

Name of Trust / Hospital	South Tees NHS Foundation Trust	South Tees NHS Foundation Trust	North Tees & Hartlepool NHS Foundation Trust	County Durham & Darlington NHS Foundation Trust	County Durham & Darlington NHS Foundation Trust	North Cumbria University Hospitals NHS Foundation Trust	North Cumbria University Hospitals NHS Foundation Trust	Newcastle Hospitals NHS Foundation Trust	Newcastle Hospitals NHS Foundation Trust	Gateshead Healthcare NHS Foundation Trust	City Hospitals Sunderland NHS Foundation Trust	South Tyneside NHS Foundation Trust	Northumbria Healthcare NHS Foundation Trust
	NFH	JCUH	UHNT	DMH	UHND	CIC	WCH	FRH	RVI	QE	SRH	STDH	NSECH/NTGH/WGH
Name of person completing	Lindsay Garcia	Lindsay Garcia	Alison Coates	Jane Kelly-Lloyd	Jane Kelly-Lloyd	Bill Peascod	Leanne Lawson	Emma Hubbard	Ingrid O'Neil/Mel Palmer/Phil Laws	Dr Vanessa Linnett	Robin Duncan	Sister Diane Miller	Peter Smith
Name of Team	Critical Care Outreach	Critical Care Outreach	Critical Care	Acute Intervention Team	Acute Intervention Team	Critical Care Outreach	Critical Care Outreach	Peri Op and Critical Care	Critical Care Outreach team RVI	Acute Response Team	Critical Care Outreach Team	Critical Care Outreach Team	Critical Care Outreach Team
Directorate / Business Unit	Critical Care / Urgent & Emergency Care Centre	Critical Care / Urgent & Emergency Care Centre	Anaesthetics	Corporate services	Corporate services	Surgical Unit	Surgical	Peri Op and Critical Care	Peri-op and critical care	Nursing Directorate	Theatres	Surgery / Critical care	Emergency Care/Medicine
Medical Lead	Isabel Gonzalez	Isabel Gonzalez	Dr Vijay Jagannathan	Richard Hixson / Richard Hardern	Richard Hixson / Richard Hardern	Dr Jon Sturman	Dr Mark holliday	Dr Jon Walton	Phil Laws/Vickie Robson	Dr Vanessa Linnett	Peter Evans	Dr Govidan Balraj	Karen Connelly
Lead Nurse	Lindsay Garcia	Lindsay Garcia	Alison Coates	Lisa Ward	Lisa Ward	Bill Peascod	Diane Murchison	Sr Emma Hubbard	Mel Palmer/Ingrid O'Neil/melanie.palmer@nuth.nhs.uk/ingrid.o'neil@nuth.nhs.uk	Clare Mathewson	Robin Duncan	Diane Miller	Peter Smith
Lead nurse email address	lindsay.garcia@stees.nhs.uk	lindsay.garcia@stees.nhs.uk	Alison.Coates2@nth.nhs.uk	lisa.ward13@nhs.net	lisa.ward13@nhs.net	Bill.peascod@ncuh.nhs.uk	diane.murchison@ncuh.nhs.uk	emma.hubbard@nuth.nhs.uk	mel.palmer@nuth.nhs.uk	clare.mathewson@ghnt.nhs.uk	robin.duncan@chsft.nhs.uk	Diane.Miller@stft.nhs.uk	Peter.Smith@nhct.nhs.uk
Lead Nurse Line Manager / Designation	Nurse Consultant Critical Care	Nurse Consultant Critical Care	Senior Clinical Matron	Joanne Todd - Associate Director of Nursing for Patient safety and Governance	Joanne Todd - Associate Director of Nursing for Patient safety and Governance	Diane Murchison Matron	Diane Murchison/Matron	Sharon Thompson (Matron)	Lisa Squires, matron ward 38 critical care	Deputy Director of Nursing	David McNicholas / ICCU Manager	Lynn McKale / Matron for Surgery	Debbie Whiteman/Matron
Team Bleep number	7000	7000		43144 and 32428	43144 and 32428	230	5781	48817/48881	0191 2829995	2696	52291	110	2305 / DECT Phone 0191 6072941
Team WTE's & bands	Band 7 - 5.5WTE / Band 6 5.54	Band 7 - 5.5WTE / Band 6 5.54	Part of critical care establishment	11.2 WTE band 6, 11.2 WTE band 3, 1 WTE band 7	11.2 WTE band 6, 11.2 WTE band 3, 1 WTE band 7	8 Band 7 Sisters 6.5WTE	Kate Callendar B7 Helen Champion B7 appointed not released from ICU Charlotte Doran B7 Leanne Lawson B7 Kerry Curtis B7 Nichola Mitchinson B7	1 x Band 7, 7 x Band 6. 6.5 WTE.	2 X band 7 (34.5 hrs & 32hrs) 5 X band 6 (3@37.5hrs, 1@34.5hrs & 1@18hrs)	4 WTE band 7's and 6 WTE band 6's	6.2 WTE Band 7	Band 7 wte x1 Band 6 x 7 (3 WTE 2 x 0.8 1x 0.76 1x 0.42)	5.8wte: 1 xB7; 4.8 x B6
Hours service is provided eg) 24/7	24/7 JCUH - 12/7 FHN	24/7 JCUH - 12/7 FHN	Service is provided depending upon acuity and activity in critical care	24 hours 7 days a week	24 hours 7 days a week	24/7	aim for 24/7 but currently short due to study leave for non medical prescribing, clinical skills course and long term sick leave (1x36 post). Nights & wk/nds covered as priority. Existing staff attempting to fill gaps with overtime if able to.	24/7, 365 days a year.	24 hour service, 7 days per week	24 hours 7 days	24 hours per day, 365 days per year	24 over 7 days	07:30 - 20:30hrs x 7 day @ NSECH: 08:00 - 16:00hrs @ NTGH/WGH Mon - Fri
Medical Lead: How many job planned PA's per week?	1 - clinical PA	1 - clinical PA	none specifically for CCOR	0	0	nil	0	John Walton 0.25	None	1	0	unsure	N/A
Consultant Sessions: How many protected PA's per week?	4 - plus a Nurse Consultant for Critical Care	4 - plus a Nurse Consultant for Critical Care	none for CCOR	0	0	nil	0	0	None	1 included in above	0	unsure	N/A
Stand alone Outreach Service, or: (see below)	Yes	Yes	Not applicable	No	No	yes	yes	Yes	yes		Yes	Yes	Yes
Part of Hospital at Night	Only as CCO practitioners	Only as CCO practitioners	No	Y	Y	no	Yes	Work alongside	no	Yes	No	Yes	No
Part of Cardiac Arrest Team	No	No	No	Y	Y	yes	2222 responder and news responder	Yes	no	Yes	see below	Yes	No
Other duties?				Y	Y		Sepsis Audit	RACI, Tracheostomy NCEPOD task group, Deteriorating Pt group	NPARC teaching	Out of hours: site manager, chemo phone advice, iBleep co-ordinator	Part of cardiac arrest team 00.00 - 08.00	NIV, Transfers , neckbreathers	Bleepholder for Major Haemorrhage protocol
Have you got an Operational Policy that has been reviewed with the last 2 years?	Yes	Yes	Standard Operating Policy from 2015	Yes - awaiting final approval	Yes - awaiting final approval	yes	Yes	yes	currently under review	Policy out of date. Updated policy still in draft.	Yes	Yes	No
NORF (2012) Core Elements of 3CO: Patient Track & Trigger	Yes	Yes	NEWs chart embedded throughout the Trust	Y	Y	yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
Rapid Response	Yes	Yes	Service is provided depending upon acuity and activity in critical care	Y	Y	yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
Education, Training & Support	Yes - non-funded	Yes - non-funded	Provided as part of Critical Care structure	Y	Y	yes	Yes	Yes	Yes	Partial	Yes	Yes	Yes
Patient Safety & Clinical Governance	Yes	Yes	Provided as part of Critical Care structure	Y	Y	yes	Yes	Yes	Yes	Partial	Yes	Yes	Yes
Audit & Evaluation	Yes	Yes	Provided as part of Critical Care structure	Y	Y	yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
Rehab after Critical Illness	Partial (Externally funded & research monies)	Partial (Externally funded & research monies)	Patient diaries in place	n	n	yes	Yes	Yes	Yes	Provided by separate RACI team	Yes	No Diaries only	Yes
Enhancing Service Delivery	Yes	Yes		Y	Y	yes	Yes	Yes	yes	Partial	Yes	Yes	Yes
Does your organisation use the NEWS (RCP 2012)? If 'no' please state which 'track & trigger' system used?	Yes	Yes	Yes	Being implemented in January 2017	Being implemented in January 2017	yes	NEWS	No - Local EWS	No- Local EWS	Yes	Yes (altered scoring algorithm score patients with 88-92% target oxygen saturation about to be introduced)	NEWS in use	Yes
Use of hospital wide electronic patient observation / surveillance system? Name?	Yes - VitalPAC	Yes - VitalPAC	No	Nervecentre	Nervecentre	no		Not yet	No	Yes. VitalPAC	Meditech 6: observations viewable, and filtering by NEWS but no automatic messaging	No	Commencing 2017: Nervecentre
Team Competencies - CCORC / NORF / Other? How many / % trained?	CCORC - part of JD - all undertake	CCORC - part of JD - all undertake	CCORC being undertaken by 3 members of staff	Yes - locally developed competencies	Yes - locally developed competencies	CCORC 3 TRAINED 2 UNDERGOING TRAINING	T4T, ALS, CCORC, Spinal training, ILS, ABG, Tracheostomy course, Venepuncture and Cannulation, AIRVO	4 completed CCORC. 2 currently undertaking CCORC	All team members have completed an initial competency programme and undertaken CCORC	4 have CCORC two are in the process of CCORC	CCORC - 5 x B6 commenced Oct 2016. B7 = NORF		
ALS - How many / % trained?	All - 1 outstanding	All - 1 outstanding	4	100% trained/booked	100% trained/booked	100%	All 8 members	4/50%	5 ALS trained	60% however by March 2017 will achieve 100%	100%	seven	
Independent Prescribing - How many / % trained?	6	6	0	3 starting programme in Jan 2017	3 starting programme in Jan 2017	1 TRAINED	1x member completing	No	None	nil	0	none	Nil
Use of PGDs? Which ones?	None as yet - in progress of developing	None as yet - in progress of developing	no	TBC	TBC		Yes	Yes check PGD 2016 tab	Yes check PGD 2016 tab	Yes check PGD 2016 tab	Yes check PGD 2016 tab	salbutamol, ipratropium, hatmanns, oxygen	Nil
Team undertakes diagnostic procedures eg) ABG's (Please list)	ABG's	ABG's	no	Policy in draft	Policy in draft	ABG CXR ECG	Yes all	ABG, Venepuncture and cannulation	CCORC trained nurses perform ABG's, cannulation, venopuncture	Yes , ABG's, Bloods,	ABG's, Venepuncture, other cultures	ABG, bloods, cannulation,	ABG's
Team orders diagnostics eg) CXr (Please list)	CXR - all bloods	CXR - all bloods	no	Yes - final list tbc	Yes - final list tbc	CXR	Yes 7 members	CXR	CXR & Bloods	Yes CXR , Pelvis XR's and Wrist XR's	CXR (Radiology Delegation of Care)	CXR	Bloods; ABG's
Have you got a patient and relative information leaflet?	Yes	Yes	no	Not yet	Not yet	NO	No	No	not relating specifically to outreach	No	About to be introduced	No	No
Patient and Relative Satisfaction Survey's Call for Concern (C4C)	Yes	Yes	yes	Team not yet live	Team not yet live	YES	No	Only the NOECN survey.	Have done in the past	yes	Yes	No	No
Outreach Alerts? What? Bleep or email?	Not yet	Not yet	escalated through criteria on NEWS chart or if clinical concern	Not yet	Not yet	NO	No	No	No	No	About to be introduced	No	No
Outreach Audits (Please list)	Bleep	Bleep	no	Nervecentre and mobile	Nervecentre and mobile	BLEEP. CARDIAC ARREST BLEEP	Both	Dect Phone	Dect phone	Bleep	Bleep	No	DECT phone calls generally; Bleep
Do you have a team photo? (Please send)	Yes - but requires updating	Yes - but requires updating	no	Yes	Yes	OUT OF DATE	No	Not yet	NO	no	Planning to get a new one - will send when available	No	Yes
Comments	Block contract in addition to critical care budget	Block contract in addition to critical care budget	There are currently 5.65 wte critical care band 5 nurses who remain as part of the critical care nursing establishment who provide a CCOR service. This is provided depending upon the staffing levels, activity and acuity of patients within the critical care unit.				Staffing levels short due to 1 x long term sick leave and 2 pending maternity leave making it difficult to maintain 24/7. As a result education and training is suffering. Currently no RACI but ITU, Outreach and physio are working on this. Some incidents where CCO staff are used to cover other areas out of hours but this is being closely monitored. Hospital at Night has been a big success at this site.						

