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| **Action Notes - DRAFT**  **NATIONAL CRITICAL CARE NETWORKS**  **DIRECTORS/MANAGERS MEETING**  **Friday 14th December 2018**  **Venue – 15 Marylebone Road, NW1 5JD** | | | | |
|  | | **Present** | | |
| Sue Shepherd (SS, Co-Chair), Angela Walsh (AW, Co-Chair), Andrea Baldwin (ABa), Graham Brant (GB), Lesley Durham (LD), Bincy Padiyara (BP), Julie Platten (JP), Melanie Wright (MW), Gezz Van Zwanenberg (GVZ), Mike Carraretto (MC), Rose Tobin (RT), Caroline Wilson (CW)  *Meeting note-taker Graham Brant; edited by Co-Chairs* | | | | |
| **2.0** | | **Apologies and Welcome** | | |
| AW welcomed everyone to the meeting and introductions were made.  Apologies were received from: Steven Cook, Claire Horsfield, Sue O’Keefe, Dan Dineen, Sarah Clarke, Andrea Berry, Kujan Paramanantham, Victoria Parr, Jayne Andrew  Graham Brant 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 11th October 2018 were approved as an accurate record – there was a minor typographical error which has been corrected for signed off.  **Matters Arising**  **Network Review Tools** – SS summarised the different tools supplied by the Networks and provided a brief summary of what the different networks had in place. There was commonality and some differences in approach depending on the types of reviews and content. Networks were also awaiting any updates dependent upon pending national documents (D05, GPICS2 etc.). The sample of information was not yet complete so SS asked for any remaining networks wishing to submit to do so. The collation of information will inform the work to be undertaken by Paul Dean (from the medical leads group) who is working on common core peer review tool/ principles document. Networks can add to their current processes as deemed appropriate but this is not a rewrite of existing good practice or detailed agreements in place at a local level. Also peer review is only one type of review that some networks have extensive skills in undertaking.  **ACTION 1: Networks who have not responded to do so asap. SS to send the document around electronically once all those who wish to submit have done so – to be circulated 30 January 2019**  **ICS Transfer Working Group** – The anonymised Network data that was provided has been sent to the ICS Standards Group for consideration as per agreement at the last meeting. There was a desire to work closely with other agencies to ensure the ICS guidance works well with other guidance. GVZ advised that in order to consider at a national level the data submitted on incident systems by Trusts, all transfer incidents would need to be reported locally under “critical care transfer”. Otherwise impossible to identify the incidents as transfer incidents within the data. The ICS transfer guidance is now at the Standards Committee so should be out to public consultation shortly.  The ICS standards and guidance committees are developing a standardised tool that allows any document they produce to be assessed against the appropriate tool. This principle was welcomed by members.  **Action Log Update**  All actions were either completed or included within the main agenda | | | **All/SS** | |
| **4.0** | **Update from National Critical Care CRG** | | | |
| Kat Young has now taken up her role of Associate Director of Strategy and Transformation. The Critical Care Lead Commissioner role over currently sits with Helen Morrison in the interim. Ganesh Suntharalingam has replaced Gary Masterson as the ICS representative to the CRG.  **Changes to National CRGs** – AW reported that JE had announced that changes in the number and composition of national CRGS are afoot. A document from NHS England would be published shortly setting out details. Whilst there would be a reduction in the number of CRGs, the Critical care CRG will be retained. The paper from NHS England will also set out how the CRGs will be comprised and the appointment/application for membership mechanism. JE also announced that she was stepping down as CRG Chair in March 19. No dates have been released for 2019 meetings as yet in view of the changes (as dates can only be set once chair and members have been appointed).  **ACTION 2: – AW to feedback any further updates**  **Paediatrics review -** AW also reported that Janette Harper from NHS England had presented on the progress of the paediatrics review and had provided some initial considerations for the adult critical care world similar to that given to our meeting in October. CRG members also flagged transition to adult units and requirements for long term ventilation. It is expected a toolkit will be available in March 2019 which will provide various models for the future of Paeds critical care in a networked service.  **Lead Commissioner model concept** – AW reported that the principle of lead commissioner for critical care is being progressed by NHSE though not clear yet if this is for site, trust or unit. Responsibility for payment rules will remain the same. The overall intention is that all critical care activity can be seen in one place. There was discussion in the room about this.  **Enhanced Care Service** – Led by Alison Pittard at FICM, this is looking at post-surgical patients. A small focus group is being held in February 2019 with a report expected in March 2019. There are various models/examples available so the aim was to offer guidance rather than specific standards. Ultimately it is likely to sit under the Critical Care CRG.  **Frailty Project** – MC reported that an NHSE project starts in the spring of 2019 in five pilot sites. Dani Bryden (F) is looking at best improvement decisions. This is not a tool to prevent ICU admissions but a screening tool at the point of patient referral (CriSTAL Model) more details available at [www.scfn.org.uk](http://www.scfn.org.uk) Work will also include looking at poly-pharmacy.  **D05 consultation**- AW reported that the D05 consultation was now closed and 53 comments were received. The CRG confirmed no major changes proposed. The CQC will use the D05 (once ratified) for inspections. CCGs will be expected to use this service specification as well as NHSE. The draft “spec” will now go to the Trauma board meeting in January 2019 with the plan being for it to be in contracts for April 2019.  **CART Therapy**- T Cell therapy that will require patients to have a critical care stay is to be tried in 8 pilot sites. Whilst it requires critical care support for patients, it is thought it will reduce the need for bone marrow transplants in certain cancers in the future.  **ACC Data group** – no update since the last meeting. | | | **AW** | |
| **5.0** | **Getting It Right First Time (GIRFT)** | | | |
| AW provided an update and reported that Anna Bachelor and Caroline Beadle were carrying out the critical care visits in batches and on a regional basis. Regarding process, the Trust invites the Network and shares their data, not GIRFT (though networks are notified of dates). Anna Bachelor leads the meetings held with Trusts although this does not include a site visit. Meetings last about 2 hours and may be based on Trust (multiple units) or unit level. The data pack is discussed with the Trust for comment and background. Follow up reports are provided to the Trust by the GIRFT visiting team. Networks or commissioners will not be sent the report. There will an overarching report by GIRFT towards the end of the process. As well as the clinical work streams, there are GIRFT implementation teams in each region. These link with Trusts on an organisational and a workstream basis. The GIRFT implementation team follow up after the report is received in the Trust and work with the Trust on issues and themes raised during the visit. There are also ambassadors in each region.  **ACTION 3:** **AW to share link names for the GIRFT leads for specific regions once received**  AW had asked for the GIRFT regional implementation team link names to circulate in order to join up with networks. This list was awaited. She had also asked that they consider attending and presenting progress so far at the National Networks’ AGM in April with Anna Bachelor.  **ACTION 4: GB and ABa to include a section in AGM agenda for key GIRFT themes and to extend invitations to GIRFT in good time** | | | **AW**  **GB/ABa** | |
| **6.0** | **Paediatric Critical Care review** | | | |
| At the October 2018 meeting, the Paediatric review team presented the current status of the review and proposals to the group. LD had subsequently attended the paediatrics review stakeholder meeting in November representing this group and adult critical care.  LD reported back a number of points including   * 240 unfilled medical posts in the UK for Paeds ICU * acknowledgement that DGHs may not have the skills to take level 2 patients so this may be relooked at by the team * GIRFT includes data for transition age patients (under 16s) who are using adult services – taken from ICNARC data   The review will produce a toolkit at end of March 2019 and will allow different interpretation at a regional level to meet local needs.  The Director/Managers group were looking to add content to the toolkit pertaining to networks and to links to adult services. The agreement at the October meeting was that a joint group with ICS input would be set up by the group. DRAFT terms of reference for the group had been prepared by AW and these were agreed and signed off.  A letter is to be sent by AW to the team from this group suggesting data capture from ICNARC on under 18s in adult units and also with a specific request for clarity on input to the toolkit and timelines as nothing more was forthcoming at the moment.  **ACTION 5: AW to send letter to Paeds team** | | | **AW** | |
| **7.0** | **EPRR** | | | |
| AW reported on updates in EPRR  EPPR - Burns exercise held in October with information for con-ops. This contained some information for the burns annexe and transfer guidelines.  Fax machines – EPRR NHS England has confirmed the need to continue to use fax as a resilience tool in EPRR incidents not withstanding they are being being phased out elsewhere in the NHS. Further information in due course  **ACTION 6: AW to circulate the memo with notes (included herewith)**  Patient safety alert issued on 5th December regarding management of unidentified/unknown adults when there are multiple casualties. Advice provided on numbering and identification.  There was also an update on countermeasure drugs and waste.  UK protect has updated its staying safe message following the Strasbourg incident  Surge- Revised paediatric IC surge SOP (original was 2016) available as an updated 2018 web version <https://www.england.nhs.uk/publication/paediatric-intensive-care-surge-sop/>  Some changes to note:   * Paediatric bed state on pathways DOS has changed * PICU have removed OPEL 3 & 4 (highest is now 2) * Lead commissioner in Paediatrics is now Cathy Brennan | | | **AW** | |
| **8.0** | **D05 Service Specification Benchmarking tool** | | | |
| GB/ABa and MW updated the tool following the latest draft of D05. CW has tested the updated tool in the South East. Some of the thresholds for compliance were difficult but units quite liked the fact that the tool provided an illustrative example of how they are doing.  A number of units rely on self-declaration of standards and the question was asked as to whether as a group we were happy with this and can networks assess levels of compliance across their patch in this way?  There was a suggestion that a scale be used instead of met/unmet/partially met or that percentages met were used instead.  The tool has to be useful for each network and useable in each unit.  The group agreed that sticking with met, partially met, not met and not applicable as the core tool enabled units to broadly compare themselves over time since the original assessment in 2016, and was useful in the context of the specification being issued shortly.  Any adaptations of this can be at a local level. It was recognised that some Networks are already using the previous Benchmarking tool either in isolation or incorporated in assessment/review processes and it was appreciated that Networks utilise the revised tool as appropriate once finalised on publication of D05.  **ACTION 7: ABa to finalise tool on publication of D05 and circulate to Group members** | | | **ABa** | |
| **9.0** | **Critical Care Networks - Funding** | | | |
| SS advised the group that the provisional response on network funding for the next year was to continue with top slicing using a 0.1% CQUINN money. Ideally funding would be confirmed in the early New Year along with the duration (it was for 2 years last time).  The group noted that it will need to ensure that the Value for Money (VFM) toolkit is up to date for 2019.  **ACTION 8: SS to circulate ODN funding notice once received/published** | | | **SS** | |
| **10.0** | **National Updates** | | | |
| **ICS**  ICS – There has been an invitation from the ICS for the National Networks Directors/Managers’ group to be an associate member to the ICS Council – it was agreed that AW or SS would attend the January ICS meeting as Co-Chair of this Group. MC has also been co-opted to the council as Chair of the National Networks Medical Leads Group.  The ICS are keen to link ACC networks with what they are doing. To this end if guidance is produce Networks may be asked to be involved in assisting units locally to implement the guidance.  ICS have 16 new guidelines under review. As well as these, levels of care are also under review.  They also wish to consider the MoU on beds and tertiary services that the medical leads produced to see if it can be further supported/adopted by the ICS.  The ICS are also looking at the results of the GPICS2 consultation.  Removal of VAS Caths was discussed following a regulation 28 notice. Discussions are on-going and awaiting guidance (see attached).  **FICM**  MC also sits on the FICM professional affairs group on behalf of the National Networks Medical Leads Group. FICM have a number of work streams on-going at present. FICM are incorporating feedback from GPICS2 Consultation. Medical workforce workshops are on-going at present. Leadership in Critical Care meeting taking place in October 2019 - it is a closed meeting although networks will be invited. There will be workshops, etc. and more details are to follow .  **ACTION 9: MC to advise of Network attendance at October 2019 meeting**  **CCLF**  Minutes of the last meeting were circulated with the agenda. CCLF members are requested to suggest a theme for their next meeting in March. SS suggested Paediatrics Review follow up and members confirmed this – SS will e-mail the CCLF administration accordingly.  **ACTION 10: SS to e-mail CCLF Administrator to suggest Paediatric Review be included as a topic for discussion at the next meeting in March**  **CC3N/Nursing Alliance**  There is to be a “Staff Moves Audit” to inform a piece of work being undertaken by the UK Critical Care Nursing Alliance in response to concerns raised by critical care staff. This will be circulated to Lead Nurses before Christmas.  Scoping the educational provision by HEI and HEEs across the UK. Details to be sent out by LD to lead nurses etc.  Safer staffing tool issue - this has now been taken to the Nursing Alliance to explain issues in regard to it never being intended for use in nor was it fit for purpose for Critical Care.  Apprenticeship for Advanced Care Practitioners (ACP) – another proposal to be submitted to have this role in critical care funded as an apprenticeship scheme.  **DOS**  There is now a save all button on the DOS capacity grid management system. This will save **both** comments and grids. The save button above the grid does remain so comments can be saved separately if need be.  **NORF**  Liaised with CC3N to have a Standardised Outreach Competency Framework. This is to start in year 2019/20. Patient Safety Collaborative have asked NORF to join Congress on 3rd July 2019 in Manchester  **GPICs 2**  Consultation closed on 19th November and it is expected to be published in late January 2019.There were over 600 comments received which the Editors will review. | | | | **MC**  **SS** |
| **11.0** | **Annual General Meeting** | | | |
| The next Critical Care Networks’ AGM will be held on Monday 8th April 2019 at Studio 7 Cannon St, Birmingham B2 5EP. The venue is a 1- 2 minute walk from Birmingham New Street Station. <http://studiovenues.co.uk/venues/birmingham/map-directions/>  The group discussed possible themes and ideas for the meeting and ABa and GB will work with these.  These include   * Paeds Review, toolkit and transfers of level 1 and 2 patients * GIRFT programme – regional implementation teams and critical care work programme – initial themes * Enhanced care * Transfers guidance from the ICS and Networks * Governance – GIRFT, CRG, Lead commissioner * End of Life   ABa, MC and GB are developing the programme and will manage the flyer, programme, and bookings process etc.  **ACTION 11: ABa, GB, MC to take forward National Critical Care Networks’ AGM** | | |  | |
| **12.0** | **Group Admin and Schedule** | | | |
| Meeting dates for 2019 have been set as:-  **Monday 8th April 2019** – **Birmingham**- AGM (all groups)  **Tuesday 9th July 2019 - London** – Directors/Managers only  **Wednesday 16th October 2019** – L**ondon** Directors/Managers and Medical Leads  **January 2020 (rather than Dec)** - Date and Venue TBC – Directors/Managers only  Finance report - No report received as no changes.  Chair Handover – A meeting is being arranged for March for handing over the arrangements and outstanding issues as part of the group’s governance process. AW and SS will produce a summary report as part of the hand-over process. ABa and GB will take over as Co-chairs from the April 2019 meeting. | | |  | |
| **14.0** | **AOB** | | | |
| Complex cardiac patient- advice was sought of the group and given  Digital transfer document – Gezz talked about progress on this  SS asked for feedback about ICS SOA conference regarding issues - all felt a good conference and lots of feedback given | | | |  |
| **Date and Time of Next meeting** | | | | |
| **Future Meetings 2019:**  **Monday 8th April 2019 – Birmingham- AGM (all groups)**  Tuesday 9th July 2019 - 15 Marylebone Road London NW1 5JD – Directors/Managers only  Wednesday 16th October 2019 – 15 Marylebone Road London NW1 5JD -Directors/Managers and Medical Leads  January 2020 (rather than Dec) - Date and Venue TBC – Directors/Managers only | | | | |

**Action List – National Critical Care Network Directors Meeting – 14th December 2018**

| **Action No.** | **Action** | **Action** | **Completed** |
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| **1.** | **Networks to forward samples of review tools to SS asap. SS to send the collated document electronically to members (30 January 2019)** | **All/SS** |  |
| **2.** | **Critical Care CRG – feedback any further updates to Group members** | **AW** |  |
| **3.** | **Share link names for the GIRFT leads for specific regions once received** | **AW** |  |
| **4.** | **Include a section in AGM agenda for key GIRFT themes and to extend invitations to GIRFT in good time** | **GB/ABa** |  |
| **5.** | **Send letter to Paeds team** | **AW** |  |
| **6.** | **Circulate the memo with notes (use of fax machines – EPRR resilience)** | **AW** |  |
| **7.** | **Finalise tool on publication of D05 and circulate to Group members** | **ABa** |  |
| **8.** | **Circulate ODN funding notice once received/published** | **SS** |  |
| **9.** | **Advise of Network attendance at Leadership in Critical Care October 2019 meeting** | **MC** |  |
| **10.** | **E-mail CCLF Administrator to suggest Paediatric Review be included as a topic for discussion at the next CCLF meeting in March** | **SS** |  |
| **11.** | **Take forward development of programme for National Critical Care Networks’ AGM 2019** | **ABa/GB/MC** |  |

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| **MINUTE TAKING ROTA FOR FUTURE DIRECTOR MEETINGS 2018:** | | | |
| 8 April | AGM | Birmingham | Steve Cook |
| 9 July | Directors/Managers | London | Dan Dineen |
| 16 October | Directors/Managers and Medical Leads | London | Victoria Parr |
| January 2020 | Directors/Managers | TBC | Bincy Padiyara |