

**SEVENTH MEETING OF THE ALL WALES CRITICAL CARE
DEVELOPMENT GROUP:
NOTE OF THE MEETING HELD ON THURSDAY 26 JUNE 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 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 Clywd Hospital – A&E Representative

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

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

Dr Nina Williams, Director of Public Health, Bridgend Local Health Board – Public Health Representative

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

Ms Hayley Ellis Evans, Sister, ITU, Princess of Wales Hospital – Nursing Representative

Welsh Assembly Government:

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

Secretariat:

Mr Gareth Griffiths, Health Services Policy & Development, NHS Wales Department

Ms Alison James, Health Services Policy & Development, NHS Wales Department

Miss Rachel Brown, Health Services Policy & Development, NHS Wales Department

In attendance

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

Apologies

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

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

Mr Rob Hemming, Innovations in Care, Welsh Assembly Government – Innovations in Care Representative

Introductions and Welcome

1.1 A new Group member, Dr Nina Williams, Director of Public Health, Bridgend Local Health Board, had been appointed since the last meeting to replace Professor Ronan Lyons as the public health representative. Also, in attendance was Ms Liz Williams, Lead Nurse Critical Care, based at Wrexham Maelor Hospital and Miss Rachel Brown from within the Assembly's Secretariat team. Each Group member introduced themselves.

Minutes of the meeting held on 24 February

2.1 Dr Webb asked if anyone had any comments or suggested amendments to make to the draft minutes. One amendment was suggested under the section on outreach services (paragraph 3.1) in relation to Ms Williams' involvement in the work England was developing. It was agreed to change the minutes to reflect the fact that Ms Williams had been invited to observe and seek an understanding of the work the NHS Modernisation Agency was undertaking in England on outreach services; she was not leading on this or formally representing Wales.

2.2 Subject to the above alteration, the minutes were agreed as a true reflection of the meeting. **(ACTION: Secretariat to amend as appropriate and issue as final version to all Group members)**

Agreed action resulting from the 24 February minutes

3.1 Dr Webb ran through each action point. It was agreed that all action had been undertaken as appropriate except one issue under any other business (paragraph 7.2) which related to the Paediatric Critical Care Standards that had been issued by the Welsh Assembly Government. There was to have been a discussion on these but since no one on the Group wished to make any comment on the Standards at present it was agreed that this issue would not be discussed at this stage but delayed until the Group's next meeting.

(ACTION: Members to consider paediatric standards issued further; Secretariat to place item on agenda for Group's next meeting)

Critical Care Unit Visits Feedback

- 4.1 Dr Webb informed that the visits to all 17 hospitals with critical care units had now been completed. All relevant baseline data had been gathered before or during the visits, or received since these, with the exception of some outstanding information/queries concerning Bronglais, Neath Port Talbot and Princess of Wales; this was now in hand.
- 4.2 It was agreed that, overall, the visits had proved a great success and had allowed the teams a first hand opportunity of seeing how different units operated. It had also allowed the teams to ask for additional information not included on the returned questionnaires, to clarify points that were not clear and to gather further information and facts. Those undertaking the visits had been very impressed with the dedication of those they met and the general high level of services provided. The data obtained from these baseline assessments would be a valuable tool in helping the Group consider future need and to develop its proposed implementation plan to be consulted upon on for the implementation of the Standards.
- 4.3 Each team leader, i.e. Drs Webb, Major, Findlay and Gemmell, gave a brief synopsis of their individual visits on behalf of their team.
- 4.4 Dr Findlay's team: West Wales, Prince Philip, Ysbyty Gwynedd, Glan Clwyd** - overall a good round of visits, good level of data provided although AHP information was rather limited. Concerns expressed in North Wales about the visits, which were considered a little threatening, although this rescinded when the purpose of the visits was explained;
- 4.5 Dr Gemmell's team: Princess of Wales, Neath Port Talbot, Withybush, Bronglais** - team was well received at each unit. Good data generally provided, although similar problems over AHP information at some units, and indeed in AHP support at some units;
- 4.6 Dr Major's team: Royal Glamorgan, Prince Charles, Royal Gwent, Nevill Hall** – well received in all 4 units, a lot of information gathered. Some suspicion of the motives of the Group's work and its overall intentions expressed. Dr Major outlined the content of these which centred on a lack of perceived communication between the Group and units, concern over the possible centralisation of services, an unfavourable/unclear view of how managed clinical networks would operate (due to comparison with events in England) and a feeling that there was a lack of small unit representation on the Group. That said, units were supportive of the Standards. Dr Major felt that the Group needed to address the concerns raised;
- 4.7 Dr Webb's team: Llandough, UHW, Wrexham Maelor, Morriston, Singleton** - made very welcome at all units. Units appeared well run and well organised, although in some cases equipment and facilities were patchy.

- 4.8 Since the visits, each team has submitted the data collected to Dr Webb who had collated it into a series of spreadsheets, presented in table format, which gave information on items such as service provided, medical & nursing staffing, equipment available, etc. relating to each unit. Dr Webb presented the information to enable the Group to gain a general picture of the current position across Wales coming out of this baseline assessment. He explained and summarised the tables noting that the data had still to be validated by each unit and, in some cases was still incomplete. In general terms most units fared well against the proposed Standards, appearing to provide a good service in relation to these. Less than half of hospitals were achieving 70% of the level 3 standards at present. Particularly notable was the poor performance against the AHP standards in all hospitals. In the light of this, Dr Webb thought that the Group needed to take stock of the Standards as proposed and consider the priorities for implementation.
- 4.9 Dr Webb asked the Group for their comments. Ms Jenkins informed that she recognised the issues relating to AHP provision and outlined that she thought the process of standard setting would go towards tackling this concern. Mr Edwards pointed out that the publication of the impending Wanless Report would have an impact on future changes in service provision and reconfiguration and that this would need to be taken into account in the Group's proposed implementation plan for the Standards. Dr Gemmell added that the future viability of A&E units, where critical care units tended to be based, may also needed to be considered as part of the process as this may impact on the future location of critical care units.
- 4.10 Dr Major questioned the sustainability of individual units being able, on a continuous basis, to meet the appropriate level of care as set by the proposed Standards, due to day-to-day pressures such as increasing patient numbers, workforce problems, etc. He added that a rethink on the priorities within levels of care was needed. Dr Major suggested an early return of the raw data collected to each unit, via Chief Executives and those who provided the actual data, to allow units to confirm if the information was correct; this would help inform the next stage of the Group's work.
- 4.11 Dr Webb agreed that the data obtained from the questionnaires and visits, where relevant to the Standards, be returned to the units, electronically. This would enable units to consider and challenge any discrepancies if necessary before the Group took a view on the current baseline provision of services in Wales to inform its future work.
- 4.12 Dr Webb led a follow on discussion on what other action was next required. He informed of the WICS conference he and other members of the Group were attending the following day, during which he would give a talk about the work of the Group. He added that he would ensure he provided a clear view of the work of the Group and its aims, emphasising that this was to improve future adult critical care services

in Wales, in terms of their standards, capacity and availability. Dr Webb said that his talk would include a presentation of the data earlier shown to the Group but on an anonymised basis. Dr Major felt that this issue would cause a debate and questioned what could be said about the visit feedback at this stage; Dr Webb did not anticipate any real concerns.

- 4.13 It was noted that there was a general fear within some parts of the service concerning the future of individual units and the perceived opinion that services would be centralised; hence some individuals held negative views on the Group's work. It was agreed this was a major issue that needed tackling, through improved communications and more explanation of the work's work and aims.
- 4.14 Dr Salter suggested a more positive approach to explaining the work of the Group needed to be taken. He suggested Mr Edwards took the issue to NACE via a report on what the Group's work was aiming to achieve to explain the proposed outcome. It was agreed that the overall message must be clear and positive, emphasising that the project's overall objective intended to improve and enhance the provision of critical care services and was not about reducing service provision. He also suggested that the Group issue an update that could be circulated to all interested parties. Members also had a duty to ensure that the work of the Group, its current position and copies of the minutes they received, were disseminated widely amongst those they represented and within their work networks.
- 4.15 It was agreed that the Group needed to expand its membership to take on board other expertise, such as workforce planning, financial estimating, and a wider service base. It was agreed this would be achieved by the formation of relevant sub-groups on particular future work areas, as part of the implementation plan work, where such experts and other service representatives would be invited to participate in the Group's work. There was also a need, with the re-organisation of the NHS in Wales, to appoint a commissioning representative to the Group and the Secretariat had already approached Local Health Boards (LHBs) over this. It was also agreed that a useful way of improving communications would be through the newly formed Regional Offices and Dr Salter would contact Bob Hudson, South East Wales Regional Director, about the concerns raised in the South East area and the need to properly communicate the work of the Group to the service more generally.
- 4.16 Dr Gemmell took the opportunity to request that consideration be given to setting up a centralised critical care minimum data set and data recording system for Wales. While this was supported by the Group, it was always the intention that this would be considered as part of the Group's deliberations and hence why there was a health information representative on the Group from the Assembly Government. Unfortunately, Chris Edmunds, who had previously provided I & IT

advice and support to the Group, has now left the Assembly. The Secretariat would seek a replacement who could advise on this area. **(ACTION: All visiting team members to ensure a full set of data had been received from the units visited. Data to be forwarded to Dr Webb to collate and forward data to the Assembly, via the Secretariat. Secretariat to send data electronically to each Chief Executive and unit contacts to seek validation of data. All Members to consider the priorities for implementation of each of the proposed Standards and to feed back their views to Dr Webb. Mr Edwards to present a report on the work and aims of the Group to NACE. All Members to ensure the work of the Group, and key documents such as its minutes, are disseminated widely within the areas they represented and within their networks. Secretariat to issue an update on the Group's work to interested parties. Secretariat to continue to seek an LHB representative on the Group. Dr Salter to contact Bob Hudson, South East Wales Regional Director, about concerns within the area and improving communication generally. Secretariat to approach the Assembly Government's Health Information and Facilities Division to a replacement I & IT representative for the Group)**

Outreach Services

- 5.1 Liz Williams had been invited to attend the meeting to discuss the work she had been involved in on the development of Outreach Services. She explained her interest and involvement in this area of work and that England's NHS Modernisation Agency had invited her to become involved in their development work in October 2002.
- 5.2 Ms Williams explained that progress was being made in England but the approach being taken forward may not be suitable to Wales. She discussed a report (soon to be published) produced by Richard Morgan based on the National Critical Care Outreach Survey undertaken in 2000. Ms Williams went on to explain the funding mechanisms in place in England. There were currently 270 funded outreach services in England which provided varying levels of service.
- 5.3 Ms Williams also explained a second report about to be launched by Richard Morgan. While she considered this to be a rather confusing document, it did contain advice on methods of good practice, scoring tools, conducting audits and business plans, which included staffing numbers, service needs, etc. She added that outreach services in England were in the main nurse-led.
- 5.4 Ms Williams had had the opportunity to provide some input into England's work and had given consideration as to how the work being developed could be applied to her Trust. She had undertaken some benchmarking work on outreach earlier in the year and considered the best way forward was not so much to develop standards for outreach but a framework document.

- 5.5 Dr Webb asked the Group's opinion on a way forward for Wales; it was agreed that as England did not have a uniformed approach and that Wales wished to take forward critical care development on a strategic basis, a more uniformed approach should be pursued here.
- 5.6 Dr Findlay felt that the Group should wait to see what developed in England as, at this stage, without a sound base on which to develop services, a delay in taking this area of work forward was probably the best solution.
- 5.7 Dr Salter suggested three ways of taking the outreach work forward – do nothing; follow England; or develop a Welsh framework/standards. It was agreed that a set of standards for incorporation into the Standards of Care would be the best option. Dr Williams suggested a pilot could be undertaken in the North Wales area building on the work Ms Williams had already developed. It was agreed that this area of work would be taken forward by Ms Williams who would consider this issue, consult colleagues and the Group as appropriate, with a view to preparing a set of draft standards for incorporation into the proposed Standards of Care.
(ACTION: Ms Williams to prepare a set of draft outreach services standards by the end of the year for incorporation on the Standards of Care document)

Next Steps

- 6.1 Mr Griffiths informed that the Assembly Government had originally set a target date of 31 December 2003 for the follow up consultation on the Group's proposed service framework, and implementation plan for this, having been undertaken; given the stage the Group's work was at this now seemed unrealistic. The Group considered it was better to get this work right than rush it and agreed this date would not now be achievable and suggested it be put back to 31 March 2004. Mr Griffiths agreed with this and would report back accordingly. **(ACTION: Mr Griffiths to request the date for when the follow up consultation on the proposed service framework and implementation plan should have been completed be put back to 31 March 2004)**
- 6.2 A discussion was held on the best mechanism for developing the implementation plan; it was agreed that an initial brainstorming session could take place and resulting ideas could then be fleshed out by suitable sub-groups who could consider such issues as workforce, training etc. Dr Webb agreed to develop a timetable for the development of an implementation plan. **(ACTION: Dr Webb to draft a timetable for an implementation plan which members can consider)**

AOB

- 7.1 Dr Findlay's position as Chair of WICS was to come to an end the following day (27 June) and a new Chair, Dr David Hope based at

Morrison, would be officially appointed at the WICS Conference. Dr Hope would then be invited to become a member of the Development Group as the Chair of WICS.

- 7.2 Dr Webb suggested Dr Findlay should remain on the group so that we may retain his experience and expertise at what is a critical phase of the groups work.
- 7.3 Dr Major voiced his concerns about the perception others may have of Dr Findlay's continuation on the Group after he steps down as chair of WICS. He praised Dr Findlay's hard work and commitment to the Group but questioned his continued role given he would not longer be the Chair of WICS.
- 7.4 Dr Webb felt that, in addition to the group retaining experience and expertise there were advantages in keeping a representative based in each of the new health regions.
- 7.5 Dr Webb sought views from other members. All other Group members present agreed with Dr Webb's views that Dr Findlay should continue as a group member.

Date of next meeting

- 8.1 It was decided not to set a date at the meeting but it was agreed that it should take place as early as possible in September. **(ACTION: Secretariat to arrange date and venue and inform Group members as soon as possible. NB since the meeting was held the next meeting date has been arranged for Tuesday 30 September, commencing at 12:30pm in the Temple of Health & Peace, Cathays Park, Cardiff)**

FOLLOW UP ACTION

- **All Members to consider paediatric standards issued further and Secretariat to place item on agenda for Group's next meeting.**
- **All visiting team members to ensure a full set of data had been received from the units visited. Data to be forwarded to Dr Webb to collate and forward to the Assembly. Secretariat to send data electronically to each Chief Executive and unit contacts to seek validation of data.**
- **All Members to consider the priorities for implementation of each of the proposed Standards and to feed back their views to Dr Webb.**

- **Mr Edwards** to present a report on the work and aims of the Group to NACE.
- **All Members** to ensure the work of the Group, and key documents such as its minutes, are disseminated widely within the areas they represented and within their networks.
- **Secretariat** to issue an update on the Group's work to interested parties.
- **Secretariat** to continue to seek an LHB representative on the Group.
- **Dr Salter** to contact Bob Hudson, South East Wales Regional Director, about concerns within his area and improving communications generally.
- **Secretariat** to approach the Assembly Government's Health Information and Facilities Division for a replacement I & IT representative for the Group.
- **Ms Williams** to prepare a set of draft outreach services standards by the end of the year for incorporation on the Standards of Care document.
- **Mr Griffiths** to request the date for when the follow up consultation on the proposed service framework and implementation plan should be completed be put back to 31 March 2004.
- **Dr Webb** to draft a timetable for an implementation plan for members to consider.
- **Secretariat** to arrange date and venue and inform Group members as soon as possible. **NB since the meeting was held the next meeting date has been arranged for Tuesday 30 September, commencing at 12:30pm in the Temple of Health & Peace, Cathays Park, Cardiff**