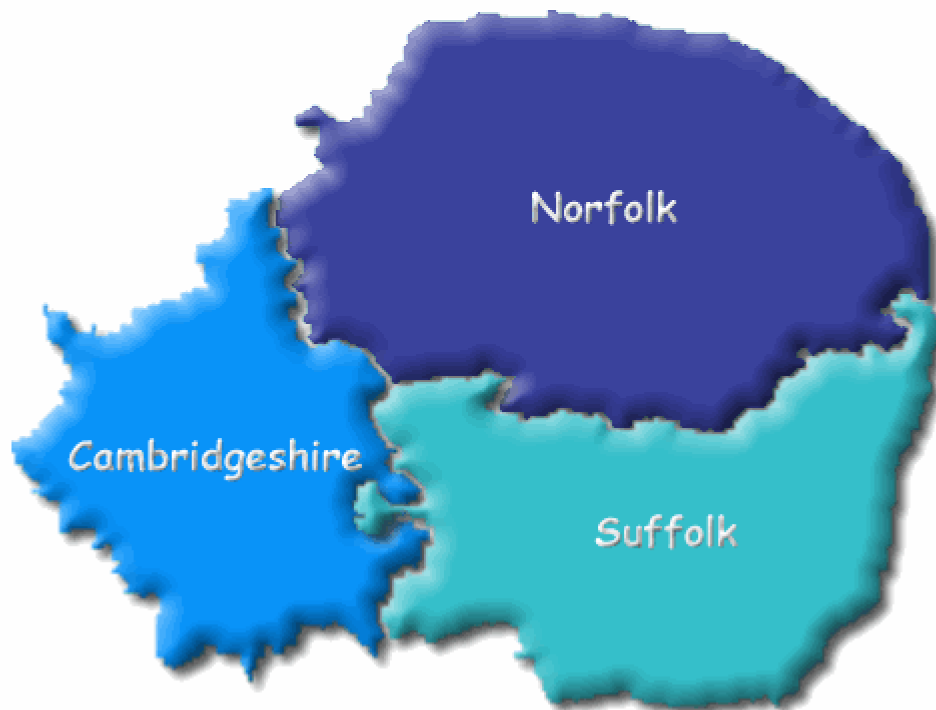
ANNUAL REPORT FOR THE PERIOD APRIL 2006 TO MARCH 2007



Purpose of the NSC CC Network

The NSC CCN Terms of Reference state that the purpose of the Critical Care Network is to help critical care service providers and commissioners to work together to ensure an integrated approach to the planning and delivery of Critical Care Services for a local population. It lists amongst the benefits of a network:

- support for Trust Critical Care Delivery Groups;
- support for implementation of care standards;
- assistance with effective utilisation of local Critical Care Services;
- greater understanding of current local provision contributing to future development and design;
- monitoring service performance, benchmarking and supporting improvements.

This is in line with the *Beyond Comprehensive Critical Care* report by the Adult Critical Care Stakeholder Forum (September 2005).

Objective

The Network will work towards developing and maintaining the capacity and systems that will provide a high quality and equitable critical care service, wherever it is provided, across Norfolk, Suffolk and Cambridgeshire.

Statement from the Chair

The year 2006/07 saw immense changes – not only for the NHS generally in terms of reform – but also for the Critical Care Network. The Cambridgeshire Network and the Anglian Network merged to form one covering the NSC region, including 9 Trusts, with 10 units and a total of 126 beds. Representatives from the Independent Sector increased to include the 3 Nuffield Hospitals in the region, the Bupa Hospital at Colney, the Sandringham at King's Lynn and the Fitzwilliam Capio in Peterborough. The host organisation was moved from the Norwich PCT to the East of England Ambulance Services NHS Trust (EEAST), which provided an infrastructure of communications and operational support that the new Network needed. This year also saw a change in Chair, as Hilary Daniels left her position as CEO of Norfolk PCT, and the appointment of Dr Chris Carney, CEO of the EEAST.

Whilst all this change was taking place, the Network continued to deliver its objectives and to make progress towards longer term objectives. The detail of delivery is set out below, but the drive towards increased consistency of protocols and practices that ensure equity of access and equity of care has maintained good momentum.

Towards the end of the year, the Network was reviewed as a part of the East of England Strategic Health Authority's clinical networks review, with outcome that it was recommended to be continued throughout the coming year.

The Norfolk Suffolk & Cambridgeshire Critical Care Network would like to thank Hilary Daniels, Kim Lewis, Michelle Pellant and Chris Birkin for their energy, commitment and contribution during this year. We would also like to thank the PCTs for their funding and the current Chairs, Leads and members for their continued support and contribution. Without its members and funding, the Network would not exist.

Dr Chris Carney,
Chair, NSC Critical Care Network
CEO East of England Ambulance Services NHS Trust

What has the Network achieved in 2006/07?

Network Steering Group Delivery

Governance

At the start of the year, the Steering Group agreed the Terms of Reference and Governance Statement (Rev 4) as presented at its meeting in April 2006. Terms of Reference were also agreed for each of the sub-groups. [1]

The Network was restructured to reflect the various areas that it needs to address, with the formation of two new sub groups, the Patient Transfer Forum and the Business and Commissioning Group, in addition to its existing Groups. Most of the delivery groups are multi-disciplinary and all are cross-organisational. At the core of the Network is clinical engagement. The Medical Leads Group provides clinical governance and direction for the maintenance and development of Critical Care services across the whole care pathway. The Service Improvement Leads group implements and audits protocols and practices that have been approved by the Medical Leads Group. Training needs are identified by the Education & Training Group, who assess potential courses and methods of delivery, set a strategy and monitor delivery. The Patient Transfer Forum considers all aspects of the movement of critical care patients, including transport and equipment, training course content, recording and audit, risk assessment and incidents. The Business and Commissioning Group allows Provider Business Managers and PCT Commissioners to consider the financial and capacity issues in the region, and what impact service delivery development might have. This organisational structure ensures that there is good flow of communication. It also allows service improvements, changes in policy and care pathways to have complete consideration from all aspects. The Chairs of the Delivery Groups meet regularly to ensure good integration and information flow.

Since restructuring, the Network has been set up so that delivery of objectives is devolved to the sub-groups, leaving the Steering Group to set the strategy and monitor performance.

Work Plan

The Network set out a Work Plan at its inaugural meeting that was agreed. [2] This work plan has been reviewed on a quarterly basis to monitor delivery of objectives, and the progress is described below.

Capital Project

Historically, critically ill patients have been transferred with all the necessary equipment positioned wherever possible. This has always created a potential risk, not only because any impact or violent manoeuvre during the journey could cause lines or hoses to disconnect, but also because these pieces of equipment would potentially become flying missiles. It was agreed that patient and clinical escort safety must be addressed and that it should be applied across the region. A capital bid was submitted to the NSC SHA and £1.1m was awarded.

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[1] Copies may be obtained from the NSC CCN office at the East of England Ambulance Services NHS Trust's Hellesdon office.
[2] Copies of the Workplan and its revisions are available from the NSC CCN office at the East of England Ambulance Services NHS Trust's Hellesdon office.

During this year, the Critical Care Patient Transfer Trolley SHA funded capital project came to fruition. After a bumpy start, largely due to a supplier design that was not fit for purpose, the region took delivery of all 19 bespoke transfer trolleys at its Trusts. Each Trust has two trolleys; one is kept ready in the Critical Care Unit, and the other is kept ready in the A&E department. A trolley is also held by the EEAT. Each trolley has been adapted by Ferno, the manufacturers, to accommodate a range of equipment that is crucial to the safe transfer of our patients. These include ventilator, multi-modality monitor, 4-station syringe pumps, suction unit, gas tanks and mattresses. Every trolley has the same make and model of equipment and this has also been installed on the East Anglian Air Ambulance. The capital budget includes maintenance agreements and covered the cost of making adaptations to the ambulances in the region, fitting a locking mechanism to secure the trolley.

To arrive at this successful conclusion involved many, many hours of work and consultation, and literally thousands of emails. Thanks go to every unit in the region for the time they put into the equipment selection process, and for the feedback on the trolley design. The EEAT provided valuable operational, transport and engineering advice. Provider Trust EBME departments contributed greatly to the progress and implementation of this project and particular mention must be made of the work by Paul Kemp, Lead EBME at the Norfolk & Norwich Hospital for the engineering advice and trialling process that he undertook. The Norfolk & Norwich Hospital's purchasing and finance departments led on this project, and in conjunction with the NHS Supply Confederation provided the mechanism and work that enabled the purchasing to go ahead.

The Patient Transfer Forum will be monitoring the effectiveness of this project.

DoH Consultations and NICE Guidelines

The Network has considered and responded to the Critical Care element of the Emergency Planning Consultation Paper, and the Patient Transport Services Consultation Paper. It has commented on quality of care issues as well as practical and cost matters.

Following a visit from Keith Young, Emergency Care Team at the DoH, Liz Carpenter, Ipswich Hospital, and Denise Combe, West Suffolk Hospital, were invited to be part of the working parties for the NICE guidelines on the Care of the Unexpectedly Acutely Ill and for Rehabilitation.

The Network has also led on a DoH funded project to assess the benefits realised from managed Critical Care Networks across the UK. [3] This document sets out the real impact that Critical Care Networks have, and the benefits that they bring to their Stakeholders. It also describes how this can be enhanced in the light of future development of healthcare provision, what needs to be in place to maximise the benefit and how networks need to be supported.

[3] A copy of the document "Guide to Effective Managed Care Networks for Critical Care" can be obtained from the NSC CCN office, as above.

Medical Leads Delivery

The Medical Leads consistently provided clinical governance for all the work that was undertaken throughout the year, giving guidance and direction to the Steering Group and other Delivery Groups. They were involved in the development, approval and adoption of the Serious Traumatic Brain Injury pathway audit that was carried out in conjunction with the Emergency Care Network. They provided guidance and support for the Rehabilitation Project undertaken by the Education & Training Group, and for the Care Bundle audit undertaken by the Service Improvement Leads. They took part in the Adult Critical Care Stakeholder Forum Quality Benchmark Audit[4], which was a performance measure against nationally agreed care and improvement protocols. The Network performed well against these benchmarks, with a few weak areas highlighted. They also took part in the Kerner Exercise, a DoH initiated major incident exercise in the East of England, and contributed as part of the Specialist Advisory Team. Towards the end of the year, they began to consider issues surrounding the repatriation of transferred patients.

As part of their collaborative working, they shared experiences and best practice, and addressed some of the practical issues in relation to Tertiary referral.

Service Improvement Leads Delivery

The Group worked collaboratively to share best practice at the 10 units across a range of protocols (sometimes referred to as "care bundles"), and practices that follow national guidelines, benchmarking and auditing performance. Examples of these are:

- weaning (the gradual reduction of respiratory support) protocols
- trachiostomy care bundle
- sepsis care bundle
- ventilation care bundle
- central venous catheter care bundle

The Service Improvement Leads audited the implementation of these care pathways, and levels of compliance against the benchmarks set through national guidelines. The outcome identified areas for improvement and a programme was put in place to address this.

During this year, the group considered the Saving Lives Campaign and High Impact Interventions, looking at incidence of bactaraemia and root cause analysis. An audit was carried out to see what was in place in the various units to support these programmes.

The Group began work on Emergency Contingency Planning, which will be continued throughout the coming year. They also supported and helped to develop the work of the Outreach teams, the engagement with and delivery of transfer training, and the implementation of the Critical Care Transfer Trolleys.

There has been much debate in Critical Care about nursing establishments, ie the number of nurses needed at the bedside, and the group reviewed staffing levels against beds and occupancies.

[4] A copy of the benchmark audit can be obtained from the NSC CCN offices as above.

The Service Improvement Leads made much progress towards ensuring a consistent level of quality service provision in Critical Care across the region, and were able to maximise the benefit of best practice through sharing.

Education & Training Delivery

In the previous year, the Network had agreed transfer protocols and training that took into account the new Critical Care Transfer trolleys (CCTs). This year saw a rollout of the training programme with in excess of 1,000 people being trained. This was multi-disciplinary training that included Consultant Intensivists, SHOs and Junior Doctors, Critical Care Nurses, Ambulance Paramedics and equipment maintenance and support staff (EBMEs). The training programme was consistent across the region, and it was planned to review its effectiveness after the first year of operational implementation.

The Group also considered the delivery of ALERT© training. This training course provides the skills to identify unexpectedly acutely ill patients who are rapidly deteriorating, and to manage their immediate care needs. ALERT© training can only be certificated upon the purchase of a manual, which at that time was £25 per person. The Group took a thorough review of all possible alternatives in order to maximise value for money with this type of training. Having taken all options into consideration, it was agreed that it was more cost effective to continue with this course than to develop and test an alternative which might contravene copyright laws. However, following approaches from the Network, and other Networks, the owners of the programme have restructured their charges to make it less expensive.

The impact of European Working Time Directive was considered, and options were considered with a view to developing skills base in a range of roles. These will be further developed in the coming year. During this year, some of the Network's Trusts took part in role redesign programmes, particularly with regard to the Practitioners' initiative.

Outreach, a service of education and clinical support to ward staff, continued to be very busy and productive. Most Units have this service, although the configuration differs between Trusts. Outreach Nurses are highly experienced Critical Care nurses who are able to respond immediately to calls for assistance from other units in Trusts where patients are rapidly deteriorating. They also provide education and support to general wards where patients have been stepped down from Critical Care. This service ensures that patients have immediate care that will either reverse deterioration or identify a need for advanced care. It also imparts skills and understanding across Trusts so that ward nurses are able to use track and trigger mechanisms to enhance early identification of potentially deteriorating patients. The Network E&T funding was used to support roles in the 4 Cambridgeshire Trusts.

Funding was also used to support Infection Control Education roles in the 4 Cambridgeshire Trusts. Audits were carried out at various Trusts, in particular hand washing, and the outcomes used to inform improvements and changes in practice.

The Network also provided funds for course/event attendance. Those who attended these courses shared the outcome and learning with their colleagues in the Network.

Patient Transfer Forum Delivery

The Patient Transfer Forum was formed mid way through the year in response to an identified need to have greater focus on this element of patient care, particularly as it is an area that contains significant risk. The Group quickly engaged a comprehensive range of representation and put together its strategy. It set as priorities the monitoring of activity, incident reporting and outcome action plans, implementation of the capital project, a review of the transfer training course content, a review of the Transfer Form, the use of air transport and the quality of all patient transfers.

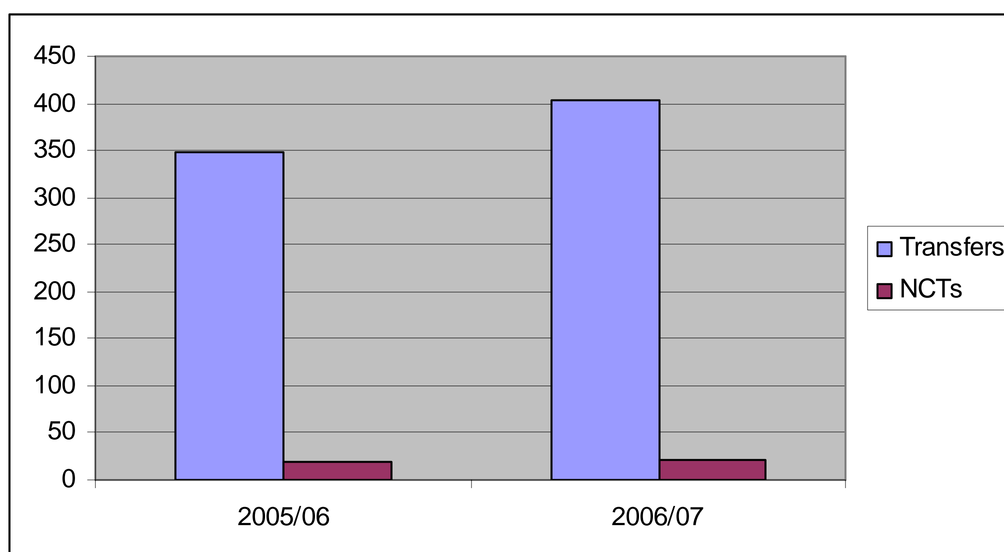
Some of this work is carried out by the Network office, in particular the monitoring of patient transfers, timing, type of transfer and incident reporting. The Group agreed to continue with this arrangement, but to provide the Network office with the audit objectives.

Towards the end of the year, the Group began its review of the Transfer Form and the Transfer Training course content.

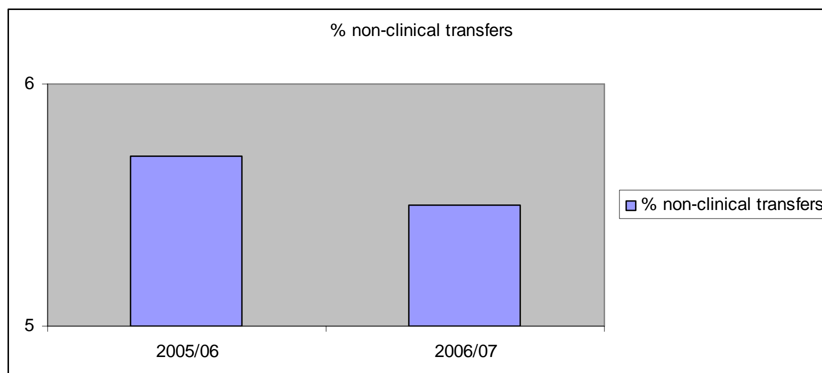
Patient Transfer Monitoring

There appears to have been an increase of circa16% in transfer activity over the previous year. However, this may be due to a more rigorous method of recording and validating data.

During the year 2006/07 the Network recorded 404 inter-hospital transfers in the region of which 22 were non-clinical. During the year 2005/06 we recorded 349 of which 20 were non-clinical.



Whilst there is a slight increase in numbers of non-clinical transfers, the percentage was reduced in 2006/07 against 2005/06 from just over 5.7 to just under 5.5.



Business & Commissioning Delivery

The Business & Commissioning Group (BCG) is in its early stages, having been formed towards the end of this financial year. It has as its members PCT commissioners and Provider Services business managers. It is currently addressing the impact of Payment by Results and in particular implementation of and compliance with the Critical Care Minimum Dataset. The Trusts and PCTs share their experiences and lessons learned, and highlight any potential problems which they can jointly address. Through the Network's interface with other Networks, it is able to benefit from pilot sites. It is also looking at ways in which collaborative purchasing of consumables may reduce the unit cost of common items. It has, as a longterm objective, the consideration of how Critical Care services should best be commissioned.

Financial Report

This financial year began with a rollover of underspend on recurring funding. This resulted in a balance of £168,206 for Audit and Information recurrent funding (as against a normal annual budget of £73k) along with core management funding of £105,747.51. This totalled £273,953.51. The bulk of core management costs were salaries that also included previously un-submitted invoices for the Information Manager's salary against the prior financial year which, as well as redundancy costs. As a result of the longterm sickness leave of the Network PA, the Network also incurred unexpected temporary staffing costs. Core management costs exceeded PCT funding by in excess of £59k. The Education & Training budget was largely spent against previously committed E&T posts in Peterborough, Papworth, Addenbrookes and Hinchingbrooke Hospitals (£215k).

The breakdown of income and expenditure is as follows:

	Expenditure	Income
Income for Education & Training		£296,125
Income for Information and audit (including carry forward)		168,206.00
Income for core management costs from PCTs		105,747.51
Income from DoH for National Project		9,000.00
Total income for 2006/07		579,078.00
Total core management salaries	105,465.16	
Temporary staff costs	4,277.50	
Printing & Stationery	337.57	
Computer software	171.41	
Catering	435.12	
Mobile phones	740.40	
Travel & Subsistence	3553.55	
Room Hire	230.00	
Funded Lead Roles	37,548.59	
Accrued costs yet to be invoiced (approx)	10,000.00	
Total core management and information costs	162,759.30	
Balance c/f from recurring Information funding		111,194.21
E&T Funding for Infection Control, Outreach etc	215,000.00	
Rehabilitation project	20,000.00	
Conference and course fees	570.70	
Total E&T Costs	235,570.70	
Balance c/f from recurring E&T funding		60,554.30
DoH Project	9,000	
Balance of DoH funding		0
Total carried forward		171,748.51

In anticipation of the financial imbalance with PCTs in the region that we anticipated would impact future funding, the Network agreed to carry forward the sum of c£100K to offset the major part of management costs against 2007/08. The final amount carried forward was £111,194.21. This would reduce the financial burden in 2007/08 on the region's PCTs to £40k. The Host Trust provided support on the same basis as they had to the Emergency Care Network, and therefore did not invoice the Network for the budgeted amount of office accommodation. The E&T budget had made allowance for the funding of a rotational Trainee Specialist Registrar, but this was not progressed due to the uncertainty of future funding. This resulted in an underspend of c £60K.

What we aim to do in 2007/08

The Network aims to build on the work it is currently delivering, and to address the areas which were shown to need improvement following its quality benchmark audit. One of those areas is patient and public involvement, which is not easy to satisfy in Critical Care. However, we already have a mechanism for feedback through our Rehabilitation programme and Follow Up Clinics, and we will consider how best to develop this.

The Network will also agree a method of measuring capacity and unmet need, which in conjunction with other audits, will enable PCTs to plan the location and capacity of provision and measure its delivery against quality standards.

We will be considering the contracting implications of the Critical Care Transfer element of Patient Transport Services in terms of setting the quality standards against which these can be commissioned.

Acute Services Review programmes are being rolled out across the country and the Network aims to be involved in the East of England process.

We will continue to develop work that supports quality improvements, such as:
- patient transfer,
- care pathways, eg, the Serious Traumatic Brian Injury audit,
- repatriation audit,
- care bundles,
- outreach
- infection control.

Education & Training funding will be awarded against a new process that provides good audit and ensures funds are used to support the Network's strategy for service improvement and development, and through research, to identify areas of need. We hope to develop e-learning packages that provide a flexible and inclusive method. The Network will also put in place a www website that provides public information and a secure forum for members to discuss ideas and concerns.

The Network will also support the training and development of the Delivery Group Leads to help them perform well in roles that are different from their full time occupation.

Lorna Garner
Norfolk, Suffolk and Cambridgeshire Critical Care Network Director

Stakeholders & Members of the NSC CCN
Stakeholders;

East of England Ambulance Service NHS Trust

Cambridgeshire Primary Care Trust
Great Yarmouth and Waveney Primary Care Trust
Norfolk Primary Care Trust
Peterborough Primary Care Trust
Suffolk Primary Care Trust

Addenbrookes Hospital, Cambridgeshire.
Hinchingbrooke Hospital, Cambridgeshire.
Ipswich Hospital, Suffolk.
James Paget University Hospital, Norfolk.
Norfolk and Norwich University Hospital, Norfolk.
Papworth Hospital, Cambridge.
Peterborough District Hospital, Peterborough.
Queen Elizabeth Hospital – Kings Lynn, Norfolk.
West Suffolk Hospital, Suffolk.

BUPA - Colney, Norwich (Norfolk)
BMI – The Sandringham Hospital (Norfolk)
Capio – Fitzwilliam Hospital (Peterborough)
Nuffield Hospital - Ipswich (Suffolk)
Nuffield Hospital - Cambridge (Cambridgeshire)
Nuffield Hospital – Bury St Edmunds (Suffolk)

NSC Critical Care Network Steering Group:

Chair
Dr Chris Carney

Members:

Dr Rowan Burnstein, Addenbrookes Hospital, Cambridgeshire.
Dr Jon Cardy, West Suffolk Hospital, Suffolk.
Dr Pam Chrispin, West Suffolk Hospital, Suffolk.
Dr John Gibson, Queen Elizabeth Hospital, Norfolk.
Dr Kevin Gunning, Addenbrookes Hospital, Cambridgeshire.
Dr Tuba Hussain, Peterborough District Hospital
Dr Tim Leary, Norfolk & Norwich University Hospital.
Dr Richard Lloyd, Ipswich Hospital, Suffolk.
Dr Sarah Morley, Addenbrookes Hospital.
Dr John Scott, East Anglian Ambulance Service, Norfolk.
Dr Carin Swanevelder, Hinchingbrooke Hospital, Cambridgeshire.
Dr Alain Vuylstke, Papworth Hospital, Cambridge.
Dr Maggie Wright, James Paget Hospital, Norfolk.
Debra Baker, West Suffolk Hospital, Suffolk.
Debbie Barnes, The Sandringham/BMI, Norfolk.
Cambridgeshire.
Pam Blomiley, Papworth Hospital, Cambridge.
Maggie Carter, Queen Elizabeth Hospital, Norfolk.
Ruth Christie, Bury St Edmunds Nuffield Hospital, Cambridgeshire.
Gillian Cockley, Nuffield Hospital –Cambridgeshire.
Marie Cummins, Norfolk & Norwich University Hospital.
Alison Currall, Fitzwilliam/Capio Hospital, Peterborough.
Lorna Garner, Norfolk, Suffolk and Cambridgeshire Critical Care Network Director.
Anna Gillard, Cambridgeshire Primary Care Trust.
Sarah Goode, Peterborough District Hospital.
Richard Goodrum, Ipswich Hospital, Suffolk.
Jerry Green, Queen Elizabeth Hospital , Norfolk.
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Jill Kettle, Nuffield Hospital – Ipswich, Suffolk.
Stephen Mayo, Bury St Edmunds Nuffield Hospital, Cambridgeshire.
Norma McAllistair, Bury St Edmunds Nuffield Hospital, Suffolk.
Robert McEwan, Papworth Hospital, Cambridge.
Julia McGinnes, Addenbrookes Hospital, Cambridgeshire.
Archie Morson, East Anglian Ambulance Service, Norfolk.
Paul Oats, West Suffolk Hospital, Suffolk.
Mary Parfitt, Ipswich Hospital, Suffolk.
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Siobhan Sykes, Addenbrookes Hospital, Cambridgeshire.

Dr Maggie Wright, James Paget Hospital, Norfolk.

Robert Webb, Suffolk Primary Care Trust.
Wendy Webb, Ipswich Hospital, Suffolk.
Ellen White, Peterborough Primary Care Trust.
Natasha Williamson, Hinchingbrooke Hospital, Cambridgeshire.

Medical Leads Delivery Group

Chair: Dr Tim Leary, Norfolk and Norwich University Hospital.
Dr Jon Cardy, West Suffolk Hospital, Suffolk.
Dr John Gibson, Queen Elizabeth Hospital, Norfolk.
Dr Kevin Gunning, Addenbrookes Hospital, Cambridgeshire.
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Dr Maggie Wright, James Paget Hospital, Norfolk.

Business and Commissioning Delivery Group

Chair: Lorna Garner, NSC Critical Care Network Director
Adrian Matthews, East of England Ambulance Service
Andrew Fox, James Paget University Hospital
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Julia McGinnes, Addenbrookes Hospital
Maggie Carter, Queen Elizabeth Hospital, Kings Lynn
Natasha Williamson, Hinchingbrooke Hospital
Pam Blomiley, Papworth Hospital
Paul Oats, West Suffolk Hospital
Robert Webb, Suffolk Primary Care Trust
Russell Platt, Norfolk Primary Care Trust
Sarah Goode, Peterborough District Hospital
Stephanie Groom, Gt Yarmouth & Waveney Primary Care Trust
Wendy Webb, Ipswich Hospital

Education and Training Delivery Group

Chair: Marie Cummins, Norfolk and Norwich University Hospital.
Helen Beard, West Suffolk Hospital, Suffolk.
Richard Goodrum, Ipswich Hospital, Suffolk.
Jerry Green, Queen Elizabeth Hospital, Norfolk.
Catriona Hawke, James Paget Hospital, Norfolk.
Janet Kearney, Hinchingbrooke Hospital, Cambridgeshire.
Diana Kingston, Addenbrookes Hospital, Cambridgeshire.
Carol Palmer, Peterborough District Hospital.
Karen Townend, Queen Elizabeth Hospital, Norfolk.
Natasha Williamson, Hinchingbrooke Hospital, Cambridgeshire.

Patient Transfer Forum Delivery Group

Chair: Dr Pam Chrispin, West Suffolk Hospital.
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Richard Goodrum, Ipswich Hospital, Suffolk.
Hayley Derrett, West Suffolk Hospital.
Dr Akesh Dhrampal, Norfolk and Norwich University Hospital.
Paul Kemp, Norfolk and Norwich University Hospital.
Archie Morson, East Anglian Ambulance Service, Norfolk.
Jane Osgathorp, Papworth Hospital, Cambridge.
Corin Prunty, Hinchingbrooke Hospital, Cambridgeshire.
Tracy Taylor, Peterborough District Hospital.
Roz Yale, Ipswich Hospital, Suffolk.

Service Improvement Leads Delivery Group

Chair: Debra Baker/Corin Prunty, West Suffolk Hospital/Hinchingbrooke Hospital.
Alison Currall, Fitzwilliam Hospital/Capio, Peterborough.
Debra Barnes, The Sandringham Hospital/BMI, Norfolk.
Jeanette Taylor, BUPA Hospital, Norfolk.
Jerry Green, Queen Elizabeth Hospital, Norfolk.
Jill Kettle, Nuffield Hospital, Ipswich, Suffolk.
Sandra Rees-Pedlar, Addenbrookes Hospital, Cambridgeshire.
Siobhan Sykes, Addenbrookes Hospital, Cambridgeshire.
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NORFOLK, SUFFOLK AND CAMBRIDGESHIRE CRITICAL CARE NETWORK ORGANIGRAM