Letter from the Editor

Change is in the air!

Welcome to my first newsletter. I have taken over from Jie Wang, who has moved on to pastures new in America.

A few other changes have taken place in the forum over the last few months as well. In this issue, we hear from our new Forum Chair Rachel Binks on page two, with an article about new Steering Committee member Dominic Walsh. Also in the newsletter, newly co-opted Steering Committee member Gerri Nevin gives us an update on the progress of the advance practitioner work and the critical care technologist, while RCN Cardiovascular Network Steering Committee member Nick Carr highlights a promising new cardiac website. On page four, Rachel provides a National Outreach Forum conference report and on page one, Dominic gets stuck in by attending a meeting to discuss Payment by Results.

With so many changes taking place at once, as the new editor, I feel it is time to breathe new life into the newsletter. So, if there are any items you think will be of interest to other members, please send them in to me and they may be included in the next newsletter that goes out in August 2007. I would particularly like to hear from anyone in the West Country, Scotland and Northern Ireland.

We are now looking ahead to Congress in April, and the forum’s June conference in Birmingham. See you there.

Sheila Goodman

Payment by Results on hold

Newly elected Steering Committee Member DOMINIC WALSH discusses the Critical Care Information Advisory Group meeting that was held 19 October 2006.

Having attended this meeting for the first time, I found it fascinating to see how the DH and professional representatives met to discuss issues surrounding implementation of Payment by Results (PBR).

Discussions surrounding the time table for implementation were discussed and it has now emerged that PBR will not be introduced into critical care until the financial year 2008/2009.

Discussions surrounding the usefulness of current national definitions of levels of care may, in the long term, need revising, as their role in reflecting care/levels of activity when commissioning critical care services will diminish.

I found this group to be interesting and useful, and I was reassured to find that nursing views are sought from all members of the group, as well as essential for all aspects of care to be considered when agreeing national changes to the way in which our services are funded.
Time to speak up and get involved

Newly elected Forum Chair RACHEL BINKS provides an update on changes to the Forum Steering Committee and looks to the future.

Welcome to our first newsletter for 2007. I hope the new year finds you refreshed and ready to face the challenges in store for this ever-changing health service in which we work.

I have recently been elected as Chair of the RCN Critical Care Forum, as our previous Chair, Maura McElligott, reached the end of her term of office. We have also said goodbye and thank you to Lindsay Stewart, Brian McFetridge, Jie Wang and Margaret Connolly, who have all given very generously of their time and expertise to the Forum Steering Committee.

This year has seen major changes in the NHS and independent sector and the Critical Care Forum Steering Committee have been very active on your behalf.

We aim to continue to support all our members throughout 2007 and highlight the impact and contribution of critical care nurses across the UK, to service delivery throughout the health service. I’m pleased to say our contribution is certainly being recognised by those with influence and we hope to have the new RCN General Secretary Dr Peter Carter as a keynote speaker at our 2007 Forum conference. This year, our conference, ‘Critical care: advancing critical and specialist care’, is being organised in association with the RCN Neurosciences Forum and will be held in Birmingham, 15–16 June 2007. There is still time to send your abstract in to the Steering Committee – email it to criticalcare@rcn.org.uk – closing date for this is 3 February 2007.

The Steering Committee also submitted a detailed response to the RCN Professional Membership Structure (PMS) consultation on behalf of all our 7,000 members. This consultation was part of the RCN’s Professional Development Framework (PDF) and our response, together with comments from other forums, led to the RCN reviewing their plans and including six forum chairs on the Professional Membership Structure Action Group (PMSAG).

As well as a professional membership review, the RCN is reviewing the branch structure and ultimately wants the trade union and professional sides of the College to work more closely together. We will keep you updated on progress in our newsletters and if you are able to get to Congress, held 15–19 April 2007 in Harrogate, we will see you there.

The year 2007 is a time when 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.

Hello from Dominic ...

My name is DOMINIC WALSH and I was elected to the Forum Steering Committee to take up post from October 2006.

I have a background in general and cardiothoracic ITU and have worked in hospitals in London and the South East, both in the NHS and the private sector. I am currently working as a junior charge nurse in the ITU at the Royal Free Hospital in Hampstead, London. This is a 22-bedded regional unit that takes general, neuro and liver patients. Prior to this post, I spent some time working for the London region of the RCN, specialising in Agenda for Change issues. I hope I can use my ‘insider’ RCN experiences and the political skills I have developed, to help promote the activities of the Critical Care Forum, both within the RCN as an organisation and nationally as an important critical care organisation representing nurses.

As an elected forum member, I am keen to build on the already incredible success of the forum by playing a full part in the team. Although I am new in post, I’ve already been assigned my various remits within the busy committee workload – I will be organising the forum’s activities at Congress, which includes coordinating any resolutions that we get accepted, organising fringe events and promoting publicity for the forum through poster display. I am also aiming to organise the biggest and best exhibition for our Forum Conference, to be held June 2007 in Birmingham, and would welcome your views on how to improve this.
The Assistant Practitioner in Critical Care – an excellent addition to the critical care workforce

By LINDSAY STEWART, Divisional Head of Nursing Heart and Lung Division South Manchester University Trust, representing RCN Critical Care Forum

This article describes the development of an education and competency framework for this role. It also poses the question as to the challenges that critical care workforce will face in the future.

The National Education and Competency Framework for the Assistant Practitioner in Critical Care has finally been completed as a document for discussion. The discussion period will be from November 2006 to January 2007 and any changes will be agreed before the document goes to the advisory board for final ratification.

The process for compiling and agreeing the framework has utilised pilot sites from across England:
- Hinchingbrooke NHS Trust
- James Paget Healthcare NHS Trust
- Royal Devon and Exeter Healthcare NHS Trust
- Sheffield Teaching Hospitals Foundation Trust
- Shrewsbury and Telford Hospitals Trust
- Southampton University Hospitals Trust
- Southport and Ormskirk Hospitals Trust
- and experts from across the field of critical care.

These pilot areas gave case study evidence within the framework of the benefits that employing assistant practitioners in critical care can give to the service as a whole by ensuring timely, effective and efficient care is given to support critically ill patients. The areas of intensive care units, high dependency units and medical assessment units have all benefited from the provision given by this new and exciting workforce.

This workforce facilitates a new way of working and is not there as a replacement pair of hands but to support and be integral to the existing critical care team.

The framework identifies suggested mechanisms and routes for training and how it can be delivered. It has a set of competencies written utilising the KSF as its framework for delivery so that areas wanting to design a post with specific competencies can select those that are appropriate for the role, according to the area of specialism and the patients’ level of care they will be working with. It is the flexibility of this approach which will make this framework user friendly and meet the critical care workforce needs.

As nurses, we need to continue to embrace the concept of putting the patients’ needs first and that a demonstration of competence is the key to care, not the professional boundaries that a person’s role is registered against.

The issues of accountability and delegation are clearly defined and addressed within the document. This is always an area of contention that nurses have difficulty with when any new role is introduced. I would suggest reading the RCN document Supervision, accountability and delegation of activities to support workers published January 2006, as this clearly defines the boundaries that nurses work within. You can download a copy from www.rcn.org.uk/publications.

The role of assistant practitioner in critical care is never dull and in the five years that I have attended I have always come away inspired, motivated, laden with information and fairly exhausted. You meet like-minded individuals: committed and enthusiastic, if at times a little jaded with the overwhelming pace of change, challenges of governmental targets across the health service and the resultant implications of critical care services.

November’s meeting was led by consultant nurse Rachel Binks, as chair elect of the forum. Rachel is an inspiration to all those who know her as she manages to balance a great depth of critical care knowledge, skills and awareness of current debates and project development across the spectrum of the health service with those specific to critical care.

She was a versatile and eloquent speaker and guided the forum link members through a huge array of current literature, consultation documents, and cross-committee project work. Specifically, she gave an overview of the present discussions centred on co-existing critical care groups. For example, there was feedback on the Critical Care Stakeholders Forum (CCSF) which has wide representation across all critical care specific and related forums and include representation from the critical care networks such as the National Outreach Forum (NORF), British Association of Critical Care (BACCN) to name but a few. The CCSF have been focussing on the development of a national quality audit tool for critical care and the critical care minimum data set (CCMDS).

Also discussed was the proposed development of the NICE fast tracking guidelines for the acutely ill ward patient which was much applauded by the group, leaving a feeling of great expectation that a formal approach to the management of these patients has taken a central position. Other current developments included the Intensive Care Society (ICS) standards and their present debate concerning the standardisation of ventilator terminology. This follows the emergence of new terms in sophisticated mechanical ventilation which have pervaded clinical areas with the development of new ventilator technology.

Dominic Walsh gave an overview of payment by results in relation to capturing activity with critical care outreach. This has been an area of keen debate for some time, with most trusts unsure of how the activity will be captured and indeed harbour a sense of anticipation as to the general future of outreach teams and their positions within critical care.

Gerry Nevin provided an overview of critical care technologists which led to an interesting discussion as to the nature of expert knowledge, which in turn led to further
The National Education and Competence Framework for Advanced Critical Care Practitioners

A Discussion Document

As mentioned in previous editions of Critical Mail, the forum is very much involved in the development of the Advanced Critical Care Practitioner Programme. You will all be aware of the published document titled above and I hope you have had the opportunity to send in your responses. The Programme Board are in the process of reviewing comments from all interested stakeholders.

The purpose of this work was to:

- describe the role of an Advanced Critical Care Practitioner (Level 7 on the NHS Career Framework)
- describe how the role would function within the critical care team
- identify the benefits of introducing the role in clinical practice
- establish a National Framework of Education and Competence to support the development of the role within recognised standards of practice.

We as a forum would like to hear from units who are thinking or have already started to develop this role; it would be great for you share with forum members your journey in this adventure. Please email gerri.nevin@uce.ac.uk.

Gerri Nevin
Link member
(Head of Division Critical Care University of Central England)

New cardiac website

RCN Cardiovascular Network Steering Committee member

NICK CARR reports.

The RCN has launched an exciting new virtual network for all members interested in cardiac issues. Nurses working in the areas of cardiology, cardio-thoracics and critical and emergency care will find it of particular interest.

Through the network, you can access information on national and international conferences as well as useful educational material. There are also links to other websites and relevant NICE guidance has been placed on the site for ease of access.

As well as being a valuable resource, the success of the site relies upon members sharing ideas and local innovations that can be utilised elsewhere. It is hoped that with time, the content of the ‘Sharing ideas’ section will be developed, with local policies, pathways and educational resources that members have submitted. The site also provides information on local and international cardiac networks, and has a learning zone and discussion zone open to RCN members.

To become a member of the network, first telephone RCN Direct on 0845 772 6100 to request network membership, and quote reference 2659. Then, register your details with the website under ‘Registration’. It is very important that you complete both stages of the registration process. As a result, you will then receive a monthly e-newsletter and you could win £50 in book tokens! If you wish to contact the network or send information, you can do so through email: cardiovascular@rcn.org.uk
“If you look after nurses then they will look after nursing and that, fundamentally, is what this work is all about” former RCN President Sylvia Denton OBE FRCN reminded attendees at a second fruitful meeting of the Professional Membership Structures Action Group (PMSAG) on 3 October.

**UPDATE: RCN Professional Membership Structure Action Group**

The PMSAG was set up following RCN Council’s decision in February 06 to change the RCN membership structure in order to deliver the aims of the Professional Development Framework Project. This project aims to get more members involved with the RCN and to enable more equity and better access to RCN services.

The PMSAG includes elected members – representing forums and other membership groups – along with the Council and staff leads. In July, the group clarified the original proposals and terms of reference for the Action Group as follows:

- in future members will join “divisions” as well as branches
- there will be a maximum of eight divisions
- forums will not be moved into divisions and will retain their national identity, working across divisions as and when appropriate
- networks will be developed as appropriate
- the new structures will be implemented from 2008.

The terms of reference for the Action Group were agreed as:

- to determine future organisational arrangements for forums and fields of practice
- to establish the proposed divisional structure
- to develop criteria for the proposed networks
- to develop appropriate governance structures for divisions, forums and fields of practice
- to establish subgroups and work – streams to undertake specific delegated tasks.
- to undertake the work formerly undertaken by the NFCC and the former PDF Steering Group until the new structures are implemented.

Sub groups were established to undertake the next stages of the work:

- A mapping exercise based on that already begun for the Branch Review Project
- Based on this data, models of best practice will be developed
- Divisions: how many there will be and what they will be called
- The technology requirements will be identified
- Definition of what we mean by professional membership services and to set standards and benchmarks
- Governance arrangements for the new structures

In October, the group acknowledged they were part way on a journey that will, ultimately, deliver better services for members and, in turn, help them to deliver better quality care. A vision which will be realised by creating better access to better services focussed on the needs of the nursing profession and nurses themselves.

The group heard feedback from each of its six subgroups and were unanimous in agreeing a number of recommendations which were, subsequently, approved by the PDF Management Board – which oversees the entire PDF project – at its meeting the following day. The Board approved that:

- the term “practice sector” should be used to describe the divisions within the new professional membership structure
- the following practice sectors be set up to represent members’ professional interests on the RCN’s boards:
  - adult (2 seats)
  - children and young people (1 seat)
  - mental health (1 seat)
  - learning disabilities (1 seat)
  - public health (1 seat)
  - midwifery (1 seat)
  - other (name to be decided but representing the interests of research/education/quality/ management) (1 seat)

RCN Council agreed to the proposals on the new practice sectors at its November 06 meeting.

For more information and the latest information go to www.rcn.org.uk/pdf
More scope for technologists ...

Link member GERRI NEVIN, Head of Division, Critical Care, University of Central England, Birmingham, reports.

The Society of Critical Care Technologists (SCCT) is developing a Scope of Practice that will enable them to register with the Health Professions Council (HPC), and the Critical Care Nursing Forum is part of a working group that is assisting the SCCT in this development. Some intensive care units (ICUs) may already have members from this group working in their units, and I would be grateful if you could let me know who you are.

Critical Care Technologists (CCT) are responsible for the supply, efficacy, quality assurance and application of critical care technologies. The scientific and technological delivery of a patient’s care and therapy may be provided by CCTs in any location where a patient requiring critical care is to be found. They wish to work alongside the multidisciplinary team in the delivery of care to patients and wish to support the team in care delivery.

When the final Scope of Practice is agreed, it will be made available by email to Link members for comment and to feedback to me. If you wish to know more, they have a website – www.criticalcaretech.org.uk – for more information.

National Outreach Forum update

Forum Chair RACHEL BINKS reports on the 3rd National Outreach Forum Conference, held 2 November 2006, in London, which was followed by the AGM.

Presentations were varied and included feedback from the Intensive Care National Audit and Research Centre (ICNARC) on the Service Delivery and Organisation (SDO) National Outreach study, which is coming to an end. Congratulations to all outreach teams who have been involved in the data collection. I know from personal experience what a long and tiring job it has been!

Lesley Durham from Sunderland is the Chair of the National Outreach Forum (NOrF) and she has worked extremely hard this year to ensure outreach remains in the national profile. We wish her every success and look forward to working closely with this forum.

UCH Nurse Consultant Sheila Adam has been successful in joining the Guideline Development Group for the ‘NICE guidelines on the acutely ill patient’. She will be working closely with the RCN, NOrF, British Association of Critical Care Nurses (BACCN), Critical Care Network Managers (CCSN) and Critical Care Consultant Nurses (CCCN). The guideline is expected to be out for consultation in April 2007, to be published in July 2007.

It’s not all hard work on the forum

Do you want to get more involved in 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 DH consultations. By becoming involved, you get 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 Forum Chair Rachel Binks at email: rachel.binks@anhst.nhs.uk

DATES FOR YOUR DIARY

Steering Committee meetings
- 7 February 2007
- 24 May 2007

RCN Congress
- 15–19 April 2007, Harrogate

Critical Care Nursing Forum Conference
- 15–16 June 2007, Birmingham

Intensive Care Standards Committee

The RCN Critical Care Forum is active on this group and the committee is working on standards for:
- venous thromboembolism
- renal replacement therapy
- infection control
- HIV testing in the critically ill
- uncontrolled haemorrhage
- medical staffing
- admission of peri-operative patients
- capnography.

All will be published on the Intensive Care Standards (ICS) website at: www.ics.ac.uk. The next meeting will be held 8 January 2007.