

HSCP CRITICAL CARE ADVISORY GROUP TERMS OF REFERENCE

1.1 BACKGROUND

A strategic multi-year plan for additional critical care capacity was agreed in 2020 to support the long-term strategic goal of increasing overall critical care capacity. The plan aligns with the hub-and-spoke model of care set out by the National Clinical Programme in Critical Care.

To oversee and monitor the implementation of the Strategic Critical Care Plan a robust Critical Care Governance structure has been put in place. This includes a Steering Group and Working Groups to progress identified workstreams with identified support. The workforce planning (WFP) workstream has been divided into workforce groups; medical, nursing, HSCP and administrative. Each group has been appointed a lead to ensure the right skills and competencies for the delivery of quality care for our critically ill patients now and into the future.

To assist with HSCP workforce planning, an advisory Group will be set up. This will comprise representatives from the HSCP disciplines to work with the HSCP Lead to achieve the greatest impact for the design, planning, delivery and management of people centred, integrated, critical care services.

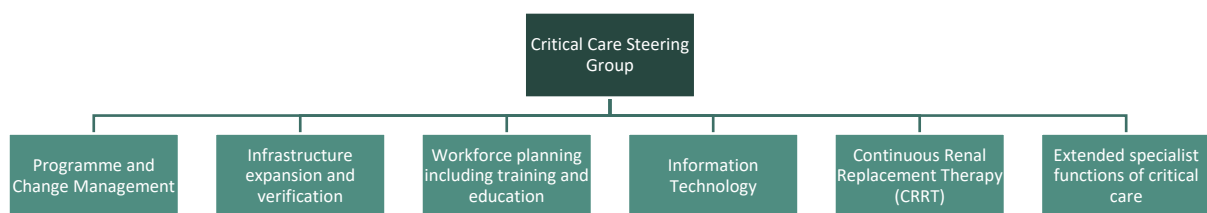


Fig 1. Critical Care Governance Structure

1.2 ROLE

The role of the HSCP CC Advisory Group will be to support the HSCP lead critical care to provide strategic direction and leadership ensuring the development and implementation of required;

- HSCP workforce planning recommendations for phase 2 expansion critical care services
- HSCP education and training plan to support WFP for HSCP critical care
- HSCP ICT, equipment and infrastructure recommendations for new critical care services
- Implementation of monitoring and evaluation tool for HSCP critical care

1.3 THE PURPOSE OF THE GROUP

To support the HSCP lead critical care, an advisory Group will be set up. This will comprise representatives from HSCP to work with the HSCP Lead to achieve the greatest impact for the design, planning, delivery and management of people centred, integrated, critical care services. HSCP representative will be asked to support the HSCP lead in the delivery of:

- Completion of workforce censuses of HSCP staff in critical care
- Completion of workforce gap analysis using best available evidence
- Development of workforce plan for HSCP critical care based on information obtained from above pieces of work



The HSCP CCAG will meet virtually on a monthly basis for 1-1.5 hours.

1.4 PRINCIPLES

- All stages of the WFP is completed by engaging and co-designing with HSCP leaders and front line staff
- The WFP is accessible, real, meaningful and useful.
- People support what they help to create.

1.4.1 Responsibilities of HSCP Lead Critical Care which will require support from HSCP CCAG

- Collaborate with the NCAGL Acute Operations, the NCP Critical Care, Acute Operations and others to provide sustainable, evidence informed, high quality clinical advice and input to national critical care services – at design, planning, implementation and evaluation stages
- Have strategic oversight of HSCP clinical services for critical care
- Identify workforce planning including supply, training and education requirements for the delivery of expanded critical care services
- Collaborate with HEIs to ensure education and training at undergraduate and post graduate levels is in line with workforce requirements, with an emphasis on inter-professional learning and integrated practice
- Engage with HSCP frontline staff and managers and key national stakeholders to identify infrastructure, equipment and information technology requirements for HSCP clinical services
- Engage with HSCP frontline staff, managers and HEI to identify best practice models of care and extended specialist functions that align to the critical care service model, evaluate outcomes and progress to scale up and spread
- Act as a link into services and facilitate collaboration, shared learning and an enhanced sense of value and engagement across this second largest clinical workforce group
- Generate/ gather data and information to inform future HSCP critical care service developments
- Establish network groups and communities of practice to lead the development of HSCP critical care services nationally and create linkages between inter-professional network groups as appropriate
- Promote research and collate and share best practice evidence to enhance HSCP competency, knowledge and skill

1.5 TERM

This Terms of Reference is effective from __TBC__ and will be ongoing until terminated by agreement between the parties.

1.6 PROPOSED MEMBERSHIP: TBC

HSCP representatives are being sought from:

- Occupational Therapy
- Dietitian
- Physio
- SLT
- Medical Social Work
- Psychology



- Pharmacy

Each profession will have two representatives:

- A senior or clinical specialist HSCP with extensive knowledge of critical care
- A HSCP department manager with a strong interest and working knowledge of critical care workforce requirements

1.7 ROLES AND RESPONSIBILITIES

1.7.1 IN SCOPE

- Workforce planning recommendations for phase 2 of the critical care expansion
- The development of a workforce plan will be confined to dietitian, physiotherapy, OT, SLT, pharmacy, psychology and medical social work. Opportunity for consultation will be given to other HSCP working within critical care.
- Include recommendations on education and Training, ICT, infrastructure and equipment requirements as part of WFP.

1.7.2 OUTSIDE OF SCOPE

- Address legacy issues pre dating phase 2 of the critical care expansion project.
- Provide WFP recommendations for all 26 HSCP
- Full update of the model of care guidelines 2014

1.7.3 OUTCOMES

- HSCP workforce planning recommendations for future critical care services
- HSCP ICT, equipment and infrastructure recommendations for new critical care services
- HSCP education and training plan to meet future workforce demand as outlined above
- Implementation of monitoring and evaluation tool for HSCP in critical care

1.7.4 BENEFITS

- The HSCP Advisory Group will comprise representatives from the HSCP to work with the HSCP critical care Lead to achieve the greatest impact for the design, planning, delivery and management of people centred, integrated, critical care services.
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