East of England Adult Critical Care Operational Delivery Network

Annual Report 2021-2022

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Foreword

Welcome to the East of England Adult Critical Care Operational Delivery Network Report 2021/2022.

This report covers the period of April 2021 to March 2022 – Another year of such uncertainty and sadness for many, and certainly the past twelve months has undoubtedly been one of the most challenging years in the history of the East of England Adult Critical Care Network. I would like to start this annual report by conveying thanks to all stakeholders who have contributed in many different ways to the delivery of critical care across the region. COVID-19 has required us to work in different ways, it has changed the 'norm' and made an impact on both our working and personal lives. What has been evident are the challenges that can be overcome in the face of adversity and the great successes that can be achieved rapidly, through working collaboratively both within and across the organisational boundaries. I am immensely proud of the core network team and the adult critical care community across the region who have again worked tirelessly and have shown such commitment to their patients and the service. My special thanks to Dr Mark Blunt, Karen Cotton, Isabelle Delain and Mandy Baker who have constantly delivered and supported throughout this year. Many of our achievements would not have been accomplished without their efforts and dedication.

As we look forward to next year, it remains very clear that we must continue with the close, collaborative partnership working, which is essential to tackling the demands of patients and their families who require adult critical care services. Looking ahead there will undoubtedly be opportunities for us to harness innovation, share learning and ideas as well as deliver and improve pathways, processes, outcomes and services as a whole, whilst balancing the demands of the pandemic as well as the needs for elective, emergency and urgent care.

Melanie Wright *– Director, East of England Adult Critical Care Operational Delivery Network*

The last two years have been the most pressured time ever for critical care. We have seen the community across the country and within the region coming together to respond in a truly remarkable manner. The need for region-wide working and support has been recognised and the response from the critical care community in the East has been utterly outstanding. This in turn has encouraged better mutual understanding between colleagues across the region. As we move forward it is imperative that we maintain this in order to achieve the ultimate goal of equality of high standard critical care access for all of our communities across the region.

There is now some recognition, both nationally and regionally, of a need for increased critical care capacity, and although some of this is likely to be in the form of level 1 beds it is also clear that there is a shortage of the higher-level beds. Whilst this recognition is required to identify funding support for expansion, it is not at all clear how the workforce needs are going to be met. As the pressures of the pandemic relax, the new pressure becomes the need to support recovery of the elective backlog which is likely to have at least as much impact on patients as the recent viral illness. Unfortunately, we have an aging and tired workforce that have been continually asked to go the extra mile over the last two years therefore working to ensure staff are supported is imperative to prevent loss of precious skilled colleagues over the next two years. Both medical and nursing recruitment are a major challenge and likely to be the central focus for the network and its component hospitals going forward.

Finally, I would like to recognise the immense efforts from Mel, Karen, Mandy and Isabelle who have stepped up, uncomplainingly, to ensure that the network responded rapidly, effectively and in a sustained manner to each new pressure over the last two years. Their efforts have been immense and the importance of this cannot be overstated.

Mark Blunt *– Clinical Director, East of England Adult Critical Care Operational Delivery Network*

It has been extremely difficult seeing nursing colleagues going through what must be the worst time of all their careers, having to adjust their working practices multiple times due to the ever-changing waves of the pandemic where the future has been uncertain on so many levels. The new challenge is coping with a sustained wave of segregating different groups of patients whilst working with unprecedented staff absences on a daily basis. I am amazed, encouraged and proud of the resilience they have shown and sincerely thank them for everything they have done over the past 2 years and continue to do.

The network's priorities for the nursing workforce over the last year have been education, workforce development and well-being. The pandemic has raised the profile of the level of training that a critical care nurse requires to work with competence and confidence within the specialism. The government have invested in supporting the academic and practice-based programmes required to achieve this by supporting each nurse to progress from the day they join critical care to becoming an enhanced practitioner and leader. Our workforce is facing ever-changing challenges whether it is to recruit to an expanded bed capacity, replace staff who have retired or moved on. As with the whole of the NHS, recruitment and retention is currently a key issue for the East of England critical care units. It is important as part of the strategy for retaining staff and ensuring their ability to work is maximised that we realise the necessity for a work-family life balance, thus ensuring their well-being needs are acknowledged. To facilitate this difficult area of concern the critical care and mental health networks have been working together to ensure preventative interventions are in place and troubled staff receive the support they need in a timely way.

One of the real positives that has emerged from the teamwork relating to all the new initiatives and available funding to aid the pandemic situation, is a new found union between the regional NHS England and NHS Improvement, Health Education England and the Critical Care Network nursing teams. Funding opportunities have been distributed through the network to the critical care units and the network has acted in an advisory capacity to the regional teams and a conduit from the National Critical Care groups to the regional teams and the critical care unit nursing teams.

Karen Cotton *– Innovation and Nursing Lead, East of England Adult Critical Care Operational Delivery Network*

Background

The Adult Critical Care Network covers the six counties within the East of England with a population of 6.4 million, 6 Integrated Care Systems, and 20 adult critical care units with a total bed base of 347 (Table 1). This bed base has increased slightly from the pre-covid position (see Table 4). All tertiary speciality services are represented within the network; Neurosciences incorporating the Major Trauma Centre beds; cardiothoracic services and burns critical care. There are also extensive transplant services and ECMO beds.

Trust	Hospital	All Beds	L3	L2
Mid & South Essex NHS Foundation Trust	Southend	14	10	4
	Basildon General	22	12	10
	Basildon CTC	14	8	6
	Broomfield	18	10	8
East Suffolk & North Essex NHS Foundation Trust	Colchester	15	7	8
	Ipswich	14	6	8
West Suffolk NHS Foundation Trust	West Suffolk	9	6	3
James Paget University Hospitals NHS Foundation Trust	James Paget	12	6	6
Norfolk & Norwich University Hospitals NHS Foundation Trust	Norfolk & Norwich	23	11	12
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	Queen Elizabeth	13	5	8
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes	10	4	6
Bedfordshire Hospitals NHS Foundation Trust	Luton & Dunstable	16	7	9
	Bedford	10	8	2
East & North Hertfordshire NHS Trust	Lister	18	12	6
West Hertfordshire Hospitals NHS Trust	Watford	19	10	9
The Princess Alexandra Hospital NHS Trust	Princess Alexandra	10	5	5
North West Anglia NHS Foundation Trust	Hinchingbrooke	6	4	2
	Peterborough	12	6	6
Cambridge University hospitals NHS Foundation Trust	Addenbrookes	59	38	21
Royal Papworth Hospital NHS Foundation Trust	Royal Papworth	33	27	6
TOTALS		**347**	**202**	**145**

Table 1: *Level 2 and Level 3 beds baseline capacity in each East of England hospital (February 2022)*

The Network fosters information sharing and facilitates cross-organisational co-operation and collaboration, addressing difficult decisions and solving problems that are not always easily solved in isolation. This has been clearly demonstrated during COVID-19, with the network taking on a key leadership and coordination role.

The overall aim of the East of England Adult Critical Care Operational Delivery Network is to

- improve patient experience and outcomes,
- reduce unwarranted variation,
- ensure effective equity of access, equitable care and timely admission and discharge to and from adult critical care services.
- take a whole system collaborative provision approach to ensure delivery of safe and effective services across patient pathways, adding value for all its stakeholders.

Over this past year COVID-19 has again continued to be the catalyst for the Network to further support NHS organisations within the East of England. The Network has continued to be an integral member of the Regional Critical Care Cell, through monitoring and reporting on critical care admission and egress to services and the clinical/operational challenges to meet demand in the face of the global pandemic.

Hospital:	13/14	14/15	15/16	16/17	17/18	18/19	19/20
MSE							
Basildon ICU	619	628	607	600	526	651	736
Basildon CTC	----	1166	1190	1201	1081	1130	1017
Broomfield	663	726	987	995	946	942	875
Southend	426	483	488	499	556	765	848
ESNEFT							
Colchester	545	612	682	671	677	625	586
Ipswich	881	979	880	821	755	801	862
West Suffolk	510	534	496	632	621	626	610
James Paget	668	589	618	677	628	624	634
Norfolk & Norwich	1676	1630	1592	1804	1981	1969	1875
Queen Elizabeth KL	901	871	827	782	740	813	709
BHFT							
Bedford	546	549	510	516	495	484	504
Luton & Dunstable	1288	1252	1205	1404	1435	1385	1402
Lister	855	884	929	1037	1090	1244	1049
Watford	934	927	814	947	898	985	1073
Princess Alexandra	703	626	643	714	768	621	728
NWA							
Hinchingbrooke	563	599	560	570	475	387	376
Peterborough	790	713	830	778	799	684	712
CUH							
NCCU	----	----	1000	993	1002	1012	1108
JVF	----	----	874	924	1029	1018	1022
RRU	----	----	----	520	507	485	487
Royal Papworth	2559	2817	2785	2787	2716	2667	2386
Total	**15,127**	**16,585**	**18,517**	**19,872**	**19,662**	**19,918**	**18,526**

Table 2: *Admissions by unit for each of regional hospitals over 7 years to 2020. (Note – Milton Keynes remained part of the Thames Valley and Wessex CCN during this time and their data is not included)*

Looking forward the Network aims to ensure that there is an appropriate bed base for the management of critically ill patients across the whole of the region, with the location of these being related to patient and population need. The recent expansion of the national definitions of critical care to include 'enhanced care' (or Level 1) is an important development. This should ensure better and more appropriate care availability as long as it is not used to hide inadequate higher level bed requirements. The national direction of travel is for critical care expansion that should place critical care in the East of England in a much better place to manage the demands placed on the healthcare system by COVID-19, and importantly the restoration of services for patients that has been paused for the last 2 years. The network is presently integrally involved with the regional team to develop an on-going strategy, and this will in collaboration with wider system partners set out the vision and challenges specifically required to ensure we have critical care services for our patient population that are fit for the future.

The Regional Critical Care Cell

In March 2020 as part of the national command and control process the regional critical care cell was implemented. Again, this year the Network continues to operate as part of the national command and control response to the COVID-19 pandemic. The core Network Team have continued to attend twice weekly meetings and been a key player in the critical care response to COVID-19. The response has been from a regional perspective with the Network playing a key role in the coordination of services. The Network aims to support wider system resilience through increased collaboration playing on important role in coordination in these times of crisis, overseeing mutual aid processes, proactively managing capacity and supporting staff welfare and wellbeing where required. With oversight across providers and pathways of care, there has been the ability to predict demand and develop strategic proposals to support longer term sustainability of critical care services. The Network has been able to bring valuable knowledge and skills to the Regional critical care cell and with the Network leadership has provided an effective model for a system response to the challenges COVID-19 brings.

Increased Capacity/Surge Review

The impact of COVID-19 on critical care services and staff has been significant, it was necessary for the Network to undertake a second rapid expansion review of surge bed capacity within each unit to meet the demand. The Network has been able to facilitate high level discussions with stakeholders on capacity requirements/status and service delivery challenges to inform effective system and unit wide function.

During the pandemic the region has coordinated and managed the critical care beds to meet demand with increases required in all hospitals particularly during the second wave when the initial plan to increase capacity in only a small group of major centres was unable to manage the regional needs. Table 3 below shows the total critical care capacity, covid numbers and number of patients intubated and ventilated against the regions baseline of level 3 and level 2 bed stock.

Year	Peak Date	Patient Numbers			Baseline			
		Total	Covid +ve	Invasive ventilated	Level 3	Level 2	Total	Peak occupancy
2020	12 April 2020	449	318	374	206	117	323	139%
2021	14 January 2021	521	396	378 (294 C+)	207	123	330	158%

Table 3: Peak demand for critical care management in East of England during the two waves of covid.

A review of surge and discussions about increasing capacity has been of national interest as we move towards a phase of recovery and the backlog of elective surgery. Some of this work has been undertaken by the regional team in coordination with the Network, however clarity over funding has limited this significantly and as yet only minimal expansion has been realised (Table 4). It is now time to establish what the impact has been on services and how to address the gaps with innovations in workforce and capacity modelling. To gather the vital data to inform decision-making, a national stocktake was undertaken with the focus in 3 distinct areas:

- Adult Critical Care bed capacity (both funded and unfunded), types of unit (general or specialist), surge and expansion capacity.
- A survey of workforce, nursing, education and support staff, vacancy and sickness rates.
- A medical workforce survey.

This information has now been completed within the East of England with a report received from the national project team; with feedback now given to all units. The nursing workforce information has been used to address the skill-mix challenges in the region.

Trust	Hospital	All Beds	L3	L2
Mid & South Essex NHS Foundation Trust	Basildon general	11	5	6
East Suffolk & North Essex NHS Foundation Trust	Colchester	2	0	2
	Ipswich	2	0	2
Norfolk & Norwich University Hospitals NHS Foundation Trust	Norfolk & Norwich	2	0	2
Cambridge University Hospitals NHS Foundation Trust	Addenbrookes	16	16	0
Totals		**33**	**21**	**12**

Table 4: New beds opened in all hospitals in the region (based on beds declared open at end January 2022 relative to bed base declared in 2019)

Regional Dataset Implementation and Submission

The Network back in March 2020 developed a database to understand capacity and early identification of potential pressures within the system. Data is aligned to the workforce nursing numbers, and the most recent iteration captures respiratory numbers and potential escalations to critical care providing valuable intelligence to support critical care planning. The Network would like to thank all units for the timely submission of the regional dataset and for the data submitted to the National Directory of Services. All data elements have been supported by all units in ensuring effective data capture and reporting which meets national requirements. Data has been collected and submitted since July 2021 seven days a week; this has been achieved with the cooperation and effective relationships that the Network has fostered with all units as well as effective communications and close clinical involvement with front line staff on a daily basis.

Capacity Coordination

During the first wave in 2020 the Network was instrumental in setting up the Critical Patient Resource and Management Centre (CPRMC). This service was hibernated April 2021. On the 23rd July 2021 the Network implemented the 10.30 Capacity Review Meeting five days a week. This support was required as capacity pressures were increasing and requirement for load level transfers was likely to increase. This daily meeting continues with participation from all units and Chaired by the Network Clinical Director. This process has proved extremely successful in understanding on a daily basis the pressures within the region. It has been most evident the cooperation and mutual aid and support that all of the units have provided to each other over the last year. The Network has been able to lead and coordinate capacity and transfers for load levelling reasons to maintain baseline numbers. As well as supporting the repatriation of patients and transfer of patients requiring on-going clinical need within different hospitals. This process remains cemented in the daily routine of critical care across the region. The 10.30 calls have been pivotal in ensuring safe and effective admission and egress to critical care services with the Network coordinating and supporting the flow of patients across the region, this has been essential in light of the pressures COVID-19 places on critical care units.

Admissions by Covid 19 status

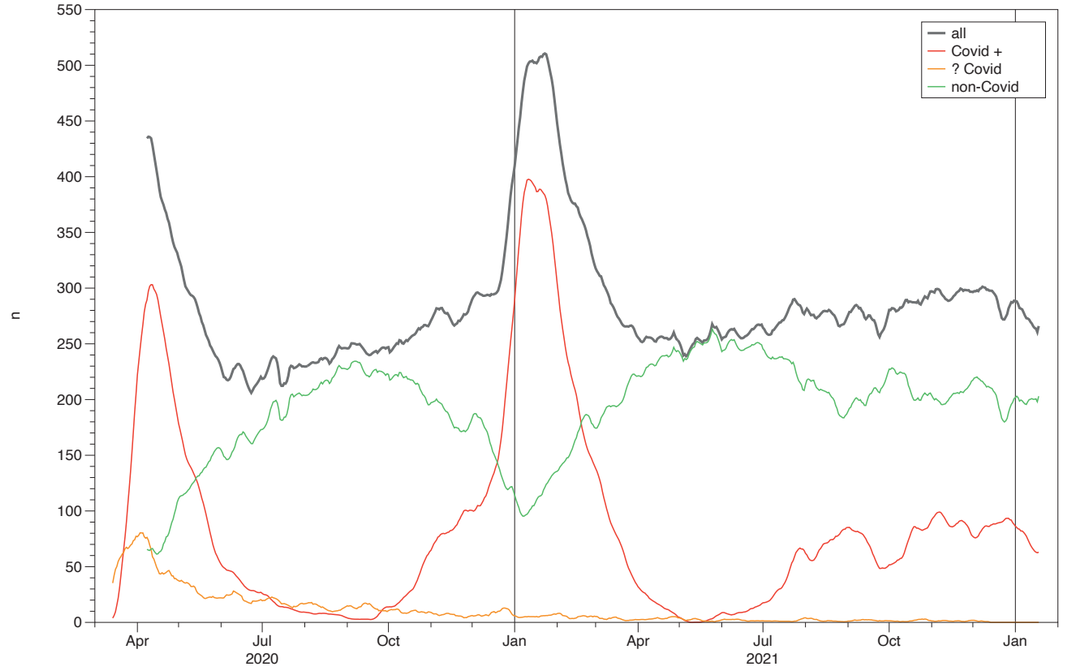

Figure 1: Admissions to all hospitals' critical care units during the period March 2020 – Jan 2022 broken down by covid status

Admissions by ventilation status

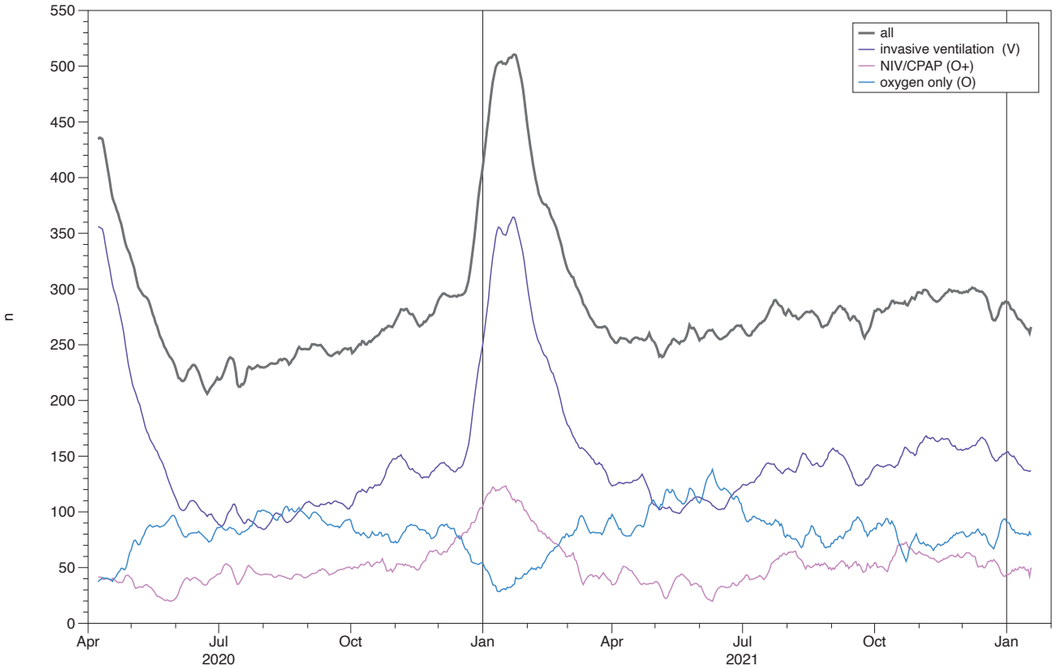

Figure 2: *Admissions to all hospitals' critical care units during the period March 2020 – Jan 2022 broken down by ventilation/oxygenation status*

A Comprehensive dataset was collected and submitted during the pandemic by all units across the region in a timely fashion; this information supported early daily decision making. From review of the data over the last 18 months, please see below occupancy within each of the units, presented by each ICS. The graphs demonstrate increases in occupancy across all of these systems during the pandemic especially at the peaks of waves 1 and 2. In addition, included in an appendix, is similar data displayed by numbers of patients admitted to each unit by ICS. All of these graphs demonstrate how the network was able to maintain equal expansion across all units thus maintaining equal expansion of nursing ratios to maintain optimum patient safety and experience under extreme pressure.

Occupancy (relative to baseline) by ICS

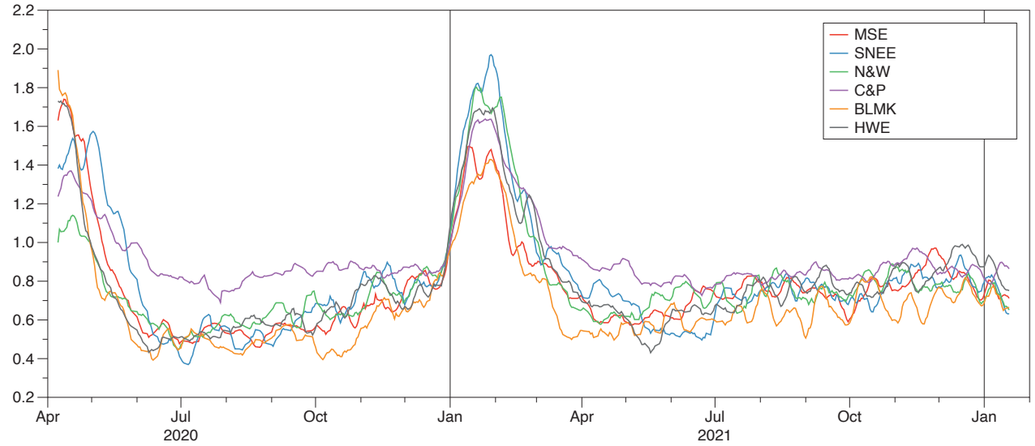

Figure 3: *Occupancy levels in all hospitals' critical care units during the period March 2020 – Jan 2022 broken down Integrated Care System.*

For all occupancy graphs, occupancy is based on notional Level 3 equivalence (invasive ventilation as Level 3, all others Level 2) as the numerator and baseline Level 3 capacity as denominator. 1.0 equates to 100% baseline capacity occupied.

Occupancy (relative to baseline) by ICS

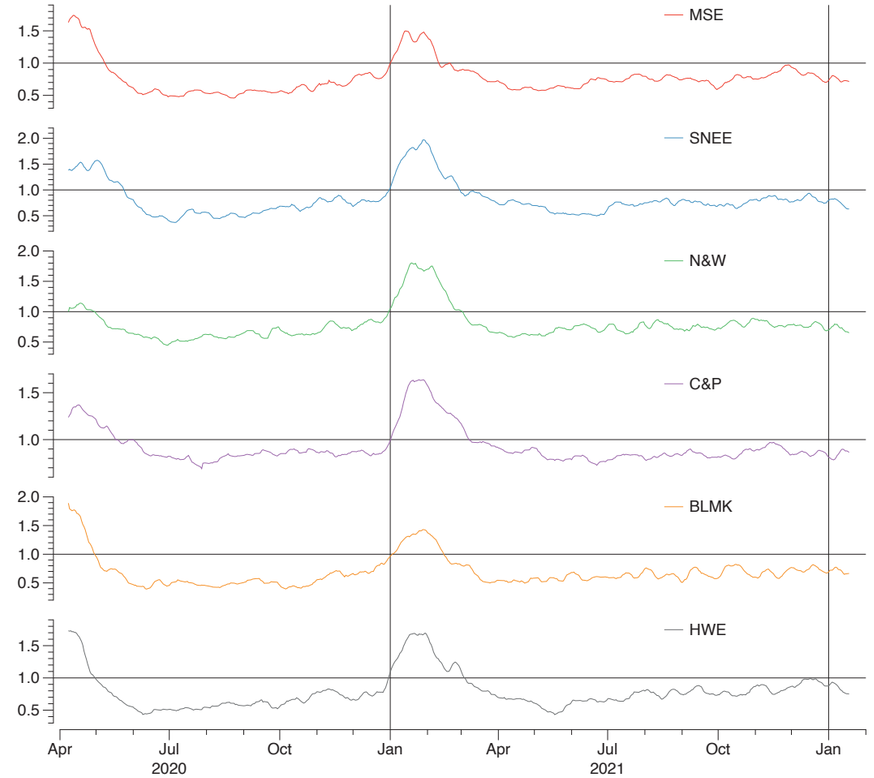

Figure 4: *Occupancy levels in all hospitals' critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual Integrated Care System*

Cambridge and Peterborough ICS Hospitals

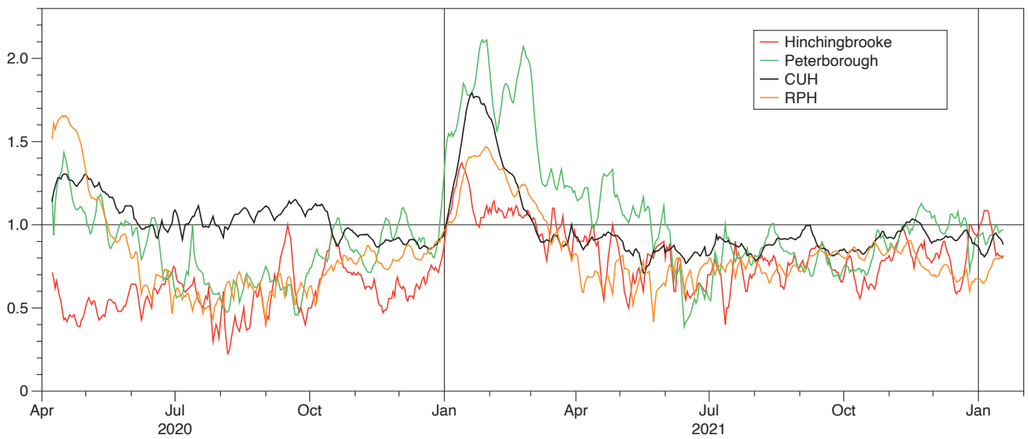

Figure 5: *Occupancy levels in Cambridge and Peterborough ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Herts and West Essex ICS Hospitals

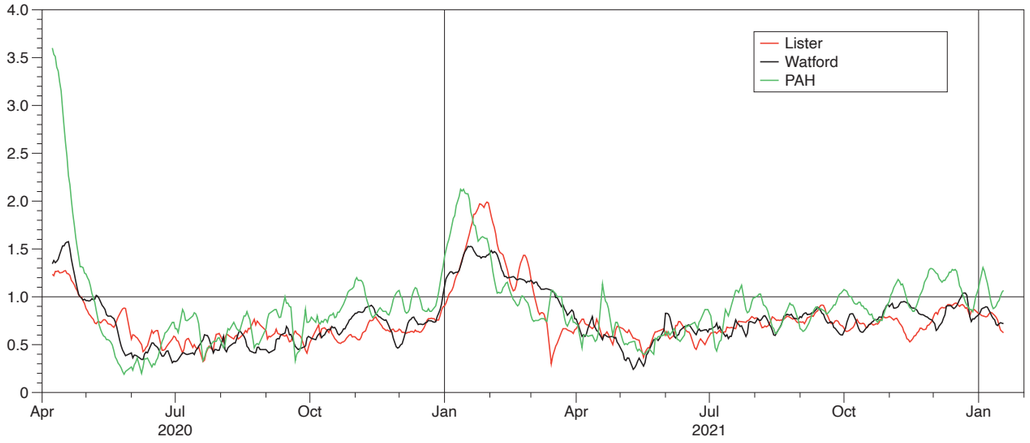

Figure 6: *Occupancy levels in Hertfordshire and West Essex ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Bedford, Luton and Milton Keynes ICS Hospitals

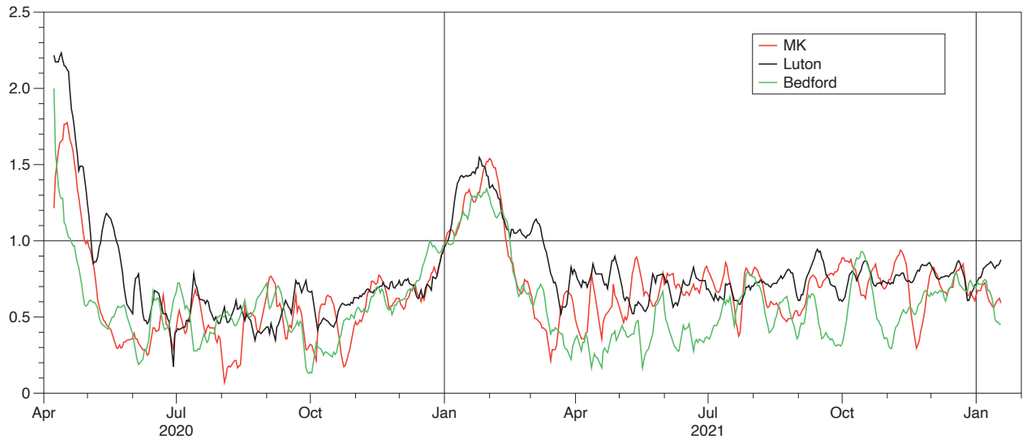

Figure 7: *Occupancy levels in Bedford, Luton and Milton Keynes ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Norfolk and Waveney ICS Hospitals

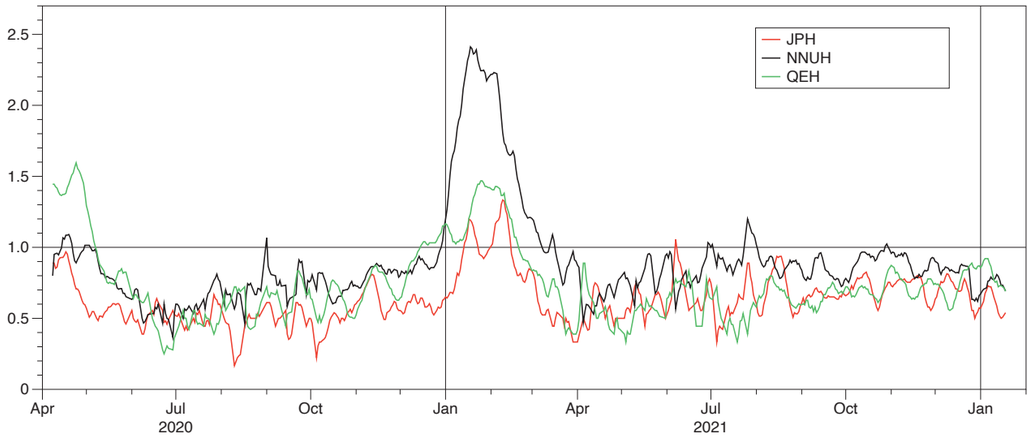

Figure 8: *Occupancy levels in Norfolk and Waveney ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Suffolk and North East Essex ICS Hospitals

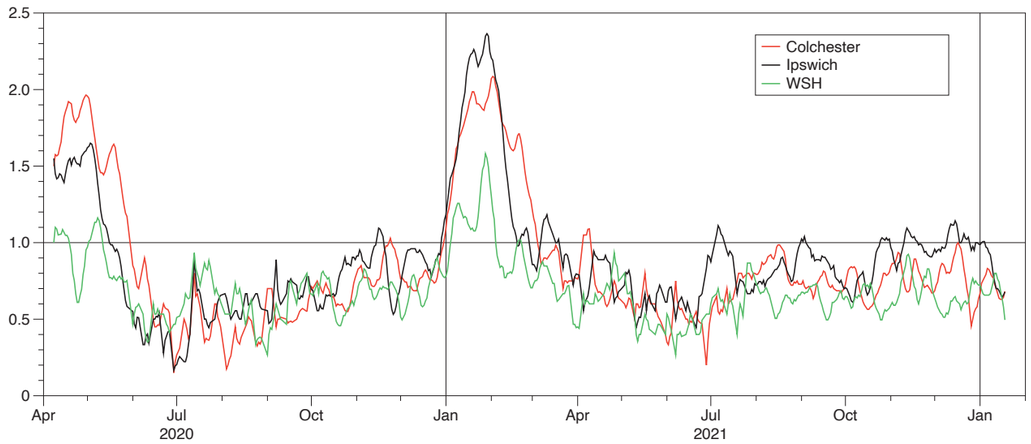

Figure 9: *Occupancy levels in Suffolk and North East Essex ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Mid and South Essex ICS Hospitals

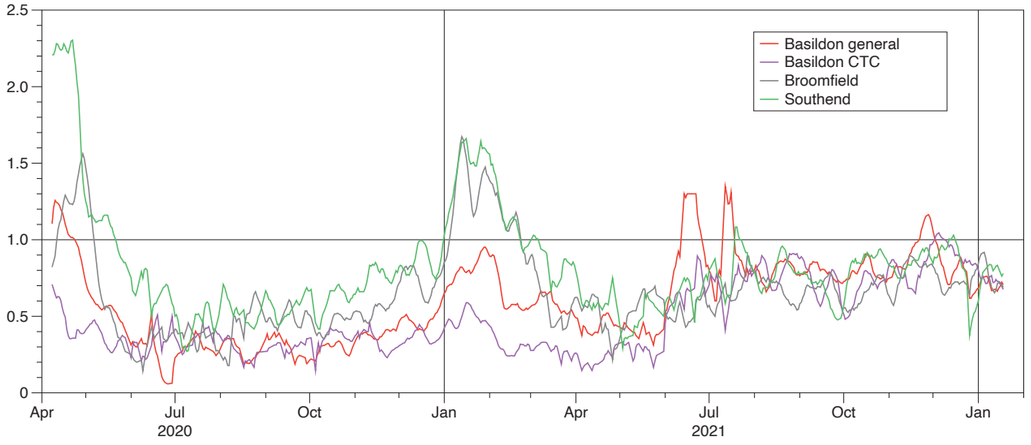

Figure 10: *Occupancy levels in Mid and South Essex ICS critical care units, relative to baseline, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Development and Implementation of a Regional Adult Critical Care Transfer Service

The Network appointed two consultants to take forward the joint role of development and implementation of a service to provide expert transfer care for all critically ill patients requiring movement between hospitals. Dr Anne Booth and Dr Alistair Steel have embraced this role and in a very short space of time have developed and implemented the Regional Adult Critical Care Transfer Service.

East of England Transfer Adult Critical Care Transfer Service

The service commenced on the 1st December and from January 2022 is providing 2 teams until 22.00 hours 7 days a week. In the first month the service successfully completed 34 transfers.

The service is supporting the region's capacity through, clinical transfers, decompression/mutual aid transfers and repatriations; however the long-term major benefit is likely to be found in the immediate clinical transfers that will continue to be an expanding part of the functions of the service. Although in its infancy, there are clear standard operating procedures and recruitment of clinical staff and support staff continues. All transfers are undertaken by experienced transfer consultants and transfer practitioners with dedicated ambulance and equipment. This service is a real bonus to critical care by providing timely and consistently high quality transfers that will support the movement of patients, either to access tertiary care, to allow safe critical care across the region by preventing local unit overload or to assist with repatriation of patients to continue their care closer to home.

The plan for the service is to increase to 24 hour working in 2022-2023, in line with the recommendations of the national model, however it is not clear yet whether there is funding available to achieve this.

Posters are available in each critical care unit and emergency department with contact information for the transfer service – Please see Appendix 1.

Intensive Care National Audit and Research Centre (ICNARC)

Due to the COVID19 pandemic ICNARC provide weekly national summary reports of critically ill patients with confirmed COVID-19 admitted to critical care. The Network also received ICNARC unit reports covering wave 1, 2 and 3 of the pandemic and is able to review outcomes against the national mean.

Network Team

The Network Team have continued to function as part of the pandemic response to COVID-19 under the wider remit of the Regional Critical Care Cell since March 2020.The Network core team remains very small with the Director, Lead Nurse, Education Lead, Admin and sessional input from the Clinical Director.

The Network was able to appoint in October 2021 a substantive Education Lead position. This post is leading on the Post Registration Qualification in Critical Care, the STEP 1 Programme and the National HEE Contract as well as supporting other Network activities. Thank you for all you have done particularly in supporting our students and newly qualified nurses across the region.

The Network Lead Nurse has continued to provide invaluable leadership supporting the nursing workforce and acting as a point of contact for ongoing nursing and other activities. The Lead Nurse has been a real influencer at regional and national level and able to articulate critical care policies, standards, methods and strategies in a variety of settings. Without this support and her sense of humour, the Network would not be where it is today. Thank you.

The Network Administrator post has supported the team and kept us laughing and on track for achieving targets, as well as all Network admin support and her valuable communications across the region to her colleagues as well as the nursing and medical community. It is evident that nothing is too much trouble and is always willing to support where she can, thank you.

Support from the Clinical director has been invaluable not just this year but over the years. His experience and guidance combined with his leadership style and sense of humour has been most welcome especially in some dark times. His ability to engage with clinical colleagues as well as managers and senior leaders within the region and across organisational boundaries is excellent.

From the Network core support team named above, we would like to thank the network director for her expert professional guidance, but also for the support she provides to us on a personal level. Although the network is hosted by a large university trust, we are also a very small group of staff that works across a large geographical area and therefore providing our own support to each other is vital. The team feels a very close knit, collaborative unit which is cultivated and nurtured by the network director.

Network Governance

There is national work in progress to review the role of Clinical Networks including Operational Delivery Networks for the future. NHSE are currently developing a revised Service Specification for ODNs and this is envisaged to be completed by early 2022. Work is ongoing as systems develop with Networks further developing and maturing in the future. The Network has an oversight role in supporting service delivery, and as such it is important to have a good understanding of the services across the whole patient pathways of care. The need for effective clinical engagement and wider collaboration makes this possible, and never more has this been seen than over the past 18 months. Collectively the Network has played an important role in coordination in times of crisis and have overseen mutual aid processes, proactively managing capacity, wider system function and supporting staff welfare and wellbeing.

Regional Nursing

The network lead nurse role has taken on renewed priorities this year and although efforts have been made to support and re-establish some of the more 'normal' functions of the network following the first year of the pandemic, for example by supporting virtual Education and Outreach group meetings, it has felt very different.

The network has been instrumental in cascading vital information from national and regional teams directly to the critical care units and the introduction of 'Microsoft Teams' meetings has enabled short, focussed meetings when communication has been key to co-ordination of nursing initiatives and opportunities to aid the navigation of the pandemic.

Workforce

Communication has been particularly important when nursing ratios required stretching with the addition of support staff, the network ensured this happened in a controlled and organised manner where maximum dilution of nursing ratios happened for the minimum period and equally across the region. The network ensured patients were transferred around the region in an effort to maintain nursing standards for as long as possible thereby protecting staffing ratios and considering the well-being of staff. The network has provided advice and support relating to national guidance on nursing workforce statements as issued by the critical care national clinical director, the ICS and national nursing groups in an effort to maintain nursing standards for as long as possible. Workforce initiatives managed by the network are as follows:

- Advanced Critical Care Practitioner (ACCP)

To boost the medical workforce and provide a clinical career progression pathway for nurses and allied health professionals, Health Education England (HEE) have provided funding to cover all academic costs, a nominal supervision fee and backfill costs of half the salary for a band 6 position. This excellent opportunity has enabled 2 Trusts who currently support ACCPs to expand their workforce and for 8 further Trusts to offer this innovative position, thereby filling gaps in the medical rotas and rewarding their skilled nursing and AHP staff with a clinical option for promotion.

Number of ACCPs currently with positions in East of England Critical Care units	10
Number of ACCPs currently in training in EoE units prior to the HEE funding offer	2
Number of places accepted for training and commenced 2021/2022 training year	7
Number of places allocated and accepted for training commencing 2022/23 training year	14

Table 5: *ACCP position for region going forward*

- Nursing Associates

HEE introduced a funding opportunity, via a network led matron's meeting, for Trusts to write an expression of interest to be part of a pilot initiative to introduce Nursing Associates into the critical care workforce. Four Trusts have been awarded the funding and will work with the Regional HEE team and the network in training the first critical care specific Nursing Associates using the Critical Care National Network Nurse Leads (CC3N) competency framework.

- Critical Care National Network Nurse Lead (CC3N) group

CC3N is an active voice for the national critical care nursing workforce, supporting standards, providing advice and initiating projects to improve patient safety and experience. In the East of England, the network represents CC3N by leading on rehabilitation initiatives, but has also been supportive in sharing a career pathway developed for the region which will be reviewed, expanded and endorsed for national use. Another project with a small working group of interest to the East of England is the work in progress to standardise critical care nurse establishment requirements, which also aims to promote rectification of the skill-mix inconsistencies across the country to facilitate the retention of staff.

Well-being

• The Network has been working with the Intensive Care Society (ICS) and the regional Mental Health Network on improving access to well-being initiatives for staff and also promoting the notion of embedded psychology services within critical care units for patients, relatives and staff. Regular meetings take place with the critical care network, the mental health network and the well-being hub leads, this collaboration has and continues to build on a hub and spoke way of working, creating individualised bespoke meetings in smaller areas to improve services where required, and then feeding these back into the larger group for sharing. The network has also been reporting to the ICS on progress with a pilot project using a business case to secure psychology services within each Trust. Funding for these services has always been illusive but the psychological effects of the pandemic on patients, relatives and staff has raised the profile of the need for these services.

If you or any of your colleagues would like to speak to a professional about any aspect of your mental health then please contact the relevant well-being hub for your area on:

Cambridge and Peterborough	0808 801 0377
Hertfordshire and Essex	0344 257 3960
Norfolk and Suffolk	0300 123 1335
Bedford, Luton and Milton Keynes	01908 724227

• The network has overseen the co-ordination of the development of the Professional Nurse Advocate (PNA) role in critical care – 2 places were allocated per unit; nurses have trained and the Regional PNA lead is now supporting the region with regular shared decision-making council meetings.

• It has been a pleasure to be able to travel to each unit this year, something we haven't been able to do for some time now. The network lead nurse and educator have been able to carry out joint nursing and educational support visits to each of the 20 units in the network. This provided an opportunity to talk face-to-face with matrons and clinical educators about national priorities and answer any questions. It has also been an opportunity to see the clinical areas for the students on the Critical Care Course and to talk to some of the members of staff and students that were on duty that day.

Education

In September 2019, we embarked on the journey of delivering a brand-new Step 2 and Step 3 Critical Care Nursing Course aiming to meet the needs of Intensive Care Units across the East of England Adult Critical Care Operational Delivery Network. The University of East Anglia (UEA) was chosen to support this initiative, providing accreditation to our course following the Standards for Education of Critical Care Nurses (CC3N, 2020; FICM and ICS, 2019). Our aim is to provide a course that is fit for purpose, not only through accreditation, but also quality and relevance of content, which is facilitated by using experts in clinical practice as lecturers. The increasing cost of this type of course delivered by Universities in England and the decrease in funding for nurse education were also considered. By ensuring the cost of the Network course is more affordable, ICUs are able to send more students, thus supporting each unit in the Network to fulfil the 50% criteria of staff with a post-registration Critical Care Nursing qualification (FICM and ICS, 2019).

With the incidence of the pandemic, the 2019/2020 and the 2020/2021 cohorts both had to be paused over 2-4 months, considering multiple factors identified from regular communication with key stakeholders including the Regional Chief Nurse, the Clinical Educators, the students, the UEA and the Network teams:

• The need to staff units in the face of increasing bed capacity to respond to the rising numbers of Covid patients requiring Critical Care.

• The quality of the students' learning experience.

• The wellbeing of students.

• The need for education in Critical Care to be sustained.

• The limitations brought by lockdown – social distancing, avoidance of non-essential travel…etc.

With support from UEA, The Education Lead and the Clinical Educators rapidly redeveloped the course in May 2020, so that it could be delivered as online learning in response to the limitations brought by Covid-19 regulations. A blended learning approach has been adopted for the current cohort 2021/2022, showing the flexibility of the course in response to changes in regulations, with students attending live online or face-to-face sessions as well as working through asynchronous content.

Although these pauses were welcomed by the majority, further challenges ensued with regards to the increase in the length of time to course completion for each cohort, such as learning and studying for over a year for students, and support of students from multiple cohorts for the Lead and Clinical Educators. All students from the first cohort from 2019/2020 completed in late 2021: out of the 54 students registered on the course, 100% passed, and 2 students withdrew. This is testament to how incredible ICU nurses are, showing resilience in such difficult circumstances.

The cohort was expanded as planned and 105 students registered on cohort 2020/2021, 4 were granted deferrals and although the teaching component is now completed, ratified results are awaited.

One hundred and one students are registered on cohort 2021/2022, which started in October 2021, 2 have been granted deferrals at this time. This course is ongoing and summative assessments are scheduled to be submitted within this year.

During the pandemic the specialism of critical care has been in the spotlight and the specialist knowledge and skills to be competent in this area has been exposed. In response to the requirement for not only a skilled critical care nursing workforce for the future but also a pool of support staff with some basic training, who can join the critical care team in times of extraordinary demand, the government have allocated £10M nationally to support the education of 3 staff groups:

• Registered and non-registered support staff working in departments outside of critical care.

• Registered nurses who have been newly appointed to critical care and up to the first 12 months of their employment (Step 1 competency training)

• Registered nurses who have completed their Step 1 competencies and require an academic course to become an enhanced practitioner.

The funding for the support staff came in the form of licence fees for a digital skills passport which records the sign-off of a set of competencies. The network has promoted the use of this passport and has supported the highest number of Trusts to sign up to the early adopter scheme in the country.

For the other two groups of staff who do work in critical care, funding came in a different way. Following a bidding process, the Network is one of 16 successful organisations in England in joining the Blended Learning Critical Care Nursing Framework set by HEE to provide education for all hospitals in the East of England. This has enabled us to secure funding to provide the Step 2 and Step 3 Critical Care Nursing Course over the next 2 years. Another part of this Framework includes the provision of education for new starters from each Critical Care Unit in the Network to complete Step 1 National Framework Critical Care Competencies within the first year of their employment.

Two Clinical Educators from the region are leading this project; they have worked with our University partners to produce our Step 1 Programme which is now operational with new starters registering from January 2022. It consists of a set of blocks matched to specific competencies; these blocks will be delivered as online asynchronous content for learners to work through independently and to refer to in order to get their competencies signed off by their Clinical Educators/Practice Assessors.

To enhance the development of the educational programmes and to facilitate other training and workforce support, the government have also released further funding to increase the ratio of clinical educators to nursing staff from 1:75 to 1:50. The network has scoped the current ratios and allocated the funding to achieve the new ratio. In addition, the regional HEE team have allocated funds which have allowed investment in the education of the clinical educators in the form of PG Cert Ed among other Masters courses and modules to value the career progression of more senior staff and encourage retention in the specialism.

Conclusion

This report provides an overview of the work carried out in the last year, which has been dominated by the planning and development of services including capacity due to the Covid-19 pandemic. The pressures of the pandemic have been a unique opportunity to develop relationships and close working across all stakeholders within the region, both inside critical care and the wider leadership teams. The success of mutual support and working has been clear to see, and it is important going forward that we do not lose the benefits from relationships that have been built up.

Whilst the future is unknown it is clear the adult critical care services will need to adapt and live alongside Covid-19. The region is in a good position to do this and continue with the learning that we have accrued during this time, we are looking optimistically to the future and the challenges that face us. We are, we believe, in an excellent position to build on the knowledge, strength and relationships that have further emerged from this pandemic.

Priorities for 2022/2023

Service Delivery: Plan and Manage Capacity and Demand

- Manage patient flows through agreed pathways
- Plan for capacity against demand and ensure surge capacity and mutual aid
- Reduce variation and pathway fragmentation

Effective Pathways and Resources

- Address inequality in access within current resources.
- Review admission and egress
- Participate in investment and reinvestment priorities

Flexible Skilled, Resilient Staffing

- Continue leading on the STEP 1 programme and the Post Registration Award in Critical care Nursing
- Manage the funding and the National Contract including the reporting through to the national HEE team.
- Supporting new roles as well as recruitment and retention strategies
- Supporting the medical workforce, identifying gaps across the systems
- Provide more detailed guidance on optimal staffing and support trusts in achieving this

Improve Quality, Safety, Experience and Outcomes

- Monitor performance against key indicators, such as ICNARC, monthly network dataset, Adult Critical care Service Specification and Guidelines for the Provision of Intensive Care Services.
- Peer Review – it is expected that all hospitals will undertake peer review over the coming 12 months including self-assessment against commissioning standards and GPICS and safety attitudes questionnaire.
- Identification and escalation of Risks to the ODN Network Strategic Board

Collaborate at local, system and national level

- Share best practices across all units
- Active engagement with all relevant partners
- Maintain close working with the Regional Transfer Service and support the services further development including extension to 24 hour working

Support the planning of sustainable services that meet all patients needs

- Support innovation and research
- Support the implementation of any national initiatives/ standards

Assess critical care needs, improve health and reduce inequalities

- Identify any gaps in overall provision, quality, geographical distribution

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0333 016 9859

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Appendix 2 – Graphs of actual patient numbers within critical care

Patient numbers by ICS

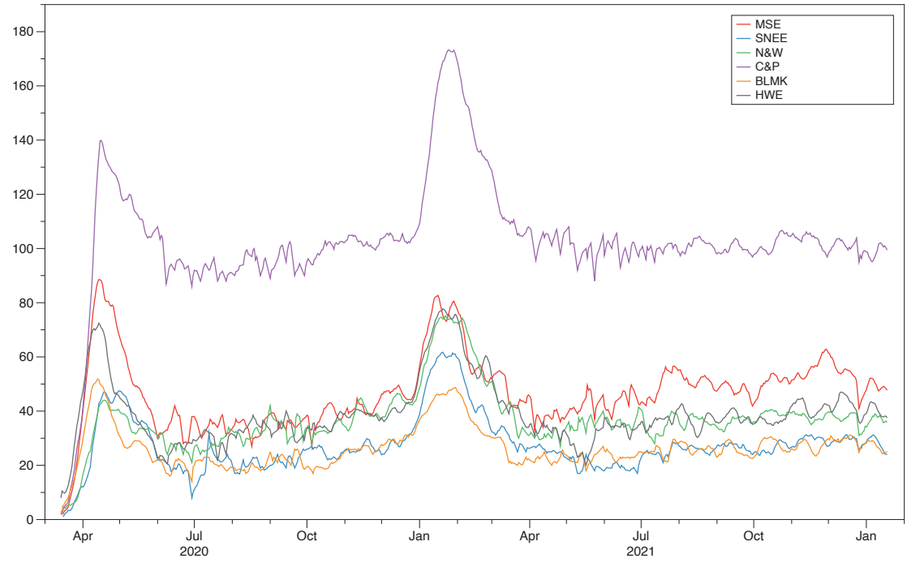

Figure A1: *Patient numbers in all hospitals' critical care units, during the period March 2020 – Jan 2022 broken down by Integrated Care System*

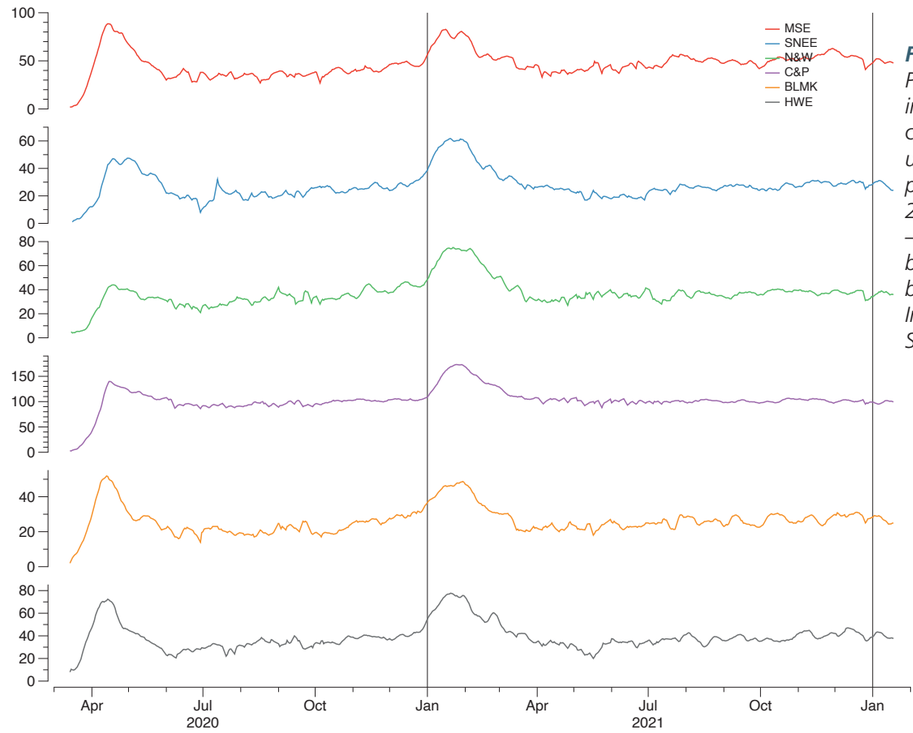

Figure A2: *Patient numbers in all hospitals' critical care units, during the period March 2020 – Jan 2022 broken down by individual Integrated Care System*

Cambridge and Peterborough ICS Hospitals

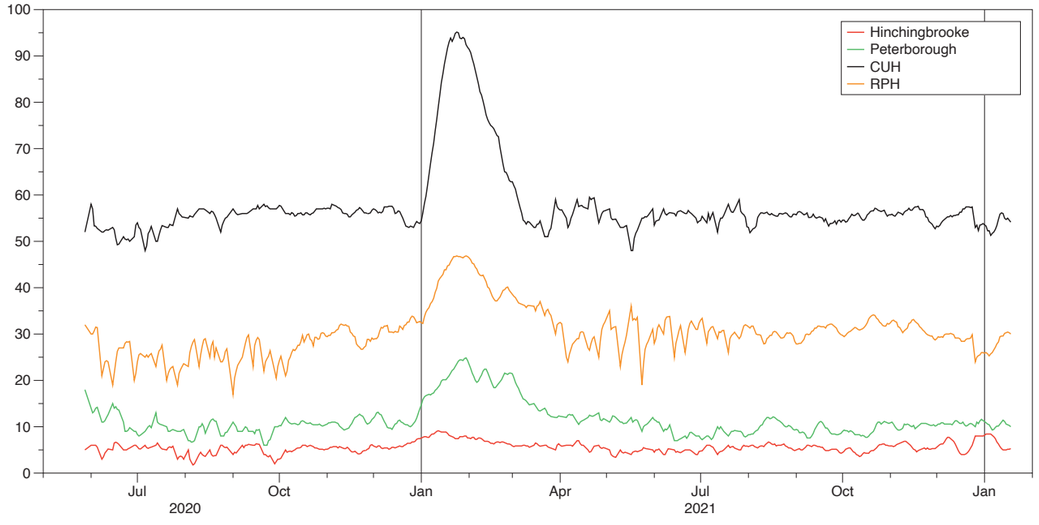

Figure A3: *Patient numbers in all Cambridge and Peterborough ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Herts and West Essex ICS Hospitals

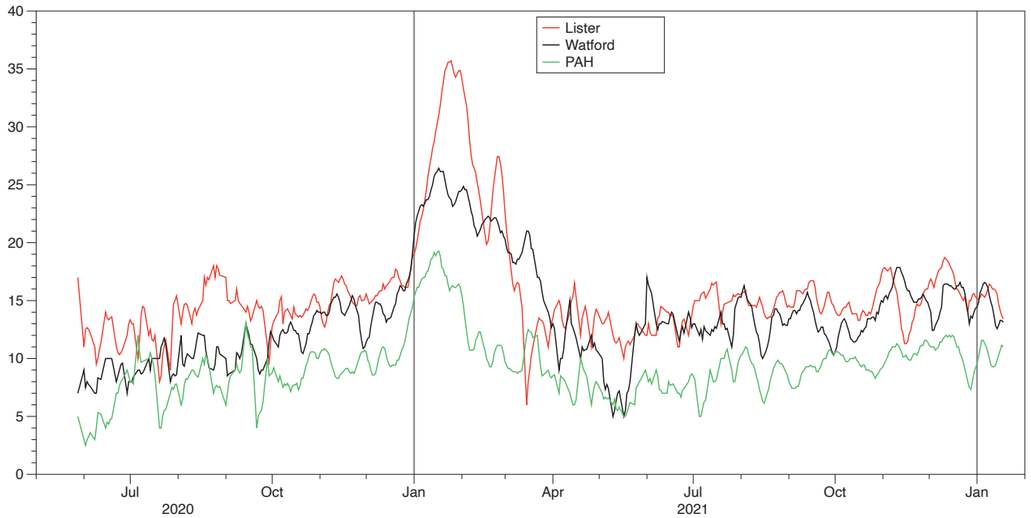

Figure A4: *Patient numbers in all Hertfordshire and West Essex ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Bedford, Luton and Milton Keynes ICS Hospitals

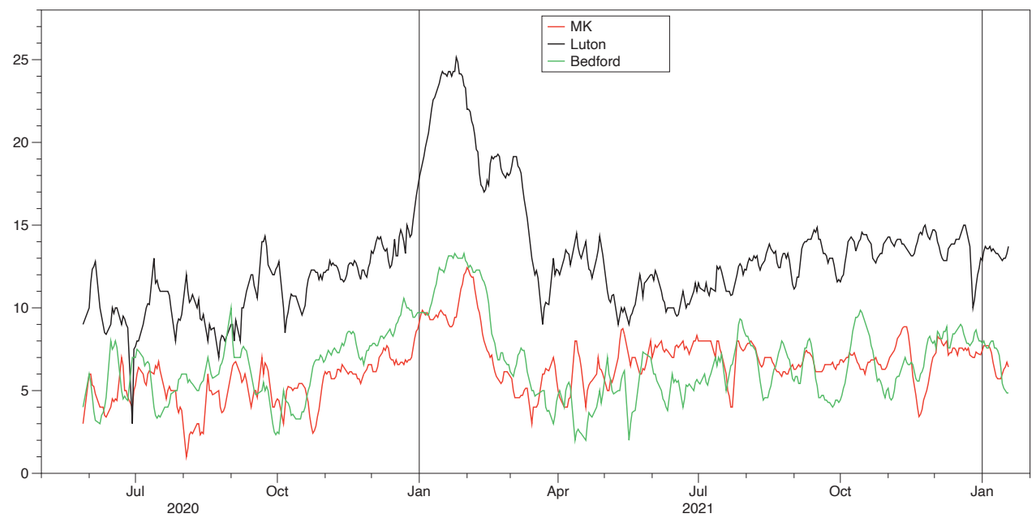

Figure A5: *Patient numbers in all Bedford, Luton and Milton Keynes ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Norfolk and Waveney ICS Hospitals

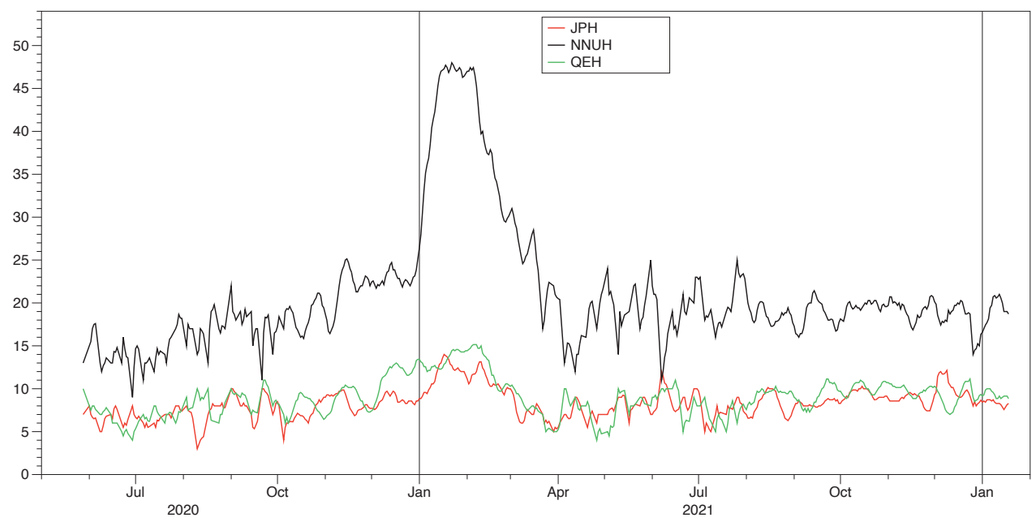

Figure A6: *Patient numbers in all Norfolk and Waveney ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Suffolk and North East Essex ICS Hospitals

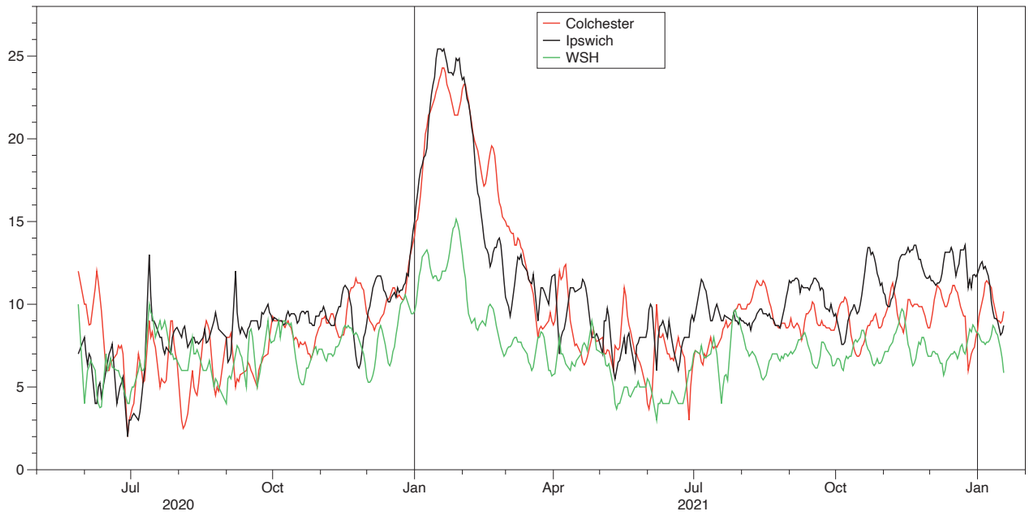

Figure A7: *Patient numbers in all Suffolk and North East Essex ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Mid and South Essex ICS Hospitals

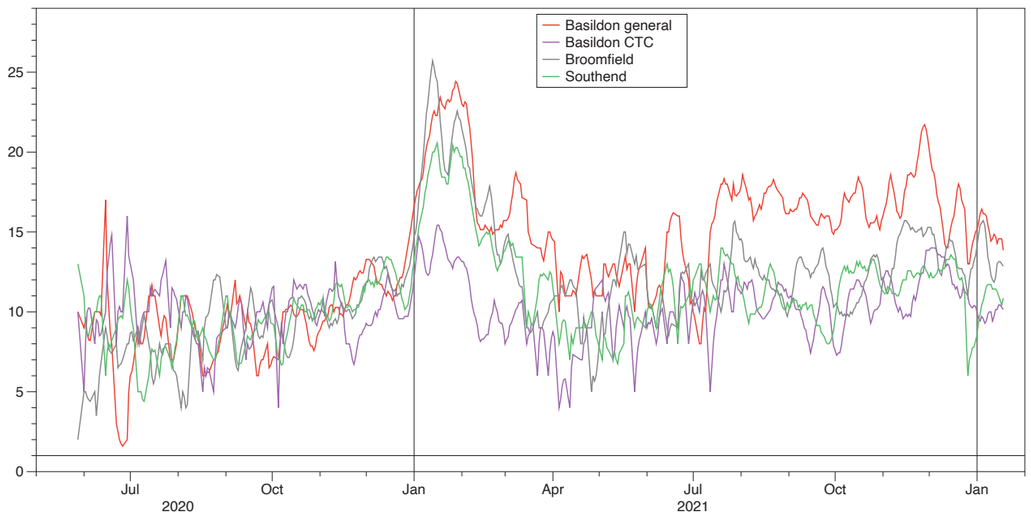

Figure A8: *Patient numbers in all Mid and South Essex ICS critical care units, during the period March 2020 – Jan 2022 broken down by individual hospitals*

Note – all occupancy and patient numbers are based on data collected on network returns. Covid data was collected from 14 March 2020, and all data from 8 April 2020.

The East of England Adult Critical Care Network core team would like to express their sincere gratitude to all Critical Care staff and other stakeholders across the region for the contribution and support given to patients within the Adult Critical Care setting. Thank you.

East of England Critical Care Network
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