

<b>Adult Critical Care Clinical Network Specification</b>	
Date	13 July 23
Approved by	FCMP Programme Oversight Group
To be revised	2026 or sooner if there are material changes to what is required of the networks / the environment within which they operate

## Executive Summary

Adult Critical Care (ACC) Networks are responsible for supporting the monitoring and consistency of service delivery in line with the standards and indicators described in the service specification, irrespective of responsible commissioner.

ACC Networks are focused on co-ordinating patient pathways between providers over a wide area to ensure:

- equitable access to specialist resources and expertise
- improving outcomes and quality standards and,
- evidence based networked patient pathways are agreed.

ACC Networks will support Provider Trusts in service delivery, improvement, and coordination of commissioned pathways, with a key focus on the quality and equity of access to service provision. This includes the ability to benchmark and share ideas and information about the best ways to streamline patient care using more integrated approaches to the commissioning and delivery of services.

This specification outlines the requirement of ACC Networks to deliver a level of service expected by the NHS England and its stakeholders. Delivery will be facilitated through joint working between commissioners and providers. This document describes how these Networks will support the entire commissioning process for critical care.

Successful networks create climates of innovation and improvement leading to the delivery of safer, higher quality patient centred care. ACC Networks act as a conduit between commissioners and providers at an Integrated Care Board (ICB) or “place-based” level to provide monitoring, collaboration, and oversight of service delivery in line with the national service specification<sup>1</sup>.

## 1. Clinical Networks

Specialised services Clinical Networks<sup>2</sup> are a vehicle for specialty level collaboration between patients, providers, and commissioners. They should have clear lines of accountability with ICBs including providers and provider collaboratives, and to NHS England (NHSE) Regional Teams, to ensure local ownership, alignment, and a local mandate to deliver national ACC priorities and objectives.

All networks have an important role in delivering the triple aim, supporting:

- better health and wellbeing of everyone,

<sup>1</sup> 220502S-adult-critical-care-service-specification.pdf (england.nhs.uk)

<sup>2</sup> While some specialised services Clinical Networks have previously been described as Operational Delivery Networks (ODNs), the range of activity undertaken is now significantly beyond that envisaged for ODNs, reaching into non-specialised services, and in some cases primary and community care and prevention. Some are jointly funded as part of national transformation programmes and have accountabilities outside as well as within specialised services. As a result, as a group they are now referred to as specialised services ‘Clinical Networks’.

- the quality of care for all patients, and
- the sustainable use of NHS resources

The ways in which ACC Networks contribute to the triple aim is set out in more detail within this specification.

In describing the appropriate scope for networks, these specifications refer to the work of the network board and the network's members, supported by the network team. Networks are not expected to assume the legitimate accountabilities and responsibilities of providers who are accountable for meeting the needs of the Service Specification. However, network responsibilities inevitably overlap with those of providers, because networks aim to improve the ways in which services are delivered operationally and shape how they develop and because providers are members of networks.

## **2. Adult Critical Care Strategic Context**

ACC services are commissioned by both NHS England and Integrated Care Boards (ICBs).

The ACC Planning Programme set the national strategic objectives and key deliverables for all ACC services in England.

The strategic objectives of the ACC planning programme are:

- Equitable access to high quality ACC for any patient who requires it
- Improving outcomes for patients
- Efficient pathways of care which demonstrate value for money
- Sustainable and resilient services which are sufficiently resourced to respond to change

Achieving these objectives will ensure that ACC is able to support delivery of the Long-Term Plan and act as an essential cornerstone in Elective Recovery.

The ACC Networks form a key mechanism for the local delivery and monitoring of these objectives within systems. Networks will work in partnership with regional commissioners including Integrated Care Systems and providers within their Network to co-ordinate the implementation of the key objectives of the programme. The national operational objectives for ACC are:

- Expansion of critical care provision to ensure equitable resource to meet population needs reflecting the difference in health inequalities in regions.
- Develop key performance indicators to monitor the implementation of expansion of ACC and Enhanced Perioperative Care
- Transforming pathways of care to ensure timely access and egress, providing the right care to ensure positive patient outcomes
- Develop specifications, standards, and quality frameworks nationally for devolvement to regions and Integrated Care Systems to implement
- Ensure that payment structures reflect efficient delivery costs and incentivise system-level service developments to improve outcomes
- Collaborative working with key stakeholders to consider the current and future workforce needs and defining new models of working to support service transformation and expansion
- Ensuring there is a comprehensive data set which is easily accessible and includes sufficient detail on patient flow, demographics, case mix and volume to

support commissioning and ensuring robust data analysis to measure impact on outcomes

Getting It Right First Time (GIRFT) published the first specialty report on Adult Critical Care<sup>3</sup> in February 2021. The recommendations within the report identify ACC Networks as having an integral role in improving and maintaining quality service delivery. National and regional commissioners will work with ACC Networks to support the local implementation of these recommendations.

During times of increased demand on services Networks have a vital role in supporting Units within their network to report capacity and demand via the Directory of Service to the ACC Dashboard and to support and inform local and regional decision making on mutual aid including transfers within and across Networks to maintain equitable access, in line with the national Adult Critical Care Surge Planning guidance<sup>4</sup>

### 3. Network Scope

#### 3.1 Scope

Adult Critical Care Networks include all adult critical care that takes place within critical care units and adult critical care transfer services. This includes ACC care for both specialised services patients and non-specialised patients.

The specialised element of the service is described in detail in the following Service Specifications:

- Adult critical care (220502S)<sup>1</sup>
- Extra corporeal membrane oxygenation (ECMO) for respiratory failure in adults (170110S)
- Adult critical care transfer services (220501S)

Regional Commissioners will decide if Enhanced Perioperative Care services are within the scope of ACC Networks, based on local commissioning structures and service structures. Where Enhanced Perioperative Care services form part of the adult critical care continuum of care and within the same commissioning and governance frameworks these are included in the scope of the Adult Critical Care Network function. Where Enhanced Perioperative Care services are commissioned via Elective Care and within surgical specialty governance frameworks, these will fall outside the scope of ACC Networks. Cardiac Critical Care Units fall within scope for most ACC Networks.

Critical Care Networks are responsible for supporting the monitoring and consistency of service delivery in line with the standards and indicators described in the service specification, irrespective of responsible commissioner.

ACC Networks are focused on co-ordinating patient pathways between providers over a wide area to ensure:

- equitable access to specialist resources and expertise
- improving outcomes and quality standards and,
- evidence based networked patient pathways are agreed.

ACC Networks will support Provider Trusts in service delivery, improvement, and coordination of commissioned pathways, with a key focus on the quality and equity of access to service provision. This includes the ability to benchmark and share ideas and

<sup>3</sup> <https://future.nhs.uk/connect.ti/GIRFTNational/view?objectId=112034405>

<sup>4</sup> Available here: [NHS commissioning » Adult critical care surge plan guidance \(england.nhs.uk\)](#)

information about the best ways to streamline patient care using more integrated approaches to the commissioning and delivery of services.

### **Not in scope**

Paediatric Critical Care services (PCC) and Neonatal Intensive Care services sit outside the scope of the network's functions and are included in service specifications for the relevant specialties and associated networks.

Care for children and young people between 0 and 16 years will often be within children's services, but arrangements vary for young people over 16 years. Each network should work with the relevant paediatric critical care networks to agree a policy on developmentally appropriate care arrangements for children and young people 16-18 (and beyond 18 years where this is appropriate, for example those with learning disabilities) cared for outside a specific child or young person's service. The network should also have an agreed transition protocol which includes these issues, in line with NICE guidance 'Transition from children's to adults' services for young people using health or social care services' .

### **3.2 Population Covered**

All providers of ACC services in England will be required to be part of one of 19 ACC networks which cover the country. The networks are:

#### **NORTH EAST AND YORKSHIRE**

North of England  
North Yorkshire and Humberside  
West Yorkshire  
South Yorkshire and Bassetlaw

#### **NORTH WEST**

Lancashire and South Cumbria  
Cheshire and Merseyside  
Greater Manchester

#### **MIDLANDS**

West Midlands  
East Midlands

#### **EAST OF ENGLAND**

East of England

#### **LONDON**

South East London  
South West London  
North West London  
North Central London  
North East London

#### **SOUTH EAST**

Thames Valley and Wessex  
Kent Surrey and Sussex

## **SOUTH WEST**

South West

**Wales and Scotland:** While some residents of Wales and Scotland receive their care in England, hospitals in these countries are not part of these networks.

Networks in England will work with colleagues in Scotland and Wales to offer mutual aid as appropriate at times of service pressure.

**Crown Dependencies:** Residents of the Channel Islands and the Isle of Man receive their care in England and for this reason hospitals in these territories are also part of these networks.

**Northern Ireland:** While some residents of Northern Ireland receive their care in England, hospitals in Northern Ireland are not part of these networks.

The ACC Clinical Network will be responsible for overseeing the coordination of care delivered to all critical care patients within the geographical area covered by the network. The configuration of critical care services within a given network will vary depending on local need, provider structures and geographical differences.

In three of the seven regions, Networks align to the same geographical and provider landscapes as Integrated Care Systems. Where this differs, it is the responsibility of the regional commissioner to ensure joined up approaches across places and systems to support seamless ACC Network delivery. This includes cross-border delivery where member organisations may be outside of England boundaries or accept patients from outside these boundaries, such as Wales or the Isle of Man.

## **4. Network Aims and Objectives**

### **4.1 Network Vision and Aims**

ACC Networks will deliver a whole system work programme for a service across a defined geographical area. They will align to and work with established national and regional NHS organisations such as Clinical Reference Groups, Integrated Care Boards and Provider Collaboratives. The Network model will be reviewed and developed in line with this service specification, through the seven regional specialised commissioning bodies and Integrated Care Boards (ICBs), to ensure Networks are an essential component of the regional delivery mechanisms for national ACC priorities.

The aim of ACC Networks is to improve equity of access, experience, and health outcomes for patients within critical care services, across healthcare organisations and geographical boundaries. Commissioners have clearly defined the critical care pathway and standards through the Adult Critical Care service specification, articulating the requirement for a networked provision of services.

ACC Networks outputs will be to develop and implement an annual plan, which reflects the core and universal functions set out in this service specification and which supports the consistent delivery of the service specification and service developments to respond to local, regional, and national priorities across their Network.

Nationally the ACC Networks will be coordinated through national Programmes of Care, linked to Clinical Reference Groups (CRGs), then out into the regions and networks with delivery of the aligned pathways through the provider landscape. To improve joined up working to achieve better outcomes and service access, Networks will collaborate with regional level Programme of Care Commissioning leads, as well as commissioning

quality teams and outcomes leads in specialised commissioning and Integrated Care Systems.

ACC Networks consist of the providers and commissioners of critical care, collaborating in the provision of that care and cooperating in quality improvement activities. Much of the activity in the network will be around the supporting the development and delivery of pathways and protocols to ensure effective care. As such, ACC Networks will respond to need through national, regional, and local determination, depending on the identified challenge for example, a local critical care bed crisis or a large-scale mass incident. In line with ACC Transfer service specification<sup>5</sup>, providers will work towards professionally agreed standards and protocols for care and movement of patients across the Network and when appropriate the ACC<sup>6</sup>, in order to ensure consistent and coherent practice and provide assurance of care quality. ACC Networks play a fundamental role in the coordination of transfer service activity, maintaining access and monitoring capacity within the Network.

Quality standards should be monitored and used to inform the Network Annual Delivery Plans and more broadly Integrated Care Systems' improvement plans. Any actions should be narrow and specific, leading to demonstrable and measurable goals.

#### **4.2 Network Objectives**

- Support restoration and recovery planning and delivery
- Improve equity of access to high quality ACC for any patient who requires it within the network catchment population
- Reduce variation by developing, agreeing and implementing standardised pathways of care across the network
- Assess the quality of service delivery through a structured peer review programme
- Support the development and delivery of service improvement plans at network and provider level to improve patient outcomes
- Ensure that capacity and demand across the Network is reported via the Directory of Service and ACC dashboard and to communicate this information to regional and national commissioners
- To work with key stakeholders to support workforce planning at network and national level, assessing future workforce needs across the network considering projected demand.
- Coordinating responses to the national annual ACC stocktake
- To coordinate local health and well-being support and training offers in line with the national ACC Planning Programme
- Work with ACC CRG colleagues to ensure local input into the development of service standards, guidance and specifications and the subsequent dissemination of this information to local stakeholders
- Support implementation of innovation and service transformation. Identify areas of good practice and opportunities for improvements across pathways of care
- Coordinate mutual aid to ensure equitable access during times of increased pressure.

#### **4.3 Network Functions**

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<sup>5</sup> 220501S-Adult-critical-care-transfer-services.pdf (england.nhs.uk)

<sup>6</sup> Available at: <https://www.england.nhs.uk/commissioning/publication/adult-critical-care-surge-plan-guidance/>

There are seven key areas of network functionality which all Networks have responsibilities to support. These are:

***Service Delivery: the network's role in planning and managing capacity and demand***

All networks should agree pathways of care that will support efficient and effective flows of patients, address variation within the network and assure equity of access for patients based on need. Networks play an important role in proactively managing capacity and patient flow particularly at times of demand surge and including supporting mutual aid.

***Resources: the network's role in stewardship of resources across the whole pathway and minimising unwarranted variation***

The clinical stewardship approach can also be applied by networks: taking responsibility for shaping the whole patient pathway in ways that reduces demand by improving health, reduces inequalities, addresses unmet need, improves the effectiveness of care, and delivers better value. Such work will require networks to work closely with commissioners.

***Workforce: the networks role in ensuring flexible, skilled resilient staffing***

Networks have historically focussed on training and development, however this role can be extended, working with commissioners and providers, to support system-wide workforce strategy to ensure a flexible, resilient, agile, and skilled workforce.

***Quality: the network's role in improving quality, safety experience and outcomes***

A focus on quality measurement, assurance and improvement is another foundational network function. This is supported by routine monitoring of metrics that capture quality and safety, experience, and outcomes as well as benchmarking and auditing of services as part of a comprehensive approach to driving continuing improvement.

A key role for networks is to ensure that the requirements of the national ACC Service specification and standards are being met by all providers within the Network.

***Collaboration: the network's role in promoting working together at local, system and national level***

The move to integrated care has placed greater emphasis on collaboration across local systems, and effective collaboration underpins all a network's functions. The actions set out in relation to collaboration are essential to the work of all networks, acting as an enabler for other functions.

***Transformation: the network's role in planning sustainable services that meet the needs of all patients***

Networks' focus on improvement includes roles in both steady incremental change and a focus on service redesign. Working with ICBs will give networks a greater opportunity to work with partners across the whole pathway to identify areas for service development and improvement. Networks may also take on a more prominent role in developing new models of care and providing clinical leadership for proposals for service change and reconfiguration.

Networks should be active supporters of research and innovation. Networks can have an important place in driving early and systematic adoption of innovation and research findings in clinical practice.

***Population health: the network's role in assessing need, improve health, reduce inequalities***

Networks have long worked to improve the health of their specific patients. In future we expect networks will have an increased focus on understanding the needs of the population, improving population health by supporting system-wide delivery of preventative health programmes, identifying, and addressing gaps in service provision and inequalities in access, experience, and outcomes.

The ACC Network has responsibilities in each of these areas, however there may be some areas where the Network functions have more of an emphasis, based on local need and regional priorities. Within these areas of responsibility, the functions of the Network have been further defined as:

- **Universal:** all Networks undertake these roles
- **Core:** functions that within the scope of the Network but may not be undertaken at all times
- **Extended:** functions that would only be assumed by the Network at the request of commissioners, when supported to do so and that this would enable the Network to contribute more fully to the triple aim.

The table below sets out the Universal and Core functions of ACC Networks. These are responsibilities that all ACC Networks must undertake in line with this service specification

Area of responsibility		Specific roles	Classification
Service Delivery: plan and manage capacity & demand	Efficiency & Delivery	Develop, agree, and implement best practice pathways across the network that support improved patient flow.	Universal
		Support Covid-19 Response, Restoration and Recovery planning and delivery.	Core
		Support the development and implementation of extended health and wellbeing support packages that enable staff to practice safely during times of increased pressures. This should include defined psychological support that is easily accessed.	Core
	Capacity & Demand	Monitor demand and available capacity across the network	Universal
		Work with network member organisations to identify and offer network wide solutions where capacity and demand are not in equilibrium, with oversight across the pathways of care and providers.	Universal
		Understand predictable demand and contribute to the development of strategic proposals to support longer term sustainability.	Universal
		Develop, agree and implement a network surge plan for capacity management at times of increased demand, including mutual aid within and between networks.	Core
		Work with Integrated Care Systems and NHSE Regional teams to develop mutual aid agreements to support capacity	Core



		management and escalation in times of crisis.	
	Reducing Variation	Benchmark services against national peers and share best practice.	Universal
		Contribute to and support the development of solutions that reduce variation and fragmentation across the care pathway.	Core
Resources: clinical stewardship of resources across whole pathway	Improving value	Reduce unwarranted variation in pathways and processes that lead to inefficiencies.	Universal
	Managing resources	Work with other related networks, flexing use of resources to find efficiencies, target resources for best effect and share insight and experience.	Universal
	Clinical stewardship of resources	<b>All functions in this section have been classified as “extended”</b>	
Workforce: flexible, skilled, resilient staffing	Training & Development	Undertake network training needs assessment (including baseline skills audit and network maturity assessment).	Universal
		Develop and agree a network training plan that meets the needs of the network both in the delivery of care and in the functioning of the network.	Universal
		Develop maturity of network and network team to increase network effectiveness.	Universal
		Identify and signpost training and development opportunities that are aligned with the network training plan.	Universal
	Workforce Capacity & Planning	Assess future workforce needs across the network considering projected demand.	Universal
	New workforce models	Promote workforce resilience through: <ul style="list-style-type: none"> <li>• mutual aid agreements;</li> <li>• health and wellbeing support for staff.</li> </ul>	Core
Quality: improve quality, safety, experience, and outcomes	Measuring quality	Monitor key indicators of quality across the network as required by commissioners and by the service and network specification e.g. national audit and quality dashboard.	Universal
		Contribute to the design of measures of quality, safety, and patient experience (through metrics that are SMART and widely captured).	Core
	Quality Improvement	Assure and improve quality and safety, experience, and outcomes within the specialised service.	Universal
		Benchmark services with other networks to identify areas of good practice and innovation and areas for improvement as well as to support other networks.	Universal
		Participate in inter-network peer review.	Core

	Risk management & quality governance	Manage risks to the delivery of the network's annual work programme.	Universal
		Ensure all identified service risks are managed through regional and system quality structures following agreed escalation processes.	Universal
Collaboration: working together at local, system and national level	Working together	Engage with all relevant partners for delivery.	Universal
		Link network clinical leadership with system, regional and national clinical leadership cadres to support a collaborative approach and shared aims.	Universal
	Sharing best practice	Share best practice with networks covering the same service across the country.	Universal
		Share best practice relating to the delivery of network functions, particularly within the local system.	Universal
		Identify opportunities for shared solutions and resources.	Universal
Governance	Enable and empower collaboration via agreements with clear roles/delegation.	Universal	
Transformation: plan sustainable services that meet the needs of all patients	Continuous Service Improvement	Apply quality, service improvement and redesign methodologies to all aspects of the network's work to deliver ongoing service improvement.	Universal
		Undertake systematic clinical audits and ensure shared learning across the network.	Universal
	Service redesign & transformation	Support the implementation of national standards and service transformation programmes, with a clear methodology to adopt changes.	Universal
		Co-design any plans for service change with patients and carers.	Core
		Evaluate the impact of any changes on quality, safety, experience, and outcomes across whole pathway.	Core
		Provide clinical leadership for proposals for service change / reconfiguration.	Core
	Research & Innovation	Support the early and systematic adoption of innovation and research across the network.	Universal
		Horizon scan for innovation and improvements.	Universal
Population health: assess need, improve health, reduce inequalities	Needs assessment to understand the needs of the population	Identify health service needs of patient group.	Universal
		Review service provision across the network against identified need and identify gaps.	Universal

		Plan and deliver improvements to network services to address identified gaps.	Universal
	Improving healthcare services for specific client group	Review service delivery across network to identify variation in services – gaps in overall provision, quality, geographical distribution.	Universal
		Develop and implement network pathways, protocols to reduce variation in service delivery.	Universal
	Address inequalities in access, experience & outcomes	Assess services (by relevant protected groups, deprived quintiles, inclusion groups, vulnerable groups, geography etc) to identify vulnerable groups experiencing gaps in access, experience, and outcomes.	Core

In addition to the Universal and Core functions set out above, a range of extended network functions may be assumed by Adult Critical Care Networks if commissioners consider these to be essential to the strategic aims of ACC at either a national, regional or ICB level and networks are sufficiently resourced to deliver these roles. Decisions on inclusion of any of these extended functions will be made in partnership between local systems, regional and national commissioners, and ACC Networks. Further information on the Extended Network Functions can be found in Appendix 1.

#### 4.4 Annual workplan

The network board will agree an annual workplan with its commissioners. This will reflect national, regional, and local priorities and the agreed network functions, taking account of the resources available to support delivery. The workplan will describe its expected deliverables and benefits.

The network board will publish an annual report detailing its activities, accounts, and delivery against the agreed annual workplan.

Delivery of the ACC annual workplan will be monitored by the regional commissioner and ICBs of the ACC Clinical Network.

The ACC national network forum and national commissioning lead will agree a workplan to reflect the national strategic priorities and summarise regional and local ACC Network plans. Delivery of the national workplan will be monitored by the national commissioner of Adult Critical Care and the CRG.

## 5. Governance

### 5.1 Accountability

#### Hosting

Networks and their boards are independent of the host, with their own governance and accountability directly to the commissioner. The host is not accountable for the delivery of the network's functions and where the host is a network member, they will have the same roles and responsibilities as other members and will exert no undue influence as host of the network.

The network host will be selected by the Commissioners following an open and defensible process that maximises value for money, which would include consideration of opportunities for sharing infrastructure. The responsibilities of each party will be set out in

a formal hosting agreement. Hosting of ACC Networks may be by an ACC provider, determined by the Network's commissioners. Alternatively, regional commissioners may decide that the ACC Network is more appropriately hosted by an ICB.

Network funding provided to the host is ring-fenced for the network and cannot be used by the host for other purposes and is not subject to host cost improvement targets.

#### Accountability and responsibility

Network footprints reflect patient flows, provider scale and catchments so will often cut across commissioner boundaries (ICBs and regional). Governance arrangements must provide clear accountability to commissioners at system level (with links to all relevant ICBs) and region as appropriate for both network delivery and commissioning responsibilities. Local arrangements to achieve this should be clearly documented within the network's Terms of Reference.

Networks will be responsible to ICBs for the management of local pathways and delivery of locally agreed targets. This should be set out in memoranda of understanding between ICBs, providers, and the network.

The network will be accountable to the regional team of NHSE via the appropriate board within the Region including any multi-ICB decision bodies established.

A *single* network plan and deliverables should be agreed with all ICBs within the network's geography and signed off by the region. Where pathways cross system or regional boundaries, NHSE regional teams will support decision making in partnership to work across these boundaries. Networks will be expected to provide regular reports and have regular reviews with NHSE regional teams.

The network's authority to act on behalf of its commissioners and members will be set out clearly within the network memorandum of understanding and where necessary clarified within the agreed annual plan.

## **5.2 Network governance and architecture**

### Members and stakeholders

Networks are required to have a formally constituted governing body or board, which is accountable to the network's commissioner for delivery of the network's agreed programme, with a line of sight to all ICBs whose patients use the services of providers within the network.

Network boards should include balanced representation from member organisations and other relevant stakeholders, including patient representatives and third sector organisations.

Clinical representation should cover the whole multi-disciplinary team and pathway of care.

The network should develop an approach to working with patients and families that ensures patient views inform its whole work programme and ensure optimal service provision for patients.

### The board

Network boards should include senior representation from member organisations to ensure effective decision making and implementation within Trusts.

The board should meet on a regular basis and operate under the oversight of a suitable chair with agreed terms of reference.

The chair will be an appropriately experienced, impartial leader who is credible across the whole network and will be appointed through a fair and open process.

- The chair should not be the network clinical lead, and ideally should not have the same main employer as the Network Clinical Lead in order to mitigate the risk of (real or perceived) conflicts of interest.
- They could be a board member or senior clinician from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.

### **5.3 Risk Management and risk sharing**

Networks do not manage risk independently but within a system of national, regional and system level arrangements. Networks support risk identification, assessment, mitigation and may facilitate any agreed response.

Specific local risk management arrangements and governance processes should be managed locally through MOUs/ SOPs etc which are clear and signed off. Escalation processes for risks within a system should be clear and explicit, with any quality concerns escalated through agreed systems and regional processes.

### **5.4 Interdependent Relationships**

ACC underpins all acute specialised and non-specialised inpatient clinical pathways. Collaborative working between commissioners (NHSE Specialised Commissioning teams and ICBs) and Clinical Networks (SCNs and specialised services Clinical Networks) is essential to the design and delivery of the service. The management of critically ill patients whether commissioned by NHS England or ICBs requires the input of several medical and non-medical specialties, and other agencies such as Major Trauma Centres or Units, General Surgery/General Internal Medicine, Clinical Psychology, Mental Health, Rehabilitation, Reablement and Recovery Services and Acute Respiratory Care Units. Ultimately the nature of core supporting services will be dependent on the patient case mix of the critical care unit.

Access to ACC services may be impacted during episodes of unexpected, increased demand on services. Adult Critical Care networks must ensure that there are robust, surge plans in place which align to published guidance to ensure services are responsive to changes in demand. This may require the patient to be transferred to another unit where the required speciality is available. The transfer should be carried out in line with the ACC transfer service specification<sup>7</sup> by a commissioned provider

Collaboration with other clinical networks such as Major Trauma or Paediatric Critical Care or Renal Networks is an essential function of ACC Networks. During times of escalation or surge, it is important that Critical Care Networks play a key role in coordinating plans and supporting the management of provision to meet increased demand through working with EPRR teams and relevant “Cells” at a regional level.

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<sup>7</sup> 220501S-Adult-critical-care-transfer-services.pdf (england.nhs.uk)

The network will work closely with Paediatric Critical Care (PCC) clinical networks to assure the quality of care provided to young people treated in ACC settings as part of a transition pathway.

## 6. Resources

Network funding provided to the host is ring-fenced for the network programme of work.

Each network should have a team to support its work that provides clinical leadership, management, and administrative support. Networks should also have arrangements for analytical and business intelligence support. Commissioners must ensure as part of the annual planning process that the scale of resource made available to networks is sufficient to support the agreed programme of work. The capacity of the network to deliver its programme of work does not reside solely in the network team but also in the support of all network members including its commissioners.

As part of the annual planning process, commissioners must ensure that:

- the scale of resource made available to networks is sufficient to support the agreed programme of work
- networks have access to the data they need and the analytical capacity and capability to turn this into actionable improvement programmes

Roles such as administration, network management and analytical support may be appropriately combined across networks, with further opportunities to increase the value from these investments, share learning across networks and improve the sustainability of networks through the provision of a pool of staff to support specialised services Clinical Networks across a region.

## 7. Deliverables, Service Indicators & Outcomes

Indicators and metrics of network performance come from three principal sources:

1. Generic indicators of a well set up, well-functioning network
  - There is an appropriate network management team in post with the skills to deliver the specification
  - The network board meets at least three times per year, is quorate, and minutes, actions and risks are recorded
  - As appropriate to the network spec, there are regular network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)
  - There are IT facilities in place that enable communication across the network, supporting image transfer and remote participation in the MDT.
  - There is an annual workplan agreed with the network's commissioners
  - There is an agreed plan for PPV engagement
  - There is an analysis of the service needs of the population served by the network, a gap analysis, and a plan, agreed with the network's commissioners to meet those needs
  - There are network agreed patient pathways, procedures, and protocols
  - There is an analysis of workforce requirements and a plan, agreed with network members to meet these requirements
  - There are arrangements (for example passporting) that enable workforce flexibility between providers within the network.
  - There is an analysis of training needs, and an annual network training plan agreed with network members

- There is an analysis of the networks data and information needs and a plan, agreed with network members to meet these requirements
- There is a network agreed research strategy including access and participation in clinical trials
- The annual workplan includes at least one quality improvement initiative
- An annual report is produced, summarising the work of the network and its outcomes. The report includes a financial statement
- The network participates in the national network of networks

2. Nationally agreed indicators and outcomes for all networks of this specialty, for example as defined by a national transformation programme, or included in the service specification and delegated to network leadership.

The indicators and outcomes for ACC Networks will reflect the national ACC Planning programme key deliverables.

ACC networks will be required to participate in quality assurance processes and collect and submit data to support the assessment of compliance with the service specification as set out in Schedule 4A-C. These will be developed and implemented alongside the quality management of commissioned ACC services.

3. The network's individual locally agreed annual workplan, which should build in metrics and indicators for each element.

The network board will agree an annual workplan with its commissioners which will include the expected in year deliverables along with the indicators that will demonstrate effective network operation in line with the core and universal functions.

## **8. Further support and information**

1. Adult Critical Care Service Specification (NHSE, 2022)
2. Adult Critical Care Transfer Service Specification (NHSE 2022)
3. Adult Critical Care Surge Plan Guidance (NHSE 2022)
4. Adult Critical Care Specialty report (GIRFT, 2021)

The full suite of materials covering what clinical networks do, commissioning of specialised services clinical networks and the clinical networks operating model together with model materials for use by networks and their commissioners can be found on the Future NHS website here:

<https://future.nhs.uk/NationalSpecialisedCommissioning/view?objectID=34094320>

Access requires membership of the site and permission to access the workspace.

This is straightforward for all NHS employees.

## Appendix 1. Extended Network Functions - for local decision making on inclusion.

Extended Function	Category
Review efficiency across the whole pathway of care to identify areas of good practice and areas for improvement.	Efficiency & Delivery
Optimise the timeliness of care through, for example joint waiting lists and priority management	
Monitor and report on key delivery metrics with a particular focus on the impact of capacity and demand on patient access, timeliness of care and efficiency.	Capacity & demand
Develop a performance assurance role for networked services.	
Introduce solutions such as network levels MDTs to reduce variations in decision-making	Reducing variation
Support consistent, network-wide implementation of digital healthcare approaches that offer greater efficiency e.g. remote patient monitoring.	Improving value
Support consistent, network-wide implementation of new approaches to outpatient care e.g. phone/video OP clinics, patient-initiated follow-up.	
Provide advice to guide investment and reinvestment priorities for improved value.	
Improve effectiveness and appropriateness of use of high-cost treatments and consumables	
Standardising drugs, devices etc. for best value, using collaborative purchasing arrangements to achieve the best price.	
Advise on improvements across the whole pathway that reduce demand by supporting prevention, earlier intervention and avoiding escalation.	Clinical stewardship of resources
Work closely with partners, including providers and educational institutions to ensure availability of training and development that meets the needs of the network training plan.	Training & development
Develop a network workforce plan taking account of changing demand (including surge), network strategic direction, equality and diversity and value.	Workforce capacity & planning
Support the development of a regional workforce solution with staff employed generically with a defined, pooled budget.	
Understand and advise on relevant specialty staffing requirements and the factors affecting both recruitment and retention of these staff. Work at a multi-network / national forum level to support the continued availability of specialty staff.	
Develop flexible staffing models along the speciality pathway, unconstrained by organisational boundaries e.g. joint appointments, staff passporting, nurse support crossing between primary and secondary care.	New workforce models
Develop and implement extended roles for non-medical staff groups, supported by training and development and network-wide policies and procedures e.g., non-medical prescribing protocols; patient group directives.	
Develop agreed shared job descriptions and person specifications across providers.	
Design future roles to support meet the changing environment generated though the introduction of new ways of working.	
Undertake accreditation of network members against agreed standards including the service specification	Risk management & quality governance
Work with partners across the whole pathway to identify areas of service development to improve efficiency and care delivery, ensuring any improvement can be measured and monitored.	Continuous improvement
Develop the case for change and new models of care for agreement with local stakeholders.	Service redesign & transformation
Work with commissioners to review service design and delivery, along the whole pathway, to meet the needs of the population served.	
Adopt a network agreed research strategy including access and participation in clinical trials.	Research & innovation
Participate in national, regional, and local research and audit across all clinical disciplines and share findings.	
Identify whole care pathway needs of patient group.	Needs assessment of population
Make recommendations on actions to address unmet need across whole care pathway and work with partners to address.	



Extended Function	Category
Collaborate with ICBs and other partners to improve population health by supporting system-wide delivery of prevention health programmes.	
Develop specific proposals which mitigate inequalities for the vulnerable groups identified.	
Develop specific proposals to identify upstream challenges to care pathway which result in inequities in access, experience, and outcomes.	