanism for retrospective analysis of this is unclear.  HM - NHS digital reviewing all data sets that NHSE pays for (includes ICNARC). A desire to move to daily data collection. Attendees reported a lot of units do this already. The South West have tried it and via Wardwatcher was fine, others may be more difficult. ABa offered to do a survey on how many use Wardwatcher & what other systems are used.  **Actions:**   * **All to review the document shared and any questions to be sent to GB for collation.** * **HM & JEd to identify a CC Payment Reform workshop ASAP.** * **Undertake survey on CC data collection systems used in units across ODN**   1. **CCLF (GB) –** no update next meeting 10th September, GB to attend. Carl Waldman now Chair of this forum.   2. **CC3N/Nursing Alliance (JP) –** CC3NSymposium planned for 20th June 2020 at The Studio Birmingham. Encourage staff moves survey completion.   3. **DoS (GB) –** DoS now listed in DO5for completion twice daily.   4. **NOrF (LD) –** Linking with Patient Safety congress on Deteriorating patient and OR teams. **Action: LD to forward details**   5. **EPRR (AW) –** No major concerns to report. ED (emergency dept) flu guidance coming out soon. **Actions: AW - PHE summary report on flu guidance to be shared. SC will provide link in BMJ on flu article.**   6. **ICS – GPICS2:** GPICS2 released. Plans in development creating a tool for unit self-assessment against the standards, supported by the Medical Leads; possibly ready for October. DD felt there was still clarity required on 1:8 medical ratio, is this based on level 3 beds or just patients?   MC had unfortunately left the meeting but concerns were raised that the Medical Leads are agreeing activities on behalf of the ODNs without wider consultation/agreement. Suggestions were made that in future formal updates were made on the Medical Leads work/links and plan of activities and links. **Action: Request update from MC on Medical Leads activity plan** | | | **All**  **HM**  **ABa**  **LD**  **AW**  **SC**  **ABa** |
| **8.0** | **National Paediatric CC Review** | | |
| JH provided an update to members on the national Paed Review (presentation attached).    Highlights were:   * Background info provided, been running 3 years. * S Thames & Y&H test site areas for ODN model of care. * Level of Care data required other than that provided via PICA Net. Data not used as a basis for commissioning therefore no drive to improve. * Impact on ACC and the need to ensure importance of appropriate skilled team in caring for ‘occasional’ paed admissions. * Future NHS toolkit going live today, resources to help set up Paed ODNs, including best practice documents, transport services etc. Access through NHS.net account by invitation, this group welcome to have access. * Commissioned Paed GIRFT review with NHSE to commence early 2020. Led by Kevin Morris & Peter Mark Fortune. * Guidance for level 1 and 2 PCC standalone services. * Paed ICS started review of PIC standards. * Governance process important for success – NHSE/CCGs/ODN collaboration * Paed ODNs strategic priority for NHSE – regional paed networks to be established from April 2020 (x10) * 3 -5 year planned for adoption of effective working model of care for units. * Summary Report imminent   Questions raised included:  MW – Is there an expectation for Paed ODN to be standalone? Yes!  SCo – Will there be any national dashboards? Yes these are listed in the toolkit!  SC – ACC ODNs important for transition, this is included in the tool kit!  ABa – Are paeds funding for ACC stay? South West said looked as though it was included their area.  SCo – ODN role of managing capacity? Surge  LD – Were ACC ODNs engaged in development of the toolkit? Test sites felt this was not a problem FICM/ICS felt this was not representative; therefore recommends regions engagement with ACC before any changes to models of care.  KP – ODN commissioning standards expected as part of contracts,  AW – asked about paeds retrieval service specification, workshop in progress with the aim of standardising across England but significant differences currently.  AW – Funding of paed services, bed days? PCCMDS will eventually identify activity, funding on block basis by NHSE  MC reported local review of paed services as did other ODNs. LD offered to chase up ODN formal links with the national review team with Ganesh.  **Actions:**   * **JH agreed to provide regular update to ODN Directors for future meetings.** * **LD to chase up ODN formal links with the national review team with Ganesh.** * **Send your NHS.net address to generic address at end of slides for access to the tool kit** | | | **JH**  **LD**  **All** |
| **9.0** | **QI quickie** **– Maternal NEWS** | | |
| ABa asked the group if they supported having a regular 10 minute slot on the agenda for an ODN to share and aspect of Quality Improvement (QI) work. This was supported.  SC shared the work between taking place across C&M and LSC on developing a Maternal NEWS to support better maternal care; this collaborative work is with the Maternity SCN/NW Coast AHSN. LD is was good to be proactive and felt a national tool is likely to emerge at some point and informed all that Scotland have a tool. **Action: LD to share Scotland’s maternal NEWS tool.** | | | **LD** |
| **10.0** | **Future group activity/work plan proposal** | | |
| Following on from the AGM feedback GB shared the key themes and possible ‘plan’ that would steer the remit of the ODN group (this format is based on that produced by SCo for the MT ODNs). AW suggested caution that this should not be seen as an ODN performance management tool as key deliverables will be identified regionally. All agreed this needs to be high level with outputs mapped to other groups. LD thought it was a good start setting out ODN objectives and this would be especially useful for new ODN teams and support the ODN service spec (2013) which has not been updated. SCo suggested the 4 areas identified in the slides presented by AW/SS at the AGM should essentially form the basis for continued a work plan. GB agreed to ensure these are not overlooked.  **Action: HM offered to re circulate the ODN service spec (2013)**  **Action: SC offered to share her CC & major trauma work programme.** | | | **HM**  **SC** |
| **11.0** | **Group Admin and Schedule** | | |
| * 1. Dates of meetings 2019/2020   2. Finance Report – update. Verbal update given by ABa**. Action: Circulate financial report** | | | **ABa** |
| **12.0** | **AOB** | | |
| * Discussions on whether future meetings should remain at 10:30 or revert to 11am? All agreed with a 10:30 start. * ABa asked for support to use ODN funds to send flowers to Andrea Berry following her recent bereavement. This was unanimously supported. **Action: ABa to arrange flower delivery** | | | **ABa** |
| **Date and Time of Next meeting** | | | |
| **Future Meetings 2019:**   * Wednesday 16th October 2019, 10:30 – 15:00hrs – 15 Marylebone Road London NW1 5JD, Directors/Managers and Medical Leads * Wednesday 8th January 2020, 10:30 – 15:00hrs – Plough & Harrow Birmingham, Directors/Managers only * Monday 27th April 2020 Annual Meeting - The Studio, Birmingham, All ODN teams | | | |

**Action List – National Critical Care Network Directors Meeting – 9th July 2019**

| **Action No.** | **Action** | **By Whom** | **Completed** |
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| **1.** | Collate current ODN funding and any issues. | SS |  |
| **2.** | Pick up with Alison Pittard ODN input in Enhanced Care document. | LD |  |
| **3.** | Identify suitable date in Birmingham for 2020 April Annual Meeting | ABa |  |
| **4.** | Send suitable words & suggested changing terminology for Wales & NI. GB to update TOR accordingly. | AW & GB |  |
| **5.** | Comments/ideas for Engagement Principles to ABa (all). Further versions to be circulated by ABa via email. | All / ABa |  |
| **6.** | Could ODNs share any policies on ‘death in transfer’ with KP? | All |  |
| **7.** | To share   * ICS Transfer guidance mapping tool * Transfer triage tool * Transfer DNACPR form | GVZ |  |
| **8.** | Information on any changes to regional ambulance fleet and potential issues please to GVZ | All |  |
| **9.** | Review the CRG documents shared and any questions to be sent to GB for collation. | All & GB |  |
| **10.** | Identify a CC Payment Reform workshop ASAP. | HM & JEd |  |
| **11.** | Undertake survey on CC data collection systems used in units across ODN | ABa |  |
| **12.** | Patient Safety congress on Deteriorating patient and OR teams, information to be shared. | LD |  |
| **13.** | Australian report on flu guidance to be shared | AW |  |
| **14.** | Provide link in BMJ on flu article. | SC |  |
| **15.** | Request update from MC on Medical Leads activity plan | ABa |  |
| **16.** | LD to chase up ODN formal links with the national paed review team with Ganesh. | LD |  |
| **17** | Send your NHS.net address to generic address at end of the slides for access to the Paediatric tool kit | All |  |
| **18.** | Share Scotland’s maternal NEWS tool. | LD |  |
| **19.** | Re circulate the ODN service spec from 2013 | HM |  |
| **20.** | Share C&M CC & major trauma work programmes. | SC |  |
| **21.** | Circulate financial report | ABa |  |
| **22.** | Arrange flower delivery for Andrea Berry | ABa |  |

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| **MINUTE TAKING ROTA FOR FUTURE DIRECTOR MEETINGS 2019/2020:** | | | |
| 8 April 2019 | AGM | Birmingham | Steve Cook |
| 9 July 2019 | Directors/Managers | London | Andrea Baldwin for Dan Dineen |
| 16 October 2019 | Directors/Managers and Medical Leads | London | Dan Dineen |
| 8 January 2020 | Directors/Managers | Birmingham | Victoria Parr |
| 27 April 2020 | Annual Meeting | Birmingham | Bincy Padiyara |