Welcome to our summer newsletter. We are very pleased to report that the forum conference went ahead as planned in June at RCN headquarters in London and we were delighted to see those of you who came along.

Although our delegate numbers were lower than usual, the programme was very well received. This included a solicitor challenging our understanding of the Mental Capacity Act in the critical care setting and a consultant anaesthetist giving us a practical overview of what it means to us.

We were able to attract the Chief Executive & General Secretary Dr Peter Carter who gave an extremely interesting update on national initiatives and an informative view on the “new RCN”. And then there was our usual enlightening updates from NCEPOD (National Confidential Enquiry into Patient Outcome and Death) and the NPSA (National Patient Safety Agency).

We also included a whole host of inspiring concurrent sessions and I’d like to extend our thanks again to all those who presented. I’m sure all who attended found much on the programme to promote their interests.

Preparations for next year’s conference have already begun with the help of RCN Events and RCN headquarters will once again be the venue. The dates for your diary are 12-13 June 2009 and we very much look forward to seeing you there.

All change at RCN
Change is the name of the game at the Royal College of Nursing as the Forums Governance Group continues their work with the forum chairs on the
The summer is now here and that means we can take a timely break from all our hard work.

The past eight months have been especially busy for us on the forum committee as we took it upon ourselves to provide our members with a conference. I don’t think we realised how much work would be involved in the organisation of this event and I am sure we all lost many nights of sleep, particularly in the run up to it, ensuring that the programme was complete.

We are pleased to say that the conference was a thorough success, but none of us is proposing to organise the next one – we are going to leave this safely in the hands of RCN Events and let them have the sleepless nights! Read all about the 2008 conference on the centre pages of this newsletter.

This newsletter is your newsletter so if there is anything you would like printed in it then send it to me and, you never know, you may very well see it published.

Contact Sheila Goodman at: sheila@heigham.org.uk

CONTINUED FROM PAGE ONE

At RCN Congress this year I chaired an interesting fringe event on venous thrombolytic events (VTE) and thromboprophylaxis (DVT), supported by the Critical Care Forum. It was presented by Dr Beverly Hunt, Consultant Haematologist at St Thomas' Hospital, and Sue Bacon, Nurse Specialist for DVT at Scarborough Hospital in Yorkshire. The event was sponsored by Zanoffi, the drug company who make Clexane.

Dr Hunt gave a very detailed review of current research and recommendations with regard to treatment and management of VTE, including the management with extended anticoagulation for high risk groups such as orthopaedic major joint replacements and cancer patients.

She also spoke about the development of new oral anticoagulation to possibly replace the use of self administration of heparin. This would improve the service for patients and reduce the demand on community services in future.

Sue Bacon described the DVT service she has developed in Scarborough. In particular Sue has enabled prompter and more flexible access to diagnosis and management, and has also raised awareness among her nursing colleagues in all fields of practice to enable them to pick up and report signs of possible DVT.

There were some excellent handouts from Clexane, particularly a guide for patients who have developed pulmonary embolus and or DVT.

Contact Brigitte Covell at: brigitte.covell@spirehealthcare.com

BRIGITTE COVEL shares her fringe moments. VTE and DVT

The steering committee continues to represent the voice of critical care nursing in many national projects including the Intensive Care Society’s Standards Committee, UK Transplant, NCEPOD, Workforce Reference Group, and Equality and Diversity, to name but a few.

Committee members were very active on your behalf this year at Congress, held in April at Bournemouth. Interspersed around the debating sessions, forums hold fringe events on professional issues and we held two such meetings – one on thromboprophylaxis and the other on transplantation. Meanwhile, Brigitte and Dominic were on the podium for the debating sessions (see picture on page one).

This issue has articles from both Congress and our forum conference so even if you were unable to attend, you will get a flavour of events.

I hope you enjoy this summer edition of Critical Care Mail and do feel free to contact the steering committee for help, advice and support.

Contact Rachel Binks at rachel.binks@anhst.nhs.uk
Be a link member!

Do you want to get more involved with the Critical Care Nursing Forum? Are you interested in shaping the future of critical care?

Being a link member gives you the opportunity to actively influence the strategic direction of critical care and represent the forum on Department of Health consultations. By getting involved, you will get a clearer understanding of how critical care can influence the health care agenda for the future. And you can even have some fun along the way!

If you are interested in becoming a link member then please contact Jane Eastland at: jane.eastland@northeast.nhs.uk

The changing face of UK Transplant

The RCN Critical Care Forum hosted two fringe events, one of which complemented quite nicely the resolution on which Dominic Walsh spoke earlier in the week. This was entitled “The implications of the Human Tissue Act and the changing face of UK Transplant”. The talk highlighted the key elements of the new Human Tissue Act and its implications in particular to critical care.

The amalgamation of organ donation with the Blood Transfusion Service was discussed and the proposed changes to the organisation of the service were also outlined. It is believed that increasing the number of co-ordinators will gain early access to potential donors, thus increasing the number of organs available for transplantation.

It’s not all work at Congress ... as Rachel and Maura demonstrate!

The RCN’s new initiative Fit for Congress was a highlight of Congress week with lots fun fitness activities taking place to help us get fit for trailing around Bournemouth and fit for practice when we got back home!

There were numerous opportunities to do just that, from working out with the Territorial Army to exercising with the local rugby club.

Congress is not just about debating big issues – it’s a chance for everyone to mix, network and relax. The Congress Dinner is your chance to catch the big names in the RCN off their guard as I did, capturing RCN President Maura Buchanan letting her hair down.

Forums demonstration

Two years ago saw forum activists donning t-shirts asking the RCN to “Save our Forums” and this year they were back with a new, even more powerful “fashion statement”.

Once again the members made a formal demonstration to protect the forum ethos. After first gathering as much press as possible around BIC, the forum activists entered the auditorium en masse wearing t-shirts stating “Forums Work” to make sure our voice was heard.

Peter Carter certainly got the message, as did the RCN Council.
During our RCN Critical Care Forum Conference on 13–14 June, I facilitated a talk from Dorothy Cresswell, Advanced Nurse Practitioner at the University Hospital of North Staffordshire. Dorothy provides a nurse-led lumbar puncture service.

The appointment of such practitioners was a result of the gap in service created by the reduction of junior doctor’s hours.

Dorothy described her initial apprehension about performing lumbar puncture and the great support she received from her medical colleagues, in particular the senior house officer and consultant. Her education and training included both generic and neuroscience knowledge and skills.

Time when time is crucial

Prior to Dorothy’s appointment, patients had often waited all day on the ward for a procedure which could potentially be performed and the patient discharged in less than two hours.

The talk gave us an overview of both Dorothy’s preparation for her new role, some key learning over time, and the anatomy, physiology and various pathologies that may require diagnostic lumbar puncture – as well as the procedure itself. All were very interesting.

What impressed me most was the positive impact that Dorothy’s appointment had made on the service. Since her appointment the waiting time for patients to have the procedure had reduced from three months to between two and four weeks. Patients now have scheduled appointments and return home within two hours. The waiting list has reduced and, with the use of traumatic needles, the incidence of post procedure headache is rare.

Dorothy is one of only two nurses providing such a service nationally and she is looking at the feasibility of setting up satellite service.

Her story demonstrates just how valuable skilled nursing is and the significant impact it has on service improvement for patients.

Contact: brigitte.covell@spirehealthcare.com

Nurse-led lumbar puncture service yields dramatic results
The general feeling among delegates was that this was very good conference. Peter Carter’s keynote speech went down very well with all the delegates who felt that he really understood what the RCN members wanted.

Afterwards Dr Carter spent time talking to the delegates and even returned after lunch to talk to some more.

RCN London was a good choice of venue as it was central and easy to reach. Some of the delegates were upset that last year’s conference had to be cancelled and were really pleased that we had put one on this year.

The highlights of the conference for delegates included Dr Dominic Bell’s presentation on the Mental Capacity Act in which he used only pictures to get his message across. The mental capacity and vulnerable adults talk built on to Dr. Bell’s presentation with Stephen Evans, a solicitor, highlighting the legal aspects of it.

He told me later that he found it useful to talk to nurses and hear their views as he did not often get the chance to speak to them first hand.
**Noticeboard**

**RCN Critical Care Community goes ‘live’**
The Critical Care Nursing Forum’s web-based “community” is now up and running (www.rcn.org.uk/criticalcare). Here you will find news of events taking place in the forum such as next year’s conference. It will also have detail of any other critical care events.

And don’t forget to visit your own “My RCN” page and keep it updated. This great online support is just another reason why you should get your friends and colleagues to join the forum. Remember, it is free to join and you can do the deed on the site.

**RCN Congress 2009**
Nursing’s greatest get-together is to be held in Harrogate next year, 10-14 May 2009. It is also free to RCN members and well worth attending – see pages two and three, if you need proof!

**Rehabilitation**
- The rehabilitation needs of critically ill patients have been accepted by the National Institute for Health and Clinical Excellence for the development of a short clinical guideline.
- A workshop is to be arranged by NICE who will advertise for a Chair of the Clinical Guideline Development Group before their stakeholder meeting.

**Workforce**
Advanced and assistant critical care practitioner National Curriculum documents have been published in hard copies and are available in electronic versions on the Skills for Health website. Download the national education and competence frameworks at:

**BRIGITTE COVELL reports.**

**The independent sector saves lives with early warning scores**
During the past few months the throughput of patients has been very busy for us in the independent sector as we increase our complexity. This has given an opportunity to really test our early warning scoring system.

While inevitably there will always be continuous improvement we can make in terms of staff compliance and consistency of application, it has enabled early detection and treatment of potentially life threatening problems.

Part of the system requires all staff to take a pulse manually. This enables assessment of rhythm, regularity and rate. There have been two patients who were diagnosed and successfully treated for atrial fibrillation, one of whom had a very fast rate. The early warning scoring system ensured this was detected early and treated promptly.

Another patient developed acute renal failure, and was successfully treated and discharged home.

The early warning system requires assessment of urine output with each set of vital sign recording and it is through this problems are detected and reported. Having such examples helps staff see the relevance and value of the system, and improves compliance, even when time is short, and units and wards are busy.

**Communicating with NHS colleagues**
When I recently attended our local Critical Care Network training day on inter and intra hospital transfers, I was the only non-NHS person there. It was an excellent event and further developed communication between NHS and independent sectors. It also helped promote an understanding of each service, with similarities and differences. These events are highly recommended should you have the opportunity.

Do let me know if you have any issues in your own independent sector practice. I will be pleased to discuss them with the forums committee.

Better still, why not join us and make the best of the network?

Contact Brigitte Covell at: brigitte.covell@spirehealthcare.com

**Staffing standard soon to be published**
The joint statement being put together by RCN Critical Care Forum, British Association of Critical Care Nurses (BACCN) and the NHS Critical Care Networks National Nurse Leads Forum (CC3N) is currently in its final stages.

It will shortly be going out to other organisations for consultation and we hope that it will be published later in the year. If you are interested in this document, check our community pages on the RCN website for further details.

Sheila Goodman

More from Sheila at: sheila.goodman@nhs.net and Dominic Walsh at: dom.walsh101@btinternet.com

**Latest news from the Critical Care Information Advisory Group**
There have been two meetings of the Critical Care Information Advisory Group, but unfortunately the second one clashed with RCN Congress. However, the latest news is that the demonstration sites are sending in data and this information is continuing to be analysed.

The revised definitions have been agreed and these should now be published. There is still some discussion taking place over using levels of care when categorising patients. There may be more news on this when we have the next meeting in October.

Meanwhile, log onto the Department of Health website for more information: www.dh.gov.uk/en/Policyandguidance/OrganisationPolicy/Modernisingemergencycare

Sheila Goodman
LOOKING AHEAD

Congress 2009 ... the place to be!

Congress is being held slightly later in the year next time – 10-14 May 2009 – and it’s moving back to Harrogate.

As an RCN member, it is free to attend Congress and you will always get at least two parties to go to! This year there were two Congress dinners ... “Hollywood Nights” to get the week started and “Bombay Dreams” to end it.

But the real business happens in the debating hall and on the fringe. Being in the auditorium, listening to members speaking on the resolutions, can be transforming. During the breaks you can get along to the exhibition, the largest nursing show by far. And then there are lots of fringe events to choose from at midday and in the early evenings, often giving you the chance to learn something new.

Don’t miss it!

All you need to pay for is your accommodation and that can be had at relatively cheap prices. So make it a date in your diary and pop along to Congress 2009 in Harrogate to see how the RCN makes decisions about the issues which affect you.

FROM AROUND THE UK

NEWYDDION O GYMRU (NEWS FROM WALES)

1,000 Lives Campaign

A campaign to save 1,000 lives in Wales was launched on 21 April. It is being run as a collaborative, involving the National Leadership and Innovation Agency for Healthcare, National Patient Safety Agency, National Public Health Service, Wales Centre for Health and the Welsh Assembly Government’s Clinical Governance Support and Development Unit.

The concept of the campaign originates from the Institute for Healthcare Improvement (IHI) in the United States, who ran the 100,000 Lives Campaign and Safer Patient Initiatives (1) and (2) within the UK in collaboration with the Health Foundation.

Similar initiatives are now being run around the world, including Canada, Denmark and Scotland. Further campaigns in Japan, the Netherlands, Sweden and England are planned to launch later this year.

Lifesaving interventions

The 1,000 Lives Campaign aims to reduce risks to patient safety by implementing lifesaving interventions developed by clinicians in Wales. Interventions include better management of medicines, reducing health care associated infections and surgical complications, and improving general medical and surgical care.

The aim of the campaign is to prevent 1,000 avoidable deaths and avoid up to 50,000 episodes of harm across Wales in the next two years.

The campaigners launched their website simultaneously at: www.1000livescampaign.wales.nhs.uk . The six evidence-based content areas, developed by clinicians working together in Wales, are:

- Improving leadership for quality
- Reducing health care associated infections
- Improving critical care
- Improving medicines management
- Reducing surgical complications
- Improving general medical and surgical care.

The campaign’s directors are Dr Jonathon Gray and Dr Alan Willson.

Dr Gray is the Director of Healthcare Improvement at the Wales Centre for Health. He spent a year as a Health Foundation Fellow in the Institute of Healthcare Improvement and at the same time, took the Harvard Masters of Public Health.

Dr Willson is the Director of Service Development at the National Leadership and Innovation Agency for Healthcare (NLIAH). He qualified as a pharmacist and worked in senior pharmacy and
then general management in London before coming to Wales. He is also Honorary Senior Lecturer in Swansea and a Visiting Professor at the School of Pharmacy in London.

Find out more by visiting their website.

**NETWORK NEWS**

**From GEMMA ELLIS.**

There are three critical care networks are currently undertaking work with the Designed for Life Quality Requirements for Critical Care in Wales. All have a work programme (two highlighted here), and you can find more information on their websites.

**South East Wales Critical Care Network**

www.wales.nhs.uk/sites3/home.cfm?orgid=736

- Gap analysis of services against the quality requirements (to inform the future work programme, commissioning plans and regional service configuration)
- Performance monitoring (to develop a performance monitoring framework through which service provision can be monitored, including the agreement of definitions for the WAG implementation targets and setting a baseline)
- Transfers and Transport (to establish a safe transport infrastructure for patients who, for clinical reasons, need to be transferred between critical care units).

**North Wales Critical Care Network**

www.wales.nhs.uk/sites3/home.cfm?OrgID=753

- Transfer
- Emergency planning
- Informatics
- Capacity and demand
- NICE Guidelines CG 50 (Acutely Ill)
- NICE Guidelines CG 56 (Head Injuries)
- Safety and quality.

**Mid and West Wales Network**

Information on the work being undertaken within this network will be available in the next newsletter.

If you are currently employed in Wales and would like to share some relevant information, then do contact me and I will make sure it is circulated: gemma.ellis@cardiffandvale.wales.nhs.uk

As the committee member responsible for representing the Northern and Scottish region, I would like to encourage our members to contact me with any news, ideas or queries regarding the Critical Care Forum and issues relevant to the north of England and Scotland.

At present there are no news items to report. They say no news is good news, but I’m sure there must be particular information that I can supply or that you would wish to pass on to the committee.

The committee is trying to develop a database of email contacts for our members and I ask you to supply this information in any correspondence to myself or any other committee members. So do be in touch – you can contact me at: jane.eastland@northeast.nhs.uk

**RCN EVENTS**

**Renal care across communities**

A series of workshops on renal disease and care management

- Edinburgh – RCN Scotland HQ Thursday 18 September 2008
- Belfast – RCN Northern Ireland Thursday 4 December 2008

**Did you know you can read this newsletter online?**

This and other forum newsletters are available on the RCN website even before they are mailed out to members.

So if you would like to be one of the first to read the next issue log on to MyRCN at www.rcn.org.uk/myrcn, or call RCN Direct on 0845 772 6100, to register your email address and opt in to our email services. You’ll then be sent an email with a link through to the newsletter each time it is published.

Help us reduce our carbon footprint and save some trees!