IMPROVING SERVICES TO PATIENTS THROUGH ONGOING DEVELOPMENT OF CRITICAL CARE TEAMS

A PROJECT REPORT

A report commissioned by the Department of Health (England)

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1. INTRODUCTION

The Department of Health commissioned this project (early 2004) to develop a framework for adult, patient centred, critical care team competencies across England. As a result of wide consultation and collaborative working, a number of organisational and team tools and frameworks have been developed to help critical care teams to measure their performance and continue to develop their effectiveness in providing patient-centred services, as well as celebrating achievements. The quality standards developed from this work have informed the development of Quality Critical Care: beyond ‘Comprehensive Critical Care’ (2005) and also ongoing work of Skills for Health (www.skillsforhealth.org.uk) in the development of workforce competency frameworks across the UK.

The content of the report, the tools and frameworks will be useful to Strategic Health Authorities, critical care teams, people who use critical care services and individual practitioners, in helping them to identify key standards considered necessary for effective critical care services. However, the report will also be of interest to all those with an interest in critical care service development.

A user participant’s view of effective critical care:

“…where teams of staff work across whole communities to get patients on the right track to leading a normal as possible life again”

It is envisaged that critical care teams will use the products of this report for exploring collaboratively how they work together as a team and how they interact with key stakeholders as well as contribute to service development. Specifically the products will enable critical care teams to:

- assess their local critical care services and team capability
- develop and refine evidence of meeting standards
- inform a plan for development work
- monitor and benchmark their progress
- implement new ways of working

Teamwork

It has long been recognised that outcomes of health care services are not dependent on single professional groups but are a product of team working (Senge, 1990; Borrill et al, 1999; Kennedy, 2001). In relation to critical care, the links between patient outcome and teamwork are strong enough to justify using strategies to improve teamwork and collaboration (Whelan, Burchill & Tillin, 2003), as well as culture and communication (Audit Commission 1999; Shortell et al 1994), with its potential impact on staff retention, staff effectiveness and patient outcomes.
The use of the word team is a broad spectrum term aimed to include all health care professionals working collaboratively to provide critical care. Mohrman et al’s (1995) definition of a team is:

*A group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishment and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member.*

2. THE PROJECT

The project aimed, ‘to develop team competencies/standards and indicators for adult person-centred critical care services within England’. The focus was a whole systems approach to developing tools that organisations and critical care teams can use to improve services to patients, rather than to assess individual capability.

The project aimed to identify the essential clinical competencies and areas for staff development that would contribute to the effectiveness of a critical care team in providing a comprehensive and high quality critical care service.

The project objectives were to develop a competency framework for adult critical care teams, to integrate clinical competencies currently existing and to develop indicators of team effectiveness.

**Competence**

The project intention was to develop a framework, identifying a range of competencies required by critical care teams, to deliver effective critical care services for their specific contexts. That is, all the competencies necessary to provide person centred critical care service to ensure patients’ experience seamless care and a patient journey where the right people are in the right place, with the right competencies, at the right time.

This project was not about promoting the concept of a generic worker, as no single generic role could provide all the competencies required for effective care to be delivered. It was more about enabling individuals within their teams to identify which competencies they would provide, how these complemented others within their teams and identifying gaps that needed to be filled, through new ways of working.

Many different approaches have been used to explore competency (Box 1), even the way it is spelt is influenced by the different schools of thought. Skills for Health describe competence frameworks as: the range of work activities needed to deliver services for part or all of an occupational sector or organisation (2004a:6)
Box 1: Examples of three different competency models

<table>
<thead>
<tr>
<th>Competency Model</th>
<th>FOCUS</th>
<th>EXAMPLE DISCOURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTCOME</td>
<td>Actions in the workplace, informed by knowledge and skills required</td>
<td>Assess, review, diagnose, respond, provide, identify etc.</td>
</tr>
<tr>
<td>EDUCATIONAL</td>
<td>Knowledge and understanding needed</td>
<td>Demonstrate understanding, awareness, logical thinking, principles underpinning, explanation</td>
</tr>
<tr>
<td>PERSONAL TRAIT</td>
<td>An individual's personal qualities and characteristics linked to best performance/expertise</td>
<td>Identifies and prioritisation of complex situation, identifies new patterns</td>
</tr>
</tbody>
</table>

It is recommended that the framework arising from this project focuses on an outcomes model, in relation to competency statements and performance indicators, so as to be consistent with the Knowledge and Skills framework (DoH 2004) which applies to all health care staff, thus providing a consistent framework for critical care UK-wide.

The rapidly changing political context was recognised during the project as having an impact on the project objectives, which included the appointment of Skills for Health – the official agency working for the NHS with regard to competency and the notion of ‘critical care without walls’ with its focus on three levels of critical care.

Five interim recommendations arising from the first consultation phase were outlined in relation to working with Skills for Health in the development of workforce competency frameworks across the UK. One of these recommendations included mapping the critical care themes emerging from the project against the Emergency, Urgent and Scheduled Care Workforce Competency Framework (EUSC) (Skills for Health 2004).

**Project methods and processes**

The methods used in the project were underpinned by the principles of: involving as many stakeholders linked with critical care services as possible (including users and patients); enabling participation and ownership; and developing a common vision.

Methods and processes used included values clarification (Warfield and Manley 1990); concerns, claims and issues (Guba & Lincoln 1989); the compilation and analysis of existing competency frameworks and, a systematic review of the literature on indicators of team effectiveness in relation to critical care. A detailed audit trail of the work has been collated into a publication supporting this report – an outline of which is provided in Appendix II.

These qualitative approaches are designed to ensure that every participant has an opportunity to express their beliefs about critical care and to ensure that they have the continued opportunity to feed into the process, thus clarifying and refining the output/outcomes at several points during the process.
It was recognised that competency frameworks were already in existence and used in hospitals and universities and so the project drew on these frameworks as well as a systematic review of the literature on indicators of team effectiveness.

**Participants**

The project engaged sixty different stakeholder groups. A designated facilitator was identified for larger stakeholder groups to achieve as much engagement as possible across their organisations. A total of 301 individuals from 166 organisations across many different disciplines have contributed to the project (Appendix 1).

3. DEVELOPING STANDARDS FOR CRITICAL CARE SERVICES

The following standards, together with clarity of purpose about critical care services, emerged from project participants’ contributions. A detailed audit trail is provided in the supporting publication.

The purposes of critical care services are outlined in Box 2. Critical care has multiple facets and the clarification of a common agreed purpose offers an opportunity for commissioners (purchasers) and providers of the service to be clear about expectations and vision of service delivery.

<table>
<thead>
<tr>
<th>Box 2: The ultimate purposes of critical care services as derived from the analysis were to:</th>
</tr>
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<tbody>
<tr>
<td>• provide care that is focused around the patient and their needs</td>
</tr>
<tr>
<td>• save life, prevent critical illness and enable a dignified death where appropriate</td>
</tr>
<tr>
<td>• provide quality care; care that is evidence-based, timely, accessible and appropriate</td>
</tr>
<tr>
<td>• support relatives and carers during the patient’s critical care experience</td>
</tr>
</tbody>
</table>

Nine standards are presented, designed to be used as tools to assist critical care teams to continue to develop their service to meet the needs of users in a changing context, as well as to celebrate achievements.

**Recommendations for use**

The standards will assist commissioners and providers to identify the breadth and depth of the criteria which need to be applied in assessing the fitness for purpose of critical care services and ensuring continued service improvement.

These standards will not make a difference to patient care unless they are used to engage team members in action. Key factors in their use, as with the implementation of other sources of evidence, include the availability of skilled facilitation in the workplace and also a culture of effectiveness (Rycroft-Malone, 2004; Manley, 2004; Flood, 1994). An effective workplace culture is one that values and supports the contributions of all

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members of the interdisciplinary team involved directly or indirectly with the provision of critical care services (Manley 2004).

One recommendation for using the standards is in team discussions or local shared governance forums with regard to: what evidence exists to demonstrate the standards are being met, and whether the team continues to make a difference to patient care.

The development and identification of a range of national indicators and measures for each standard may provide a helpful resource for critical care teams to complement those indicators that emerge and are relevant locally. This resource would also enable the sharing of good practice both nationally and across networks.

The standards will assist commissioners and providers to identify and support the continued development of effective critical care services. In addition, they will help critical care teams to evaluate their services by acting as a catalyst for discussion and development as well enabling evidence to be collected to meet the Health Care Commission core and development standards (DoH 2004)

A pilot is recommended to refine the standards further, in tandem with the identification and/or development of appropriate indicators and examples of best practice.

**Standards for critical care services**

**STANDARD 1: PATIENT-CENTRED CARE**

Critical care teams keep the patient at the centre of their care by; valuing and treating patients as individual people, enabling them to make choices about their own care and rehabilitation wherever possible, organising care across different interfaces (locally and nationally) from the perspective of the patient’s journey and providing continuity of care across interfaces.

**STANDARD 2: STAFF EMPOWERMENT, SUPPORT AND DEVELOPMENT**

Critical care teams continuously engage, support and develop all their staff so that they become empowered, sustain their motivation, and possess the knowledge, skills and competencies\(^1\) necessary to provide clinically effective and person-centred services.

**STANDARD 3: EVIDENCE-BASED APPROACHES, MONITORING AND EVALUATION**

Critical care teams use evidence-based approaches, evidence-based tools and therapies to inform their clinical and non-clinical decisions and activities in tandem with continuous quality improvement through clinical audit, monitoring and evaluation to provide safe and effective care.

**STANDARD 4: EARLY WARNING SYSTEMS AND OUTREACH SYSTEMS**

Critical care teams use early warning and early intervention tools and systems in conjunction with outreach services across interfaces in the patient’s journey seamlessly.

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\(^1\) Competencies are proposed in relation to the emerging competency framework outlined in this report
STANDARD 5: DEVELOPING EFFECTIVE TEAMS AND A CULTURE OF SHARED CLINICAL GOVERNANCE
Critical care teams are effective interdisciplinary teams with clear individual roles and members who share knowledge, skills, best practice and learning through systems that enable shared clinical, education and research governance; individual, and team accountability; risk analysis and management.

STANDARD 6: LEADERSHIP AND CULTURE
Critical care teams value leadership, the subsequent development of a common shared vision and the creation of an effective workplace culture, one where there is openness, mutual challenge and support, and one that strives to remove the barriers to providing effective person-centred care, one that encourages positive change and innovation.

STANDARD 7: FLEXIBLE SERVICE PLANNING
Critical care teams have in place mechanisms that enable flexible and collaborative service planning approaches informed from continuous evaluation and monitoring of service outcomes and feedback from all stakeholders across the patient’s journey.

STANDARD 8: EFFECTIVE COMMUNICATION SYSTEMS
Critical care teams are characterised by effective communication systems both within its own team, with patients and users, within the hospital or trust in which it operates and with local clinical networks that support service planning, delivery and improvement as well as with all other stakeholders involved with the patient’s journey.

STANDARD 9: USING RESOURCES EFFECTIVELY
Critical care teams access, use, manage and evaluate their resources (staff, equipment, technology) through transparent and shared clinical governance mechanisms to ensure that resources are used effectively.

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2 Indicators of team effectiveness will complement this standard and are outlined in section 5 of this report.
4. DEVELOPING A COMPETENCY FRAMEWORK

Fifty-seven competency frameworks were submitted to the project from a total of thirty-six different organisations. A vast majority of these used an educational competency model, mixed with an outcome model approach (refer again to box 1).

Two sets of data analysis were used to generate overarching themes for informing the development of the critical care competency framework. These were analysis of clinical content of the competency frameworks submitted, and analysis of interventions arising from the values clarification exercise. These were also mapped against the *Emergency, Urgent and Scheduled Care (EUSC)* Competency Framework.

**Box 3:**

**Competency framework:**
Three levels of critical care

![Diagram of competency framework showing three levels: The critical care environment, 3 levels of critical care, and Outreach & follow-up, with detailed categories within each level.]
Box 3 outlines a proposed competency framework for critical care services focused on delivering the three purposes of critical care previously identified (Box 2), organized around the three levels of critical care as described by DH 2000, and ICS 2002. The framework identifies the knowledge and skills needed at each level. This framework is complementary to that of the EUSC framework, although key specific competency units have been identified from this project that are currently absent or under-developed within the EUSC framework.

Units of competence that would need to be developed from expertise already in existence, identified from the analysis of current competency frameworks, are identified in Box 4.

**Box 4: Proposed Units of competence requiring development from existing expertise**

- Body systems related assessment and investigation levels 1-3
- Deliver level 1 interventions accordingly:
  - monitor the individual who could potentially become critically ill
  - act on monitoring
  - Manages therapeutic interventions and regimens (at level 1 )
  - Evaluates and responds to rapidly changing situations (at level 1)
- Deliver level 2 or level 3 interventions accordingly:
  - monitor the individual requiring (level 2/3) interventions
  - act on monitoring
  - manages therapeutic interventions and regimens (at level 2/3) critical care
  - evaluates and responds to rapidly changing situations (at level 2/3)
- Rehabilitation
- Support the critical care process and critical care environment
- Outreach and follow-up
- Organ transplant and donor liaison
- The dying patient
- Transfer between hospitals

The EUSC framework focuses on the following broad functions:

a) assessing, prioritising and directing individuals presenting for critical care services

b) integrating comprehensive patient assessment and interpretation

c) planning, providing and evaluating critical care intervention, and

d) planning, providing and evaluating post critical care interventions.

Preliminary discussions have taken place with Skills for Health in relation to:

- Taking forward the development of the critical care workforce framework that draws on many of the units of competence already within the EUSC framework.
- Developing a number of specific units linked to the three levels of critical care that draws on the resources identified within this project and the good work already existing.
Box 5 offers an example of one of the participating organisations’ competency frameworks (www.london.nhs.uk/lscn), submitted as part of the project. It is used only as an example, whilst all other submissions are catalogued in the supporting publication to this report. This work is now being taken forward by Skills for Health.

**Box 5: Example competency framework submitted by participating organisation**

<table>
<thead>
<tr>
<th>Focus</th>
<th>Critical Care Levels 1-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession(s) /origin</td>
<td>Nursing</td>
</tr>
<tr>
<td>Concept Framework</td>
<td>2 linked frameworks coming from opposite perspectives: 1. Levels of care 1-3 linked to body systems, general patient care, professional care 2. Body systems, general patient care and professional activity linked to Critical care levels 1-3</td>
</tr>
<tr>
<td>Career levels</td>
<td>One set of competency standards does not include career levels</td>
</tr>
<tr>
<td>Competency structure</td>
<td>- Competency statement (body system, general patient care, professional activity) - Element of competency (systematic approach/assessment, planning intervention, evaluation, teamwork) - Performance criteria</td>
</tr>
<tr>
<td>Competency model</td>
<td>Predominantly outcome but occasional educational element of competencies</td>
</tr>
<tr>
<td>Evidence base/expert opinion</td>
<td>Not stated - expert panel developed</td>
</tr>
<tr>
<td>Comments</td>
<td>Extremely comprehensive integrates 1-3 critical care levels into the competency framework. Also makes what is expected at different critical care levels very clear. Does not include level 0</td>
</tr>
</tbody>
</table>
5. INDICATORS OF INTERDISCIPLINARY TEAM EFFECTIVENESS IN CRITICAL CARE: A FRAMEWORK FOR SELF ASSESSMENT

A systematic review of the literature was undertaken in order to inform the development of a tool that could be utilized by critical care teams to measure the effectiveness of the team performance.

It appears from the literature that most studies have concentrated on technical indicators (Box 6), although the Aston University work (Borrill et al, 1999) concludes that it is the interactions (both within the team and how the team interacts with others) that is a significant indication of team effectiveness. Therefore, the term process indicator has been specifically chosen for its usefulness in terms of quality improvement in health care and for making explicit the link between team performance (or interactions) and outcome, based on evidence (Collopy, 2000; Derose et al, 2003).

Recommendations are made with regard to field testing and future use.

Box 6: Clarifying the terms: team indicators of effectiveness

<table>
<thead>
<tr>
<th>Type of indicator</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Technical process indicators | The measures used to identify whether team actions are being performed and how the team works to achieve implementation of policy directives, clinical standards and protocols and context related factors that effect the achievement of high quality patient care. | - The team consists of people relevant to provide effective health care to critical care patients
- Percentage of cases judged to be managed appropriately on the most relevant quality dimensions |
| Interaction process indicators | The performance of care delivery (i.e. actions that the team take) that relates to identifying, correcting and preventing health related service provision | - The team recognise how engaging people who use the service in discussion and planning of care can improve & reduce anxiety, depression & PTSD symptoms in people who use their services |
| Intermediate outcome indicators | The impact of the teams’ actions on health care practice and on people who use the service that leads towards achieving the ultimate outcome indicator | - Team regularly receive stakeholder feedback to further promote and engage stakeholders in service developments |
| Ultimate outcome indicators | The achievement of the team goal/vision | Evidence that the team works efficiently and effectively together to provide evidence based, person centred, high quality health care |
6. STAKEHOLDER EVALUATION

Stakeholders concerns, claims and issues were placed at the centre of this project in order to inform its ongoing development and refinement, as well as future recommendations.

The greatest claims made by participants in the project were that the project would enable improvement in services (Box 7). This was identified as achieving standardisation in critical care services, a common direction and reduction of duplication; improvement in teamwork and valuing of the contributions of all stakeholders; and enabling evaluation of critical care services for further development. An important theme for users was rehabilitation, seamless services and issues of continuity.

Box 7: Examples of participants’ claims:

“Finally an approach to deliver appropriate care based on best available evidence by the most appropriate health care professional, disregarding traditional boundaries”

“The project aims to support ‘proper’ multidisciplinary working with shared ideals/values”

“Effective team working will provide a positive framework for learning and development of all staff”

“Project views critical care as a service provided by a team and standards of care become the same for everyone”

“Enable critical care teams to develop critical care practice rather than individual practice”

The greatest concern/issue for participants was about engaging all stakeholders in the work and getting their sign-up. In addition concern was identified around the process of implementation, usability and transferability of products. These concerns are taken forward in the recommendations section.

7. CONCLUSIONS AND RECOMMENDATIONS

This project has produced:

- A common purpose for critical care services that can be shared by all stakeholders (commissioners, users and providers of services)
- A set of nine standards that can be applied or adapted to support critical care teams plan and measure the effectiveness of their service delivery;
- An outline competency framework that identified gaps in the E USC framework with regard to critical care is now being utilized by Skills for Health. This framework
could also be used to inform career pathway development for health professionals working in critical care services.

- An outline framework of team indicators that with further development and testing could form the basis for developing the evidence of team effectiveness.

Recommendations therefore include:

- The nine standards for adult, person-centered, critical care teams and services presented are further tested, for their usefulness in focusing teams on the evidence that demonstrates their achievements.
- The further development and refinement of indicators relevant to the standards that could assist critical care teams not just achieve the nine standards but also develop their evidence in relation to the Health Care Commission Standards (DoH 2004)
- Further testing and refinement of the indicators of team effectiveness emerging from the systematic review of the literature
- Continued involvement of stakeholders in the development, implementation and evaluation of the products in ongoing work

In order to continue improving services for patients, and with patients, some of the next challenges arising from this project (i.e. developing national and local indicators, and units of competency) will involve critical care teams using these products as a catalyst to overcoming obstacles as well as gathering evidence that demonstrates achievements, gaps and opportunities in critical care services.

8. FROM COMMON VISION TO ACTION

No report however good will make a difference to practice and the experience of patients; it is only the actions of practitioners that will actually change practice. Before practice can change there has to first be a common vision held by clinical teams and users about what they are trying to achieve. Subsequent phases can then focus on the help needed to implement such a vision in practice and this will require both skilled support and tools that can be used.

This project set out to develop a common vision about critical care competencies and the direction of critical care teams by involving as many members of that team as possible, as well as users and other stakeholders. The report is a collation of all the contributions made by contributing groups and individuals. Every effort has been made to ensure every stakeholder group has been provided with an opportunity to contribute to this project; indeed many participants facilitated their whole clinical teams back in the workplace to provide data. We are therefore confident that what has been presented in the report reflects what critical care stakeholders consider is important for improving services to patients through ongoing development of critical care teams.
9. GLOSSARY

A glossary has been developed to provide clarity and transparency of the terms frequently used within this project report.

**Competency** as a term is often used indiscriminately although as a concept it is associated with different schools of thoughts and spellings as identified in the Box 1.

The personal trait approach originated in the United States and is often associated with the spellings, competence and competences, whereas the outcome model has been influenced by the occupational standards movement within the UK and is associated with the spellings, competency and competencies. However, because the terms used are so inconsistent in the literature no specific meaning can be drawn from how the words have been spelt in this project report.

**Competency framework** 'the range of work activities needed to deliver services for part or all of an occupational sector or organisation.' (Skills for Health 2004:6)

Competency units are discrete units and sub-units of competence that are included within and contribute to a particular competency framework. Each unit includes:

- work activities which need to be carried out to achieve a particular purpose
- quality standards to which the activities need to be performed
- knowledge and skills people need to carry out these activities

**Concerns, claims and issues**: a tool arising from the evaluation approach developed by Guba and Lincoln (1989) where stakeholders’ claims, concerns and issues are placed at the centre of the evaluation.

- **Claims** are any favourable assertions about the project and its implementation
- **Concerns** are any unfavourable assertions about the project and its implementation
- **Issues** are questions which reflect what any ‘reasonable person’ might be asking about the project and its implementation

**Indicator** is a factor, measure, criterion that can be used to provide some indication that a standard is being met

**Performance indicator** is a factor, measure, criterion that can be used to provide some indication that an element of competence is being met

**Stakeholder** is defined as anyone with a stake in what is being considered, that is a provider of services, a beneficiary of a victim
**Values clarification exercise** This is a tool developed to use with different stakeholder groups for the purpose of developing a common vision about something, be that strategic direction, role clarification, a concept, ways of working. Making values and beliefs explicit is the first stage to enabling their realisation in the real world of practice.

### 10. REFERENCES


Manley K (2004) Workforce culture: is your workplace effective? How would you know? Nursing in Critical Care 9(1) 1-3


Shortell SM; Zimmerman JE; Rousseau DM; et al (1994) The performance of intensive care units: Does good management make a difference? Medical Care 32:508


APPENDIX 1

ACKNOWLEDGEMENTS AND CONTRIBUTORS

Stakeholder Groups Contributing

Association of Operating Department Practitioners
BACCN
Biomedical Scientists
BMI Healthcare
British Psychological Society
British Society of Echocardiology
Central Southern Critical Care Network
Chartered Society of Physiotherapists
College of Occupational Therapists
CoBaTriCE project (Competency Based Training in Intensive Care in Europe)
Dietetics
Faculty of Emergency Nursing
Greater Manchester Workforce Confederation Group
Higher Education Institutes
Independent Sector
Intensive Care Society
Intercollegiate Board
Healthcare Scientists
London Regional Meeting
Mental Health Nursing
Royal College of Psychiatrists
Royal Navy
National forum for AHP’s in critical care networks
National forum for health care scientists in critical care networks
National forum for lead medics in critical care networks
National forum for lead nurses in critical care networks
National network of managers (service improvement leads) of critical care networks
National Outreach Forum
Network Education Group for Intensive Care Nurses for Southwest
NHS University
NATN
Night Service Providers
Optional other countries (Scotland, Wales & Northern Ireland)
Pan-London Standing conference critical care
Paediatric ICU/Medics
PCT representation
RCN Critical Care Forum
Resuscitation Council
Royal College of Anaesthetists
Royal Pharmaceutical Society of Great Britain
Royal College of Pharmacists
Royal College of Physicians

Royal College of Psychiatrists
Royal College of Speech therapists
Royal College of Surgeons
Society & College of Radiographers
Specialist competency input:
Renal Society
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Trauma & A&E
Burns and plastic
Royal College of Pathologists
Infection Control Nurses Association
Southern Central Critical Care Network
Strategic Health Authority representation and HR directors
Surgical & Anaesthetic practitioners
Transplant co-ordinators
UK Clinical Pharmacy Association (UKCPA)
WDC representation
NHS Trusts/other organisations sending in Competencies

Addenbrookes NHS Trust, Cambridge
Ashford & St Peter's Hospitals NHS Trust
Bedford Hospitals NHS Trust
Bradford Royal Infirmary
British Society of Echocardiography
Buckinghamshire Hospitals NHS Trust
Chelsea & Westminster NHS Trust
Colchester General Hospital Critical Care
East Cheshire NHS Trust
Greater Manchester Strategic Health Authority
Heart of England Critical Care Network
Intensive Care Society - Intercollegiate Board
King's College Hospital NHS Trust
Kingston Hospital NHS Trust
Lancashire & Cumbria Critical Care Network
Royal Brompton & Harefield NHS Trust/Thames Valley University
Leeds Teaching Hospital NHS Trust
London Region Standing Conference Critical Care Education Group
Mid Trent Critical Care Network
National Association of Theatre Nurses
National Board for Nursing, Midwifery and Health Visiting for Scotland
Network Lead Nurses
NHS Scotland
Nottingham City Hospital
NW London Critical Care Network
Royal Brompton Hospital
Royal West Sussex NHS Trust/University of Surrey
Sheffield Teaching Hospital NHS Trust Royal Hallamshire Hospital
Sheffield Teaching Hospital NHS Trust Northern General Hospital
Skills for Health
Southampton University Hospitals NHS Trust
St George's & Kingston University
Sunderland Royal Hospitals
The Leeds Teaching Hospital NHS Trust St James University Hospital
The Leeds Teaching Hospitals NHS Trust
The Leeds Teaching Hospitals NHS Trust
UK Transplant
UKCPA Critical Care Interest Group
University Hospitals of Leicester NHS Trust
West Middlesex University Hospital ICU
APPENDIX II
OUTLINE OF DETAILED MATERIAL PROVIDED WITHIN SUPPLEMENTARY PUBLICATION

Section 1: Participants and contributors

Section 2: Developing a common vision and shared purpose about team standards and team competencies

- Values clarification exercise used with participants in the project except users
- Briefing information for users
- Values clarification exercise used with users
- Analysis of overarching themes and audit trail arising from the values clarification exercises undertaken with each workshop/group/individual

Section 3: Competency frameworks

- Competencies catalogue: competencies submitted to the project in alphabetical order
- Analysis of competency frameworks
- Skills for Health - Emergency, urgent, unscheduled workforce competency framework
- Analysis of relevant competency modules comprising the Emergency, urgent and unscheduled competency framework
- Proposed critical care competency framework components with identified modules requiring development

Section 4: Team indicators

- Search strategy for informing systematic review team indicators
- Team indicators tool

Section 5: Stakeholder concerns, claims and issues

- Tertiary analysis concerns claims issues