

# The Nursing Contribution to the provision of Comprehensive Critical Care for Adults:

A Strategic Programme of Action

To: Regional Nurse Directors
Trust Executive Nurse Directors
CEOs Workforce Development Confederations
Heads of Schools of Nursing and Midwifery

Copy: Regional Critical Care Leads
Chairs of Critical Care Network steering groups
Critical Care Network Nursing Leads
Critical Care Network Project Leads
Nurse Consultants in Critical Care

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# The Nursing Contribution to the provision of Comprehensive Critical Care for Adults: A Strategic Programme of Action

Since the publication of Comprehensive Critical Care in May 2000, Trusts have made good progress on implementation:

- NHS Trust-wide critical care delivery groups have been set up
- 50 critical care Consultant Nurse posts have been established
- Critical care outreach services have been established
- 29 critical care networks have been set up to promote collaboration across health communities

The attached Strategic Programme for Action has been developed in response to a call from Critical Care Practitioners and Managers for a framework that draws together national and local action into a coherent programme. It is envisaged that the Programme of Action will give direction for future work required to ensure that the nursing workforce in acute hospitals has the appropriate knowledge, skills and competencies to meet the needs of patients with acute and critical illness regardless of where they are nursed.

Although this programme provides direction for nursing, it should be read and worked through in the context of the multi-professional clinical team, with increasing emphasis on the development and leadership of clinical teams providing patient care.

An implementation group will facilitate, monitor and communicate progress on the implementation of the Strategic Programme of Action.

I am grateful for the advice provided by the Expert Nursing Advisory Group in the development of this work. If you require any further information, please do not hesitate to contact Julie Pearce, Nursing Officer for Acute and Specialist Services on julie.pearce@doh.gsi.gov.uk

Yours sincerely Sarah Mullally Chief Nursing Officer Date: 11 December 2001

# The Nursing Contribution to the provision of Comprehensive Critical Care for Adults

## A strategic programme of action

#### Purpose of the report

This report sets out a programme of action to help to secure the nursing contribution to the national critical care programme- Comprehensive Critical Care (2000)<sup>1</sup>. It has been developed in response to a call from critical care practitioners and managers for a framework that draws together national and local action needed or underway, that will improve the quality of care for patients.

The values underpinning the report reflect the importance of developing an integrated approach to the work of the clinical team, enabling the healthcare system to provide critical care based on patient need rather than on location.

It is envisaged that the programme of action will help critical care nursing leaders to ensure that the nursing contribution, so vital to the patients' and carers' experiences of critical illness, is effective in providing appropriate support to patients and relatives throughout the critical illness and beyond.

#### Introduction

- 1. Since the publication of Comprehensive Critical Care:
  - NHS Trust-wide critical care delivery groups have been set up
  - 50 critical care nurse consultant posts have been established
  - 104 Critical care outreach services have been established
  - 29 Critical care networks have been set-up to promote collaboration across health communities
- 2. The NHS Modernisation Agency is facilitating a two year improvement programme in support of the implementation of Comprehensive Critical care (2000). This has involved creating critical care networks to cover geographical areas. Each network has responsibility for planning and implementation of improvement projects in each trust within the network. The activity is co-ordinated and developed by a full-time project lead, and supported by part-time clinical leads. The overall aim of the improvement programme is to improve access, experience and outcomes for patients with potential or actual need for critical care.

- 3. To maintain the momentum and to fully realise the vision set out in Comprehensive Critical Care (2000), this plan sets out action needed to maximise the nursing contribution. It identifies five priority areas where continuing or further work is needed:
  - Service delivery and organisation of care
  - Clinical Effectiveness and Research and Development
  - Education, training, and workforce development
  - Career pathways, recruitment and retention
  - Leadership development at all levels
- 4. Each section has been developed as a statement of priority with action points. The action points have been further developed as an action plan, identifying more detailed areas of action with suggested timescales and responsibility as annex A. The report is inclusive of all specialties involved with adult critical care including medical, surgical, neurological, and cardiothoracic services.
- 5. The report builds on from the work of the expert nursing advisory group<sup>2</sup> that informed the development of Comprehensive Critical Care (2000)
- 6. A national implementation group will be established to facilitate, monitor and evaluate progress on this action plan.

#### **Priorities for Action**

### Service Delivery and Organisation of Care

"Critical care without walls is a patient need.....not a place!" (Comprehensive Critical Care, 2000)

- 7. Comprehensive critical care is the complete process of care for the critically ill and focuses on the level of care needed by individual patients and their families at any point during their illness. It is a 'whole systems' approach, and encompasses the needs of those at risk of critical illness, the needs of patients during the critical illness, and the needs of those who have recovered from such illness.
- 8. Effective organisation and delivery of a trust-wide service means that the right number of nurses with the knowledge and skills appropriate to the level of service is provided. Effective workforce planning, recruitment and retention and education and training are crucial to ensuring that the nursing resource matches demand.

## Meeting the needs of patients in ward and departmental settings

9. Patients experiencing critical illness have contact with health professionals in many health care settings. Nurses are often in the frontline of assessing patients and alerting other members of the healthcare team with regards to the severity of illness. Early recognition of the potential and actual deterioration in the patient's condition is essential, accompanied by an appropriate response for early intervention.

- 10. The use of an 'early warning system' appears to be a useful adjunct in supporting ward based nurses in the early recognition of critical illness.<sup>3</sup> This enables early referral for specialist assessment and intervention by other members of the clinical team, or to the critical care outreach services<sup>4</sup>
- 11. Access to work-based education and training is **essential** for ward and department nurses in ensuring that they are competent to assess and manage acutely ill patients who are at risk of deterioration.

  There are many examples of good practice where trusts are implementing multi-professional, competency-based training programmes for ward and department based staff.
- 12. Formal evaluation of early warning systems and their impact on patient outcome (mortality, morbidity, and adverse events) will be needed as part of future research priorities for critical care.

#### Critical care outreach services

- 13. Since the publication of Comprehensive Critical Care (2000) many trusts have established critical care outreach services. The purpose of the outreach service is determined locally and is seen as an important component of providing an integrated, hospital-wide approach to critical care services that extend beyond the physical boundaries of intensive care and high dependency units.
- 14. The main benefit of the outreach service is the provision of a specialist level of assessment and intervention within a ward or department setting. The essential characteristic is that the approach enables and supports ward based teams through education and training, guided support and intervention.
- 15. The outreach services are often led by a consultant nurse, and are staffed by nurses and allied health professionals who are competent to assess the level of care and intervention required by patients referred to them. The programme of care required by the patient may be delivered within a ward setting with intermittent support and advice by specialist nurses (level 1 care), or it may mean the transfer of care to a clinical area or unit providing level 2 and/or level 3 care.
- 16. The Department of Health is planning to develop guidance for NHS trusts to support the establishment and evaluation of critical care outreach services. This will identify different outreach service models tailored to meet specific clinical, educational and organisational needs. It will also identify the principles and standards needed to monitor and evaluate the effectiveness of outreach services in supporting an appropriate levels of care.
- 17. The environmental standards for critical care facilities are currently under review. NHS estates is developing new guidance that will replace the Hospital Building Note 27. The core themes will include important aspects such as location, space availability, infection control, security, health and safety, risk management, and access to appropriate support services. It is hoped that the new guidance will be published in 2002.

#### Partnership working with the independent sector

18. The Department of Health concordat<sup>5</sup> with the independent sector creates additional opportunities for collaborative working with the independent sector, not only in terms of optimising critical care capacity,

<sup>3</sup> It should be noted that early warning systems are in the early stages of evaluation

<sup>4</sup> It should be noted that outreach services are in the early stages of development and evaluation

<sup>5</sup> Department of Health and Independent Healthcare Association (2000) For the Benefit of Patients: A Concordat with the Private and Voluntary Health Care Provider Sector

but also in working to agreed standards for each level of care. The areas for collaboration may vary within each network, however, it is suggested that the following areas could be considered for joint working:

- Education and training
- Recruitment and retention through rotational programmes, secondments, joint appointments
- Benchmarking of clinical and organisational standards
- Leadership development

#### **Action points**

- Critical care nurse leaders should actively engage in the work of Critical Care Delivery Groups
  and Critical Care Networks to develop and agree a local action plan to secure the nursing
  resource required to deliver a comprehensive critical care service.
- Executive Nurse Directors should ensure that ward and department based nurses have access to competency-based education and training to ensure that nurses are able to provide level 0-2 care with appropriate specialist support.
- Critical Care Delivery Groups should monitor, through clinical audit, the effectiveness of early warning systems and critical care outreach services in identifying and meeting patients clinical needs.
- The Department of Health should explore the feasibility of commissioning formal evaluation of early warning systems and critical care outreach services.

#### Clinical Effectiveness and Research and Development

- 19. Nursing makes a fundamental contribution to alleviating the impact of critical illness in terms of the patient's experience and in preventing further deterioration and complications. Nursing supports the patient and their family in making the transition towards the restoration of health, and when it is accepted that survival is not possible, nursing supports the patient and family through the process of dying and the early stage of bereavement.
- 20. Critical care nurses have a strong orientation towards quality improvement linked to both service improvement and application of the growing evidence base underpinning critical care nursing practice. National guidance should be developed to support practice development and clinical governance activity in areas of practice that contribute positively to the patient's experience, including reducing the risk of complications.
- 21. This requires prioritisation of need for national guidance (appraisals, guidelines, and audit). The evidence suggests the priorities would include standards and guidance on:
  - Early warning systems and outreach services
  - Assessment and management of pain in the critically ill
  - Management of immobility and reduction of complications associated with immobility

- Assessment and management of Nutrition in the critically ill
- Assessment and management of fluid balance
- Management of weaning from artificial ventilation
- Psycho-social care of patients (and their carers) with critical illness and beyond
- 22. Nursing leaders within critical care networks should facilitate clinical benchmarking of clinical guidelines and standards, and the sharing of best practice across the network. The fundamental aspects of clinical practice identified within the Essence of Care programme (2001)<sup>6</sup> would be an appropriate starting point for clinical benchmarking as well as providing a toolkit for an appropriate approach.
- 23. It will become increasingly important to develop the research and development capacity within critical care nursing through education and training, and supporting nurses who want to develop a career pathway in research. The establishment of Consultant Nurse posts within critical care will help to provide the leadership and direction needed. A needs analysis is required to identify priorities for the commissioning of nurse-led research and development.

#### Action points

- Department of Health to undertake a structured prioritisation of guidance (appraisals, guidelines and audit) required to support evidence based practice.
- Nursing leaders within critical care should facilitate clinical benchmarking using the Essence
  of Care toolkit, to ensure sharing and development of best practice
- Executive Nurse Directors should support the development of research capacity of critical care nursing.
- Department of Health to undertake a needs analysis for the commissioning of nurse-led research and development.

## **Education and Training and Workforce Development**

### **Education and training**

- 24. The capacity and capability of Trusts to deliver comprehensive critical care services means that all staff should have access to appropriate education and training to ensure that they have the appropriate level of knowledge, skills and are competent. Therefore, there is a need to develop a learning culture where a philosophy of life-long learning becomes the norm and both individuals and teams constantly strive for clinical effectiveness. The role and profile of clinical /professional supervision should be heightened, and the role of the practice educator established to facilitate learning within clinical practice.
- 25. Making a Difference (1999)<sup>7</sup> identified the need to reform the outcomes from pre-registration education programmes, and from this arose the UKCC's *Fitness to Practice* proposals. Critical Care Nurse leaders in

<sup>6</sup> Department of Health (2001) Essence of Care Toolkit

<sup>7</sup> Department of Health (1999) Making a Difference: Strengthening the nursing, midwifery, and health visiting contribution to health and healthcare

- practice and education have a key role to play in ensuring that the reforms to pre-registration education programmes accommodate sufficient theory and clinical experience in acute and critical care.
- Newly qualified nurses, and other nurses working in acute care and critical care need to have the building blocks of knowledge and skills required to enable them to become competent in identifying, assessing and acting upon early warning signs of deterioration in acutely ill patients. Access to competency-based education and training delivered within the workplace should be made available. The competencies should link directly with the level of care (0-3) provided within each clinical setting.
- 27. The Audit Commission report (1999)<sup>8</sup> demonstrated that there is a shortage of nurses who have undertaken specialist education and training in critical care nursing. The critical care nursing advisory group acknowledged that the post-registration specialist education and training in the form of existing specialist modular courses has not achieved consistency in the content, standards, learning outcomes, and academic credit awarded.
- 28. The English National Board for nursing, midwifery and health visiting commissioned the University of Brighton to undertake a study to evaluate the effectiveness of the educational preparation for critical care nursing. It is anticipated that the evidence from the research will provide a framework of core competencies. These core competencies could be used to achieve greater consistency in the content, standards and learning outcomes for specialist education and training programmes. The report will be published in spring 2002.
- 29. The commissioning of general and specialist education and training programmes should be based on the competencies required to support the levels of care provided in different locations. Workforce Development Confederations and providers of higher education will need to review the content, standards and learning outcomes of specialist programmes in the light of evidence produced from the English National Board Study. Increasingly the emphasis will be on multi-professional education and training, and development of the clinical team.
- 30. Some Trusts in partnership with Workforce Development Confederations have already developed competency-based education and training programmes, this experience and expertise should be disseminated and shared to encourage consistency.
- Many trusts have started to develop and establish the role of practice educators to support and facilitate the delivery of work-based education and training, and structured supervised practice. These are posts that are based in clinical practice but have a strong relationship with the local higher education provider. The posts are seen as part of the infrastructure required to effectively support work-based learning.

#### **Action points**

- Critical care nursing leaders within practice and education should review pre-registration
  education programmes to ensure that students are exposed to sufficient theory and clinical
  practice to enable them to become competent as newly qualified nurses in the assessment of
  acutely ill patients.
- Executive Nurse Directors in conjunction with Workforce Development Confederations should
  ensure that workforce development plans identify the number of nurses and the level of
  competence required to deliver the service

<sup>8</sup> Audit Commission Report (1999) Critical to Success: the place of efficient and effective critical care services within the acute hospital, London

- Executive Nurse Directors and Workforce Development Confederations should ensure that all
  nurses working in critical care, wards and departments have access to competency-based
  education and training to ensure fitness for purpose for the level of care
- Department of Health to explore the feasibility of developing a national strategic approach to
  post-registration education and training to support an explicit clinical career pathway in critical
  care nursing.

#### Staffing levels and skill mix

- 32. The level of staffing and skill mix required to care for the critically ill should be based on patient need and level of dependency rather than determined by the number of beds within a unit (Comprehensive Critical Care, 2000). It is recognised that there is a lack of empirical evidence to link the level of nursing resource, including staffing level and skill mix, with patient experience and patient outcome. Patient dependency models have not yet been validated for use in critical care to reflect nursing workload and therefore the level of nursing resource required.
- 33. The latest UK development is the System of Patient Related Activities (SOPRA) which shifts the focus from the number of interventions to activities related to the total care of patients and their families (ICNARC, 1999). The model should be used in pilot areas across a small number of critical care networks to test face validity prior to any further empirical study and comparison with other models and tools.
- 34. Patients who are assessed as needing level 2 or level 3 care will require continuous or intermittent but regular observation, care, and intervention provided by the clinical team. This should include access to a registered nurse with specialist training in critical care nursing who will provide the lead for nursing care, and co-ordinate the treatment and care provided by the clinical team. Registered nurses with specialist training in critical care will also provide supervision to registered nurses who have not yet completed specialist training. They may also provide supervision to other members of the clinical team who have not completed specialist education and training.
- 35. As different models and organisation of critical care emerge, for example as outreach services are established or new roles in critical care emerge, it is envisaged that the current model and profile of staffing within critical care services may change.
- 36. The overall focus should be on developing effective clinical teams; reviewing the way that care is organised, and developing strategies for achieving clinical/professional supervision, providing leadership, advice, and coaching for nurses and other members of the clinical team who have not yet completed specialist education and training.
- 37. The contribution to patient care made by the registered nurse with specialist education and training in critical care should be optimised. This may mean that where appropriate the role is expanded to ensure that patient care is delivered in a safe and timely way, and makes the best use of the knowledge, skills and competencies of all members of the clinical team.
- 38. The critical care team should be appropriately supported by administrative, cleaning, housekeeping and portering services.
- 39. A strategic approach to workforce design for critical care should be developed for meeting future provision. The first stage will be to undertake detailed mapping of skills and processes within the clinical team. Alternative workforce models may emerge, and should be applied and evaluated. For example,

some trusts have identified a role for the critical care assistant prepared to NVQ level 3 to support the critical care team. Other trusts have expanded the role of technicians, allied health professions and paramedical staff. It is unclear at this stage the impact that alternative models will have on the overall shape of the workforce required for future provision.

#### **Action points**

- Department of Health will evaluate current nursing dependency tools for critical care to test for face validity and inter-rater reliability prior to any further empirical study
- Department of Health- changing workforce programme in conjunction with a Workforce Development Confederation to take a lead on exploring alternative models for staffing the future provision of critical care services.

#### Career Pathways, Recruitment and Retention

- 40. Recruiting and retaining nurses who have, or have the desire to develop the skills needed to deliver a comprehensive critical care service are crucial. It is increasingly important to demonstrate that critical care nursing is an attractive career choice, with clear pathways and opportunities for development, specialisation and career progression for those who want it, and continuing professional development to enable all nurses to maintain and refresh their knowledge and skills.
- 41. Retaining nurses in critical care is vitally important and should demand as much attention and energy as the work involved in improving recruitment. Retention relates directly to working conditions and opportunities for development. The elements that will support retention include:
  - Flexible working and an ability to balance work and home life. Implementation of the *Improving Working Lives* (2001)<sup>10</sup> standards will support this aspect
  - Opportunities for role expansion and more autonomy in clinical decision making
  - Building time into job roles for service and clinical development including practice development, education and training, audit and research
  - Competent and well developed clinical leaders
  - Clinical career pathways in acute and critical care nursing with opportunities to work across
    organisational boundaries e.g. secondments to outreach services or rotational posts or
    secondments to other critical care services with networks
- 42. A new career framework, linked to the Government's proposals to modernise the NHS pay system, was set out in *Making a Difference* (Department of Health, 1999)<sup>11</sup>. The proposed career framework has much to offer critical care nursing and has the potential to provide greater clarity and coherence for workforce planning, commissioning education and training, and planning future services.
- 43. Discussions are underway at national level to establish a new pay system to replace clinical grading and to reward people for the jobs they do and the responsibilities and competencies they need to deliver the

<sup>10</sup> Department of Health (2001) - Standards for Improving Working lives

<sup>11</sup> Department of Health (1999) Making a Difference: Strengthening the nursing, midwifery, and health visiting contribution to health and healthcare

- service. This will provide the operational basis for the proposed career framework. It is envisaged that the career pathway will be developed alongside the detailed work of developing a national framework for education and training. This detailed work will need to be undertaken within the specialist field of practice.
- 44. In critical care, the framework might be developed to incorporate a range of jobs differentiated by experience, competencies, qualifications and responsibilities needed to deliver a comprehensive service, for example:
  - **Critical care assistants** with appropriate competency-based training would provide a defined level of care under the supervision of registered practitioners. The appropriate training in the foundations of critical care might be able to undertake a defined range of clinical interventions, and who, subject to attainment of recognised vocational qualifications e.g. NVQ level 3 or a Foundation degree and experience, might fast-track professional training.
  - **Registered practitioners** including a) registered practitioners with limited experience of critical care who are ward based and must be educated (during pre-registration training and post-registration top-up study using transferable core competencies) to a level that enables them to provide non-specialist assessment and care and the knowledge of when and how to refer the patient on for specialist assessment and care; b) registered practitioners who have moved into a critical care service and are undertaking a work-based learning plan to access specialist critical care nursing training; and c) those who have achieved a specialist qualification and routinely use specialist knowledge, skills, and competencies, and provide supervision to others.
  - **Senior registered practitioners** are competent specialist practitioners who have a minimum of four years experience in the specialist field, and hold senior positions including sister/charge nurse, clinical nurse specialist, critical care network lead nurse, lecturer/practitioner, practice educator, practice development facilitator, and some clinical management posts.
  - **Consultant practitioners** are senior registered practitioners with considerable specialist experience and expertise and a level of professional competence that is recognised as a 'higher level of practice' (UKCC). These roles are designed to combine expert practice with significant professional leadership, consultancy, education, research, and service development functions.
- This typology does not imply an absolute hierarchy since in pay terms there will be overlaps to accommodate differences in the weight and responsibilities associated with particular jobs. There will also be parallel career pathways into education, research, and service management.

#### Action point

 Department of Health and nursing leaders within the specialist field of practice to explore the feasibility of developing a strategic approach to critical care nursing career pathways alongside the development of a national framework for post registration education and training in critical care

## Leadership Development at all Levels

46. Effective nursing leadership is essential to providing high quality critical care services. Staff morale and motivation, retention and recruitment, professional development, quality improvements, service efficiency and effectiveness depend significantly on the style and quality of nursing leadership at the frontline. Leadership and effective human resources policies including individual performance review

and personal development planning are key mechanisms to enable a culture of learning and effectiveness to be established.

- 47. Current critical care nurse leaders should ensure that there is a comprehensive approach to leadership development including access to Leadership in Empowered Organisations (LEO) and Royal College of Nursing clinical leadership programmes. The principles of action learning and continuous clinical/professional supervision enable change in practice to result. Critical care nursing networks and trust based nursing networks should help to create the conditions and opportunities for the next generation of clinical leaders to develop and flourish. Networking, succession planning, shadowing, coaching, mentoring are all essential elements of a comprehensive approach to leadership development.
- 48. The Modernisation Agency Leadership Centre has been working with the critical care modernisation programme to look at the future leadership needs of clinicians working in critical care. The provision of effective critical care services require teams who think in terms of an integrated service not only beyond the walls of critical care units, but beyond the hospital in the form of networks. The skills and competencies required for the future will include systems working, redesign and change management. A framework is currently being piloted within the Eastern Region to enable clinicians to access a common leadership programme, alongside components of the programme that recognise the contribution of nursing to leadership of critical care services.
- 49. Finally, it is essential that critical care nurses, who contribute at national level, are well informed and properly supported. They need to be able to draw on critical care nursing networks to ensure that important issues are identified, raised and addressed. Data bases of key people within the field of critical care, including Consultant Nurses and network lead nurses should be established to advise and support those contributing at a national level, and to influence future policy.

#### Action points

- Executive Nurse Directors should ensure that there is access to leadership development for critical care nurses
- Department of Health to establish databases and support mechanisms for leaders within the field of critical care nursing
- Department of Health to establish an implementation group to facilitate, monitor and evaluate progress on the implementation of this strategic programme of action

#### Conclusions

- 50. Comprehensive Critical Care (2000) is achieving a positive change in the policy, principles, and provision of critical care services based on patient need rather than on location.
- The Nursing contribution to implementation of the policy and improving the quality of patient care is part of the work of clinical teams, managers, and networks. It is hoped that the report and action plan will continue the momentum of change, act as a catalyst for further change, and ensure that the nursing contribution to the provision of effective patient care is recognised and valued.

## Annex A

# Strategic programme for action: critical care nursing report

Recommendation	Suggested action	Suggested time-scale	Responsibility
Organisation and delivery of	services		
1. Critical care nurse leaders should be actively engage in the work of Critical Care Delivery Groups and Critical Care networks to develop	<ul> <li>Local review of membership and clarification of roles and responsibilities of all involved</li> </ul>	January 2002	Executive Nurse Directors and Critical Care Nursing leaders
and agree a local action plan to secure the nursing resource required to deliver a comprehensive critical care service	<ul> <li>Local review of the critical care nursing networks to clarify membership, purpose and work programme</li> </ul>	January 2002	
	<ul> <li>Development of local action plan</li> </ul>	March 2002	
2. Executive Nurse Directors should ensure that ward and department nurses have access to competency-based education and training to ensure that nurses are able to provide level 0-2 care with appropriate specialist support	<ul> <li>Establish local competencies for newly qualified nurses and ward based nurses</li> <li>Disseminate competencies and model of work based education and training through critical care networks</li> </ul>	March – September 2002	Executive Nurse Directors and nursing teams through Workforce development Confederation
	<ul> <li>Review funding and access to education and training</li> </ul>	September 2002 – March 2003	
3. Critical Care delivery Groups should monitor, through clinical audit, the effectiveness of early warning systems and critical	<ul> <li>Review the use of early warning systems and outreach services in the light of DH guidance to be published in 2002</li> </ul>	January – March 2002	Critical Care Delivery Group and lead clinicians of outreach services
care outreach services in identifying and meeting patients' clinical needs and reducing clinical risk	<ul> <li>Agree programme of clinical audit to monitor and evaluate outcome and trends</li> </ul>	April to December 2002	
	<ul> <li>Disseminate findings via critical care networks</li> </ul>	January – March 2003	
4. The Department of health should explore the feasibility of commissioning formal evaluation of early warning systems and critical care outreach services	Review the literature, and all levels of evidence (including expert knowledge) to support commissioning of further research	January 2002 – January 2003	Department of Health

Recommendation	Suggested action	Suggested time-scale	Responsibility	
Clinical Effectiveness and Research and Development				
5a Department of health to undertake a structured prioritisation of guidance (appraisals, guidelines, and standards) required to support evidence based practice	<ul> <li>Map of guidance that would support evidenced based practice, and make a positive contribution to patient experience, or reduce risk of complications</li> </ul>	September 2002 – September 2004	Department of Health  National Institute of Clinical Excellence	
	<ul> <li>Prepare proformas to propose guidance to be considered for the NICE work programme.</li> </ul>			
<ul><li>b. Nursing leaders within critical care should facilitate</li></ul>	<ul> <li>Review of the literature, and all levels of evidence (including expert knowledge) to support proposals for guidance, or the commissioning of further research</li> </ul>	September 2003 – 2005		
clinical benchmarking using the Essence of Care toolkit, local clinical guidelines and standards, and the sharing of best practice	<ul> <li>Disseminate, implement and follow-up with a programme of audit, evaluation, benchmarking and monitoring of clinical governance activity</li> </ul>	March 2002 onwards	Critical care Nursing leaders  Commission for Health Improvement	
6. Executive Nurse Directors should support the development of the research capability of critical care nursing	<ul> <li>Review of training needs for nurses in critical care to improve – research awareness</li> <li>Develop and implement a research strategy with Nurse Consultants and others actively involved in research</li> </ul>	September 2002 – March 2003	Executive Nurse Directors with Consultant Nurses, and others actively involved in research	
7. Department of Health to undertake a needs analysis for the commissioning of nursing-led clinical research and development	<ul> <li>Map the priorities for nurse-led research based on review of the literature and expert knowledge, particularly linking care practices and interventions to patient outcome</li> </ul>	March 2002 – March 2003	Department of Health	
	<ul> <li>Prepare proposals to be considered for funding by the R&amp;D programme</li> </ul>	March 2003 – March 2005		

Recommendation	Suggested action	Suggested time-scale	Responsibility		
Education, training, workforce	Education, training, workforce development				
8. Critical Care Nursing Leaders within practice and education should review pre-registration programmes to ensure students acquire	<ul> <li>Review pre-registration programme, curriculum and pattern of clinical placements</li> </ul>	March 2002 – September 2002	Critical Care Nursing leaders		
the competencies required in the assessment of acutely ill patients	<ul> <li>Make any adjustments required to both components of theory and clinical practice.</li> </ul>	September 2002 onwards			
9. Executive Nurse Directors in conjunction with Workforce development Confederations should ensure that workforce	<ul> <li>Review the number of nurses and skill mix required to provide a comprehensive critical care service (levels 0-3 care)</li> </ul>	March 2002 – September 2002	Executive Nurse Directors through Workforce Development Confederation		
development plans identify the number of nurses and level of competence required to deliver the service	<ul> <li>Develop workforce plans to reflect the requirement including the infrastructure to support pre-registration and post- registration students</li> </ul>				
10. Executive Nurse Directors and Workforce Development Confederations should ensure that all nurses working in critical care,	<ul> <li>Establish local competencies for newly qualified nurses, ward and critical care based nurses</li> <li>Establish local</li> </ul>	March 2002 – September 2002	Executive Nurse Directors through Workforce Development Confederation		
wards and departments have access to competency-based education and training to ensure fitness for purpose	competencies for specialist education and training				
	<ul> <li>Review funding and access to training</li> </ul>	September 2002 – March 2003			
11. Department of Health to explore the feasibility of developing a national strategic approach to post-registration education and training to support explicit clinical pathways in critical care nursing	DH to work alongside nurses in clinical practice, Higher Education providers, and Workforce Development Confederations to develop a national approach to specialist education and training in critical care	September 2002 – September 2004	Department of Health with Critical care nursing leaders, Professional bodies and Associations, Higher Education, Workforce Development Confederation leads		

Recommendation	Suggested action	Suggested time-scale	Responsibility
Staffing levels and skill-mix			
12. Department of Health to commission an evaluation of current nursing dependency tools for critical care to test for face validity and inter-rater reliability prior to any further empirical study	<ul> <li>Dependency tools to be identified and evaluated across a small number of critical care networks</li> <li>Evaluation to indicate validity and reliability, and applicability in predicting nursing workload and level of resource required</li> </ul>	January 2002 – January 2003 January 2003 – January 2004	Department of Health
13. Department of Health (changing workforce programme) to work with a Workforce Development Confederation to explore alternative models for staffing the future provision of critical care services	<ul> <li>Undertake detailed mapping of current skills, competencies, and care pathways</li> <li>Identify alternative workforce models designed around meeting the needs of critically ill patients</li> <li>Optimise the contribution made by critical care nursing to patient care</li> <li>Implement and evaluate pilot sites</li> </ul>	March 2002 – March 2003 March 2003 – March 2004	Department of Health and identified Workforce Development Confederation
Career Pathways			
14. Department of Health and nursing leaders within the specialist field of practice to explore the feasibility of developing a strategic approach to career pathways in critical care nursing alongside the development of a national framework for post-registration education and training in critical care	<ul> <li>Review the strategic approach in 'Making a Difference' and identify the future options for career pathways in critical care clinical practice, education, management and research</li> <li>Link the strategy to the competency based approach to education and training, and career progression</li> <li>Explore the implications for future regulation of critical care nursing</li> </ul>	September 2002 – September 2004	Department of Health and Critical Care Nursing Leaders

Recommendation	Suggested action	Suggested time-scale	Responsibility
Leadership development at a	II levels		
15. Executive Nurse directors should ensure that critical care nurses have access to leadership development	<ul> <li>Develop a local strategy for leadership development in critical care across the network</li> <li>Identify the infrastructure needed to support leadership development</li> <li>Evaluate the effectiveness in relation to patient care, performance of the clinical team, and retention of staff</li> </ul>	March 2002 – March 2003	Executive Nurse Directors with lead nurses  Modernisation Agency  -critical care leadership programme
16. Department of health to establish data base of nursing leaders within the field of critical care nursing	<ul> <li>Information collated and validated by local networks and professional associations</li> <li>National data-base established and regularly updated</li> <li>Support mechanisms for Nurse Consultants and network nursing leads to be identified and established</li> </ul>	January 2002 – March 2002	Department of Health  Modernisation Agency and professional associations
Implementation			
17. Department of Health to establish an implementation group to facilitate, monitor and evaluate progress	<ul> <li>Membership of implementation group to be identified and agreed</li> <li>Terms of reference and work programme to be agreed by the group</li> <li>Monitor progress of implementation</li> </ul>	Establish January – March 2002 Annual Review	Department of Health

#### Annex B

## Membership of External Nursing Advisory Group

Sheila Adam, Nurse Consultant, Critical Care, NW London Hospitals NHS Trust

Jonathan Asbridge, Chief Nurse, Barts and the London NHS Trust

Carol Ball, Nurse Consultant, Critical Care, Royal Free Hampstead NHS Trust

Andrew Brogan - previously Regional Office Lead, NW Regional Office

Dianne Conduit, Clinical Governance, Trent Regional Office

Maureen Coombs, Consultant Nurse, Southampton University Hospitals NHS Trust

Claire Dascombe – previously Plymouth Hospital NHS Trust

Deborah Dawson, Senior Nurse/Business Manager, St George's Healthcare NHS Trust

Ruth Endacott, Independent Critical Care Advisor, Devon

Julie Hartley-Jones, Chief Nurse, Oxford Radcliffe Hospitals NHS Trust

Peter Lovett, Education Officer, English National Board, Chester

Elaine Inglesby, Director of Nursing, Stockport NHS Trust

Verity Kemp, Independent Critical Care Advisor, Reading

Sue Macfarlane, Regional Intensive Care Audit Co-ordinator, Partnership for Developing Quality, Birmingham

Kim Manley, Head of Practice Development Unit, Royal College of Nursing, London

Jane Marr, Director of Adult & Children's Nursing, English National Board, York

Mandy Odell, Nurse Consultant, Critical Care, Royal Berkshire NHS Trust

Kate Phipps, Director of Workforce Planning & Nursing, Eastern Regional Office

Katrina Neal, Professional Officer, United Kingdom Central Council for Nursing, London

David Thompson, Professor of Nursing, University of York



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