Tri Critical Care Network

Clinical Forum

23rd May 2019

Presentations

Midlands Critical Care & Trauma Networks NHS

Objective	Deliverable
Introduce regional Clinical forum.	Facilitate and maintain regional governance oversight structure for Adult Critical Care providers.
Peer review of Central England Network.	Complete peer review report and action plan to address areas of non-compliance.
Peer review of North Midlands, Birmingham Black Country, Hereford and Worcester.	Complete peer review self assessment and finalise report and escalate areas of non-compliance. Develop subsequent action plan.
Introduce and embed CCRI, Incident reporting system.	Embed and enable reporting and management of related risks, issues, incidents and preventable deaths.
Assess service compliance with NHSE Service Specification D05.	Develop regional plan to meet requirements of service specification. Escalate areas of considerable risk and concerns to NHSE Spec Comm

Objective	Deliverable
Increase awareness and oversight of the revised and updated quality indicators that informs Adult CC dashboard reporting.	Manage service performance against quality dashboard.
Manage compliance with the ACC service specification, via the quality surveillance assurance process as part of the Specialised Commissioning Quality Assurance & Improvement Framework.	Support service self assessment. Complete toolkit for each service
Coordinate ACC annual self-declaration against the Quality Indicators and quarterly submission of SSQD data.	Compile network quality reports for review at regional forums.
Assure commissioning teams of provider organisations awareness and requirements of the Adult CC Service Specification D05.	Compile report of ACC service compliance

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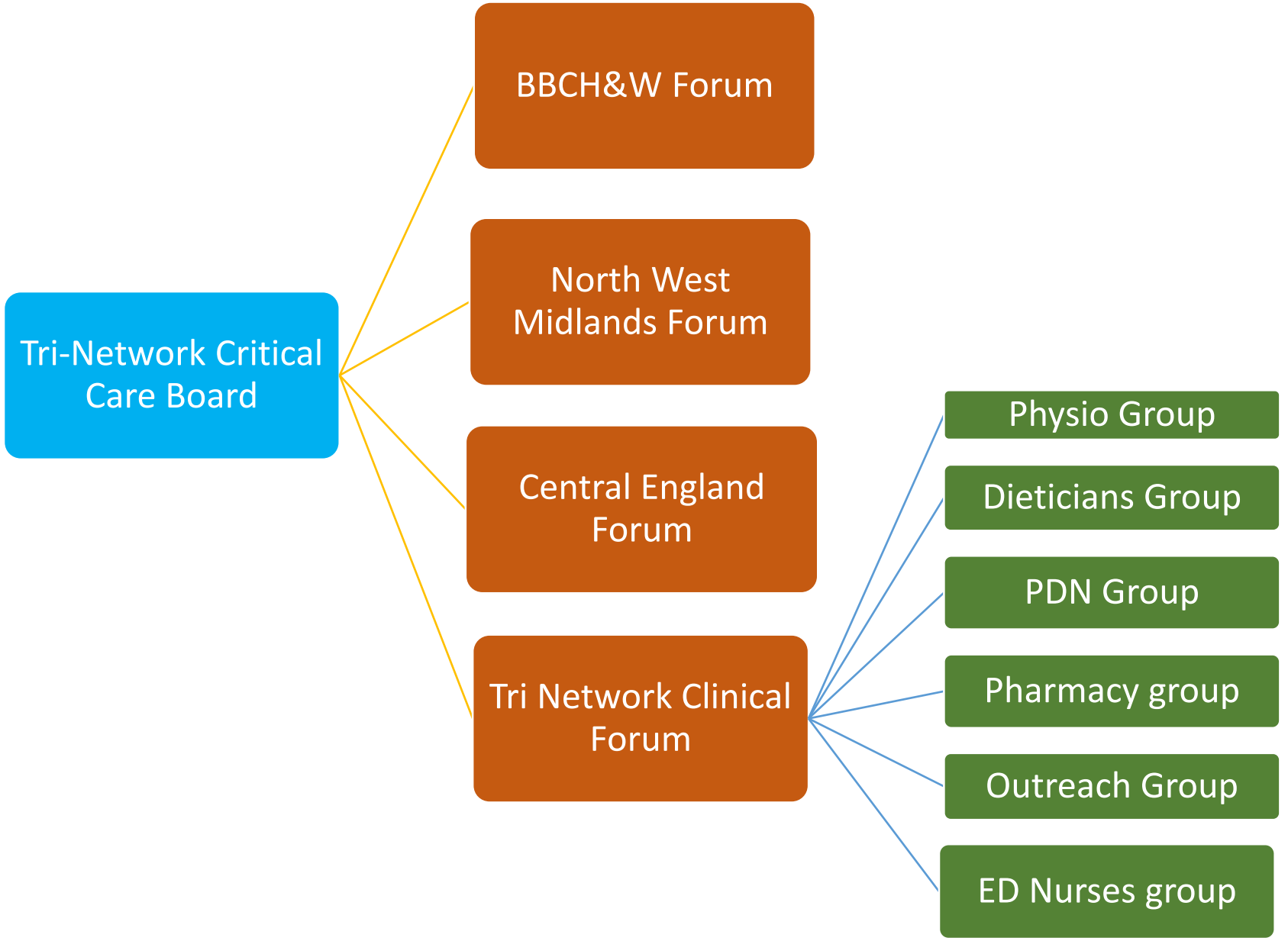

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Midlands Network roles:

- Network Clinical Lead
- Network Lead Nurse
- AHP/HCS Lead
- Network Data Analyst
- Network Service improvement lead
- Network Manager

Critical Care Forum:

- Network roles
- Service Clinical Lead’s
- Service Matron/Lead Nurse
- AHP Lead
- Service Manager/Matron

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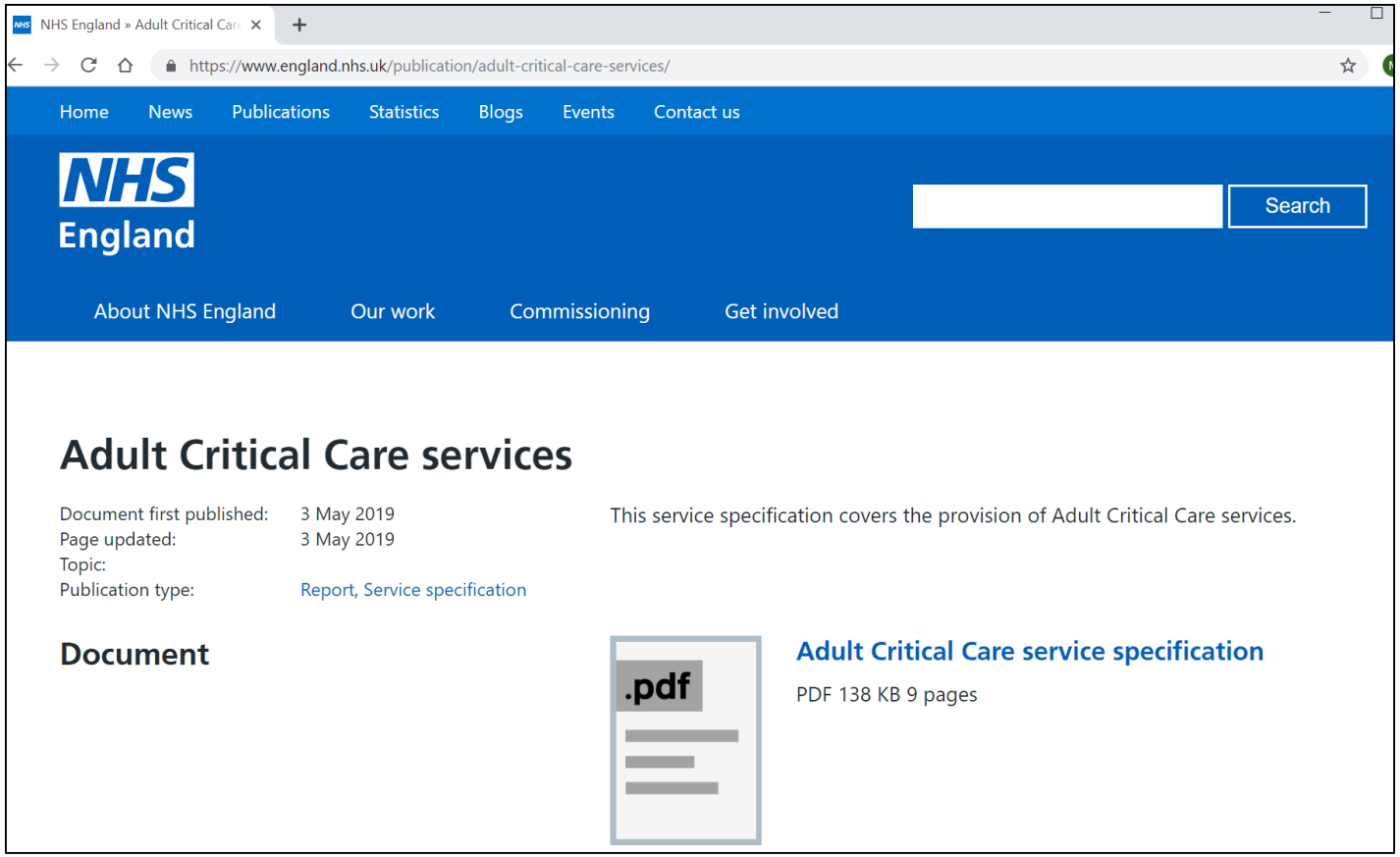
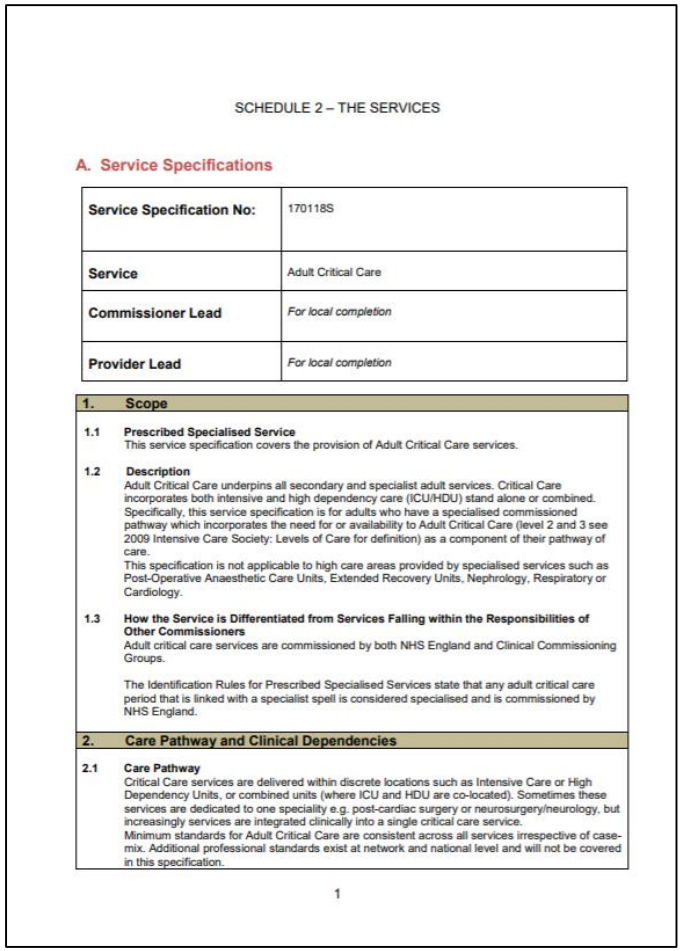
Service Specification ACC





SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No:	170118S
Service	Adult Critical Care
Commissioner Lead	*For local completion*
Provider Lead	*For local completion*

1. Scope

1.1 Prescribed Specialised Service
This service specification covers the provision of Adult Critical Care services.

1.2 Description
Adult Critical Care underpins all secondary and specialist adult services. Critical Care incorporates both intensive and high dependency care (ICU/HDU) stand alone or combined. Specifically, this service specification is for adults who have a specialised commissioned pathway which incorporates the need for or availability to Adult Critical Care (level 2 and 3 see 2009 Intensive Care Society: Levels of Care for definition) as a component of their pathway of care.
This specification is not applicable to high care areas provided by specialised services such as Post-Operative Anaesthetic Care Units, Extended Recovery Units, Nephrology, Respiratory or Cardiology.

1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners
Adult critical care services are commissioned by both NHS England and Clinical Commissioning Groups.

The Identification Rules for Prescribed Specialised Services state that any adult critical care period that is linked with a specialist spell is considered specialised and is commissioned by NHS England.

2. Care Pathway and Clinical Dependencies

2.1 Care Pathway
Critical Care services are delivered within discrete locations such as Intensive Care or High Dependency Units, or combined units (where ICU and HDU are co-located). Sometimes these services are dedicated to one speciality e.g. post-cardiac surgery or neurosurgery/neurology, but increasingly services are integrated clinically into a single critical care service.
Minimum standards for Adult Critical Care are consistent across all services irrespective of case-mix. Additional professional standards exist at network and national level and will not be covered in this specification.

1

Service Self Assessment - Tool

- This Gap analysis spreadsheet is a tool for Units to self-assess against the criteria for the D05 Service Specification
- Each measure is included, to aid self assessment.
- Units will only be requested to provide evidence of compliance if specifically requested.
- Units do not meet or only partially meet a measure, the Network would wish to see an explanation/action plan to explain non-compliance.

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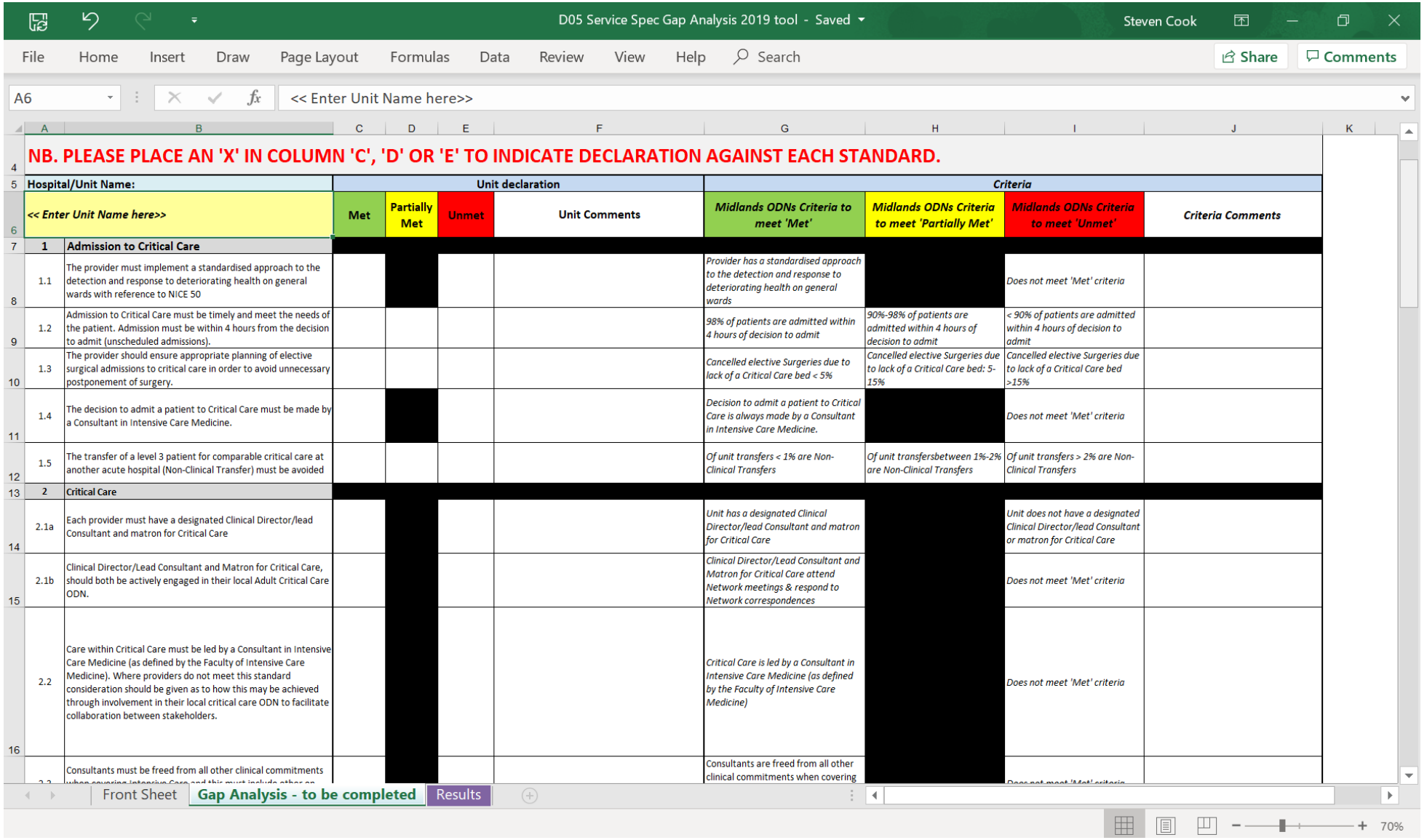
Service Self Assessment - Tool



D05 Service Spec Gap Analysis 2019 tool - Saved — Steven Cook

File Home Insert Draw Page Layout Formulas Data Review View Help Search Share Comments

A6 << Enter Unit Name here>>

NB. PLEASE PLACE AN 'X' IN COLUMN 'C', 'D' OR 'E' TO INDICATE DECLARATION AGAINST EACH STANDARD.

	Hospital/Unit Name:		Unit declaration				Criteria			
	<< Enter Unit Name here>>		Met	Partially Met	Unmet	Unit Comments	Midlands ODNs Criteria to meet 'Met'	Midlands ODNs Criteria to meet 'Partially Met'	Midlands ODNs Criteria to meet 'Unmet'	Criteria Comments
7	1	Admission to Critical Care								
8	1.1	The provider must implement a standardised approach to the detection and response to deteriorating health on general wards with reference to NICE 50					Provider has a standardised approach to the detection and response to deteriorating health on general wards		Does not meet 'Met' criteria	
9	1.2	Admission to Critical Care must be timely and meet the needs of the patient. Admission must be within 4 hours from the decision to admit (unscheduled admissions).					98% of patients are admitted within 4 hours of decision to admit	90%-98% of patients are admitted within 4 hours of decision to admit	< 90% of patients are admitted within 4 hours of decision to admit	
10	1.3	The provider should ensure appropriate planning of elective surgical admissions to critical care in order to avoid unnecessary postponement of surgery.					Cancelled elective Surgeries due to lack of a Critical Care bed < 5%	Cancelled elective Surgeries due to lack of a Critical Care bed: 5-15%	Cancelled elective Surgeries due to lack of a Critical Care bed >15%	
11	1.4	The decision to admit a patient to Critical Care must be made by a Consultant in Intensive Care Medicine.					Decision to admit a patient to Critical Care is always made by a Consultant in Intensive Care Medicine.		Does not meet 'Met' criteria	
12	1.5	The transfer of a level 3 patient for comparable critical care at another acute hospital (Non-Clinical Transfer) must be avoided					Of unit transfers < 1% are Non-Clinical Transfers	Of unit transfersbetween 1%-2% are Non-Clinical Transfers	Of unit transfers > 2% are Non-Clinical Transfers	
13	2	Critical Care								
14	2.1a	Each provider must have a designated Clinical Director/lead Consultant and matron for Critical Care					Unit has a designated Clinical Director/lead Consultant and matron for Critical Care		Unit does not have a designated Clinical Director/lead Consultant or matron for Critical Care	
15	2.1b	Clinical Director/Lead Consultant and Matron for Critical Care, should both be actively engaged in their local Adult Critical Care ODN.					Clinical Director/Lead Consultant and Matron for Critical Care attend Network meetings & respond to Network correspondences		Does not meet 'Met' criteria	
16	2.2	Care within Critical Care must be led by a Consultant in Intensive Care Medicine (as defined by the Faculty of Intensive Care Medicine). Where providers do not meet this standard consideration should be given as to how this may be achieved through involvement in their local critical care ODN to facilitate collaboration between stakeholders.					Critical Care is led by a Consultant in Intensive Care Medicine (as defined by the Faculty of Intensive Care Medicine)		Does not meet 'Met' criteria	
		Consultants must be freed from all other clinical commitments					Consultants are freed from all other clinical commitments when covering			

Front Sheet | Gap Analysis - to be completed | Results

70%

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NHS Eng:

Specialist Services Quality Dashboard indicators - **SSDQ's**

4.2 Quality Indicators

Number	Indicator	Data Source	Outcome Framework Domain	CQC Key question
Clinical Outcomes				
101	Proportion of total available critical care bed days utilised for patients more than 24 hours after the decision to discharge	SSQD	1, 2,5	responsive
102	Proportion of live discharges, discharged within 4 hours post decision to discharge	SSQD	1, 2,5	effective
103	Proportion of live discharges, discharged greater than 24hrs after decision to discharge	SSQD	1,2,5	effective
104	Proportion of live discharges, discharged from critical care between 07:00am and 21:59pm	SSQD	1, 2,5	caring
105	Proportion of live discharges between 07:00am and 19:59pm	SSQD	1, 2,5	caring
106	Proportion of elective surgical critical care bed bookings cancelled on the day of surgery due to lack of availability of a post-operative critical care bed	SSQD	1, 2,5	responsive
107	Standardised mortality ratio (using ICNARC risk adjustment model) for critical care patients	SSQD	1, 2,5	effective, safe
108	Rate of blood stream infections	SSQD	1, 2,5	effective, safe

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NHS Eng:

Specialist Services Quality Dashboard indicators - **SSDQ's**

Patient Experience				
201	The service engages with patients and families to inform service developments	Self-declaration	4	responsive, caring
Structure and Process				
001	There is designated medical, nursing and pharmacy leadership	Self-declaration	1,2,5	Well led
002	There is consultant led care	Self-declaration	1,2,5	Effective, Safe
003	There is a nursing establishment to support the patient staff ratios identified in the specification	Self-declaration	1,2,5	Effective, Safe
004	All staff are trained in critical care	Self-declaration	1,2,5	Effective, Safe
005	There is a pathway in place for admission and discharge of patients	Self-declaration	1,2,5	Effective, Safe
006	There are clinical guidelines in place	Self-declaration	1,2,5	Effective, Safe
007	The service participates in the network governance arrangements	Self-declaration	1,2,5	Effective, Safe

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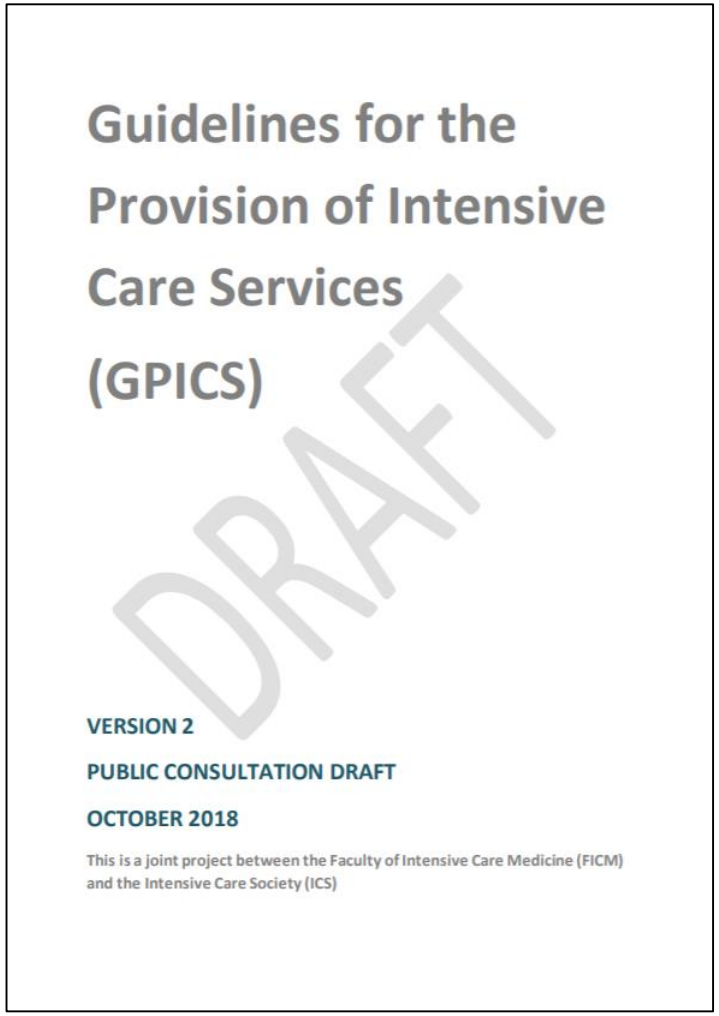
Version 2 of the Guidelines for the Provision of Intensive Care Services (GPICS V2)

The consultation window will close at **9am** closed **Monday 19th November**. Comments will not be accepted after this time.

There is a new chapter available for comment: ‘Care of the Critically Ill Child in the Adult Setting’. No further chapters have been added at this stage.



NICE
• 2007 NICE Clinical Guideline 50: Acutely ill Patients in Hospital 8
• 2009 NICE Clinical Guideline 83: Rehabilitation after Critical Illness*
• 2010 NICE Clinical Guideline 103: Delirium: diagnosis, prevention and management
• 2011 NICE Clinical Guideline 135: Organ Donation for transplantation: improving donor identification and consent rates for deceased organ donation

NHS Estates
• NHS Estate Guidance 2013 HBN 04/02 Department of Health/NHS England

• 2006 Critical Care Dataset launched (CCMDS)
• 2008 The National Education and Competence Framework for Advanced Critical Care Practitioners
• 2010 Information Standards Notice amendment: CCMDS version 8
• Seven Day Services Clinical Standard, September 2017, NHS England (www.england.nhs.uk/publication/seven-day-services-clinical-standards/) National Audit programmes in Intensive Care Medicine
• ICNARC Case Mix Programme, National Dashboard for Adult Critical Care
• PHE ICCQIP

5.2 Other Applicable National Standards to be met by Commissioned Providers The provider should comply with:
• Intensive Care Society: Levels of Care, 2009 • Guidelines for the transport of the critically ill adult (3rd Edition), 2011
• Guidelines for Provision of Intensive Care Services (FICM/ICS), 2015 * *demonstrates progress towards compliance (including as a minimum: having benchmarking data and a ‘SMART’ action plan in place)

Developments in Critical Care Commissioning

CC Networks AGM, 8 April 2019

Service Specification

- Publication is imminent
- Defines the standards of care expected from those organisations funded by NHS England to provide specialised care
- Additional professional standards exist at Network and National level and are not covered in the service specification
- ODNs will take a lead role in ensuring member organisations implement the new specification
- Compliance will be assessed via the quality surveillance assurance process.
- This will commence from the next reporting period and include an annual self-declaration against the Quality Indicators and quarterly submission of SSQD data

ODNs

- Improving care is a core function of the Networks
- Lead role in implementing the new service specification
- NHS England desire to create stronger links with network clinical leaders
- NHS England is committed to ODNs for the long term
- Over time all networks will need to meet the requirements set out in a national framework and within sustainable funding arrangements.
- Regional teams will need to review their approach to commissioning and managing ODNs

ODNs (2)

- ODNs will not be configured as formal CQUIN schemes.
- Need for a formal agreement between NHS England and each ODN
- New National approach
- Materials to support contractual arrangements have been sent to Regions
- Will be tailored by regions to include the appropriate local details
- Documents will set out the relationship between:
  - NHS England and the host
  - NHS England and the network
  - the host and the network
  - the network and its members

ODNs (3)

- Advice on what needs to be in the standard contract
- Guidance on establishing a contractual relationship between NHS England and the host provider
- Guidance on establishing a contractual relationship between NHS England and the network board, setting out their responsibilities to deliver the agreed workplan
  - This will include a description of regional accountability arrangements (and performance monitoring & management arrangements)
- An outline service specification for each specialty to include a description of the role of the network, specific national deliverables, metrics etc. (Tailored locally by regional teams)
  - This will include national requirements (derived from the recommendations and requirements of recent national reviews currently being implemented; or developed by the lead commissioner working with the CRG and national network of networks (where this exists) and the relevant national POC board)

ODNs (4)

- Guidance on the requirements for MOU between network boards and member organisations
- Outline generic ToR for network boards
- ODN boards will be accountable to the host regional specialised commissioning team and will need to agree an annual work plan
- High level, generic role descriptions for clinical leadership roles and network manager
- ODN boards will be expected to produce an annual report
- While networks have a responsibility for improving quality, and supporting providers in achieving high quality care; individual providers remain contractually accountable for the quality of care that they provide to their patients.

ODNs (5)

- Appropriate contract arrangements in place with network host organisations and network boards by 30 June 2019.
- As part of this process regional teams will need to agree staffing, work programme, reporting arrangements and funding with each network.

Collaborative Commissioning

- Critical Care is commissioned by NHS England and CCGs
- Critical care periods are remunerated on the basis of a tariff/specialised split
- Dependent on the responsible purchaser of the underlying spell as per Identification Rules
- A single Unit is often commissioned by multiple purchasing organisations
- Commissioning activities can be fragmented.
- Protocol drawn up with aim of establishing arrangements whereby one party takes the lead as the coordinating commissioner

Collaborative Commissioning (2)

- In terms of ACC activity, CCGs hold a majority nationally, but at Trust level, it varies significantly
- Some Trusts are 98% tariff, while others are 80% specialised.
- Need for local system leadership to design services that meet he needs of patients.
- Anecdotally: Teaching Hospitals usually NHS England; DGHs usually CCG
- CRG agreed that the ODN should take the lead in deciding which party should be the coordinating commissioner
- Unified pricing structure across the Network is essential (but difficult to achieve)!
- Request for Networks to trial the arrangement
- Aimed at driving change and Quality Improvement

Payment Reform

- Proposals aimed at removing barriers (dis-incentives) associated with delivery of the standards in the service specification
- CRG considered 2 options

Option A

Blended Payment Model

- Patients assigned HRGs XC06Z (1 organ supported) or XC07Z (0 organs supported) will receive nil marginal payment in respect of the ACC portion of their spell in hospital in 2019/20. The rest of the spell remains unaffected.
- There are indicative nationally recommended Local prices for HRGs XC01Z, XC02Z, XC03Z, XC04Z, XC05Z (i.e. 2+ organs supported), reflective of estimated marginal costs. These prices should be implemented with MFF adjustments.
- The residual quantum for each provider is paid as a block in monthly 1/12ths; that is, the overall commissioner budget less expected activity x price will be paid irrespective of activity in equal payments throughout the year.

Option B:

System-wide Control Total

- To achieve zero-expected revenue impact in 2019/20, the block payment is calculated as the current combined commissioner budget for agreed ACC capacity.
- Joint work will be carried out during 2019/20 to benchmark local costs, to understand variation, and address unwarranted variation in activity and cost
- The commissioner and provider will monitor the actual ACC budget and spend and share the impact of fluctuations in spend, the detail of which is to be agreed locally.

Mandatory elements

Zero-organ episodes

- Stays in ACC that are grouped to unbundled HRG XC07Z shall receive zero marginal reimbursement and zero risk-share payment (pertaining to each option, respectively).
    - In practice, this means that zero-organ spells are set to a *per diem* price of £0.
    - Providers retain the relevant portion of their infrastructure block payment as this is non-contingent on activity.
    - The unit of activity to be zero-priced is the organ-day, which follows from the assignation of the XC07Z HRG at Critical Care Period level.

Mandatory elements (2)

Delayed discharges

- ACC Stays that continue beyond 4 hours from the consultant's declaration that the patient is fit for discharge (DFD) will receive zero marginal payment in 2019/20 for days post-DFD, in line with national standards.
- This follows a successful implementation of the Adult Critical Care Timely Discharge CQUIN in 2016/17 and 2017/18.
- The relevant payment rule is this: for each patient that is discharged from Adult Critical Care any time after 4 hours from DFD – who thereby suffers a delayed discharge – payment will be reduced by the equivalent of one day's payment. This will be deducted from the monthly 1/12th block payment, appropriately apportioned.
- Implementation will require data that is derived from ICNARC CCMDS submissions, which is available from the QST portal (formerly SSQD).
- https://www.qst.england.nhs.uk/login (requires registration and appropriate permissions)

Payment Reform

- In a nutshell…..
- **Capacity** payment on the basis of the number of open beds. This will take the form of a block.
- **Activity** payment based on the existing currency, with an amended pricing model that sets 0, 1 organ patient to zero pricing and higher organ patients to estimated incremental-cost prices over the cost of delivering lower organ care.
- This involves a standardisation of prices, but no change in funding (the capacity block accounts for the residual expected).
- It will be mandatory that:
  - zero-organ critical care periods are zero priced.
  - discharge 4-hour post-DFD penalty is applied as a monthly block reduction (from quarterly QST reports)

Way forward

- CRG supported the case for change
- Proposals need to be piloted/tested
- Both options require the collaborative commissioning model to be in place (option B more so)
- In terms of delivering change, the lead commissioner would need to have the support of Clinician(s) and Finance Director
- All need to be involved in contractual discussions
- This will remain as a pilot to be tested in the South Region.
- Clarification being sought in relation to mandatory elements

Future work

- Trauma Programme of Care Board is agreeing CRG strategic priorities
- 3-year work programme
- For Adult Critical Care the priorities include:
  - Continuing to work with colleagues on payment reform
  - Development of a model for enhanced care (Level 1.5)
  - Ensure ACC is integrated in to relevant pathways, e.g. CAR-T
  - Supporting the work of the National Clinical Frailty Programme

Midlands Critical Care Network
PEER REVIEW
2018-19

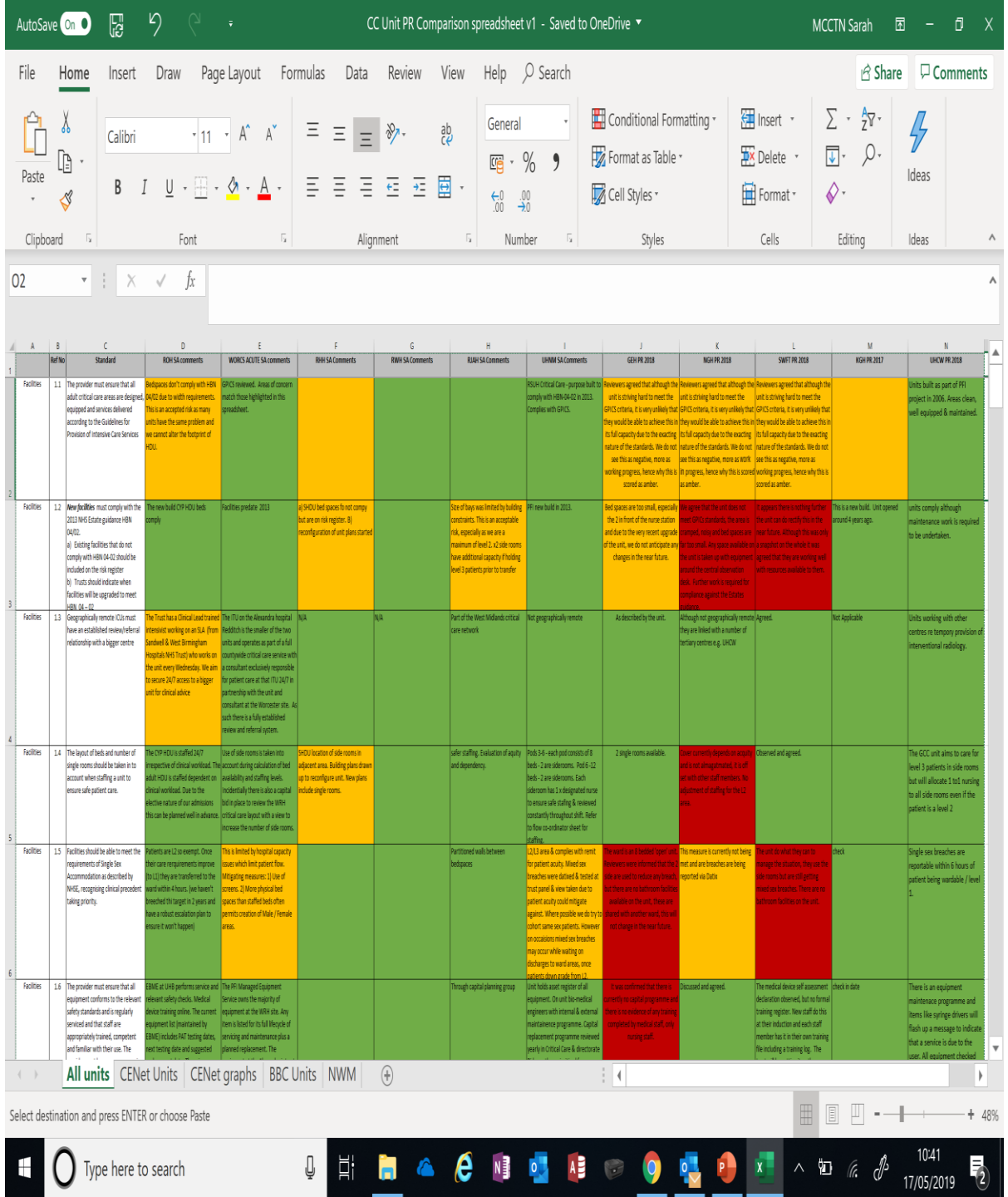
Review Timelines

Nov 18 – Jan 19
Central England Critical Care Network visits
(UHCW, KGH, GEH, NGH, SWFT)

Outstanding: UHL on hold whilst going through reconfiguration of service/trust

Sep 18 – Dec 19
BBCCCN & NWMCCN Self Assessments
(ROH, WAHT, RHH, RWH, RJAH, UHNM)

Outstanding:
SaTH, Walsall, Good Hope, Heartlands, Solihull, SWBH, UHB, WVT



- Complete network picture
- Breakdown for individual networks
- Individual units

Highlights

- Non compliance
- Measures achieved and identification of good practice or significant achievement
- Areas of progress (amber)

RED - Non compliant measures e.g.

- Discharge from critical care to the ward, from the decision to discharge must occur within the time frame set by the CRG/national dashboard
- A minimum of 50% of nursing staff must have a post registration award in critical care nursing.

AMBER – general concern/ongoing/making progress e.g.

- The provider must implement a standardised approach to the detection and response to deteriorating health on general wards with reference to NICE 50.
- Adults who were in critical care and at risk of morbidity are given information based on their rehabilitation goals before they are discharged from hospital. (NICE CG158)
- Patients should have all Rehabilitation outcomes quantified using a tool that can track progression from the Acute sector into Primary care to facilitate care needs in the community.
- Consultant intensivist led multi-disciplinary clinical ward rounds within Intensive Care must occur every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy

How will we use this information?

- Identify network work streams 2019/20 and beyond
- Embed into the wider network work plan
- Discussions at regional network meetings including progress reports
- Develop service improvements projects/task & finish groups/guidelines

Peer Review 2019 +

1. Draft National Peer Review Guidance recommendation
    - Peer review is the responsibility of the networks
    - Services are reviewed every 2 to 3 years

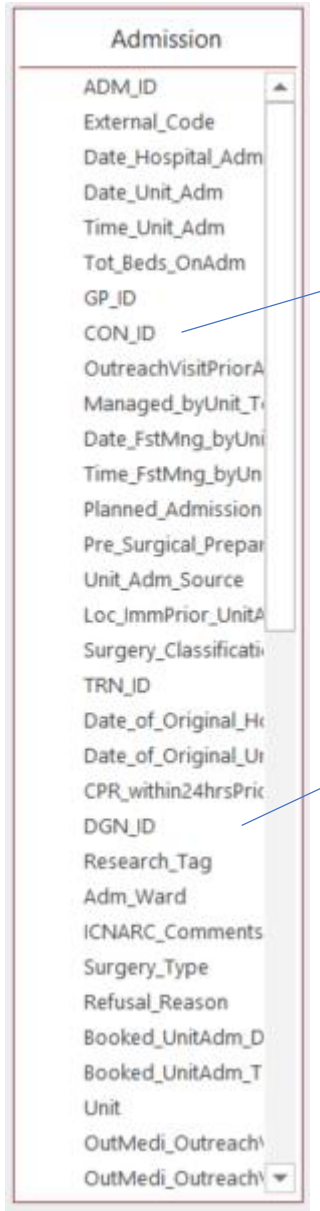
2. Develop a peer review programme e.g. annual same year/annual rolling year?
    - Target areas of non compliance / risk
    - Document areas of good practice / sig. achievement and share


Critical Care
Data

icnarc intensive care national audit & research centre 25 years and counting...

Quality Surveillance Programme
Now incorporating SSQD


MedICUs
CRITICAL CARE
Clinical management system for ICUs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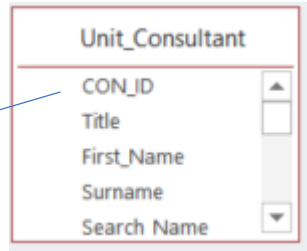
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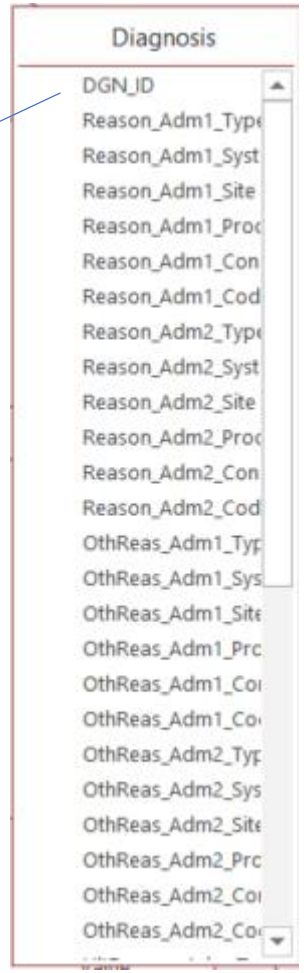
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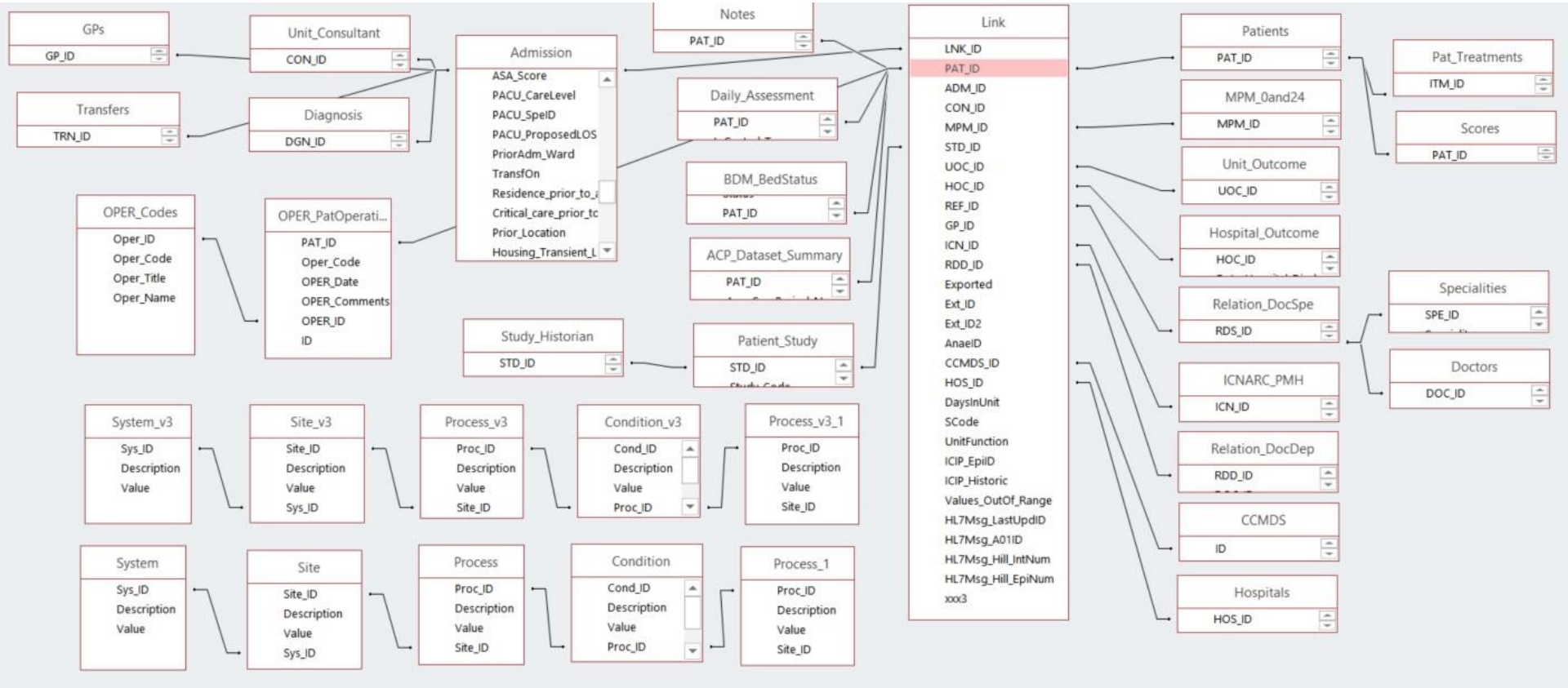
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Proc_ID
Description
Value
Site_ID
Condition
Cond_ID
Description
Value
Proc_ID
Process_1
Proc_ID
Description
Value
Site_ID

icnarc intensive care national audit & research centre

Network Quality Report

Birmingham & Black Country Critical Care Network

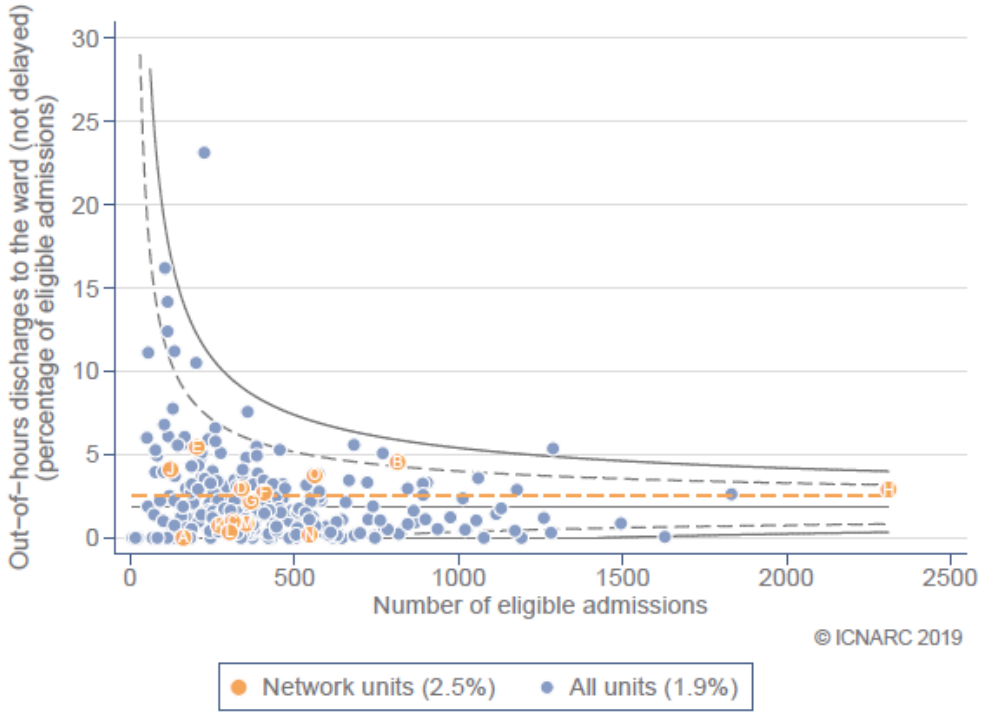
1 April 2018 to 31 December 2018

(N=9,192)

Birmingham & Black Country Critical Care Network

case mix programme

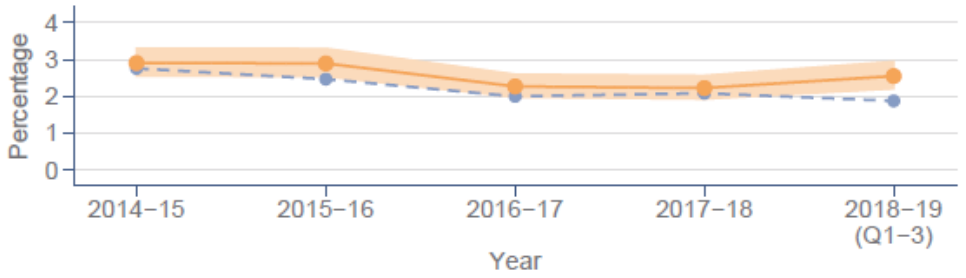
Out-of-hours discharges to the ward (not delayed)



Unit	Eligible	Numerator	Denominator	Result
A	161	0	161	0.0%
B	814	37	814	4.5%
C	311	3	311	1.0%
D	339	10	339	2.9%
E	202	11	202	5.4%
F	407	11	407	2.7%
G	367	8	367	2.2%
H	2311	67	2311	2.9%
J	122	5	122	4.1%
K	271	2	271	0.7%
L	302	1	302	0.3%
M	353	3	353	0.8%
N	546	1	546	0.2%
O	561	21	561	3.7%
Network units	7067	180	7067	2.5%

Definition

- Eligible: Critical care unit survivors discharged to a ward in the same hospital
- Numerator: Number of eligible admissions discharged between 22:00 and 06:59 and not delayed (i.e. not declared fully ready for discharge by 18:00 on that day)
- Denominator: Number of eligible admissions



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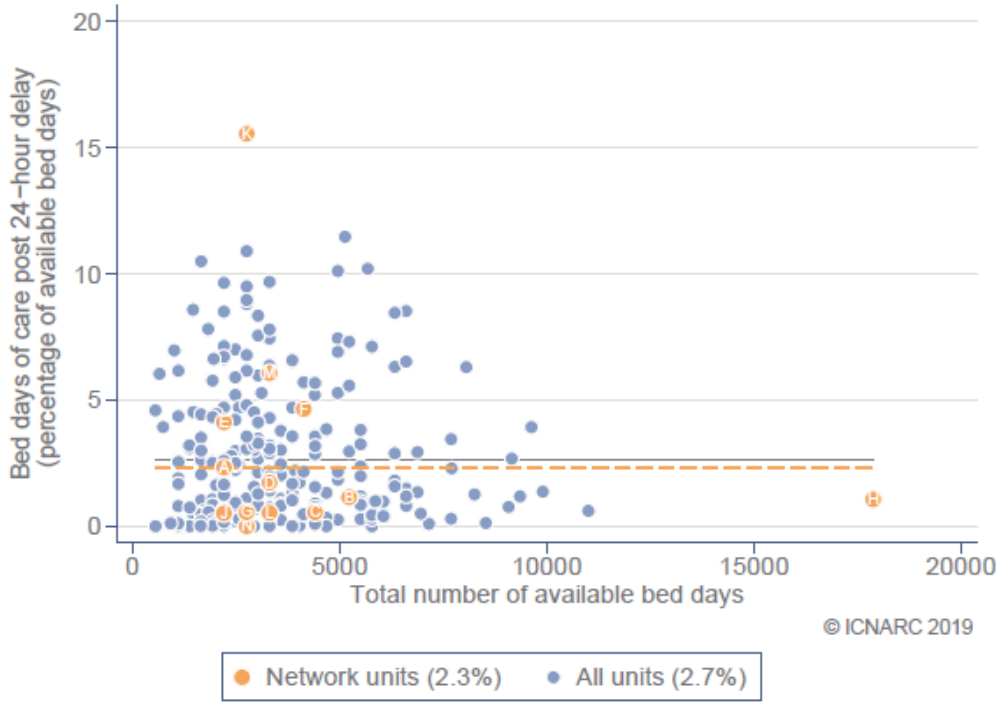
Birmingham & Black Country Critical Care Network

case mix programme

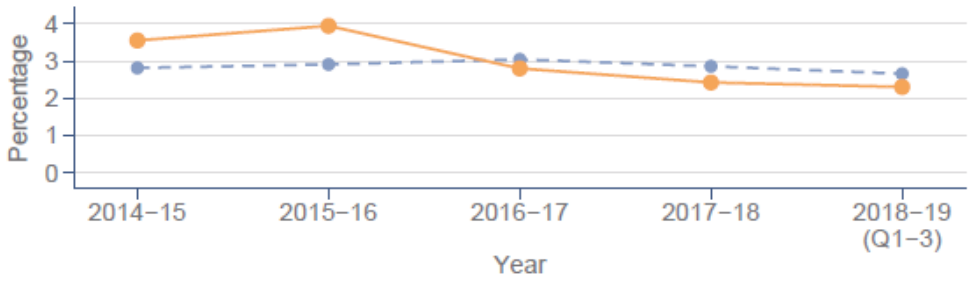
Bed days of care post 24-hour delay



Unit	Eligible	Numerator	Denominator	Result
A	191	51.1	2200	2.3%
B	851	59.9	5225	1.1%
C	338	24.2	4400	0.6%
D	367	57.0	3300	1.7%
E	230	90.6	2200	4.1%
F	468	191.5	4125	4.6%
G	379	15.1	2745	0.6%
H	2333	190.3	17875	1.1%
J	132	11.3	2200	0.5%
K	353	427.4	2750	15.5%
L	303	17.4	3300	0.5%
M	396	200.1	3300	6.1%
N	546	0.0	2750	0.0%
O	581	12.5	2200	0.6%
Network units	7468	1348.2	58570	2.3%

Definition

- Eligible: Critical care unit survivors discharged to a ward in the same hospital (or direct to home)
- Numerator: Bed days of care provided for critical care unit survivors more than 24 hours after the reported time fully ready for discharge
- Denominator: Total number of available bed days in the critical care unit



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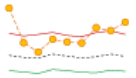
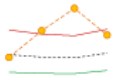
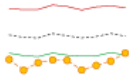
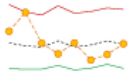
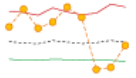
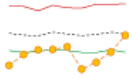
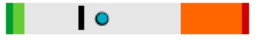
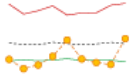
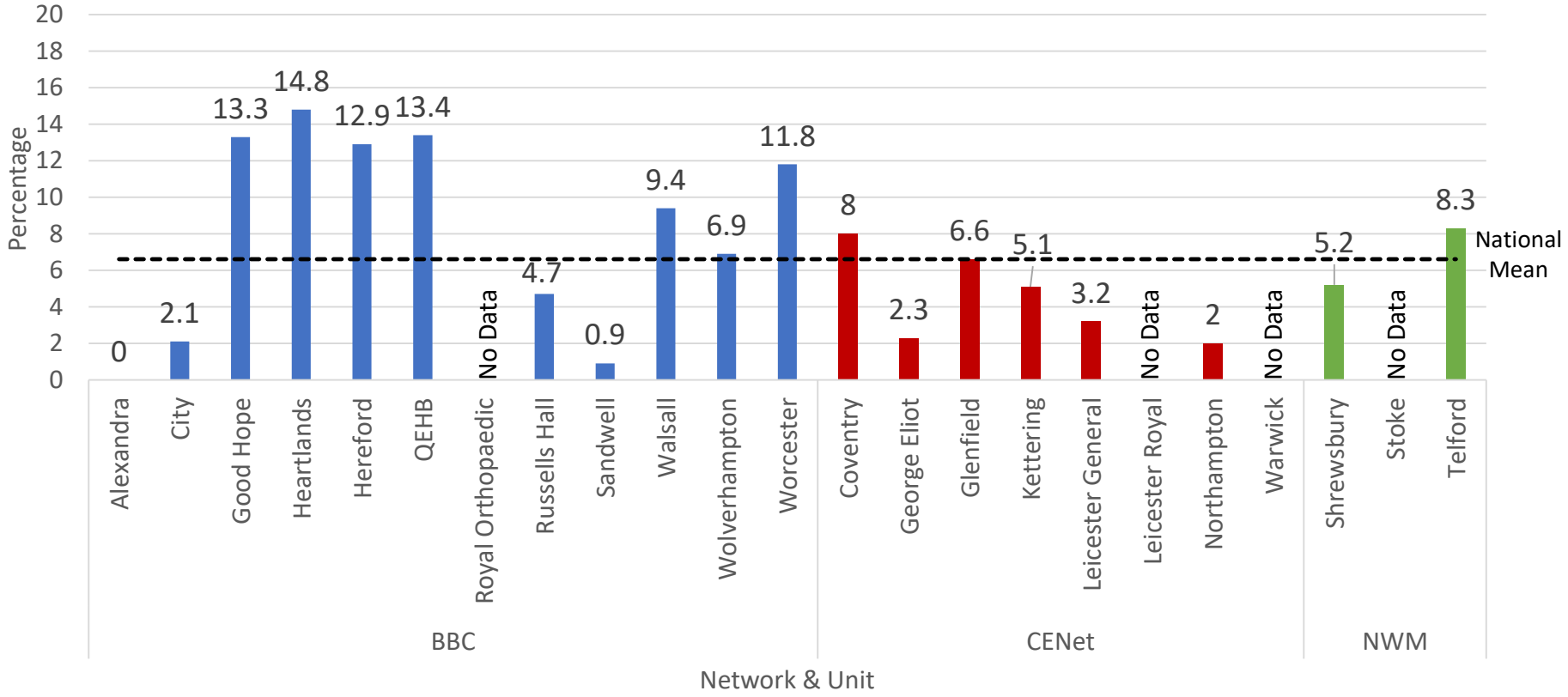
METHODS ANALYTICS

ACC02ci: Percentage of live discharges, discharged greater than 24hrs after decision to discharge (Validated)

Ref	Description	Data Period	Num	Denom	Value	National Average	Chart	Trend
RBK01	Critical Care Unit - Manor Hospital - Walsall Healthcare NHS Trust	Jan 18 - Mar 18	60.0	170.0	35.3	Mean: 18.4		
RJC01	Intensive Care Unit - Warwick Hospital - South Warwickshire NHS Foundation Trust	Jan 18 - Mar 18	8.00	72.0	11.1	Mean: 18.4		
RJE02	Critical Care Unit - Royal Stoke University Hospital - University Hospitals of North Midlands NHS Trust	Jan 18 - Mar 18	**No data**			Mean: 18.4	**Insufficient data to display chart**	
RKB01	General Critical Care Unit - University Hospital Coventry - University Hospitals Coventry and Warwickshire NHS Trust	Jan 18 - Mar 18	16.0	142.0	11.3	Mean: 18.4		
RL401	Integrated Critical Care Unit - New Cross Hospital - The Royal Wolverhampton NHS Trust	Jan 18 - Mar 18	32.0	172.0	18.6	Mean: 18.4		
RLQ01	Intensive Therapy Unit - Hereford County Hospital - Wye Valley NHS Trust	Jan 18 - Mar 18	9.00	54.0	16.7	Mean: 18.4		
RLT01	Intensive Therapy Unit - George Eliot Hospital - George Eliot Hospital NHS Trust	Jan 18 - Mar 18	15.0	84.0	17.9	Mean: 18.4		
RNA04	Intensive Care Unit - Russell's Hall Hospital - The Dudley Group NHS Foundation Trust	Jan 18 - Mar 18	6.00	27.0	22.2	Mean: 18.4		

Proportion of live discharges between 22:00am and 06:59pm(Jul-Sep 2017 - validated).



	A	B	C	D	E	F	G	H	I	J	K	L
1	Network	Site	Indicator Code	Indicator Name	Period	Positive Alert	Negative Alert	Neutral Alert	Num	Den	Value	National Average
2	BBC	Alexandra Hospital	ACC02ai	Percentage of total available critical care bed days	Q2 2018/2019 - Q2 18/19	0	0	0	17.1	728	2.348901099	2.430987808
3	BBC	Alexandra Hospital	ACC02bi	Percentage of live discharges, discharged within 4 h	Q2 2018/2019 - Q2 18/19	0	1	0	18	65	27.69230769	41.8281489
4	BBC	Alexandra Hospital	ACC02ci	Percentage of live discharges, discharged greater th	Q2 2018/2019 - Q2 18/19	0	0	0	14	65	21.53846154	16.48648649
5	BBC	Alexandra Hospital	ACC02di	Percentage of live discharges, discharged in the tim	Q2 2018/2019 - Q2 18/19	0	0	0	33	65	50.76923077	41.68536461
6	BBC	Alexandra Hospital	ACC02e	Percentage of live discharges, discharged from criti	Q2 2018/2019 - Q2 18/19	0	0	0	52	57	91.22807018	93.47919233
7	BBC	Alexandra Hospital	ACC03a	Proportion of live discharges between 07:00am and	Q2 2018/2019 - Q2 18/19	0	0	0	42	57	73.68421053	83.94836913
8	BBC	Alexandra Hospital	ACC15	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			0.813287514	1
9	BBC	Alexandra Hospital	ACC15d	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			0.75	1
10	BBC	Alexandra Hospital	ACC17b	Proportion of critical care bed days assigned to zero	Q2 2018/2019 - Q2 18/19	1	0	0		435	0	1.456867219
11	BBC	Alexandra Hospital	ACC17c	Proportion of patients assigned to zero organ HRG	Q2 2018/2019 - Q2 18/19	1	0	0		88	0	3.155477933
12	BBC	City Hospital	ACC02ai	Percentage of total available critical care bed days	Q2 2018/2019 - Q2 18/19	1	0	0	6.1	1456	0.418956044	2.430987808
13	BBC	City Hospital	ACC02bi	Percentage of live discharges, discharged within 4 h	Q2 2018/2019 - Q2 18/19	0	0	0	47	121	38.84297521	41.8281489
14	BBC	City Hospital	ACC02ci	Percentage of live discharges, discharged greater th	Q2 2018/2019 - Q2 18/19	1	0	0	11	121	9.090909091	16.48648649
15	BBC	City Hospital	ACC02di	Percentage of live discharges, discharged in the tim	Q2 2018/2019 - Q2 18/19	0	0	1	63	121	52.0661157	41.68536461
16	BBC	City Hospital	ACC02e	Percentage of live discharges, discharged from criti	Q2 2018/2019 - Q2 18/19	1	0	0	112	115	97.39130435	93.47919233
17	BBC	City Hospital	ACC03a	Proportion of live discharges between 07:00am and	Q2 2018/2019 - Q2 18/19	0	0	0	100	115	86.95652174	83.94836913
18	BBC	City Hospital	ACC13ai	Proportion of elective surgical critical care bed book	Q2 2018/2019 - Q2 18/19	0	0	0		42	2.380952381	4.101626282
19	BBC	City Hospital	ACC13b	Proportion of patients where elective surgical critic	Q2 2018/2019 - Q2 18/19	1	0	0			0	1.670551671
20	BBC	City Hospital	ACC15	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			1.196646341	1
21	BBC	City Hospital	ACC15d	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			1.139240506	1
22	BBC	City Hospital	ACC17b	Proportion of critical care bed days assigned to zero	Q2 2018/2019 - Q2 18/19	0	0	0	10	716	1.396648045	1.456867219
23	BBC	City Hospital	ACC17c	Proportion of patients assigned to zero organ HRG	Q2 2018/2019 - Q2 18/19	0	0	0	6	172	3.488372093	3.155477933
24	BBC	Good Hope Hospital	ACC02ai	Percentage of total available critical care bed days	Q2 2018/2019 - Q2 18/19	0	0	0	18.9	1092	1.730769231	2.430987808
25	BBC	Good Hope Hospital	ACC02bi	Percentage of live discharges, discharged within 4 h	Q2 2018/2019 - Q2 18/19	0	1	0	14	109	12.8440367	41.8281489
26	BBC	Good Hope Hospital	ACC02ci	Percentage of live discharges, discharged greater th	Q2 2018/2019 - Q2 18/19	0	1	0	27	109	24.7706422	16.48648649
27	BBC	Good Hope Hospital	ACC02di	Percentage of live discharges, discharged in the tim	Q2 2018/2019 - Q2 18/19	0	0	1	68	109	62.3853211	41.68536461
28	BBC	Good Hope Hospital	ACC02e	Percentage of live discharges, discharged from criti	Q2 2018/2019 - Q2 18/19	0	1	0	82	101	81.18811881	93.47919233
29	BBC	Good Hope Hospital	ACC03a	Proportion of live discharges between 07:00am and	Q2 2018/2019 - Q2 18/19	0	1	0	61	101	60.3960396	83.94836913
30	BBC	Good Hope Hospital	ACC13ai	Proportion of elective surgical critical care bed book	Q2 2018/2019 - Q2 18/19	0	0	0				4.101626282
31	BBC	Good Hope Hospital	ACC13b	Proportion of patients where elective surgical critic	Q2 2018/2019 - Q2 18/19	0	0	0				1.670551671
32	BBC	Good Hope Hospital	ACC15	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			1.175510204	1
33	BBC	Good Hope Hospital	ACC15d	Standardised mortality ratio (using ICNARC risk adju	Q2 2018/2019 - Q2 18/19	0	0	0			1.0625	1
34	BBC	Good Hope Hospital	ACC17b	Proportion of critical care bed days assigned to zero	Q2 2018/2019 - Q2 18/19	1	0	0	6	861	0.696864111	1.456867219
35	BBC	Good Hope Hospital	ACC17c	Proportion of patients assigned to zero organ HRG	Q2 2018/2019 - Q2 18/19	0	0	0		144	1.388888889	3.155477933
36	BBC	Heartlands Hospital	ACC02ai	Percentage of total available critical care bed days	Q2 2018/2019 - Q2 18/19	1	0	0		1729	0.18507808	2.430987808
37	BBC	Heartlands Hospital	ACC02bi	Percentage of live discharges, discharged within 4 h	Q2 2018/2019 - Q2 18/19	0	1	0	50	281	17.79359431	41.8281489
38	BBC	Heartlands Hospital	ACC02ci	Percentage of live discharges, discharged greater th	Q2 2018/2019 - Q2 18/19	1	0	0	8	281	2.846975089	16.48648649

Critical Care Dashboard - Q2 2018/19 (non-validated metrics excluded)

ACC02ai Percentage of total available critical care bed days utilised for patients more than 24 hours after the decision to discharge

BBC	Alerts Pos	Alerts Neg	Alerts Neut	Num	Denom	Value %	National Ave %
Alexandra Hospital				17.1	728	2.3	2.4
City Hospital				6.1	1456	0.4	2.4
Good Hope Hospital				18.9	1092	1.7	2.4
Heartlands Hospital					1729	0.2	2.4
Hereford County Hospital				29.8	728	4.1	2.4
Manor Hospital				78.1	1365	5.7	2.4
New Cross Hospital				9.2	1365	0.7	2.4
Queen Elizabeth Hospital Birmingham				28	5915	0.5	2.4
Russell's Hall Hospital - ICU					728	0.6	2.4
Russell's Hall Hospital - MHDU				147.6	910	16.2	2.4
Russells Hall Hospital - SHDU					728	0.3	2.4
Sandwell General Hospital					1092	0.4	2.4
The Royal Orthopaedic Hospital					910	0.0	2.4
Worcestershire Royal Hospital				54.1	1092	5.0	2.4

CENet	Alerts Pos	Alerts Neg	Alerts Neut	Num	Denom	Value %	National Ave %
George Eliot Hospital					728	0.2	2.4
Kettering General Hospital				42	1456	2.9	2.4
Northampton General Hospital				45.5	1456	3.1	2.4
University Hospital Coventry - CCU					1001	0.2	2.4
University Hospital Coventry - ICU					2366	0.1	2.4
Warwick Hospital				6.8	637	1.1	2.4

NWM	Alerts Pos	Alerts Neg	Alerts Neut	Num	Denom	Value %	National Ave %
Robert Jones & Agnes Hunt Hospital					455	0.0	2.4
Royal Shrewsbury Hospital				50.5	1274	4.0	2.4
Royal Stoke University Hospital							2.4
The Princess Royal Hospital				10.7	1001	1.1	2.4

National Critical Care Nursing and Outreach Workforce Survey

Overview Report

4.15 Critical Care Trained Nurses

The GPICS standards and proposed D05 require a minimum of 50% of critical care nurses to be in possession of a post registration award in critical care nursing.

Overall **48.8%** of registered nursing staff in critical care possess a post registration award, however the range is vast with some units stating that 0% of staff have a critical care award and some units reporting 100% of staff with a critical care award, and

CC3N is keen to explore the rationale for those units who reported 0% compliance

- PathwaysDOS
- CCRID