Important news on the Forum Transition project

RCN forums are groups of RCN members working in a similar nursing specialty or with like interests.

RCN forums:
- provide networking opportunities
- help members enhance their practice knowledge and skills
- provide an expert resource
- support RCN Council
- shape, drive and develop nursing practice
- identify and support nurse leaders in their field
- influence current and future health and social policy in the UK and beyond.

In 2008 RCN Council decided that RCN forums should be streamlined to create 41 stronger, more fit-for-purpose forums. They will have a revised governance structure and will be supported with new online systems to help them meet the challenges of the 21st century.

Your forum will be merging with the In-Flight Nursing Forum to become the Critical Care and In-Flight Nursing Forum. You will still be able to access news and information about your specialism through the online communities but in future, all communications will be coming from the Critical Care and In-Flight Nursing Forum. You can find out more about the changes on the forum website: [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums) The full list of the new forums can be downloaded from this page.

Thousands of RCN members throughout the UK already work together in forums to develop and improve nursing care in a range of settings and they remain an essential part of RCN membership. By joining an RCN forum you will be kept up to date by email with the latest developments in your key field of interest. There are also online communities in different specialisms and interests – see [www.rcn.org.uk/communities](http://www.rcn.org.uk/communities) for further information.

Don't forget to update your details at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn) and give us your email address to ensure you continue to receive information and updates from your new forum.

Letter from the Chair: RACHEL BINKS

Welcome to the summer edition of the Mail

Thank you to all who attended our recent conference in June – it was a great success and we have had very positive feedback from delegates. We are very pleased to announce that the conference will go ahead next year on 18 and 19 June,
Letter from the Editor: SHEILA GOODMAN

Last post for Critical Care Mail – your help please!

This will be our last newsletter in its current format; in other words the last paper copy you receive. This summer we merged with the In-Flight Nursing Association (IFNA). In future the newsletter will be emailed out to members of the new Critical Care and In-Flight Nursing Forum four times a year. We plan to bring out the first newsletter in November, introducing the new committee.

Our new newsletter requires a fresh name encompassing the spirit of both forums. To this end we would like you to help us chose one. We are holding a competition for members to suggest a name. The winner will receive a free place at our conference next June. So email me with your suggestions.

The newsletter will be co-edited by myself and Rita Mody from the IFNA. You can read all about the forum from Rita who has written an article about the group on page four. Also included in this issue are reports from Congress, our conference and the usual updates from committee members.

We are all looking forward to merging with the IFNA. Exciting times lie ahead of us!

Email: sheila@heigham.org.uk

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DATES FOR YOUR DIARY

IN-FLIGHT STUDY DAY: RCN Headquarters, 14 November 2009
NOrf STUDY DAY: NEC Birmingham, 1 October 2009
CONGRESS: Bournemouth, 25–29 April 2010
RCN EMERGENCY CARE CONFERENCE: Harrogate, 16–17 October 2009. Email: emergencycare@rcn.org.uk

Email: rachel.binks@anhst.nhs.uk

at RCN headquarters in London, and we would very much like to see you there. We hope to have a joint conference with the In-Flight Forum with whom we are about to merge and the Perioperative Forum who we are working very closely with on competencies for nursing critically ill patients outside of critical care.

As well as our usual informative updates from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and NICE, we will of course be including a whole host of inspiring concurrent sessions and hope you can find the time to send us an abstract for a poster or session you would like to present.

We continue to see a great deal of change at the Royal College of Nursing as the developments in the professional membership structure begin to have an impact. As our priorities are often very separate from those of the RCN union activist, we will ensure the professional voice of nursing is heard. You may have noticed the changes in the RCN website and will see our new and improved site with In-Flight. We are promised a fantastic interactive site so do bear with us.

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

Getting involved in Congress

This year RCN Congress was held in Harrogate in April and you will have seen that we were addressed by both the Prime Minister and the Leader of the Opposition. There are many ways to get involved so do contact your local branch to enquire about funding, as interspersed around the debating sessions, forums and networks. Nursing Standard holds fringe events on professional issues and there is always a large and diverse exhibition.

At our conference this year, we awarded a free place at Congress to Heather Johnson for a very interesting presentation, and a free place at conference next year to Debbie Clark for a great poster.

I believe throughout 2009 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.

Email: rachel.binks@anhst.nhs.uk
Speakers at this year’s conference shared their passion for the job and personal experience as well as their professional knowledge.

Once again held at RCN headquarters, the general feeling among delegates at the conference was favourable. It was very well attended on both days and the standard of speakers was high. Rachel Binks (Chair) welcomed everyone to the conference.

I think one of the highlights of the opening day was Rob Wilkinson talking about the role of the air ambulance. He certainly got first place for his enthusiasm and passion for the service he provides.

A very different presentation was given by Dr Craig Carr, an anaesthetist from the Royal Marsden hospital. He shared his experiences on the aftermath of the fire that caused major damage to the hospital. Despite being a very serious subject, it was presented with humour and pinpointed the lessons that were learnt from it.

Jane Eastland and David Greaves were our double act and provided us with a substantial presentation on ‘lean’ management in the NHS. David, an anaesthetist, discussed the principles behind ‘lean’, while Jane (one of our committee members) linked it to the NHS and the Productive Ward.

Throughout the two days, debate went on not only in the plenary sessions but also in the concurrent sessions. As much can be learnt from these debates – if not more – as from the formal presentations.

The timing of the conference coincided with the release of the latest National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Dr James Stewart talked us through the Acute Kidney Injury (AKI) report. The document shows that a large number of patients with acute renal failure are being misdiagnosed, resulting in the wrong treatment being given – something of which we should all be aware.

Friday night saw some of the delegates and committee out on the Thames enjoying a boat trip, which took us down past Docklands and the Thames Barrier. We returned to see the lights of Canary Wharf and London Bridge while dancing on board.

Sheila Goodman

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Brigitte Covell meets members

I was delighted to meet members working in the independent sector in critical care at our recent conference in London. One of my aims as a steering committee member has been to improve the contribution and involvement of independent sector critical care nurses in the forum’s activity.

I thought it was an interesting conference with some excellent speakers, including Andrew Chatwood, National Lead for Critical Care and Resuscitation for Spire Hospitals, a group of independent hospitals in the UK.

Email: brigitte.covell@spirehealthcare.com

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Rehabilitation guidelines

The National Institute for Health and Clinical Excellence (NICE) guidelines on rehabilitation needs of the critically ill have been published and make very interesting reading. We were very pleased that the Chair of the Guideline Development Group, Dr Stephen Brett MD, was able to give a very interesting presentation at our recent conference.

We look forward to seeing many of you at our next conference to be held 18–19 June 2010.

Rachel Binks
The IFNA started as a “special interest” group of the RCN in the late 1980s by Dickon Weir-Hughes and Richard Hough. We now have over 600 members and have been an active forum in our own right for several years.

Whilst we are still a relatively small group of nurses (and nowhere near the scale of the Air and Surface Transport Nurses Association in the US or RFDS in Australia), we are a growing group of specialist nurses working from within the UK and as such will continue to support our members through the forum transition changes.

Flight nursing is out on a limb from other forums. The majority of delegates have a background in either critical care or emergency care, but as a flight nurse, they are mainly working in the self-employed nursing sector. As well as this, the repatriation of an ill or injured patient is often carried out alone on a commercial aircraft, or with only one other medical personnel on an air ambulance. The set of skills required by a flight nurse can only be gained with experience and knowledge, as with any other specialist area.

**Keeping up to date**
The RCN In-Flight Nurses Association has historically been one of the most comprehensive vehicles for ensuring skills remain up to date, using our Immediate Life Support courses and study days. Over the last 10 years we have held two weekend conferences at RAF Lyneham and more than 20 study days, which have proved most beneficial to in-flight nurses in terms of networking and keeping in touch.

As part of our continuous efforts to improve the protocols for flight nurses, we have completed a Medicines Management document and Flight Nursing Competencies in the last few years. Our biggest venture in the near future will be to ensure we can agree, with industry heads, on a set of appropriate standards for flight nurses within the industry to ensure they can work safely and knowledgeably in this relatively new field of nursing.

**The current IFNA committee consists of:**
- **Alan Sheward** – Chair
- **Mark Payne** – Deputy Chair
- **Caroline Carter** – Secretary and Study Day Organiser

Here’s an update by committee member GERRI NEVIN on some important issues in critical care education and training

**Critical care education review**

Following discussions between the RCN Critical Care Forum, CC3N and BACCN it has been identified that there is a nationwide concern about critical care nurse education. There is a consensus that education for critical care nurses is fundamental to the provision of quality clinical services and requires a universal approach in terms of educational outcomes to ensure standards are maintained nationally.

The problems discussed included:
- a mismatch between the content and focus of programme delivered and clinical needs of patients
- the complexity of some commissioning, funding and delivery models which affect the uptake and development of courses
- a lack of standardisation of these which leads to challenges for both employers and employees when transferring between units and networks.

A working group has been set up to review what is happening nationally and to identify key competencies that could be developed into a programme of study.

**Modernising Scientific Careers: critical care te**

The Critical Care Forum has been involved in the development of curricula for qualified staff from this speciality. There will be three two-day workshops over the summer in which curricula will be developed, using a framework of overarching (draft) standards of Good Scientific Practice and related Scopes of Practice. This national framework will set common standards for those wishing to work in the field of critical care technologies.

At the moment the group is looking at learning outcomes at MSc level; it is expected that this work will go out for consultation in October 2009.

For more information on the role of the Critical Care Technologists go to:
Noticeboard

Admission and discharge from critical care
Barry Williams has been asked to update the 1996 document on admission and discharge from critical care. It is suggested that this will fall into three areas:
- the admission including the interface with other services, wards and so on
- the care within the critical care area – the ICS document on critical care quality indicators will almost certainly assist with this
- the discharge interface and ongoing care on the ward. The recent NICE guideline on the Rehabilitation of the Critically Ill (NICE CG83) will cover much of this.

Neuroscience Stakeholder Group
Work on good practice guidance describing what a ‘good service looks like’ is continuing. A draft workflow chart has been developed and is out for discussion.

The Organ Donation Task Force
This work has now been separated from UK Transplant. Transplant coordinators are being appointed for each trust, and donation committees are being established along with Donation Champions in all trusts. Financial arrangements have been finalised. Trusts are generally being reimbursed at the rate of two PAs for Champions but this does vary. Two tariffs have been agreed: one rate for identifying a donor and a higher tariff for when a donation takes place. Early indications are that donation and referral rates are improving. Overall refusal rates remain at around 40 per cent, but where a patient is on the Organ Donation Register, the rate falls to around 5 per cent.

Acute and critical care Quality Indicators
The Quality Indicators group met again in July and an update on possible indicators had been circulated. The aim is to produce guidance for commissioners on the quality standards and discussions taking place with the National Patient Safety Agency (NPSA) regarding the inclusion of indicators for medicine errors and infection control. The latter is likely to be informed by the NPSA “Matching Michigan” project currently being piloted in the north east of England.

Resuscitation Council
Jerry Nolan is working on developing training materials and courses and also participating with the Intensive Care National Audit & Research Centre (ICNARC) in the National Cardiac Arrest Audit. It is hoped there will be high uptake of the resuscitation data collection tool, but there is a cost attached to this.

The aim of the audit is to identify the number of arrests, reduce the number of unexpected arrests and improve outcomes through monitoring and benchmarking the performance of trusts.

Workforce
There remains a lot of interest in the Critical Care Practitioner role – especially at Advanced level – and Carole Boulanger (Royal Devon and Exeter) is supporting a Critical Care Practitioner role – especially at Advanced level – and Carole Boulanger (Royal Devon and Exeter) is supporting a

Don’t miss out!
From October 2009 all RCN forum newsletters are going to be emailed to members rather than posted. The content of your newsletter from the world of critical care nursing will be just as good if not better as we will be able to include additional information and link directly to useful resources.

Many of you have already opted into the electronic versions of the forum newsletters and we aim to continue to enhance our communications with you.

To receive your e-newsletter simply go to www.rcn.org.uk/myrcn and check we have a current email address for you.

And don’t forget you can also check out the latest information and updates by going to your online community at www.rcn.org.uk/criticalcare

www.criticalcaretech.org.uk

To find out more about ‘Modernising Scientific Careers’ visit:

Rita Mody – Newsletter Editor
Ryan McNay
Rachel Leader
Catherine Gates

As we join with the Critical Care Forum over the next few months, a new committee will be voted in, with some of our current IFNA committee leaving us. Both current and past committees have worked hard to continue to improve the specialist area of flight nursing and all are to be thanked for their input. However, exciting times lay ahead and early next year we will be holding elections for the joint committee of the Critical Care Forum and the In-Flight Nurses Association, to ensure we have a committed team who will continue to work for flight nurses in the UK.

Email: ritamody@hotmail.com

Although it is acknowledged that there are some examples of good practice, the national picture remains patchy. The group are looking at education and training standards and principles, and the development of competencies.

If you wish to contribute to the discussion or want further information contact gerri.nevin@bcu.ac.uk

www.rgan.org.uk/myrcn
In this section we offer a summary of discussions about this aspect of care that took place at RCN Congress 2009. We discovered a range of management strategies and practices that are being used from hospital to hospital, and as well as giving voice to some good practice, we found nurses who share the concerns that originally brought this matter to our attention.

What’s new?
In previous editions of the Perioperative Forum’s newsletter The Cutting Edge, you may have read our responses to members who requested advice and support for situations when critically ill people are cared for in the operating department because the hospital’s physical and human resources for critical care are already full to capacity. This is a complicated problem and there is no simple answer.

At RCN Congress 2009, Perioperative and Surgical, and Critical Care Forum members gathered at a fringe event with three objectives to:
- discover how often this type of event occurs
- discover what action is taken when it occurs
- give members the opportunity to state what action they would like the RCN to take.

What your colleagues said
There is no consensus about pattern or frequency of critically ill patients being cared for in recovery and post-anaesthetic care units (PACUs). In fact the unpredictable, irregular and infrequent nature of occurrence should be recognised as one of the elements in the difficulty of its management. In light of this finding we are likely to recommend that where a hospital provides surgical care, critical care or both, managers should implement and resource a contingency plan that ensures that all patients who are critically ill have access to the nurses with the knowledge and skills required to provide safe care.

The nurses who felt positive about the way the situation is handled in their hospital offered a number of elements that they felt contributed to good care.
Nurses felt supported when a clear, transparent and widely communicated bed-management strategy was used to monitor planned admissions and discharges in critical care.

Where managers support regular rotation of nurses between critical care and PACUs, nurses in both specialties felt they could develop and maintain the core skills required to care for patients from either group. In other sites the critical care outreach teams supported PACU staff and provided a welcome service, but there are some qualifying factors to this strategy. Where relationships and communications between the two departments are good, nurses are moved to care for patients whose dependence matches the knowledge and skills of the nurse. Nurses felt supported when a clear, transparent and widely communicated bed-management strategy was used to monitor planned admissions and discharges in critical care so that if changes were required, the impact could be assessed quickly and clearly.

The other side of the coin
There was less satisfaction with a number of other matters, however. Some nurses reported that medical colleagues in both areas might discharge the least dependent patients to a ward in the knowledge that the patient was more dependent than the ward nurses’ usual level of care. Willingness to participate in rotation between critical care and PACUs is not universal and there are some nurses who do not want to be involved in the care of highly dependent patients.

While it was recognised that outreach services are very good, there were some who perceived a risk that reliance on outreach to support critically ill patients in ward areas might have led to ward-based nurses losing or not learning even basic critical care skills. Similarly, outreach services have less to offer in support of this issue when support is not available 24 hours a day, seven days a week. It was universally agreed that if the appropriate support is in place, caring for a critically ill patient in PACU is preferable to an out-of-hours out-of-hospital transfer because unlike the isolation of being on the road with an ambulance crew, at least there is somebody with appropriate skills in the building.
PbR implementation gets closer

Two critical care information advisory group meetings have taken place since the last newsletter. At both meetings last-minute changes to the CCMDS guidance were made in order to make the guidance clearer and also to make data collection easier. A new DSCN will be out early next year but a statement will be put on the DOH website explaining the changes first. www.dh.gov.uk

An interesting discussion took place on whether the term “hepatic” or “liver” should be used. Both words have been used interchangeably but it was felt we should stick with one word to avoid any confusion. So it was decided that “liver” should be used throughout.

Some minor changes were also made to the levels of care once again so keep an eye on the ICS website for an updated version of the document: www.ics.ac.uk

There is still no definite date for PbR to go live but it is hoped that April 2010 will be the implementation date. There are still a few problems to be sorted out with data being received.

The next meeting will be held in October.

Elections update

We were expecting elections to take place this spring. But, because of forum restructuring, only those forums that did not merge had elections. Our forum along with many others will have elections next year. This means that Rachel and I will be continuing as committee members for another year. Jane and Brigitte will continue as co-opted members. On a sad note, Dominic and Gemma have both stood down from the committee due to other commitments. We hope that some of you will consider standing for election next year. Please contact us if you require more information about the work of the committee.

Sheila Goodman