

**SECOND MEETING OF THE ALL WALES CRITICAL CARE
DEVELOPMENT GROUP
NOTE OF THE MEETING HELD ON TUESDAY 15 JANUARY 2002**

Present

NHS:

Dr Andy Webb, Medical Director for Clinical Services, UCL Hospital, London
(Chair)
Dr George Findlay, Welsh Intensive Care Society
Dr Ronan Lyons, Consultant in Public Health Medicine, Iechyd Morgannwg
Health Authority
Dr Ed Major, Director of Intensive Care, Morriston Hospital
Dr David Cartlidge, A&E Consultant and Clinical Director, Glan Clwyd Hospital
Mr Phil Davies, Director of Planning and Performance Management, Bro Taf
Health Authority
Ms Hayley Ellis Evans, Sister, ICU Princess of Wales Hospital
Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales.
Ms Clare Lines, Specialised Health Services Commission for Wales (SHSCW)
Mr Martyn Jenkins, Chief Officer, Cardiff Community Health Council

National Assembly:

Dr David Salter, Health Professional Group
Dr Chris Riley, Head of Performance Management Division
Ms Maggie Parker, Nursing Division
Ms Nia Watkins, Health Information Management and Technology Division

Secretariat:

Mr Gareth Griffiths, Acute Services Development
Ms Alison James, Acute Services Development

Apologies

David Edwards, Chief Executive, Cardiff and Vale NHS Trust.
Maggie Aikman, Director of Finance, Gwent Health Authority
Cathy White, Acute Services Development, National Assembly

Purpose of the meeting

1.1 The Chair opened by welcoming members and explaining that the purpose of the meeting was to provide an update on progress against the action points agreed at the first meeting and an opportunity to discuss and agree the next course of action.

Minutes of the meeting held on the 30 October 2001

2.1 Point 3.6 was amended to read 2002.

2.2 The Chair outlined an amendment suggested by Clare Lines under point 5.1. The amendment provided factual information on SHSCW and its work on paediatric intensive care and it was agreed that a revised paragraph 5.1 would be inserted into the minutes.

2.3 A revised version of the minutes incorporating agreed amendments to be circulated to Group members. **(Action: Secretariat)**

Appointment of a new Trust chief executive representative

3.1 Mr Griffiths informed the Group of the resignation of Mr Mike Jones as Chief Executive of Carmarthenshire NHS Trust. Mr Griffiths confirmed that the Trust Chief Executives' Group had nominated Mr David Edwards, Chief Executive of Cardiff and Vale NHS Trust, as a replacement. Unfortunately, Mr Edwards was unable to attend the meeting and it was not possible to provide a deputy on this occasion. It was suggested that it would be of benefit to seek a second trust chief executive representative as Mr Edwards' heavy schedule may not enable him to attend every meeting. This was agreed. **(Action: Secretariat)**

Review of progress to date

Baseline study on current Critical Care in Wales

4.1 Dr Findlay presented his initial findings but stressed that, as work on setting standards for critical care was currently at an early stage, a definitive assessment would be difficult to undertake. Once a firmer set of standards had been agreed a full baseline assessment could take place.

4.2 He confirmed that at present, 17 Welsh hospitals provided intensive care facilities via approximately 95 beds. He added that of the 74 beds, for which funding was currently provided, only 66 were in regular use due to staffing problems; this averaged as 4 vacancies per unit. The number of consultants available ranged from 2 to 7 who held between 4 and 22 dedicated ITU sessions per week. Of the consultants on call, 6 out of 11 were exclusive to intensive care although not all had received intensive care training. He noted that only 3 units had access to counselling and bereavement services.

4.3 Dr Findlay added that overall there was a significant variation in services across Wales in size, funded bed numbers, medical and nursing staff and support services, with no obvious reasons for these variations. The Chair asked if geographical locations created any trend. Dr Findlay confirmed that this was not always the case as it was often an issue of

size, as some units lacked adequate support systems and had limited access to expertise or facilities. The staff vacancy factor also caused problems resulting in beds not being used in some smaller units as no appropriate staff were in place.

- 4.4 Dr Findlay concluded that until a definitive set of standards had been established it would not be possible to complete a baseline assessment. The Chair suggested that it would be helpful if further details and evidence could be gathered and incorporated into the baseline assessment. He accepted, however, that issues of consistency of data, definition of beds etc, could only be fully resolved once service standards had been defined. Dr Findlay was asked to revisit this once standards had been defined.

(Action:Dr Findlay)

Draft Standards for Critical Care in Wales

- 5.1 Dr Major outlined the work he had carried out in order to draft a proposed set of Standards for Critical Care in Wales. He informed that this was his initial draft based on the format used by the Department of Health; he added that he had drawn on a number of sources to aid the production of the standards. He thought there was either the option of developing standards which were facilities based or, which were based on the patients' needs.
- 5.2 Dr Major outlined he favoured the latter approach. He added that his draft was in its early stages; it had been circulated within the Intensive Care Community and had generally received positive feedback. He welcomed Group members' comments and suggestions.
- 5.3 The Chair thanked Dr Major for the work he had undertaken in preparing such a comprehensive first draft. He asked why there had been a sub-classification of patients' needs in level 3, a level 3a and a level 3b. Dr Major confirmed that the sub-classification of the level of care was based on those who required other organ support, i.e. prolonged multi organ failure.
- 5.4 The Chair then led a discussion on the method of assessing and matching patient need with the availability of facilities and staff. It was concluded that the standards must have a clear set of definitions for both medical and nursing staff which would need to be agreed by the Group. Dr Major added that the tables accompanying the standards gave priority to staffing issues which would vary across units. He felt that it would not be necessary to give too greater detail on equipment. It was agreed to focus initially on the production of appropriate staff definitions for the standards and to consider other elements of the standards at a later date. The current format of the standards was also agreed.
- 5.5 Ms Lines added that clarification was needed to ensure the standards referred to the treatment of adults and not adolescents or children.

She also thought that the standards should outline how they were to be actioned by commissioners, trusts, the Assembly, etc. Dr Salter, however, pointed out that implementation was to be considered separately by the Group and should not form part of the standards themselves.

- 5.6 The Chair emphasised that at this stage efforts should focus on the production of a workable and comprehensive set of standards; once this had been achieved an implementation plan could be developed.
- 5.7 Following a detailed discussion it was agreed that the Group had enough expertise to be able to consider all aspects of producing a robust set of standards. Various Group members had already, or were in the process of, receiving feedback from the relevant professional groups in Wales on their areas of expertise and this would help inform the production of the standards.
- 5.8 Following an exchange of ideas and views it was agreed that the current draft standards provided a good base and suitable format on which to build. They now needed clear and unambiguous definitions of the relevant staff groups involved, each to be provided by the appropriate professional bodies via the appropriate Group member.
- 5.9 Group members also supported the idea of creating a small working group to develop nursing and medical definitions. The Chair sought agreement as to who should be commissioned to bring together progress on this aspect of the standards. Dr Salter stated that the Assembly had no expertise in this field but would be able to provide a general admin support to assist the work being undertaken by the working group. This was agreed as the best approach. Members of the working group were tasked with taking forward and building on the draft standards and agreed to share their proposals and findings amongst working group colleagues via the Assembly. It was hoped that this could be carried out via an electronic exchange of reports and data. Mr Jenkins offered to provide the role of lay person within the working group. **(Action: Dr Major, Ms Ellis Evans, Ms Jenkins, Ms Parker, Dr Findlay, Dr Salter, Mr Jenkins to form a working group to develop the draft standards from their respective expertise. All members to comment on the draft standards produced thus far. A report of this work to be completed by early March and forwarded, via the Assembly, to Dr Major for incorporation into the draft standards. A revised draft to be submitted to the Assembly by Dr Major by mid March).**
- 5.10 Dr Findlay questioned the availability of resources. The Chair responded that it was not within the Group's remit to recommend on funding issues; this would follow as part of the implementation stage. He added that it was too early to say if current expenditure on critical care services was adequate and that efficiency levels would need to be reviewed.

Baseline study on current provision

- 6.1 Nia Watkins presented a paper containing a baseline assessment report of the systems used for the collection of Critical Care information in Wales. She summarised the content of the report and suggested that there was a need for a clearer direction on data collection as, currently, too many methods of measuring and monitoring information were being undertaken. Ms Watkins highlighted the various types of data collection and provided some background. She suggested the Group would need to agree an appropriate system of data collection but this would not be feasible until the draft standards had been developed. She also highlighted that the next step after having agreed the standards would be to agree a minimum data set for Critical Care and to agree with information managers in Wales a new appropriate mandatory minimum data set to be used in Wales. This she could progress in the future.
(Action: Group to consider minimum data set for critical care in Wales once draft standards agreed).

Next Steps

Network development

- 7.1 There was already evidence that the development of a clinical network for critical care was evolving in Wales and the Group had some ideas on the format of suitable networks. It was agreed that a strategic approach to their development would:
- Aid the understanding of the issues involved in the development of critical care and of the work of the Group;
 - Give consideration to the sharing of staff and units;
 - Assist the development of commissioning protocols and sharing good practice.
- 7.2 The Chair sought the Group's views on how a clinical network should be developed. Dr Salter suggested the need to establish what was required of such a network and whether a managed or informal network would be appropriate. He suggested that in the long term a managed network would prove more constructive but would require resources.
- 7.3 Hayley Ellis Evans confirmed that she had already started an exchange of information within the nursing community in Wales and links had been made with England, both of which had provided a positive outcome.
- 7.4 Dr Salter suggested an initial approach via WICS and appropriate nursing bodies to seek views on the development of an appropriate critical care network in Wales. He added that a paper had been produced for the Health Challenges Task and Finish Group on clinical networks and he would share this with the Group; this was agreed. **(Action: Dr Salter to approach WICS and appropriate nursing bodies to seek views on the**

development of a critical care clinical network and to share paper on networks with the Group).

Communications Strategy

- 8.1 Several Group members had been asked to seek nominees to form a conduit in each hospital to facilitate communications to and from the Group.
- 8.2 Dr Salter confirmed that he had written to all trust medical directors but had only received one reply to date; he would follow this up. **(Action: Dr Salter to pursue)**
- 8.3 Dr Findlay confirmed he was unclear of the communication he was to pass to WICS. Dr Salter confirmed there was a need to keep WICS members informed of the Group's work at all stages. Dr Salter suggested a summary of the Group's work be produced at intervals and that these should be sent to members with the formal minutes, to issue to the bodies and areas of critical care they represent. **(Action: Secretariat to produce summary of Group's work to date to issue with meeting minutes. Members to provide this to relevant professional bodies and individuals in Wales to keep them informed of the Group's work).**
- 8.4 Ms Parker had contacted the Welsh Nursing and Midwifery Committee and Trust Executive Nurses to inform of the Group's work. **(Action: Ms Parker to pursue)**

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- 9.1 There was no other business.

Next meeting

- 10.1 It was agreed that in the interim Group members should communicate where possible via an exchange of emails. A meeting to provide an update and feedback was suggested for late March by which time relevant Group members should be in a position to discuss work undertaken.

Summary of action

- **A revised version of the minutes to incorporate agreed amendments to be circulated to Group members. (Action: Secretariat)**
- **Seek a second trust chief executive representative. (Action:Secretariat)**
- **Dr Findlay to continue with the work he had undertaken on establishing a baseline on current critical care in Wales once a definitive set of standards had been defined. (Action: Dr Findlay)**
- **Provide comments on the draft standards produced to date. (Action: ALL GROUP MEMBERS)**
- **Form a working group to develop the draft standards from their respective expertise. (Action: Dr Major, Ms Ellis Evans, Ms Jenkins, Dr Salter, Ms Parker, Dr Findlay Mr Jenkins).**
- **Completed a report on the above work by early March and forward, via the Assembly, to Dr Major for incorporation into the draft standards. Revised draft to be submitted to the Assembly by mid March. (Action: Dr Major)**
- **Consider minimum data set for critical care in Wales once draft standards agreed. (Action: ALL GROUP MEMBERS)**
- **Approach WICS and appropriate nursing bodies to seek views on the development of a critical care clinical network and to share paper on networks with the Group. (Action: Dr Salter)**
- **Produce summary of the Group's work to date to issue with the minutes (Action: Secretariat).**
- **Relevant Group members to forward to summary to relevant professional bodies and individuals in Wales to keep them informed of the Group's work. (Action: ALL GROUP MEMBERS)**
- **To conclude action on establishing medical and nursing contacts in time to facilitate the exchange of information about the group's work. (Action: Dr Salter and Ms Parker).**
- **To arrange next group meeting for late March (Action: Secretariat).**

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