

Local Service Improvement Leads (LSILs) Annual Report

CHESHIRE & MERSEY CRITICAL CARE NETWORK (CMCCN)



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Executive Summary

Aim of this report

To provide information on the value and progress made by Local Service Improvement Leads (LSILs) during 2023 in identifying and disseminating best practice across critical care units in Cheshire & Mersey. Demonstrating the work undertaken at local and network level to drive quality initiatives and improve patient outcomes.

Purpose of the report

To inform the Joint Operational Delivery Network (ODN) Board of the LSILs role within critical care service delivery and quality assurance.

This report will focus on the benefits of the LSILs role and providing information on the amount and types of service improvement projects undertaken by the LSILs in 2023. Demonstrating their achievements and providing information on how their work streams link to National, Network and Local agendas through collaboration with other relevant Cheshire & Mersey Critical Care Network (CMCCN) task groups.

Establishment of the LSILs role

The LSILs role was established in January 2007 to facilitate service improvement within Cheshire & Mersey Critical Care Units. Up until the end of March 2024, the role had been funded by CMCCN. This involved the secondment of a senior registered Nurse of the local critical care team for 1 day per week (7.5 hours). The key responsibilities of the role include:

- Developing best practice
- Improving communication
- Improving team working
- Auditing practice against National, Network and Locally agreed standards
- Benchmarking unit performance against peer group
- Improving reporting of clinical incidents and sharing of lessons learnt
- Implementing National, Network and Locally agreed standards and quality indicators

From April 2024 onwards, due to constraints to the ODN budget, the role will be continued to be funded but the responsibility of funding the role has been devolved to individual units. We wish to thank all CMCCN senior nurses for enabling this and this is a huge testimony to how the LSILs role is valued within our network units.

Benefits of the LSILs role:

The LSILs role has a direct impact on the equity of care provision across Cheshire & Mersey. Projects managed by the LSILs are successful because of their local engagement with all multi professional disciplines and their expertise in benchmarking, auditing and initiating change that is both measurable and sustained in practice. The direct benefits of the LSILs role on the following groups will be outlined:

- Patients and their significant others

- Other local multi professional team members
- Local unit and organisation
- Cheshire & Mersey Critical Care Network

Review LSILs Projects & Work Streams

LSILs record project development plans for all their activity and submit them for annually review to the CMCCN team. These include National and Network driven initiatives as well as Local objectives. Common themes can be shared between the LSILs during their regular meetings. Collaborative relationships across the group allow for the sharing of successful implementation and change management strategies. Any cross-cutting work streams are undertaken in conjunction with the relevant CMCCN task group. In addition, the LSILs facilitate the communication, dissemination and implementation of the work produced within the following groups:

- CMCCN Clinical group
- CMCCN Quality Innovation and Improvement Group
- CMCCN Senior Nurse group
- CMCCN Practice Educator group
- CC3N (Critical Care Networks National Nurse Leads Group)

Introduction

Critical care is an ever evolving and changing environment which caters for a very diverse patient population. It cuts across several different condition pathways and it is extremely challenging for service providers to implement all emerging National, Network and Local quality initiatives to improve patient outcomes.

The publication of a further version of Joint ICS & FICM Guidelines for the Provision of Intensive Care Services (GPICS v2.1) in 2021 has built on the established ICS Core Standards (2013) and clarified what a 'good' critical care unit should look like. This document is of relevance to service improvement initiatives across the network as several of the standards are now included in the National Critical Care Service Specification (D16) and the Care Quality Commission (CQC) review framework for critical care services. GPICS version 3 is currently being developed and will be published in the latter part of 2024.

D16 has now been replaced by DO5 National Critical Care Service Specification published in 2019. In addition, enhanced technology and new innovations are constantly materialising to assist with the provision of critical care supportive therapies and treatments. All of which can cause great pressure and challenges to those providing critical care services.

LSILs facilitate the implementation of new technology and embed cultural changes locally to meet the identified quality agendas. They enhance the equity of care provision across Cheshire & Mersey by implementing strategies that allow for the consistent delivery of high-quality care that meets the National, Network and locally agreed standards. The LSILs act as advocates to the critically ill by tailoring systems and processes to include local initiatives and offer an individualised and patient centred approach. A successful critical care outcome is no longer measurable in terms of '*just survival*.' Appropriately the focus of a quality critical care service has moved to incorporate

measures of success in terms of equity, access, patient safety, efficient and effective care delivery and patient and public involvement.

Changes to LSILS funding and audit calendar

Up until end of March 2024, CMCCN provided funding to second a LSIL within each of the 10 out of 12 Critical Care Units across the region.

Due to reduction in the ODN's budget from April 2024 it was no longer be viable for CMCCN to fund the LSIL's positions. Fortunately, due to the proven value of the role all units that were previously in receipt of funding have now confirmed that they will utilise internal mechanisms and funding to continue to aim to support and protect the roles and time to continue to support audit and quality improvement activity.

Although this is a very positive development the network team are cognisant of the fact that this will potentially dilute the arrangement and the level of influence the network will have going forward on ensuring the LSIL's time is protected, particularly during periods of high activity or staffing shortages on the units.

In parallel with this a proposal to revise how the NHS ARDEN and GEM resource is utilised during the 2024-2025 period, conditional to securing extended fixed term funding will also reduce the amount of support can be committed to specifically analysing LSIL's projects and surveys data.

To account for the impact of these changes although the CMCCN team will retain a leadership and coordination function and there that has been a rationalisation to the SILS audit programme as follows.

- Leadership and Coordination: The Lead Nurse for CMCCN will continue to coordinate and chair quarterly LSIL's meetings and facilitate an annual sharing events/ symposium. This will help ensure that any lessons learnt, developments, innovations arising from an anticipated increase in local unit-initiated projects will continue to be shared network wide.
- Quality Standards Audit Network led audit for established care bundles will be suspended and renegotiated as and when required following introduction of any new care bundles, or any cause for concern highlighted through network governance and assurance processes.

Core Unit Data Audit: This will be retained and amended to reflect current priorities and to source important data that not collected via another process or system. Work is ongoing in partnership with ARDEN and GEM to identify what data historically collected via this approach can be captured from other national data sources such as the Directory of Services (DOS) and the Critical Care Minimum Data Set (CCMDS)

Observations of Care Audit: Will be retained and undertaken tri-annually, with the aspect of practice reviewed being determined jointly by the CMCCN team, LSIL's and lead nurses from the CMCCN units.

Relatives Satisfaction Survey: The ongoing plan for if and how this survey will be retained will be informed by the outcomes of current years that was undertaken during November 2023 with the

expectation that a bespoke critical care specific survey will continue to be valued by key stakeholders.

Staff Culture Survey: This has been superseded by national surveys and initiatives relating to recruitment and retention aligned to the professional bodies, to avoid duplication units will be encouraged to contribute to these wider initiatives that will in turn inform developments at a local network perspective.

The basis for the above being.

- To maintain audit and quality improvement activity that is aligned to network and unit priorities, which is led and overseen at a network/ regional level.
- To ensure that there continues to be network forums and processes for identifying and sharing best practice.
- Optimise the workload of the LSIL's recognising there are likely to be periods that they may have conflicting demands on their time within their local units.
- To scope alternative processes for the collection and reporting of data both through the wider utilisation of exiting data sets or systems and in the introduction of more automative as opposed to manual processes.
- Reduce reliance on NHS ARDEN and GEM for analysis and reporting of multiple audit projects to release capacity to enable active contribution to the proof-of-concept project that will potentially result in their business intelligence resource being diverted to scope the feasibility and development of wider data reporting sets that could be replicated across all three Northwest networks.
- Maintain the direct involvement of the CMCCN Team, particularly the lead nurse in this area of network activity whilst enabling associated workload to be balanced alongside other existing and displaced network activity resulting from the reduction within the ODN infrastructure in response to revised budgetary constraints.

The continuation of LSILS role will ensure assured focus can therefore be regularly and proactively given to:

- Developing best practice
- Improving communication
- Improving team working
- Auditing against National, Network and Locally agreed standards
- Benchmarking performance against peer group
- Improving reporting of clinical incidents and sharing of lessons learnt
- Implementing National, Network and Locally agreed standards and quality indicators

Background

The LSILs role was established in January 2007 to facilitate Service Improvement within Cheshire & Mersey Critical Care Units. The role has developed and evolved since then to include an extensive list of responsibilities and key tasks, which require essential knowledge and skills and personal attributes to achieve. The role is fundamental to supporting the delivery, development, and sustainability of improvements in critical care and facilitates research and clinical audit to demonstrate areas of excellence within services or highlight gaps for further improvement. Responsibilities include:

- Project Management
- Quality Assurance & Risk Governance
- Leadership
- Communication
- Audit & Benchmarking
- Staff Development & Education
- Policy & Service Development Implementation
- Patient & Public Involvement
- Finance

For more information about the role and responsibilities of the CMCCN LSILs please refer to their current role description in **appendix 1**

Purpose

This report has been developed on behalf of the CMCCN LSILs group to provide information to relevant stakeholders about their key responsibilities and achievements during 2023, giving examples of the number of service improvement projects started and completed and outlining local project implementation.

Benefits

❖ Patient & Significant Others

LSILs benefit patients and significant others by:

- Providing equity to service delivery across Cheshire & Mersey
- Improving consistency and delivery of high-quality standards
- Improving quality care and treatment
- Improving patient centred and individualised care.
- Improving patient experience

Examples of application:

- Development and implementation of patient and relative information leaflets
- Improving communication with patients & significant others
- Highlighting gaps in service delivery and provision through regular audit and review processes
- Improving facilities for patients & visitors
- Reviewing and changing cultural practice around visiting times
- Promoting sleep and well being
- Implementing strategies to reduce the effects of delirium in critical care.
- Implementing patient diaries
- Supporting the provision of a positive patient experience
- Development and implementation of patient and relative feedback mechanisms
- Improving support for patients and relatives post ICU.

Critical care multi professional team members

- LSILs benefit other multi professional team members by:
- Reducing variation in practice
- Improving communication
- Facilitating local projects and research
- Reducing repetition of work
- Project managing service changes.
- Supporting workforce development
- Providing a visible interface between the unit and the network
- Providing strong clinical focus and credibility to practice changes

Examples of application:

- Provides most recent National & Network guidance to the team.
- Provides information on projects that have been successfully implemented elsewhere.
- Optimises resources in terms of staff time and workload.
- Acts as a link between staff and the differing CMCCN team and task groups
- As a designated coordinator providing feedback for audit and benchmarking
- Supports the Practice Educator to help deliver workforce strategies and training.

Local unit & organisation

LSILs benefit Local units & Organisations by:

- Reducing risk
- Reducing cost and ineffective use of resources
- Providing consistent and accurate information to multi professional staff in the clinical area
- Facilitating National & Network driven quality initiatives
- Facilitating Organisation objectives within critical care
- Tailoring quality agendas to meet patients' needs.

- Promoting patient centred and individualised care.
- Participating on Trust Critical Care Delivery and/or Operational Groups
- Providing clinical leadership
- Empowering staff to make a difference.
- Providing Trust representation at Network meetings

Examples of application:

- Implementation and audit of relevant care bundles
- Implementation of National Critical Care recommendations
- Implementation and audit against National critical care guidance
- Implementation of National and CMCCN clinical guidelines
- Implementation of Trust objectives in critical care
- Communicating and disseminating service improvements to the team
- Facilitating education and training relating to quality measures and subsequent practice changes
- Ensuring multi professional team members take ownership for service delivery and improvements.
- Promoting a positive safety culture by encouraging reporting of actual or potential problems and sharing lessons learnt from clinical incidents.

Cheshire & Mersey Critical Care Network

LSILs benefit CMCCN by:

- Promoting a strong working culture across 10 of the 12 CMCCN organisations
- Creating a Network wide ethos for facilitating best practice and shared learning
- Providing support to deliver and develop cross organisational quality improvements.
- Supporting the identification of critical care patients needs
- Supporting and facilitating achievement of key quality indicators
- Enabling benchmarking that is meaningful between specialist areas.
- Reducing variation in practice
- Providing a cost-effective way of delivering service improvement

Examples of application:

- 80-100% attendance at LSILs meetings
- Shared expertise across organisations
- Reduction in time wasted duplicating work and effort.
- Embeds best practice.
- Promotes positive working environment.
- Measures and benchmarks performance within and across critical care units in a meaningful way
- Identifies gaps in service delivery.

- Identifies gaps in quality agendas.
- Acts as an identified link between service and strategy

2023 Projects & Work Streams

An overview of the amount and types of projects undertaken by the LSILs in 2023 can be found in **appendix 2**. The tables will provide information on project implementation across 10 Cheshire & Mersey critical care units by Trust.

Projects

There have been a total of **1328** projects / workstreams undertaken by the LSILs group since they were established in 2007, of **85** these are attributed to work completed in 2023. Projects vary in number, size and duration depending on the National, Network and Local objectives for critical care at the time they are undertaken. All LSILs work collaboratively holding 'Sharing events' at least bi-annually to ensure projects can be pooled and lessons learnt from implementation can be shared. In 2023, CMCCN held a wellbeing and education symposium and some of the SILS presented projects they had done. They also manned a LSILs information stand to promote the role and held a competition around suggestions for Quality Improvement Projects from attendees.

In addition to the recorded projects the LSILs have also successfully managed and completed several CMCCN led audits and data collection exercises which can be found in **appendix 3**. This audit calendar was reviewed and updated for 2024 due to the funding changes.

The following list provides details of the common themes for projects across the CMCCN units in 2023:

- Staff support initiatives.
- Sustainability in critical care
- Documentation
- Prevention of delirium
- Improving post critical care support for patients and relatives
- Improving safety processes
- Developing and improving education & training strategies
- Improving communication & documentation processes
- Assisting and supporting audit & research
- Improving rehabilitation in critical care
- Improving NICE Compliance
- Developing new roles
- Delivering on the Network audit year planner
- Multidisciplinary working culture
- Staff education and Retention

LSIL Meetings

LSIL meetings are normally face to face and held 5 times a year. All usually hosted on a rotational system by the critical care units locally. Outside speakers and other relevant task group chairs or project leads are invited as required to ensure cross cutting work streams and network wide initiatives are communicated and implemented effectively.

The following are some examples of the topics that will continue in 2023.

- Service Specification & Peer Review
- Enhanced care service spec
- Observations of Care
- Patient experience
- Patients follow up and support post ICU.
- CMCCN workforce data
- CMCCN clinical governance strategy
- CMCCN Delayed Discharge review
- Staff support
- Implementation of the Professional Nurse Advocate (PNA)
- Staff moves.
- Transfer process review and documentation.
- Staff culture and retention survey
- Promotion of the LSILS role within CMCCN
- Sustainability

Examples of components of CMCCN LSIL audit programme

Core unit Data audit-

Collected Monthly by the LSILS and captures key data on delayed discharges, Transfers, staffing vacancies and sickness and staff moves. All the data is analysed, and annual report is produced and shared with key stakeholders.

CMCCN LSIL's Core Monthly Data												
Data Set Version 6.1 (revised April 2021)												
Hospital:												
Auditor:												
Date:												
NB Please put an entry into every field (if there are NO patients / vacancies meeting the criteria enter 0)												
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Delayed Discharge Info												
Total												
<4hrs												
>4hrs <24hrs												
>24hrs <48hrs												
>48hrs												
Home												
Out of Hours												
PSD breaches												
Transfer Information												
Transfers In: Repatriation												
Transfers In: Specialist												
Transfers In: Non-Clinical												
Transfers out: Repatriation												
Transfers out: Specialist												
Transfers out: Non-Clinical												
Nurse Staffing Information												
No of WTE band 5 vacancies												
No of WTE band 6 vacancies												
No of WTE band 7 vacancies												
% of nursing staff sickness												
No of newly qualified starters												
No of Band 5 new starters												
No of Band 6 new starters												
No of Band 7 new starters												
Staff Moves Information												
Total number of Registered Nurses moved from unit												
Total number of non-Registered staff moved from unit												

Observation of Care Audits

These audits look at a specific aspect of clinical care within our units and these audits provide benchmarking of clinical care across all CMCCN units. These are decided by the LSILS themselves and discussed with the senior nurses. Audits are created and the LSILS work with another LSIL and perform the audit on each other departments for which the time and date are agreed with the unit's senior nurse. We have increased the amount of these audits this year from one to three.

Observations of care audits undertaken so far are:

- Intra-hospital transfers
- Patient safety at bedside
- Rehabilitation
- Infection prevention and control

Relatives Satisfaction Survey

The relative's satisfaction survey was reinstated in November 2023 once it was felt all CMCCN critical care units were back to pre-covid visiting arrangements. The data set was updated, agreed, and rolled out in November 2023. Analysis of the survey for November 2023 is in the attachment below.



Relatives Satisfaction Survey 2023.xlsx

Critical Care Staff Retention survey

Critical Care National Network Nurse Leads group in 2023 undertook a national critical care nurse retention survey and published a national report of its findings and recommendations. Further analysis of the CMCCN raw data of the CMCCN returns provided rich and valuable data for all our stakeholders, therefore it was decided that we would adapt and replicate the CC3N survey questions for continual use in CMCCN.

The survey was rolled out in March 2023 for the whole month and all members of the critical care multidisciplinary team were included. The survey could be accessed anonymously by QR code. The data is currently being analysed and an overall network retention survey report will be written.

**Cheshire and Mersey Critical Care
Network CMCCN staff retention
survey 2024**



Appendix 1: LSILs Role Description**RESPONSIBILITIES/DUTIES****Project Management**

- To initiate and manage critical care service improvement projects, having freedom to act within professional and Trust guidelines.
- Lead on innovation and projects.
- Design & development of local projects.
- Participates in network wide projects.
- Involved in Network wide subgroups & work streams.
- Action planning
- Analysis of findings
- Implementation programmes
- Return quarterly project reports to CMCCN.
- Disseminates project reports & audit findings to the local team and CMCCN.

CMCCN Audit

- To be regularly involved with the ongoing development of specialist critical care through research or audit, evaluating existing service provisions and treatments, identifying areas for improvement, and implementing change
- To support CMCCN audit calendar by collecting and submitting requested data and ensuring dissemination of all results and findings widely within the local area.
- These audits include (but are not limited to) Levels of Care, Care Bundle Compliance, Delayed Discharge and Clinical audits in support of Clinical Effectiveness group.
- To participate in development and implementation of regional programmes

Quality Assurance, Risk & Governance

- Implementation of network wide & national quality guidance
- Supports compliance to quality indicators.
- Tracks and benchmarks performance locally & network wide
- Sharing best practice, within and between organisations/networks
- Is aware of current political and quality drivers in critical care.
- Ensure compliance with data protection and local information governance policy.
- Promotes clinical governance by actively participating in the risk management processes within CMCCN.

Leadership

- Provides expert advice both locally and regionally.
- Promotes and maintain excellence in clinical standards.
- Acts as a '*Champion of excellence*'
- Acts as a role model
- Facilitates service improvement.
- Plans and implements change.
- Facilitates collaborative working.

Communication

- To develop robust communication systems
- To provide interface between local organisations and the Network team
- To communicate service and operational issues with CMCCN
- To ensure effective communication of complex information, where motivational, negotiating, and training, skills may be required.
- Attends and participates in Local Service Improvement Leads network meeting.
- Represent CMCCN at local Critical Care Delivery Group meetings.
- Communicate with other relevant task groups within the network.
- Maintains links with relevant internal departments (for example IT, finance, strategy groups)
- Provides network updates in local unit and at staff meetings.
- To disseminate evidence of best practice

Staff Development & Education

- To maintains strong links with local Practice Educators
- Development of teaching materials to support implementation of projects or quality guidance.
- Develop leadership in others.
- Inspirational and motives others to develop service.
- To provide education and training to ensure all staff have the knowledge to take forward audits and project initiatives.

Finance

- Contributes to the development and implementation of Critical Care Unit financial initiatives by ensuring Critical Care Minimum Data Set updates are understood and applied.

Policy and Service Development Implementation

- Assist in the dissemination of local, regional, and National guidance.
- Lead on network service improvement initiatives at local level.
- Promote the development of services and assist in the implementation of change.
- To be aware of role in supporting network wide contingency planning

Responsibilities for patient/client care

- Provides specialised advice.
- Supports compliance with care bundles.

Professional responsibilities

- To maintain current registration with an appropriate professional body and comply with standards set by them.
- To be professionally and legally responsible, and accountable for own actions
- To be responsible for own professional development and updating expert knowledge and skills to maintain expertise in field.
- To ensure patient confidentiality is met.
- To maintain current registration with an appropriate professional body and comply with standards set by them.

- To be professionally and legally responsible, and accountable for own actions
- To be responsible for own professional development and updating expert knowledge and skills
- To maintain expertise in field
- To ensure patient confidentiality is met.

Essential Knowledge and Skills

- Demonstration of advanced expert knowledge of critical care working at a senior level
- Excellent managerial and organisational skills
- Commitment to research-based practice and involvement in clinical audit/research
- Evidence of continuing professional development to maintain clinical expertise and advanced leadership skills (CPD portfolio)
- Ability to advise and support nursing staff or other disciplines with critical care issues Trust wide.
- Awareness of national, local, and professional protocols, standards, and guidelines
- Excellent verbal and written communication skills
- Knowledge of health service management, including change management
- Basic computer skills

ESSENTIAL PERSONAL ATTRIBUTES

- At all times acts as a good role model of clinical practice and professional behaviour
- Self-motivated
- Ability to motivate and guide staff in the provision of service to a high standard.
- Expert in organising own workload and others.
- Excellent communication skills
- Flexible/adaptable as work needs determine.
- Ability to work in an unpredictable environment.
- Ability to frequently concentrate for long periods of time.
- Ability to work autonomously or as a member of the multidisciplinary team.
- Ability to identify learning needs of self and others.
- Positive attitude
- Enthusiastic
- Good time management
- Good attendance record



Cheshire and Mersey
Critical Care Network

Appendix 1 Local Service Improvement Leads Job Description

Cheshire & Mersey Critical Care Network has identified that service improvement activities within units are an essential component for improving critical care practices/services and is a core dimension within KSF development.

The Network believes that local ownership and maintenance of momentum on identified projects can be better secured via a model of local SILs. This has proved effective within other networks and has been agreed by the Network Strategic Board for implementation within Mersey and Cheshire network for a period of 18 months.

The Network Team will employ a Quality Improvement Lead Nurse who will have ultimate responsibility for supporting, co-ordinating and reporting on improvement projects of local Service Improvement Leads across the Network.

At a local level, the Network will fund a 0.2wte mid-point band 6, for each Critical Care Unit to act as the Local Service Improvement Lead.

Job Title: Local Service Improvement Lead

Reports to: Lead Nurse

Commitment: 1 day per week for 18 months

Main purpose of the role:

- To explore, implement and report on local projects developed to improve and contribute to continuous quality improvement of Critical Care Services
- To provide an identified point of communication between the Network and local teams with specific service improvement activity.

This role will provide the individual with an opportunity for personal development whilst at the same time provide the network, but more importantly the local trusts with funded time to focus on development of Critical Care Services. Trusts need to identify an appropriate person for each unit and forward their details by mid along with details of where funding should be forwarded to:

Karen Wilson – Lead Nurse

Cheshire & Mersey Critical Care Network

Appendix 2: 2023 LSILs project review

The following table provides information on the number of projects undertaken by the LSILs since 2007:

Trust	Projects: 2007-2022	Projects: 2023	Projects: totals
<i>Aintree</i>	137	9	146
<i>Countess of Chester</i>	146	8	174
<i>Liverpool Heart & Chest</i>	109	16	125
<i>Mid Cheshire</i>	88	8	96
<i>Royal Liverpool</i>	152	7	159
<i>Southport & Ormskirk</i>	169	7	177
<i>Walton Centre</i>	119	10	129
<i>Warrington</i>	74	8	82
<i>Whiston</i>	122	8	130
<i>Wirral</i>	127	8	135
TOTAL	1243	85	1328

The following table provides details on the 2023 projects per trust:

Trust	Project titles
<i>Aintree</i>	Gloves off. Accurate weight recording and MUST compliance ICU patient diaries as per network project Vascular post operative management guide Nursing perception of alcohol withdrawal management Combatting delirium in critical care, tackling RASS score and not pharmaceutical treatment of delirium Safety checklists for all high -risk procedures Patient specific targeted tidal lung volume based on ideal body weight (this was in its early stages in 2023 and runs into 2024) HALO care and emergency guidelines.
<i>Countess of Chester</i>	Electronic document for bedside nursing folders Reduction of waste Guidance for early Mobilization of Critical care Patients Huddle Handover Relatives Satisfaction survey Eezy CD liquid accuracy Rulers. Sustainability Critical care graphics artwork
<i>Liverpool Heart & Chest</i>	What 3 words Survey TIM Tool awareness and education sessions Tea Trolley Training Sedation Hold Project - new project working with consultant Alison Evans to develop guidelines/flowsheet for sedation holds. Post operative bras for patients who have had a sternotomy to reduce wound infections. Gloves Off Campaign Led on a Going Green Project-moving to paper straws/cups and medicine pots. QR codes for patient/relative information to reduce paper. 'Sort ya bin out' appropriate bin refuge. Portable hair washing basin purchased and now in use.

	<p>Mouthcare packs reviewed to reduce waste and cost. Support to newly posted rehab link nurse to improve service. Review of central line packs and removed unnecessary items. 'Drop the peas' encourage oral meds rather than IV's. BM machine training for super users with the company to reduce the need for obtaining ABG's. Stationary ordering and stocks reviewed.</p>
Mid Cheshire	<p>Disseminating the results of the blood audit and imputing data with a view to finishing soon and presenting to the MDT The Band 6 Sils delivery group continues with some service improvements. The teams are made up of one band 6 and 2-3 band 5 staff. These groups will work on a rotation over 3 months ensuring the teams get a broad experience. Loose the tube, audit into catheter use and early removal, assessment tool for the need of a catheter in the first place, and the documentation to decide this. Rehab group working on delirium and the benefit of rest time in an afternoon. Also do patients improve/benefit from early engagement and cognitive therapy daily whilst on the Critical Care unit. This will be carried out over 3 months with a short audit to collect information on benefits or non-benefit. Carry out a glove off audit and support Dr Sam with this initiative Carry out 30 observational reviews. Maintain our own audits on the care bundles with quarterly review of data. New patient and relative booklet, linking via a QR code to the unit's web page. QR code for relative satisfaction survey. Sustainability initiative. Reusable small tray for carrying blood samples instead of using receivers that then need macerating or worse thrown into the wrong bin. Last year we used 11,000. The boxes that the receivers come in are a big cost to the environment to dispose of.</p>
Southport & Ormskirk	<p>Critical Care patient diaries – retrospective diaries for both level 2 and 3 patients Patient Experience video Multidisciplinary approach to patient diaries Natural Light sunlamps for patients Critical Care inhouse care standards Roll out of Controlled drug Easy Rulers Critical Care peer supporter / ex-patient volunteering</p>
Walton Centre	<p>SILS notice board. Local SIL newsletter for staff Competency for Intra Hospital Transfer for New Starters of Spreadsheet to Collect Data on Delayed Repatriations introduction of a New Method of Measuring Oral Liquid Controlled Drugs Sleep bundle for staff and presenting at CMCCN wellbeing symposium. Tool for rehabilitation audit for CMCCN observation of care audit. Nursing Competency for Hand Ventilation Introduction of TIM tool Local work on CMCCN relatives' satisfaction survey results Staff Satisfaction and Wellbeing Survey</p>
Warrington	<p>Completion of patient diaries Lead for ITU Follow Up Clinics Collection/facilitate network audit and information. Education re: psychological impact of critical illness and patient diaries Patient information leaflets discharge from ITU to ward/admission to HDU. After Intensive Care: Support for patients and family's information pack Bereavement information for families Unit is taking part in research project "Intensive care decision-making, survival and dying well." SIL noticeboard and newsletter.</p>
Whiston	<p>Sedation holds. Early mobilisation traffic light tool Major Incident Planning ICU 'Green team'</p>

	<p>Gloves off campaign Loccsip audit Skin Bundle audit Establishing PNA role/TIM tool</p>
<p>Wirral</p>	<p>“Without Gloves – a project that looked at the reduction of glove use on Critical care. Discharge checklist – a project that looked at criteria for ward discharge. Intubation teaching – a project that identified learning needs and education requirements for nurses around setting up for intubation. Welcome leaflet – developing an information leaflet about the unit for new staff. Introduction of TIM tool – introduction of the Team Immediate Meet (TIM) tool following a traumatic shift MUST compliance – audit and education to improve compliance of completing the malnutrition universal screening tool? Potassium replacement – an audit that looked at whether patients were receiving the most appropriate route of potassium and developing a poster to highlight when to give oral potassium. Newsletter – Consultant weekly newsletter that includes educational updates, news, and shout outs to staff.</p>

Appendix 3: LSIL year planner for 2023

January	February	March	April	May	June
<p>Submit core unit data by 31st January 2024</p>	<p>SILs Meeting 29th February 2024</p>	<p>Submit SILS projects for annual report by 31st March 2024</p> <p>CMCCN Retention survey 1st -31st March online survey</p>	<p>Submit Core Data Return 28th April 23</p>	<p>SILs Meeting 9th May 2024</p> <p>Relatives satisfaction surveys 31st May 2023 – Covid allowing</p>	<p>Observation of Care Audit</p>
July	August	September	October	November	December
<p>SILs Meeting 18th July 2023</p> <p>Submit Core Data Return 31st July 2024</p>		<p>CMCCN QI sharing Symposium 18th September 2024</p>	<p>Submit Core Data Return October 27th 23</p> <p>Observation of care audit</p>	<p>Relatives satisfaction surveys- 31st November 23 Covid allowing.</p>	<p>Sils Meeting 10th December 2024</p>

Acknowledgements

CMCCN wishes to thank all the CMCCN LSIL's in their assistance in producing this report and for all the serve improvement work they are involved in throughout CMCCN critical care units – this work makes a difference to patients, their loved ones, and the critical care teams.

This report has been submitted to the ODN Board for review in May 2024.

Contact Information for further information.

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