

**SIXTH MEETING OF THE ALL WALES CRITICAL CARE  
DEVELOPMENT GROUP:  
NOTE OF THE MEETING HELD ON  
MONDAY 24 FEBRUARY 2003**

**Present**

**NHS:**

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

Dr George Findlay, Chair of the Welsh Intensive Care Society (WICS) – WICS Representative

Dr Ed Major, Director of Intensive Care, Morriston Hospital – Education and Training Representative

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

Dr David Cartlidge, A&E Consultant and Clinical Director, Glan Clwyd Hospital- Accident and Emergency Representative

Mr David Edwards, Chief Executive, Cardiff and Vale NHS Trust – Trust Chief Executive Representative

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

Mr Steve Bowden deputising for Mr David Roberts Chief Pharmacist, University Hospital of Wales – Pharmaceutical Representative

Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales – Allied Health Professionals Representative

Dr Ronan Lyons, Consultant in Public Health Medicine, Iechyd Morgannwg Health Authority – Health Authority Representative

**Welsh Assembly Government:**

Dr David Salter, Senior Medical Officer, Office of the Chief Medical Officer – Lead Health Professional

Mr Chris Edmonds, Health Information Management and Technology Division – Information Management Advisor

Ms Maggie Parker, Office of the Chief Nursing Officer – Lead Nursing Officer

Mr Rob Hemmings, deputising for Dr Chris Riley, NHS Performance Management Division - Deputy Policy Administrator

**Secretariat:**

Mr Gareth Griffiths, Acute Services Development

Ms Alison James, Acute Services Development

**Apologies:**

Ms Claire Lines, Specialised Health Services Commission for Wales (SHSCW) – SHSCW Representative

Ms Hayley Ellis Evans, Sister, ICU Princess of Wales Hospital – Nursing Representative  
Mrs Maggie Aikman, Director of Finance, Gwent Health Authority – Finance Representative  
Ms Cathy White, Acute Services Development, Welsh Assembly Government – Lead Policy Administrator.  
Mr Phil Davies, Director of Planning and Performance, Bro Taf Health Authority – HA Planning Representative  
Mr Martin Turner, Chief Executive, Gwent Healthcare NHS Trust – Deputy Trust Chief Executive Representative  
Mr Dave Roberts, Chief Pharmacist, University Hospital of Wales – Pharmaceutical Representative

### **Minutes of the meeting held on 23 October 2002**

- 1.1 Dr Webb asked if anyone had any comments or suggested amendments to make on the draft minutes. Everyone was content that the minutes provided a true reflection of the meeting although a few typing errors in relation to the abbreviations used for managed clinical networks at para's 3.1, 3.2 and 3.5 were identified. **(Action: Secretariat to amend errors and issue final version to all Group members)**

### **Agreed action resulting for the 23 October minutes**

- 2.1 Dr Webb ran through the action points. It was agreed that all action had been undertaken or was on the agenda as appropriate.

### **Outreach Services**

- 3.1 Dr Findlay reported that not much progress had been made since the last meeting. He informed that it had proved difficult to actually define "outreach services" which would be necessary to enable the development of associated standards. Dr Gemmell outlined work being undertaken in England on outreach services as part of their development of Critical Care Services. He informed of Liz Williams, a critical care nurse within his Trust who had an interest in this area of work, and had been invited to observe and seek an understanding and feedback on the work of the NHS Modernisation Agency. Dr Gemmell continued that there was a meeting scheduled at the end of March which would help to define standards in this area. It was agreed that no further progress on outreach services would be possible until the outcome of this meeting was known. **(ACTION: Drs Findlay/Gemmell to monitor and report back progress at the next meeting)**

### **Stocktake Visits and Data Collection Exercise**

- 4.1 A letter had been issued to all NHS trust chief executives setting out the proposed stocktake visits to each hospital that have a critical care facility and what the outcome of the visits hoped to achieve. The letter also asked for trusts to nominate someone as a first point of contact to assist

with the organisation of the visits. Dr Webb explained the proposed format of the visits and the type of information/data that was to be obtained.

- 4.2 Dr Findlay said that although there was already a lot of paper evidence on the type of care critical care units currently provided, it was essential that this survey made a like-for-like comparison. Therefore, to ensure an accurate picture of current provision was obtained, Dr Findlay had developed a questionnaire to be used at each facility to gauge the levels of care units currently provided, measured against the levels of care set out within the Standards. This would ensure consistency in assessing current provision across the whole of Wales.
- 4.3 Dr Webb suggested a small team of Group members worked together to develop a dataset to aid the development of Dr Findlay's questionnaire to ensure that specific data was obtained from all units. The questionnaire should also allow room for additional information to be provided. Analysis would be made easier if the dataset was well designed in order to achieve the main objectives, these being to determine which units currently met what level of care, and what would be necessary to ensure such units were brought up to specific levels. The exercise would not consider/identify resources or suggest any future funding requirements. Dr Webb also informed that visits would not include specialist units or stand alone coronary care units although any coronary care beds within general critical care units would be covered. Mr Edmunds offered to assist with IT related requirements.
- 4.4 It was suggested that 4 visiting teams were set up each comprising a clinician, (agreed as Drs Webb, Gemmell, Findlay and Major), a senior critical care nurse and an AHP representative. In the absence of Ms Ellis-Evans, Dr Webb informed that he would make contact with her to discuss and consider suitable nursing representatives. The AHP representatives would be considered by Ms Jenkins who agreed to liaise with the Welsh Therapies Advisory Committee and ensure an appropriate representative was appointed to each team. It was agreed that teams should not visit units within their own patch.
- 4.5 Dr Webb asked for the Group's views. Mr Jenkins questioned the outcome of the inspections and whether this would lead to any change in service provision. He was assured that the nature of the inspections was merely to assess and evaluate current services so as consideration could be given to utilising current services to maximum effect.
- 4.6 The Group agreed that good communications should be developed with trusts to avoid the process being considered as a threat to services as there already appeared to be negative feelings at a number of hospitals. To help counteract this, it was agreed that key personnel, to include medical directors, were involved in any pre-visit preparations. Again, to ensure good communications and support of trusts, Mr Edwards suggested that he could address this issue at the next All Wales Chief

Executives' meeting on the 11 March. It was agreed that a first draft version of the dataset could be prepared prior to the meeting which Mr Edwards could present to Chief Executives.

- 4.7 Dr Webb added that the development of a definitive dataset would lead to more co-ordinated, organised, future critical care services and provide a formal dataset which could be utilised by the Managed Clinical Networks which should be welcomed by trusts. The Group agreed that the inspections should be completed by late May. **(ACTION: Secretariat to collate names and details of trust contacts. Relevant Group members to consider and develop the questionnaire/dataset. Ms Ellis-Evans and Ms Jenkins to consider and identify representatives from within their specialities for nomination to the visiting teams. Mr Edmunds to provide IT advice and assistance. Dr Webb to co-ordinate the process with an aim of producing a preliminary questionnaire/dataset prior to 11 March to forward to Mr Edwards. Teams to visit all units by late May.)**

### **Managed Clinical Networks (MCN)**

- 5.1 Dr Salter discussed the current position on MCNs and outlined the paper on the development of MCNs for critical care provided to members. He emphasised that the network approach needed to be pushed at a local level via LHBs and confirmed the Assembly had set LHBs a SaFF target for the formation of MCNs in Critical Care. He made a comparison with the arrangements in place for the CHD and cancer networks for which clinical development boards had been developed.
- 5.2 Dr Gemmell questioned whether cross-border arrangements would be part of the networks and was informed that this was the case; the purpose of MCNs was to organise services for its patients at the most appropriate location. It would be necessary for the Assembly to provide LHBs with a clear steer and guidance on this, which was what the paper issued to them intended to do. General discussions followed on issues related to LHBs being brought into their new roles.

### **SaFF Targets**

- 6.1 The Group had earlier been informed by letter of the SaFF Targets which had been set for critical care services. Dr Salter emphasised the need to ensure that LHBs and trusts delivered their targets. Dr Webb asked if there was a mechanism in place by the Assembly to allow the data that would be produced to be accessed by the Group. Dr Salter informed not as yet and was unsure of the type of system that would be adopted. He added that it would be helpful if the Group were to recommend the type of data collection/format that would prove helpful in this instance. Dr Webb agreed that the Group could set definitions which would cover the target related to "unplanned and inappropriate" transfer of patients taking place to ensure a consistent approach by trusts. As a way forward, it was agreed that the Group, via Dr Webb, would provide a definition to help

explain the data collection requirements and that this should be agreed by all Group members and forwarded to Dr Salter to put into the guidance.

In addition, it was noted that the monthly SITREPS reporting system could be extended to include the “lack of a critical care bed” reason for cancelled operations data required; this also applied to the month on month reduction in “unplanned and inappropriate transfers”.

- 6.2 Dr Major felt that the delivery date set for achieving the reduction in cancelled elective work would not be achievable due to current bed blocking trends. He added that although current capacity may be available in some units, other ‘bed-related’ targets might have an impact on elective critical care beds. **(ACTION: The Group, via Dr Webb, to provide a definition to help explain the “unplanned and inappropriate” data collection requirements, this would need to be agreed by all members and forwarded to Dr Salter for inclusion into the guidance)**

## **AOB**

- 7.1 Dr Findlay reiterated concerns being expressed at critical care units about the effect/impact the outcome of the visits would bring. It was agreed that it was vital that the aims of the Group’s work, to ensure a strategic development of services via a network approach, should be stressed to help alleviate concerns at a local level. These concerns were tied in with workforce and training issues which again were causing concerns at a local level. Dr Webb stressed that these issues would form part of the implementation stage and feed into a workforce planning programme. He added that these issues should not be considered as part of the inspection visits.
- 7.2 Members were provided with an advanced copy of the standards for paediatric critical care which were to be issued shortly; these were for information only at this stage, although Dr Webb requested there was a discussion on these at the next meeting. **(ACTION: Secretariat to place standard for paediatric critical care on Group’s next agenda)**

## **Date of the next meeting**

- 8.1 It was agreed that the next meeting would take place at the same time, 12:30pm, on Monday 2 June. The secretariat would arrange and agree venue. However, since the meeting it has become necessary to arrange the next meeting for Thursday 5<sup>th</sup> June at 12-30pm.

## **ACTION POINTS**

- **Secretariat to amend typing errors on the 23 October 2002 minutes and issue final version to all Group members.**

- **Drs Findlay/Gemmell to monitor and report back progress on outreach services at the next meeting.**
- **Secretariat to collate names and details of trust contacts for the critical care unit visits. Relevant Group members to consider and develop the questionnaire/dataset. Ms Ellis-Evans and Ms Jenkins to consider and identify representatives from within their specialities for nomination to the visiting teams. Mr Edmunds to provide IT advice and assistance. Dr Webb to co-ordinate the process with an aim of producing a preliminary questionnaire/dataset prior by 11 March to forward to Mr Edwards to share with chief executives. Teams to visit all units by late May.**
- **The Group, via Dr Webb, to provide a definition to help explain the “unplanned and inappropriate” data collection requirements, this would need to be agreed by all members and forwarded to Dr Salter for inclusion into the SaFF guidance.**
- **Secretariat to place standard for paediatric critical care on Group’s next agenda.**
- **Secretariat to arrange next meeting. Now agreed as Thursday 5<sup>th</sup> June at 12-30pm, in Conference Room 2, at the National Assembly Building, Cathays Park, Cardiff.**