Letter from the Editor

Brimming with ideas and as busy as ever!

SHEILA GOODMAN looks back on an eventful few months for the forum’s Steering Committee.

Summer has arrived and I expect most of you are getting away for that well-earned break. The Steering Committee is also longing for a break, as this has been a busy six months. So much has happened in the RCN, the forum and in critical care. Preparing for our conference is not only time consuming but stressful at times, and it was with regret that we have had to postpone it (see Letter from the Chair, page two).

Other events
In March, I travelled to Belgium for the 27th International Symposium on Intensive Care and Emergency Care. I have never attended so many study sessions in one day and after four days I came back exhausted but fired up with ideas. The same can be said about attending RCN Congress, and, as usual, this was inspiring and exciting. You will be hearing more about that from Dominic Walsh on page three. We are eagerly waiting for the guidelines on acutely ill patients in hospital to be published; it will be interesting to see what impact they have, not only on those of us in critical care, but also the impact on nurses on the wards.

So many achievements
This particular issue is filled with what the Steering Committee has achieved these last few months, but I would welcome any short articles or pieces of news from you. Tell us what you have been getting up to in your own area of practice, or let us know of any interesting conference you have attended, and see it published in the next issue of Critical Care Mail. Please contact me on email: sheila@heigham.org.uk

A MEETING OF MINDS ...

The Steering Committee met up in May for discussions regarding RCN Congress outcomes, link members, finance and the progress of the forum conference. Steering Committee members sit on various committees and members report back from these meetings – you’ll see that some of these reports are printed in this issue of the newsletter. Don’t forget – you are entitled to attend these meetings, which take place four times a year. Contact Sheila Goodman if you are interested in attending.
So many important issues
What a time of change we are seeing at the RCN. The PDF continues to cause great debate amongst the chairs of all the forums as we continue to try and influence the decisions being made about our future. There is some worrying discussion around forums becoming virtual bodies that sit on the new RCN website within one of the practice sectors (adult, midwifery, learning disabilities, leadership quality educational and research, children and young people, mental health and public health). Many of the forum chairs are wondering who will continue the work that forums do at present in ensuring the nursing professional voice is heard, as our priorities are often very separate from those of the RCN union activist.

I was personally very pleased to see an article in the Nursing Standard recently, where Stephen Wright, a professor at the Faculty of Health and Social Care, St Martin’s College, Carlisle, commented that ‘nursing unions are highly active on pay and conditions for nurses, but these issues have become so dominant that nurses seem to talk publicly about nothing else’ (Nursing Standard, June, 2007). There are so many other important issues for nurses at present, not least specialist nurses being made redundant, and Professor Wright points out that although we have much to contribute in the debate around the ‘enormous ethical and practical health dilemmas of euthanasia, abortion, climate change and poverty, nurses’ voices are strangely absent from the media commentary’.

The functions of forums are set out in their constitution as follows:

1. to provide a focus for members to participate in professional activities
2. to provide an expert resource to RCN Council and the membership
3. to develop policy and practice related to ... nursing, recognising the diversity across the UK
4. to provide the opportunity for RCN members engaged in ... nursing to meet together, to network, and to increase their knowledge and skills and so enhance their practice
5. to encourage all nurses engaged in ... nursing to join the RCN.

I believe that purposes (2) and (3) are especially important to the health of the RCN and are unique to forums; I believe that these purposes will not be achieved by the practice sectors (which by definition are too generic to be able to achieve them) or by virtual or local networks.

Making a difference
I hope that this newsletter has become a familiar and welcome addition to your summer holidays, containing as it does a mixture of the successes of last year and some snippets to catch your eye and interest for the forthcoming year. We aim to continue to support all our members throughout 2007 and highlight the impact and contribution of critical care nurses everywhere to both practice development and service delivery throughout the health service.

I’m pleased to say our contribution is certainly being recognised by those with influence as we continue to represent the RCN and critical care in many national projects, including the Intensive Care Society’s Standards Committee, UK Transplant, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and Workforce Reference Group, to name but a few.

Conference cancelled
It was with great regret and after long debate that we had to cancel our annual conference in June, for the first time in our history. This resulted from a mixture of reduced sponsorship from company sponsors and a delay in the production of our flyers, which led to poor delegate numbers.

Whilst the committee was keen to continue with fewer delegates, as we had such an interesting programme planned, we were unfortunately overruled by RCN Events, which would have preferred us to postpone until later in the year. Since the British Association of Critical Care Nurses (BACCN) conference and the Intensive Care Society (ICS) winter meetings are coming up around that time, the committee was not keen to go ahead in November. I would like to offer my humblest apologies to all those of you who had booked to come, and particularly to those speakers who were unable to enlighten us with their fascinating presentations.

I believe throughout 2007 we can make the voice of critical care nurses even louder. How can we do that – by involving as many people as possible in our forum activities? Make this the year you get involved – how can you not, when there are a host of issues still to be resolved?

I hope you enjoy this issue of Critical Care Mail and do feel free to contact the Steering Committee for help, advice and support, or contact me on email: rachel.binks@anhst.nhs.uk

*Brian French, RCN Conference and Events Manager, replies: “RCN Events regrets the cancellation of the event, which was a decision we did not take lightly. While one of our purposes is to provide a service to RCN forums and other internal clients (and, where possible, generate a surplus to share with the client group), we also have a duty to manage RCN resources – and members’ money – effectively. To run the conference with a reduced number of delegates would have resulted in a significant financial penalty and it was for that reason that the decision was taken not to proceed.”
Don’t miss out

Committee member BRIGITTE COVELL never regrets becoming a Link member.

Becoming active in the RCN Critical Care Nursing (CCF) Forum was one of the best decisions I made. I’ve always been a forum member, but following an article in a previous newsletter, I decided to become a Link member. Instead of reading and learning about changes and developments in critical care practice, I am now a part of it, with the opportunity to really change things and influence decisions.

Background
I started my critical care practice in 1984, and my current role at BUPA Tunbridge Wells is that of Specialist Nurse Critical Care. We have a two-bedded high dependency unit; however, I have responsibility for all critical care issues in the hospital, including teaching.

How it can help
My role on the forum’s committee has been invaluable, enabling me to gain access to a wide range of knowledge and expertise from forum members, together with the chance to influence change that will support my own practice and service to patients. I would strongly recommend you to become more active, and be a Link member. Make sure your friends and colleagues belong to the forum, and don’t miss out! To contact me, email: COVELL@BUPA.com

Newyddion o Gymru: news from Wales

Steering Committee member GEMMA ELLIS reports.

Critical care networks for North Wales, Mid and West Wales and South East Wales have finally arrived. Chairs and clinical leads have been appointed and we are just awaiting the appointment of a network manager for Mid and West Wales.

The Welsh Critical Care Improvement Programme (WCCIP) is beginning the second year of its project and, having successfully facilitated the implementation of the Central Line Care Bundle and the Ventilator Care Bundle, it is now moving forward with the Sepsis Care Bundle. It is hoped that all critical care units in Wales will sign up to the Surviving Sepsis Campaign.

South East Wales has developed a network for senior nurses, which meets every two months to discuss developments and share experiences within critical care. The network is exploring avenues for the joint training of advanced health care support workers (HCSWs) at Band 3 level and the development of Band 4 (HCSWs or assistant practitioners). We eagerly await news around the issues of regulation and accountability of unqualified staff within Wales and I will update you when I receive any news.

If you are currently employed within Wales and would like to share some relevant information, please contact me at email: gemma.ellis@cardiffandvale.wales.nhs.uk, and I will ensure it is circulated.

It’s not all hard work on the 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 DH consultations. By becoming involved, you have a clearer understanding of how critical care can influence the health care agenda for the future. You can even have some fun along the way! If interested, please contact Jane Eastland on email: jane.eastland@nhct.nhs.uk
I was delighted to represent the RCN Critical Care Forum at this conference, having received an invitation from NOrF Chair Lesley Durham, who is also a critical care consultant nurse at City Hospitals, Sunderland. As a lecturer practitioner at Northumbria NHS Trust, I work closely with my outreach nurse colleagues in a variety of activities in education, research and support activities to the wards and departments, so it was with great enthusiasm that I made the journey to Sheffield. This was also the first opportunity for the team who won the NHS Service Delivery and Organisation Research Programme grant to present their evaluation data nationally.

Lesley Durham opened the day with a review of NOrF, its inception and development, which arose in part following the publication of comprehensive critical care (DH, 2000). The role of NOrF as a national forum and its important role in the development of clinical outreach service delivery was illustrated by the wide-reaching political profile it maintains and its key position amongst other national groups such as NICE, RCN, the Intensive Care National Audit and Research Centre (ICNARC) and the Intensive Care Society (ICS), to name but a few.

NOrF’s manifesto
NOrF’s challenges are clearly stated, with patient safety at the centre of its influencing agenda. Within the national framework of critical care policy and development at present, NOrF has set out its manifesto to develop outreach services at the point of need. Against a backdrop of political change, this is no easy task, especially when considering that the concept of critical care outreach itself faces many challenges across some NHS trusts. However, the concept of outreach, despite the current move towards reconfiguration of teams and names, remains the same.

Priorities of the forum were clearly identified and shared with the conference registrants:

- to continue to develop educational support for those staff involved in outreach via formal and informal educational courses, i.e., the accredited critical care outreach

Nurses are change makers ...

This year, the forum supported four members of the Steering Committee to attend and participate in RCN Congress in Harrogate. Each year, Congress offers both professional members of the RCN and union representatives the chance to come together to influence policy and debate the issues affecting our profession. Steering Committee member DOMINIC WALSH reports.

All change
The year 2007 welcomed in a new President and General Secretary, and Maura Buchanon, President elect, opened Congress with a rousing statement: "Nurses are change makers because, from the day we start our education to the day we hang up our uniforms, we are in the business of putting patients first, and we do that by taking our traditional caring values – what I call the heart of nursing – and applying them in the modern world as highly skilled, highly trained caring professionals.”

Dr Peter Carter followed on Monday with his first address to Congress as General Secretary, in which he said he wanted to use his nursing insight and experience to deliver for members and the RCN. “Nurses have had enough, and the rules of the game have changed,” he
course run by Lesley and colleagues in the North

• to provide a robust evidence base, particularly in light of the findings of the recent study.

The impact of critical care outreach

During the conference, David Harrison, a researcher with ICNARC, gave a thorough review of the qualitative and quantitative data collected. To his credit, the audience’s knowledge of research methods and interpretation was mixed and he provided a comprehensive analysis of the results.

The methodology of the data collection consisted of a systematic review, the objectives being to explore the impact of critical care outreach activity on patient and service outcomes and to inform the development of a typology of critical care outreach services. From a total of 21 studies, 15 studies were included. In the review of the evidence it was clear through the qualitative data that outreach services were highly valued amongst professional teams. However, from a quantitative view, more robust evidence was needed. The variations in the services provided at present, however, make evaluation very difficult.

The acutely ill patient – NICE update

Proving the worth of this service was a theme that carried through to Lead Clinician for Critical Care Networks Dr Jane Eddleston’s presentation of the impending NICE guidance of care of the acutely ill patient. This guidance has been developed by an expert group and it has concentrated on adults in acute hospital settings, but has excluded children, patients receiving palliative care and patients in critical care locations under the care of critical care consultants. NICE has developed clinical management and service delivery strategies that have focused on:

• identification of patients whose clinical condition is deteriorating: assessment of scoring tools and frequency of monitoring needed as well as the recording and interpretation of the data obtained
• response strategies: identifying the appropriate interventions and the timing of the response, patient assessment, communication and escalation of findings to relevant healthcare professionals
• discharge of patients from the intensive care unit: monitoring requirements on the ward, timing of transfer and communication in the first 48 hours that can enhance survival and recovery.

Competences required recognising that the acutely ill patient was another workstream of the NICE guidance work, which will include an assessment of all the current courses that addresses this clinical area, for example, Acute Life Threatening Emergency Recognition and Treatment (ALERT), AIM, Care of the Critically Injured Surgical Patient (CCriSP™), and III Medical Patients’ Acute Care and Treatment (IMPACT®).

The NICE guidance is currently out for review and the final report is due to be released in July 2007. Outreach teams and critical care colleagues await with interest its recommendations.

Overall, the conference was an excellent opportunity for outreach teams and associated professionals to get together, share experiences and, for the first time, evaluate formally a service that has shored up critical care services amongst wards and departments for some considerable time. I wish to thank Lesley and NOrF for a most informative conference, and I look forward to the next one. For further information, please email me at: Jane.eastland@northumbria-healthcare.nhs.uk

said, adding: “We’ve reached our limit – this far and no further. So, from today, we are drawing a line in the sand. While I am General Secretary, one sacked nurse is one too many. One student denied a job is one too many. One damaging service cut is one too many. And one patient who suffers as a result is one too many.”

Resolutions and debates

Over the course of the remaining week, Congress attendees debated resolutions and matters for discussion, with issues ranging from pay and the state of the NHS, to professional issues. One such resolution called for RCN Council to look at balloting RCN members about industrial action regarding the staged pay award this year. A shocking 97 per cent voted in favour of industrial action, such was the feeling at Congress.

Two other issues discussed at this year’s Congress were: drowning in paperwork; and lobbying to ensure that nurses have a place at the top table for any organisation concerned with health care regulation and policy. Indeed, this latter resolution received a 100 per cent vote in favour of such a move.

A resolution that will be close to the hearts of those of you who work in burns units was entitled ‘No more bangers for cash’. This resolution called for banning the sale of fireworks to the general public. Many people stood up to give impassioned speeches of the dangers of fireworks, and many had cared for a victim of a rogue firework or personally known someone affected by one. An interestingly split vote ended with the resolution being passed, with a vote of 59.8 per cent for, 40.2 per cent against. It just goes to show that not all of the nurses who go to Congress think the same way!

Start to think of next year

Next year’s Congress is due to be held in Bournemouth, 27 April–2 May 2008. If you are interested in coming along, there are many ways to get involved; contact your local branch to enquire about funding, or simply come along for the day. There are plenty of debating sessions; also, forums, networks and the Nursing Standard hold fringe events on professional issues, and there is always a large and diverse exhibition. For further information, please email me at: dominic.walsh@royalfree.nhs.uk
Pharmacy
Several National Patients Safety Agency (NPSA) alerts have been circulating, including those around issues about making up drugs in syringes. Ready-made syringes are the answer, but would increase the pharmacy workload. National guidance is being produced on injectable drugs. There is ongoing work around standardising syringe concentrations across the UK. The critical care pharmacists’ group has developed guidance on delirium and is looking at drugs used for hypertension and continuous renal replacement therapy (CRRT).

I-CAN
The Intensive Care Aftercare Network (I-CAN) (UK) now has a website for relatives and patients – www.anaesthesiauk.com/page.aspx?id=86

Neurosciences
Junior Minister Rosie Winterton has set up a taskforce for looking at organ donation rates, which have reduced in the UK (the UK also has the highest refusal rates in Europe

Intensive Care Society
An intercollegiate board is looking at forming a faculty of critical care medicine, which might take over issues such as standards.

SSC campaign
Ron Daniels, Chair of the Surviving Sepsis Campaign (SSC), has organised a sepsis meeting on 7 September 2007. For more information, contact Ron at email: ron.daniels@survivesepsis.org, or visit the website at: www.survivesepsis.org

Infection control
Health Care Associated Infections (HCAI) Group is looking at developing a dataset for ventilator-associated pneumonia (VAP) and catheter-related bloodstream infections (CR-BSI), and lead nurses are looking at high-impact changes.

CCNs
Critical care networks are changing; some are merging as they get their funding from various sources, and all strategic health authorities (SHAs) (except London and the South West) are continuing to support networks.

Emergency preparedness update
This plan for critical care has been ready since December 2006, but has been delayed due to February’s Exercise Winter Willow and links with flu planning. It will be published before the end of July 2007, and the flu plan will be published towards end of the year. Ethical issues are not to be included, however, it has been agreed that local networks can agree their own decisions.
Payment by results progress

Steering Committee member SHEILA GOODMAN reports on a meeting of the Critical Care Information Advisory Group (CCIAIG) that took place on 7 June 2007 to discuss the Critical Care Minimum Dataset (CCMDS) and payment by results (PbR).

More consultation will be taking place regarding the inclusion of speciality services, such as burns, hepatology and obstetrics, into or alongside CCMDS. Healthcare resource groups (HRGs) will now not be introduced into critical care until 2009/10, when it is hoped that it will be clearer how these tariffs can be worked out. In the interim, some networks are being asked to be pilot sites and, using their data, it is hoped that a realistic tariff will be worked out.

Tariff manoeuvres

A working group will be set up, but no date has yet been set for publication of recommendations. There may be a collapsing of certain HRGs to incorporate basic respiratory and basic cardiovascular failure, as these come out as two-organ failure at present, and this makes the tariffs too sensitive. They will be combined to form one-organ failure and it is hoped that the classification of organ failures will be changed by the end of July.

A long time was spent going over the frequently asked questions, as, due to basic respiratory and basic cardiovascular becoming one-organ failure, some changes needed to be made. A clarification of bolus cardiac drugs was also made. There was a query about ventilation, between patients with an endotracheal (ET) tube and those with a tracheostomy, and this was corrected. Initially, it had been decided that those on bi-level positive airway pressure (BiPaP) with an ET tube would be advanced respiratory and those with a tracheostomy on BiPaP would become basic, but both groups will designated advanced.

Trust questionnaires

The audit commission proposed putting together a questionnaire to send to all trusts, asking them about completion of CCMDS, whether they are members of the Intensive Care National Audit and Research Centre (ICNARC), the number of funded and configuration of beds, how data is collected and whether there computer systems are integrated with PAS.

Lucy Scott from ICNARC reported that implementation of ICNARC3 was going well; there was one more computer system to check. So far, a number of units were already using it without any problems.

What’s happening in the independent sector?

The challenges to deliver excellence in critical care, improving and developing service to customers in a climate of financial constraint, are difficult. Steering Committee member BRIGITTE COVELL reports.

At BUPA hospitals, we are developing honorary contracts with local teaching hospital trusts to enable our intensive care unit (ITU) staff to spend time working in our trust. This benefits both the NHS and our staff. We have the opportunity to update and extend practice through nursing ITU patients with different, sometimes more complex problems. This, in turn, benefits our patients, as nurses develop their knowledge and skill, which enhances the service.

Working together

The NHS benefits by having experienced ITU staff with no associated costs. They, too, learn from our staff, which brings different experiences. Like many, we are updating and reviewing our transfer policies, working in collaboration with local critical care networks. Some key issues are documentation, communication, and competences of staff escorting on transfer. This work brings opportunities to work with NHS colleagues in closer collaboration, developing agreed ways of working.

We are currently implementing a revised early warning system to optimise early identification and effective management of changes in patients’ vital signs. This provides an improved system for staff and better outcomes for patients.

If anyone working in the independent sector is interested in being more active or involved in the forum’s work, you could consider becoming a link member. RCN Direct can offer more information about joining the forum.

DATES FOR YOUR DIARY

- 10 September 2007
  RCN Critical Care Nursing Forum (CCF) Steering Committee meeting
- 6 November 2007
  Link Member’s Day
  RCN headquarters, London
- 5 February 2008
  RCN CCF Steering Committee meeting
- 22 May 2008
  RCN CCF Steering Committee meeting
- 13–14 June 2008
  Forum conference
  Cowdray Hall and break out rooms
- 11 September 2008
  RCN CCF Steering Committee meeting
- 4 November 2008
  Link Members’ Day
  RCN headquarters, London.
Linking with the forum committee

Link member and Steering Committee member JANE EASTLAND introduces herself.

I had been a Link member for approximately six years prior to being co-opted on to the Forum Steering Committee last October. I am a lecturer practitioner in critical care in Northumbria NHS Trust and an honorary lecturer at Northumbria University. I am fortunate in my location to be able to represent the views of the North and Scotland, and I hope that, with your help over the next few months, I can establish contacts with nurses in this locality and across the UK.

I have an interest in education and research, particularly with the promotion of interprofessional education in a general sense as well as within critical care, and with its impact upon the team environment, relationships and patient care, so look out for topics on this in future editions of the newsletter.

Getting started

My first priority will be to contact our Link members and establish clear communication channels to facilitate equitable access to future learning events, November’s link members’ day and pertinent discussion areas. Ultimately, the forum aims to update and further utilise the website for specific information sharing and keeping in touch with our members.

As your nominated Link member of the committee, I will be writing to members to further develop lines of communication. In the meantime, if you have any queries or if I can help, please feel free to contact me via Northumbria NHS Trust, ICCU Wansbeck hospital, Ashington, Northumberland, NE63 9JJ, telephone: 01670 529849, email: jane.eastland@nhct.nhs.uk. I look forward to hearing from you.

NICE implementation planning meeting

Clinical Guideline on Head injury (update) in children and adults – assessment, investigation, and early management. Steering Committee member Brigitte Covell reports from a meeting at NICE, held 19 March 2007.

This particular meeting was about the implementation strategy and perceived problems with implementation. The policy itself was not being reviewed but updated, and a full review is scheduled to be published later this year.

Main areas of concern

- bed availability: especially within the neuroscience/paediatric intensive therapy unit (ITU); also, with closure of some A&E departments, there is a delay in assessment and initial treatment of patients
- training of staff to Advance Paediatric Life Support (APLS)/Advanced Trauma Life Support (ATLS)™ course and costs/funding to do so.
- rehabilitation is not consistent, availability is not countrywide and often it is overlooked; more work needs to be carried out on this in the future.

For details of forthcoming RCN EVENTS go to www.rcn.org.uk/events