

**THIRD MEETING OF THE ALL WALES CRITICAL CARE
DEVELOPMENT GROUP
NOTE OF THE MEETING HELD ON THURSDAY 25 APRIL 2002**

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

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

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

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

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

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

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

Ms Gaenor Shaw, Project Manager, Capacity and Planning Group – Capacity and Planning Representative

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

Welsh Assembly Government:

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

Ms Nia Watkins, Health Information Management and Technology Division – IT Representative

Secretariat:

Mr Gareth Griffiths, Acute Services Development

Ms Alison James, Acute Services Development

Apologies

Mr Martin Turner, Chief Executive, Gwent Healthcare NHS Trust – Deputy Trust Chief Executive Representative

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

Mr Phil Davies, Director of Planning and Performance, Bro Taf Health Authority – HA Planning Representative

Mrs Maggie Aikman, Director of Finance, Gwent Health Authority – Finance Representative

Ms Cathy White, Acute Services Development, Welsh Assembly Government – Lead Policy Administrator.

Dr Chris Riley, Head of NHS Performance Management, Welsh Assembly Government – Deputy Policy Administrator.

Purpose of the meeting

1.1 The Chair opened the meeting by welcoming members and explaining that the main purpose of the meeting was to consider and agree a final draft of the Service Standards for Critical Care for Wales.

1.2 The Chair introduced Gaenor Shaw, Project Manager for Capacity and Planning. Ms Shaw was currently taking forward capacity planning issues following the findings of the *Emergency Pressures Task Force Report* produced in October 2000. She considered that it would be of benefit if the work she was developing could be linked with the work of the Critical Care Development Group and it was suggested she attended future meetings. **(Action: Secretariat to invite Ms Shaw to future meetings)**

1.3 Mr Steve Bowden was also introduced. Mr Bowden was representing Mr David Roberts, Chief Pharmacist at Cardiff and Vale NHS Trust. Mr Bowden informed that he and Mr Roberts had reviewed the draft Standards from a pharmaceutical perspective, after being approached by Ms Jenkins, as it was noted there was no pharmaceutical representative on the group. Mr Bowden felt that the Standards would need to be considered by pharmaceutical colleagues beyond his Trust. It was suggested that Mr Roberts became the formal pharmaceutical representative on the Group. **(Action: Secretariat to include Mr Roberts in the Group's future work)**

1.4 Mr David Edwards, Chief Executive of Cardiff and Vale NHS Trust was also introduced, Mr Edwards replaced Mr Mike Jones as Chief Executive representative on the Group. It was also confirmed that Mr Martin Turner had agreed to act as Deputy Chief Executive representative and would be invited to attend meetings as an additional representative. Unfortunately Mr Turner was unable to attend this meeting. **(Action: Secretariat to include both Mr Edwards and Mr Turner in the Group's future work)**

Minutes of the meeting held of 15 January 2002

2.1 The Chair asked if anyone had any comments or suggested amendments to make to the minutes. Dr Major stated that he did not believe that paragraph 5.3 accurately recorded the comments made at the meeting

concerning the distinction between levels 3a and 3b in the draft standards. He confirmed that the sub-classification of the level of care was not based on whether a patient required “high dependency ventilation” but on those who required “other organ support”, i.e. prolonged multi organ failure.

- 2.2 Dr Findlay asked if the organisation that a member was representing could be included in future minutes for clarification of members’ roles. Dr Findlay also confirmed that he had made progress on the work he was undertaking on the baseline study and that further work could progress quickly once the Standards had been agreed. **(Action: Secretariat to include these 2 changes in the minutes)**
- 2.3 Work had also progressed on the communications strategy (paragraph 8.2); Dr Salter added that he had received a number of responses since the last meeting and would pursue any outstanding.
- 2.4 A summary of the Group’s remit, objectives and progress to date had been produced by the Secretariat in February (paragraph 8.4) and forwarded to Group members for circulation to relevant professional bodies and individuals across Wales.
- 2.5 As Ms Parker was unable to attend the meeting it was unclear as to whether she had been able to progress her work on the communication strategy, although Ms Ellis Evans considered this to be in hand. **(Action: Secretariat to contact Ms Parker for an update)**

Draft Standards Version 3.3

- 3.1 A working group had met on the 25 March to consider version 2.2 of the Standards and discuss and agree appropriate amendments and additional information for incorporation via their respective expertise, as well as the information gathered from colleagues. The meeting had been very productive, Dr Major’s revised version (version 3.3) had been circulated to Group members for consideration prior to the meeting.
- 3.2 Dr Major commenced discussions by informing that he had circulated version 2.2 to a wide audience but had received very little feed back. Those comments that have been received had been collated and forward to the Chair and Dr Findlay for consideration. Dr Major stressed that it was vital that the Standards were used as a working tool in the delivery of critical care services and emphasis should be placed on patient focus. He continued that the document should not be used in isolation but should link with associated guidance such as the paediatric critical care standards.
- 3.3 A discussion took place concerning adolescent critical care provision, as there had been concern over the overlap between these and adult services, and at what age a patient should be classified as an adult. It was generally considered that 16 was an appropriate age at which a

patient could be classed as suitable for adult care, although examples were given where there was a need to consider cases on individual merit. Dr Major illustrated the problem by reference to recent cases.

The Group agreed that the Development Group was not an appropriate forum for discussing individual cases, and concluded that this issue needed further consideration by Commissioners.

(Action: Dr Salter to discuss with SHSCW appropriate action)

- 3.4 Dr Major also sought clarification on the status of the Standards once published. Dr Salter confirmed the Standards could be used by the Welsh Assembly Government as the recommended Standards the NHS in Wales should use for adult critical care provision with the expectation that the NHS will follow these.
- 3.5 Discussion took place on the implementation of the Standards within North Wales as this would need to address the issue of tertiary services being provided in Liverpool and Manchester outside Wales; an issue not present in South Wales. Mr Edwards added that the issue of returning patients to a reduced level of care was also a potential problem. It was agreed to re-consider each issue at a later date. Ms Lines added that the definitions included within levels 0 and 1 differed to those used for paediatric care. She also said that while paediatric standards were consistent across the UK, adult standards would not be. It was agreed that the link with paediatric services needed to be considered and that a small working group could discuss this further. It was noted that Roddy McFall was the Chair of the UK-wide paediatric critical care steering group, and a meeting with him would be useful. **(Action: Ms Lines to investigate and report back)**
- 3.6 Dr Webb agreed that current standards for paediatric critical care should be circulated to Group members to consider against the proposed adult Standards. **(Action: Ms Lines to provide a copy to the Secretariat to forward to Group members)**
- 3.7 Specialised critical care provision was also discussed, as there were only four such units within Wales, it was agreed that this should be easy to manage. It was agreed that the Standards should be taken to each specialised unit for consideration.

Discussion of the detail of the Standards

- 4.1 Dr Major led a full discussion on the Standards and incorporated agreed amendments directly onto version 3.3. In addition to the amendments and agreed additions made directly onto the Standards during the meeting, the following issues also required action as appropriate.
- 4.2 **Standards for Transfer of Patients** – the statement included within this section was as per the wording in the WICS Standards produced in 1994.

It was agreed that WICS should be asked to review the content of their Standards and update as appropriate. **(Action: Dr Findlay to take to WICS)**

- 4.3 **Level 0 & 1** - Dr Major informed that very little feedback had been received from nursing bodies on either levels and requested more input. **(Action: Ms Ellis Evans to consider nursing issues further and report back to Dr Major)**
- 4.4 **Level 0** - further general advice and guidance would be welcomed on the medical staff section as it was noted that no other group or body was looking at this level of care. **(Action: Dr Salter to put to the Academy of Royal Colleges and relevant Welsh Medical Committees to check terminology used)**
- 4.5 **Level 0** – further clarification was required on the reference made to the role of “nursing assistants”. Ms Ellis Evans stated that there was now a higher level of competencies for such staff but that she would seek approval to the reference made to “nursing assistants” via the Assembly’s Chief Nursing Officer. **(Action: Ms Ellis Evans to speak with Ms Parker to seek clarification)**
- 4.6 **All levels** – Allied Health Professional agreement on WTE for each profession was required for each level of care. Ms Jenkins confirmed that the information currently included was opinion based and that she would take this issue to colleagues for clarification via the relevant professional bodies. **(Action: Ms Jenkins)**
- 4.7 **Clinical Governance** - Mr Edwards highlighted that the link to clinical governance needed to be covered. Dr Salter agreed and would provide text to clarify this. **(Action: Dr Salter)**
- 4.8 **Level 1** – reference to nurse training, Dr Gemmell informed that all nurses were to be trained to critical care level by 2003 and that he would forward a copy of the document which discussed this requirement to the Chair. **(Action: Dr Gemmell)**
- 4.9 **Level 2 and 3** – nursing staff, the minimum nursing/patient ratio needed further consideration/clarification. Ms Ellis Evans agreed to look at this on a consensus basis rather than evidence based, as the evidence did not currently exist. She would report back to Dr Major. It was suggested that contact be made with the DH critical care nursing group who may have better information on this. **(Action: Ms Ellis Evans)**
- 4.10 As a general issue, it was agreed that consideration should be given to ensuring a patient’s pathway of care was clear throughout their stay in a critical care unit and that transfer between levels and retrieval arrangements between facilities were in place. It was also recognised that linked services and organisations such as social services, bereavement services and family facilities should feature within the

Standards as desirable in level 2 but essential in level 3. **(Action: Dr Major to consider)**

- 4.11 Following the review of the Standards, the Chair ran through the e-mail comments that had been received by Dr Major following his circulation of the Standards to relevant intensive care colleagues.

5.1 A summary of the issues commented on were as follows:

- Bed blocking
- Consultant numbers per beds
- Assessment on arrival
- Level 3b resident on-call intensivists
- Training of out-reach staff
- Risk of standard setting resulting in closure of inadequate units
- Recruitment problems to enable standards to be met
- Failure of standards
- Use of a clinical network approach
- Haematology services
- Split of levels within level 3 as opposed to numbering as 3 and 4
- Rotation of nursing staff through the levels

It was agreed that many of the issues raised had been dealt with in this meeting and the meeting of 25th March.

(Action: Dr Major to incorporate all agreed amendments and additional information into the Standards, with input from relevant Group members, and produce version 3.4.)

Additional agenda items

- 6.1 Due to the length of the meeting and the fact that a number of members had needed to leave before the end, it was agreed that the remaining agenda items should be deferred to the next meeting namely:

- Consideration of generic models for clinical networks
- Development of clinical networks via WICS and nursing bodies
- Outreach Services

(Action: Secretariat to include those on agenda for next meeting)

Next Steps

- 7.1 It was agreed that good progress had been made on the production of a comprehensive set of Standards and that any current outstanding concerns or issues could be resolved effectively. Once version 3.4 had been developed to an acceptable standard it was agreed that the Assembly would need to review and proof read for quality and consistency. It was agreed that the Standards would need to go out to the NHS and associated bodies for consultation. It was suggested that a 30 day consultation period was required although the Assembly's statutory procedures would generally require there to be a minimum period for consultation of 8 weeks. It was suggested the secretariat confirmed the

Assembly's statutory requirements. **(Action: Secretariat to check Assembly's statutory procedures)**

- 7.2 There was recognition that the Standards must be agreed and fully acceptable to those affected by them prior to implementation. If this was not the case it was possible that standards of service would fall to the minimum requirement.
- 7.3 Following on from the Standards, the baseline study Dr Findlay was undertaking could be progressed. Dr Findlay added that he was currently gathering information and would be in a position to develop his work quite quickly following agreement of the Standards. Further development of the work being undertaken by Ms Watkins, on baseline data analysis information and future requirements could also be progressed as a result of setting the Standards. **(Action: Dr Findlay and Ms Watkins).**
- 7.4 Funding issues were raised and it was pointed out that initial funding requirements would need to be considered and flagged up in the near future as the Assembly was about to start consideration of its budget planning round for 2003-04 onwards. It was agreed that an initial ball park figure could be used from Dr Findlay's work and that the Health and Social Services Minister should be alerted to the cost implication of development of critical care services in line with standards proposed. These would then need to be compared against the overall priorities for funding for the health service. **(Action: Dr Findlay to provide initial costings and the Secretariat to alert the Minister for Health and Social Services of cost implications)**
- 7.5 In addition to the above, Dr Major stressed that there was a need to link up with the report produced in the *Lancet* in 1998, it was agreed that this could take place at a later stage following the baseline studies.

AOB

- 8.1 No other issues were raised.

Date of next meeting

- 9.1 The Chair suggested the week commencing the 17 June as a suitable time. Since the meeting took place, it has been agreed that **the next meeting would be held on Tuesday 18 June, commencing at 1pm at the offices of the Welsh Blood Services, Pontyclun, Llantrisant.**

AGREED ACTION

- **Action: Secretariat to invite Ms Shaw to future meetings.**
- **Action: Secretariat to include Mr Roberts in the Group's future work.**
- **Action: Secretariat to include both Mr Edwards and Mr Turner in the Group's future work.**
- **Action: Secretariat to ensure the 2 agreed changes were recorded in the minutes.**
- **Action: Secretariat to contact Ms Parker for an update on her work on the communications strategy.**
- **Action: Dr Salter to discuss with SHSCW adolescent critical care provision.**
- **Action: Ms Lines to investigate and report back on issues connected to the UK-wide paediatric critical care steering group.**
- **Action: Ms Lines to provide a copy of the current standards for paediatric critical care to the Secretariat to forward to Group members.**
- **Action: Section 4.2 to 4.9 ALL GROUP MEMBERS TO ENSURE THAT THEY UNDERTAKE ACTION ASSIGNED TO THEM.**
- **Action: Dr Major to incorporate all agreed amendments and additional information into the Standards, with input from relevant Group members as above and produce version 3.4.**
- **Action: Secretariat to defer agenda items not covered at the meeting to the agenda of the next meeting.**
- **Action: Secretariat to check Assembly statutory procedures on consultation exercise requirements.**
- **Action: Dr Findlay and Ms Watkins to progress work of the baseline study they are to undertake as appropriate.**
- **Action: Dr Findlay to provide initial costings for funding requirements and for the Secretariat to alert the Health and Social Services Minister to cost implications.**