

**Tenth Meeting of the All Wales Critical Care Development Group:
Note of the Meeting held at 12.30pm on 17th January 2005 at the
Millennium Stadium, Cardiff.**

Present

NHS:

Dr Andy Webb, Medical Director for Clinical Services, UCL Hospital London –
Group Chair

Dr David Hope, Chair of the Welsh Intensive Care Society (WICS) – WICS
Representative

Dr Les Gemmell, Consultant Anaesthetist and Clinical Director for
Anaesthetics, Wrexham Maelor General Hospital – Anaesthetist
Representative

Dr George Findlay, Consultant in Intensive Care Medicine, University Hospital
of Wales – Co-opted member

Dr Nina Williams, Director of Public Health, Bridgend LHB – Public Health
Representative

Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales – AHP
Representative

Sister Hayley Ellis-Evans, ICU, Princess of Wales Hospital. – Nursing
Representative

Dr Chris Thorpe, Consultant in Intensive Care Medicine, Morriston Hospital,
Swansea - Education & Training Representative

Welsh Assembly Government:

Dr David Salter, Principal Medical Officer, Office of the Chief Medical Officer

Ms Cathy White, Head of Branch, Health Services Policy – Policy Lead

Secretariat:

Ms Alison James, Health Services Policy, NHS Wales Department

Ms Caroline Lewis, Health Services Policy, NHS Wales Department

In Attendance

Ms Liz Williams, Lead Nurse Critical Care, Wrexham Maelor Hospital

Apologies

Mr Martyn Jenkins, Chief Officer, Cardiff Community Health Council (CHC) –
CHC Representative

Dr David Cartlidge, A&E Consultant and Clinical Director, Glan Clwyd Hospital
– A&E Representative

Mr Hugh Ross, Chief Executive, Cardiff and Vale NHS Trust - Trust Chief
Executive Representative

Introductions and Welcome

Dr Webb thanked everyone for attending. Each Group member introduced themselves including two new members, Dr Chris Thorpe who had taken the role vacated by Dr Ed Major, and Ms Caroline Lewis who was to take over the Secretariat role about to be vacated by Ms Alison James.

Minutes of the Last Meeting held 30 September 2003

The minutes and action points were considered and it was agreed that follow up actions have been undertaken as appropriate. The minutes were agreed as a true reflection of the meeting and a final version would be issued by the Secretariat. **(ACTION: Secretariat to issued final version to all Group members)**

Group Sign-off of the Final Standards of Care for Publication

Dr Webb explained that he had now completed the final amendments and adjustments to the staffing grades referred to within the Standards.. Unfortunately, Dr Webb had not forward a copy of the “final” version to the Secretariat to pass to Group members prior to the meeting. He would arrange to do this on return to his office.

There followed a discussion about the next steps. Ms White explained that the final standards would need to be agreed by the Health and Social Care Department’s Management Board before going to the Minister. Management Board would expect to be presented with a fairly robust estimate of the cost of implementing the standards. Ms White also explained that the Budget Planning Round for 2006-07 would probably start in late April or early May and that she would need the costs of implementation to feed in as a bid to that process. It was therefore concluded that the final standards needed to be signed off by the group as a matter of urgency.

ACTION: Dr Webb to e-mail his latest version of the Standards of Care document to Ms James and Ms Lewis who would forward to Group members.

Sub-group Chairs’ Progress Reports

Dr Hope – Service Model and Capacity

Dr Hope’s paper had been circulated to Group members prior to the meeting and thanked his sub-group for the work they had undertaken and in the preparation of the final Report.

Dr Hope ran through the Report picking up on, and explaining, a number of key areas and pointing out where it had proved difficult to obtain evidence etc. He discussed various service models and where it was considered investment was best channelled. He discussed current capacity levels and the possible

need for reconfiguration of current services which could affect the levels of care available via the provision of HDU/ITU beds. Dr Hope informed that his sub-group has started to look at the implementation stage.

Dr Webb led general discussions on the Report and highlighted some of the issues he felt were contentious and could affect smaller critical care units. The role of networks was considered and issues surrounding funding were discussed. Ms White explained the SAFF position and funding mechanism which prompted further discussion.

It was agreed that the Dr Hope's Report provided a good base to build upon for the implementation document. It was suggested that a 3 year framework should be developed with 2006-07 suggested a Year 1. As a starting point Ms White would consider Dr Hope's Report and send him some detailed comments. Ms White emphasised the need for the implementation plan to be clear about responsibilities and to leave detailed action and planning to local determination. **(ACTION: Ms White to consider Dr Hope's report and feed back comments)**

Dr Gemmell – Information Requirements

Dr Gemmell thanked everyone who had contributed to the work undertaken by his sub-group and informed that he has been able to gather useful information prepared as part of the PICS work. Dr Gemmell explained his paper which had already been circulated to Group members and informed that he had looked at work in progress elsewhere in the UK, particularly the databases in place or in preparation as well as the PICS work. Based on his findings, he suggested that a pilot could be undertaken in North Wales based on the minimum dataset in England which could meet Wales' needs.

The Group agreed that the work undertaken by Dr Gemmell formed a good starting point. Information needs would need to be expanded and costing considered. **(ACTION: Dr Gemmell to continue developing his Report considering costing information)**

Dr Thorpe – Workforce, Education and Training

Dr Thorpe undertook a PowerPoint presentation and explained what information he had used to produce his sub-group's Report which had not been circulated in advance of the meeting. The next stage would be to carry out a gap analysis and consider longer term staffing requirements. Dr Webb commented that the work undertaken provided good information and applied a good methodology. He suggested some of the assumptions may be open for challenge. He added that once the service model was available staffing numbers could be considered which could then be fed into the implementation plan. It was agreed that there was a need to address training issues via staffing levels which would present a problem due to a global lack of staff.

Dr Webb asked the Group to consider the Report, once an electronic version had been circulated, and track any suggested changes/add comments and for

Dr Thorpe to consider final staffing figures. Dr Hope suggested that the Assembly's NHS Workforce branch should consider the Report. Dr Thorpe confirmed this was already proposed and it would be forwarded to them once any further updates were made prior to the next Group meeting. **(ACTION: Dr Thorpe to undertaken a gap analysis and consider staffing implications. All Group members to consider the Report and provide suggested tracked changes to Dr Thorpe for consideration. Dr Thorpe to forward to the Assembly's NHS Workforce branch for consideration before the next meeting)**

Outreach Services Liz Williams

Ms Williams thanked those involved in the work to produce and update the document which had been circulated to Group members prior to the meeting. She explained that a lot of work had gone into the production of the document although she had received limited input from Group members.

Dr Findlay asked if it was proposed that the Outreach document was incorporated into the Standards of Care document, or would it form an appendix. Ms White pointed out that the Outreach document had not been consulted upon and this would need to be considered should it form part of the Standards "package". Ms Williams reported that the majority of NHS trusts/ critical care units had already had the opportunity to consider and comment on the document and she had received comments from all those approached except UHW.

Ms White asked why it has been necessary to develop specific outreach standards and not just incorporate this element of care into the requirements set out in the Standards themselves. Dr Webb informed that outreach was similar to the PIC retrieval services and also formed part of the skills and training requirements for critical care staff and therefore formed a necessary part of the overall critical care service.

Dr Hope added that he felt the document was too long and in need of streamlining with more basic, essential statements only. A discussion was held on the document and its fundamental requirements and purpose. Dr Webb summarised that there was need for standards on outreach provision and it should be in the form of a separate document as an appendix to the Standards of Care document. It was agreed that Dr Hope would do an initial "trimming down" of the document via tracked changes for consideration by the Group. It was also agreed that the document would need to be consulted upon. **(ACTION: Dr Hope to fully consider the Outreach document and track change suggested amendments/deletions for Ms Williams' consideration who, in turn, circulate to Group members for consideration and agreement. Before the next meeting of the Group)**

Summary of Additional Action Agreed

Dr Webb summed up discussions and resulting action, he informed that a lot of work would need to be done before to Group's next meeting and informed

that this should be undertaken via e-mail exchanges as much as possible. He stated that the sub-group work would now need to look what was required in order to develop a defined implementation plan. Clear costing were required by each sub-group in order to inform the Assembly's Budget Planning Round. In conjunction with this work, a clear strategy, long term and agreed milestones would need to be considered. Ministerial and LHB sign up would be another area for consideration and appropriate action undertaken. Dr Salter was to look at progress with setting up networks via the regional offices.

AOB

There were no items of other business.

Date of the next meeting

It was agreed that the next meeting would take place on Tuesday 26 April commencing at 12:30pm. The Secretariat would confirm the venue in due course. **(ACTION: Secretariat to seek a convenient venue and inform Group members as soon as possible)**