



## Tri Network Clinical Forum

Tuesday 7<sup>th</sup> November, 10:00-15:00

Crown House, 123, Hagley Road, Birmingham, B16 8LD

**Present:**

Alison Bakewell	AB	GEH
Angela Himsworth	AH	MCC&TN
Anna Hardy	AH	SWFT
Caroline Houghton	CH	SATH
Caroline Paxton	CP	UHCW
Donna Clift	DC	RWHT
Dr Aditya Kuravi	AK	Walsall
Dr Duncan Watson	DW	UHCW / MCC&TN
Dr Paul Webb Hughes	PWH	SWFT
Dr Raj Uppal	UP	DGH
Dr Rob Green	RG	UHCW
Dr Sid Khan	SK	UHB / MCC&TN
Dr Tracey Leach	TL	WHAT
Dr Yat Wah Li	YWL	RWHT
Emma Graham Clarke	EGC	SWBH
Emma Lawson	EL	NHSBT

Hilary Sinclair	HS	Spires, Solihull
Ian Purcell	LP	SWFT
Isatu Kargbo	IK	UHCW
Jane Davies	JD	UHL
Jane Leaver	JL	Burns Network
Jo Thompson	JT	UHB
Lesley Smith	LS	UHNM
Lowri Mansell	LM	RJAH
Rachel Jenkins	RJ	Walsall
Sharon Walters	SW	SATH
Sharon Wood	SW	UHB
Stephanie Thompson	ST	DGH
Steven Cook	SC	MCC&TN
Susan Richards	SR	NHSBT
Sylvia Mitchell	SM	GEH
Val Watson	VW	UHCW

1	<b>Welcome and Introductions – Chaired</b> by A Himsworth	<b>Actions</b>
2	<b>Apologies</b>	
3	<p><b>SNOD &amp; CLOD Update – Presentation re National / Regional Performance, Missed Opportunities, &amp; Initiatives Aimed at Reducing the Length of the Donation Process.</b> - Emma Lawson</p> <p>Emma gave a presentation that gave some historical data shared re where the service has come from and the successes it has achieved over the last few years. the national document “Taking Organ Donation to 2020”, has 4 main overriding aims to be achieved for us to match world class performance in organ donation and transplantation</p> <ol style="list-style-type: none"> <li>1. Deceased Organ Donors – 26pmp by 2020</li> <li>2. Increase Organ Utilisation – 5% by 2020</li> <li>3. Patients Transplanted – 74pmp by 2020</li> <li>4. The consent rates needs to reach 80% by the year 2020.</li> </ol> <p>The current consent rate is 65%. Family refusals are still the main reason for non consent so we need to promote a change in public behaviour to increase consent. Wall mounted displays have been produced &amp; booklets for waiting rooms. Lift wraps have been used in some organisations. Partnership with St John &amp; the awards scheme – honouring the donor, recognising the gift and being proud to donate.</p> <p>Promoting a change in public behaviour means new legislation. As in Wales, England is looking to introduce similar legislation through a private members bill so everyone would opt out as you would be automatically on the register unless you opted to remove your details.</p>	<p><b>All presentations from the day to be put onto the MCC&amp;TN Website</b></p>

	The Midlands has one of the worst performing regions for collaborative requesting. Specialist requester's roles have been introduced as one of four pilots in the country. These roles are not embedded so this means they should be available.	
4	<p><b>The Midlands Burns Network Overview, National Resources - Jane Leaver, Lead Nurse for Midlands Majors Burns Network</b></p> <p>Jane gave an overview of the Midlands Major Burns Network which spans locally across the East &amp; West of the Midlands. The Queen Elizabeth Hospital is a major burns centre along with Birmingham Children's Hospital for paediatrics. Nottingham acts as a burns unit and University Hospitals Leicester is a burns facility. Work is being undertaken with University Hospitals Coventry &amp; Warwickshire &amp; University Hospitals North Midlands. Information about the number of admissions and size of burns admitted to hospitals within the Midlands Major Burns Network was shared and patient referral flow diagrams for adult and paediatric burns patients.</p>	
5	<p><b>Acute Kidney Injury Care Bundle – Alison Bakewell, Matron for ITU &amp; Patient Safety, George Eliot Hospital, Nuneaton.</b></p> <p>Alison informed the forum about a significant amount of work that has been undertaken by the George Eliot Hospital, Nuneaton. This had be instigated on the basis of the following points</p> <ol style="list-style-type: none"> <li>1. Lack of clear lead driving AKI within the Trust.</li> <li>2. Aware that without onsite renal team patients could be a risk of deteriorating if not recognised in a timely manner.</li> <li>3. Frustration with current management of AKI and previous care bundle.</li> <li>4. Wanted to integrate the systems we use to drive change and improve patient safety.</li> <li>5. National recommendations for AKI that required implementation</li> </ol> <p>An AKI response algorithm was introduced. Notable improvements were found including a reduction in number of patients affected by all stages of AKI with greatest reduction seen in the most severe stage (AKI stage 3).the following is a list of the positive outcomes that Alison highlighted;</p> <ul style="list-style-type: none"> <li>• Less patients affected by AKI.</li> <li>• No incidents of failure to recognise AKI patients since launch of strategy.</li> <li>• Improved patient and staff awareness, senior commitment and buy in.</li> <li>• Automated alerts with 24/7 response team leading to quicker recognition and response.</li> <li>• Quantitative data to improve patient safety, detect trends earlier and inform staff about processes of care and outcomes</li> <li>• Improved relationships with our local tertiary centre UHCW.</li> <li>• NHSI published project work on their website.</li> <li>• Formation of Deteriorating Patient Group.</li> <li>• Change at an organisational level.</li> </ul>	
6	<p><b>Getting It Right First Time (GIRFT) – Dr Sid Khan, Network Medical Lead</b></p> <p>Dr Khan gave a brief presentation on Getting it Right First Time (GIRFT). Dr Anna Batchelor has been appointed as the national critical care lead for England and will sit on the CRG. The GRIFT agenda is not about primarily saving money but it is about doing things right and getting the best patient outcomes. It is Dr Batchelor's intention to collect a large quantity of data to help illustrate variations between units that impact on quality of care and efficiency. She then plans to start to visit Trusts in April 2018 where unit's performance data etc will be reviewed and teams questioned about variations.</p>	
7	<p><b>Safety Huddle Culture - Isatu Kargbo, Matron, &amp; Caroline Paxton, Sister, General Critical Care, University Hospitals Coventry &amp; Warwickshire NHS Trust</b></p> <p>The team at UHCW were shortlisted for a safety award by the HSJ but did not win their category unfortunately. Isatu gave a presentation along with SR Caroline Paxton about the</p>	

	<p>safety huddle that they have introduced. All of the patient safety incidents that have occurred within the last 24hrs in General Critical Care are reviewed and any lessons learnt are identified with the whole team. The daily huddle asked three main questions</p> <ol style="list-style-type: none"> <li>1. Why did it happened</li> <li>2. What can we do differently</li> <li>3. What have we learnt to prevent the incident from happening again</li> </ol> <p>A weekly grand huddle is held every Friday morning where all incidents for the week are discussed again to identify themes and trends and to highlight if there are any risks for the register? Key learning is taken to handovers. An increase in reporting has been noted and the concept of the huddle has been rolled out to other areas in the Trust.</p>	
8	<p><b>Network Data – Regional Overview of National Quality Dash Board Data – Dr Duncan Watson</b>, Network Medical Lead.</p> <p>Dr Watson presented some slides prepared by Steve Littleson (Network Data Analyst) re comparative data from the national dash boards &amp; Network ICNARC Report. The data included information about the regions performance on delayed discharges, discharges during 0700hrs &amp; 1959hrs, readmissions within 48hours and SMR</p>	
9	<p><b>News In Brief</b></p> <p>Feedback on Sharing Event – the Sharing event was well attended and has evaluated very well.</p> <p>Nursing Workforce Survey – Angela thanked all of the unit lead nurses and all other staff who had completed the survey and asked anyone who hadn’t already returned the survey to do so. A small working party have organised to meet in December to look at the national data and to commence writing up the results which CC3N hope to publish with a comparison to the data collected n 2015.</p> <p>Trauma Nurse Competencies – Angela informed the forum that the trauma competencies for critical care, trauma ward areas and paediatrics have now been completed and should be launched at the end of the month once the CRG have given their approval.</p> <p>Unit Peer Reviews – Angela updated the forum members that she was working on a new self assessment tool for peer review that would be shared once more work has been completed on it. The tool had been used at Kettering the day before the meeting and some tweaks were required and some of the repetitiveness removed.</p> <p>Delirium Study Day / Work Shop – Angela informed the forum that there is to be a Network study day / workshop in March which she asked the units to support by identifying a nurse, medic, physio and pharmacy lead who could become unit champions. The day will be aimed at improving the screening of patients to detect early signs of delirium &amp; to instigate treatment when patients were detected as showing signs of delirium. More details about the day will be circulated when available.</p>	
10	<p><b>ICCQIP Surveillance Update – Professor Julian Bion</b> Professor of Intensive Care Medicine, University of Birmingham</p> <p>Professor Bion gave a presentation and update on the national work being undertaken on ICCQIP surveillance since the previous meeting in February when he attended to inform everyone about the project. Many organisations have registered but have yet to submit any data. Some initial data that has been analysed by the national team was mentioned by Prof Bion and discussed but this was not for wider dissemination at the moment. For the project to work it is essential to have strong professional leadership. A number of units present who are participating in the project gave brief feedback about how they were finding collecting and</p>	

	submitting the data which didn't appear to be causing too many issues. Units not currently registered to undertake surveillance were encouraged to do so. Steve Cook acknowledged that this was something that he would like to lead upon for the Network to ensure all units within the region would become involved and that he would liaise with Prof Bion / the national team.	<b>Steve Cook to liaise with Prof Bion / National Team</b>
11	<b>Unit Updates/Sharing- Learning:</b> There was insufficient time to cover this agenda item	
12	<b>AOB:</b> .No other business was raised.	
13	<b>Future Meetings:</b> Tri Network Meeting – 27 <sup>th</sup> February 2018, 1000hrs to 1500hrs, Crown House, Birmingham.	