

Minutes of SICS Council Meeting, Friday 18th May 2012, at 14:00, Royal Hotel, Bridge of Allan

Present: M Fried (MF), S Stott (SS), R Mackenzie (RM), David Cameron (DC) left 15:20, C Wallis (CW), Sarah Ramsay (SR), T Walsh (TW), S Winship (SW), S Moultrie (SJM), M Sim (MS), W Peel (WP), David Rowney (DR), Fiona McIntyre (FM), S Cole (SC), M Hughes (MH) arr 14:10, David Griffith (DG), N Webster (NW).

1.) Apologies: Brian Cook (BC), John Colvin (JC), Chris Cairns (CC), Richard Appleton (RA), Martyn Hawkins (MHa)

2.) Minutes of previous meeting on Wednesday 18th January 2012:

Accepted as a true record except that page 4 should read 'MF has been asked to be a clinical advisor' not 'has asked to be'. The minute will be amended.

3.) Matters arising:

SR stated that SPSP and transport had been removed from the agenda. The ACCP paper from January's AOCB was a position statement for interest only. Other items will be covered in individual reports.

4.) President's report – report tabled and copy on file

MF thanked SS, Roxy Bloomfield and RM for all their hard work as Society office bearers and also the 2012 ASM organising committee. MF is in the midst of visiting units with which he is unfamiliar to better understand their issues, and intends to have an open presidency, receptive to all comments. The main points covered were as follows:

a.) **Lay representation on SICS Council** - SS felt that they must represent 'some-one' and TW commented that they must know what is expected of them. ICUsteps - the intensive care patient support charity - is becoming more active in Scotland and might be a possible source of representation. DR stated the APA had found a lay representative very useful and were currently drawing up a job specification for a replacement post.

AP 4.1: TW to discuss lay representation from ICUsteps with RIE nurses

AP 4.2: MF/DR to contact President of Association of Paediatric Anaesthetists to discuss their approach

b.) **Improvements to Council meetings to make best use of time**

- EBM - CC can no longer commit to this project and until someone is identified to take over it was agreed that it be removed as a standing item
- Interhospital Transport - will be removed as a standing item with reports only as required
- Scottish Transplant Group - this is a very active area currently and Council needs to be well informed to express the Society's view on a number of matters; it will be kept as a standing item
- Stronger role for regional reps: it was agreed that they would assist with the membership database clean-up to be co-ordinated by DC, after discussion it was agreed that regional reps will produce a yearly update of issues, challenges and successes in their area for the Annual Report, and on the suggestion of NW each region in turn will bring a tabled item of local relevance to Council (e.g. ECMO from the North, Shock Team from GG&C etc).

AP 4.3 : DC & SR to decide best way to clean up membership database

AP 4.4: Regional reps to contact local members - DC/SR to co-ordinate

AP 4.5 : MF & SR to liaise with regional reps in good time to decide topic and ensure enclosures

AP 4.6 : Annual Report author to collaborate with regional reps in time for 2012 report

c.) **ICS matters** - separate report tabled by SS and copy on file

- In summary the ICS feel threatened in a number of areas including training, standards and membership, losing a significant number of members, particularly from Scotland, to FICM. A reduced rate for regional societies was suggested. The financial future of BACCN is also uncertain and nurses might instead join ICS, or SICS, and representation on Council may need to be considered in due course. A recent claim on the ICS transfer insurance might impact on subsequent premiums.
- The future is unclear and the Society would be best served in maintaining a relationship with both ICS & FICM meanwhile.
- It was noted that Bruce Taylor is ill and has resigned from the post of President of the ICS with immediate effect, Past President Bob Winter has taken over meanwhile. The SICS will send Bruce a card.

d.) **FICM matters**

It was decided that MF will provide a synopsis of the many meetings currently taking place in his reports to Council. An enclosed confidential discussion paper (plus the SICS response) on collaboration between FICM, ICS, ICNARC and other relevant bodies recognised that they are often complementary or overlapping in their membership, relevant stakeholders and missions and sought to develop a strategy aimed at optimising the effectiveness of these organisations. Other key FICM matters covered were as follows:

- **Training & assessment:** The difficulties of planning for single and dual training remain of high importance. Council will invite Louie Plenderleith (Lead RA in ICM) to the September Council meeting for an update. In regards to academic training TW reported that there is a disconnect between Scotland and England & Wales in terms of funding and the processes of trainee allocation. In Scotland academic centres drive the availability of academic posts locally for trainees who already hold an NTN; in England & Wales central recruitment will allocate trainees to NIHR academic fellowships and there is a concern this may significantly disadvantage the Scottish system. Liz Wilson has produced a paper on this for FICM, and there might need to be separate academic appointments in Scotland. There seems to have been little engagement of Scottish academic heads (TW, NW, John Kinsella) in the process and MF will seek to address this.
AP 4.7: SR to invite Louie Plenderleith to September Council meeting
AP 4.8: MF to report back to Prof Menon at FICM that Scottish Academic heads would welcome the chance to be formally involved in the organisation of academic training.
AP 4.9: MF to discuss academic training with Liz Wilson at RIE
- **Standards:** there is overlap between FICM, ICS and ICNARC in this area. BC will join the FICM standards group which will meet in June.
- **Workforce planning:** again some of the WFP work from FICM will not be relevant to the Scottish system. SICS, the SCCDG, academic heads and RAs in ICM will all be vital in ensuring the future delivery of a cost effective, locally fit for purpose, succession planned critical care service that provides the highest level of care. The Chairs of the SCCDG are embarking on this process.
AP 4.10: MF will discuss with JC about role of SICS in SCCDG work
- **ACCPs:** There are 50 ACCPs so far with a significant number in Scotland. NHS Lothian had the largest cohort with ongoing succession planning, NHS Lanarkshire and NHS Grampian have ACCPs in post but no succession plans. MH stated NHS GG&C are exploring the option and will decide by the end of the year. Graham Nimmo is co-director of the national training programme and RM suggested he is asked for an update for next council meeting
AP 4.11: MF will ask GN for an ACCP written report for the September Council meeting
- **Annual FICM Meeting** on 6th February was very successful and MF encouraged attendance at next year's meeting.
- **FICM Board elections:** MF stated SICS has no mandate to choose a preferred candidate, being already represented by the President as a permanent co-optee of the Faculty Board. Much discussion

ensued. In conclusion it was agreed that any eligible person can stand in this democratic process with the aim of being involved with the work of the Board, there is some sense in getting behind a Scottish candidate to maximise their chance of election, particularly if the expected programme of replacement of Board members leads to lessening of Scottish representation, and finally that this is a process in evolution and should be discussed with the Membership at the 2013 AGM.

AP 4.12: MF to enquire into the exact programme of replacement of FICM Board members

AP 4.13: SR to add FICM elections to 2013 AGM Agenda

5.) Honorary Secretary's report

- Cleaning up the database is fundamental to maintaining good links with the membership and will be important for ensuring adequate travel insurance.
- The three travel grant submissions were considered, DR pointed out that a more structured approach to selecting the best application would be preferable. SR will improve the application process and create a marking system for next year's grant. For this year it was decided to award a part share to all applicants with £750 to Katrina Bramley, £750 to Catharina Hartman (both to visit trauma centres in South Africa) and £500 to Euan Black for echo experience in Denmark. The two trauma talks will be combined at the 2013 ASM to avoid overlap.

AP 5.1: SR to improve travel grant marking application process and create marking scheme with aim of choosing two best projects for purposes of ASM planning

- Council members were asked to start considering nominations for the post of President Elect to commence in January 2013.
- The updating of the SICS website is to be a crucial task in the coming year, with the aim of having the new version running by the end of the year.

AP 5.2: SR to email Council with explanation of mechanism for election of president elect

AP 5.3: SR to gather nominations for President Elect in time for Sept Council meeting

AP 5.4: SR & RA to move forward with website overhaul

6.) Treasurer's report - report table and copy on file

- RM and DC reported jointly with DC thanking RM for an excellent handover.
- There continue to be difficulties with the transition from standing order to direct debit payment of membership fees with only half on direct debit, and many still giving double payments. It was decided that it would be made clear to members that any double payments for this year could be claimed back, thereafter it would be deemed a 'charitable donation' to the Society, as it was the member's responsibility to cancel their SO. To ensure accurate accounting the database requires cleaning up which will be done via the regional reps.

AP 6.1: SR to mailshot membership about SO/DD (DC/RM to agree content)

- A website that allowed financial transactions would be worth investigating.
- The ASM accounts are awaiting final bills but looks to have made a profit of approximately £11,000, with trade contribution of £22,320. Fears of a reduction in trade did not materialise.
- With many meetings related to ICS & FICM travel costs are likely to go up for the coming year or two but this is likely to be a temporary situation, reducing once the relationships between FICM and ICS /training etc are settled.
- The 2011 research grant has not been collected, TW was unaware of this. MH will contact John Kinsella to see if the ARDS project is still to go ahead and will get back to council with a yes or no.

AP 6.2: MH to check with John Kinsella about 2011 research grant.

- Julie Fenton has agreed to provide administrative support for the 2013 ASM and will invoice the Society her fee of ~£6750 to avoid issues of employer liability.

7.) SICSAG

SC gave a verbal report for BC. There will be a change in personnel at ISD which may mean a change in the funding and management of national audits. The annual report is with the writing committee, for publication soon. The joint SCCTG and SICSAG meeting will be held on 6th & 7th September 2012.

8.) STG – report table and copy on file

- SC reported recent important events, principally increased donor numbers and he acknowledged the Scottish ICU community's part in making this happen. A useful meeting had been held with the fiscal service with a recognition senior fiscal input is required in donation cases. The Health Secretary had written a letter to commend those taking part in donation in Scotland but in view of some currently contentious issues it was decided not to distribute the letter to the full membership.
- On a less positive note the revision of the PDA has been put on hold due to prioritisation of other NHSBT IT projects. There are also concerns about the ethical and legal challenges raised by the introduction of a pilot category II (uncontrolled) DCD programme in ERI ED, and the ramifications of the Cardiothoracic Advisory Group (CTAG) proposal for cardiac angiography pre-donation, with SC reassuring Council that all the potential problems had been fed back to CTAG. UKDEC will revisit 'elective ventilation' later this year and critical care will need a strong view on this. With ICUs under increasing scrutiny SC stressed the need for individual units to maintain close stewardship over their Wardwatcher data.
- SR suggested that the Society write a letter to NHSBT highlighting that concerns regarding the PDA remains an issue for clinicians in Scotland, SC & MF agreed

AP 8.1: MF, SC & SR to compose letter to NHSBT about PDA review by end Jun

9.) ASM

- CW reported that the 2013 programme is coming together well and the Old Course Hotel booked, with a ceilidh in the evening after dinner on the Thursday night. A photographer has been arranged. Julian Bion will give the Mike Telfer Lecture, any information about Dr Telfer to CW. There was some discussion over the content of the Friday morning 'medico-legal' session after which it was decided to have a mock FAI courtroom 'drama', with a script that would identify common pitfalls, with either a local 'character' or an actor in the dock. A parallel session will run for the AHPs including the early mobilisation work of the physio group. WP will co-ordinate the regional case presentations.
- The deadline for poster submission will be earlier this year (5pm Friday 5th Oct). Regional reps will be called on to assist with abstract marking and judging.

AP 9.1: MF will contact Simon Baudouin at Newcastle Uni (researching early mobilisation)

AP 9.2: SR to mailshot membership about ASM 2013 abstract deadline

10.) SCCTG – adverts enclosed

- TW drew attention to the medical and AHP awards, the diploma in clinical trials bursary and the research grant for 2012 and asked Council to publicise widely. In future any research grant must be claimed within four months of date of award with evidence of ethical approval provided before release of monies, and a reporting mechanism will also be defined. The grant will be offered in 2012 and thereafter sustainability reviewed.
- The minutes of the recent SCCTG will be distributed shortly. Election of regional reps and chair will need to be considered as per the SCCTG constitution. Scottish units remain active in numerous studies, with new work coming on line soon. A Delphi Study to assess the research questions important to Scottish critical care clinicians will be sent via email to the membership soon.

AP 10.1: TW to provide recent SCCTG minutes.

- CSO derived R&D money being redirected to where research is being carried out, a tariff of ~£100 per patient recruited to recognise the efforts of active units and availability of more research nurses should all be an incentive for greater involvement in research.

11.) EBM - no report tabled

12.) SCCDG – no report tabled

13.) Paediatric ICU – no report tabled

- Paediatric ICUs have come out of another difficult winter. DR reported that the links established with SICS have been beneficial so far and he will forward the next PICAnet Annual Report for Scotland when available.

AP 13.1: DR to forward recent PICAnet Report

- DR informed Council that Dave Simpson from Edinburgh's 'Sick Kids' is retiring, with an event organised for 23rd June 2012 at the Hibernian FC Stadium.

14.) Education – report tabled and copy on file

- The induction modules for basic trainees are being rewritten and will be posted on the RCA website provided they remain free to use and the SICS authors are acknowledged.
- The education group are supporting travel costs for advanced trainees to attend ICS training (two per meeting) but intend to start a Scottish advanced training scheme that will cover some exam topics but also focus on professionalism. A draft timetable was shown to Council.

15.) Trainees Group – report tabled and copy on file

- The trainees group has been active in all areas. Five local linkmen have been appointed firstly to act as audit coordinators and secondly with the aim of widening membership to include non-anaesthetic trainees.
- The Education meeting has been booked for 22nd & 23rd November 2012 at the Teacher Building in Glasgow.
- The next audit project is likely to concern RRT prescription and delivery.
- The group are keen to be part of the website update, particularly in view of their increased use of social media, and also with the EBM Group in any renewed form though they did not feel able to lead on this as trainees.

16.) Associate members – report tabled and copy on file

- FM is keen to increase AHP membership and be involved in the database clean-up as it is not clear the speciality of some of the AHP members. A letter will be sent to various specialist interest groups to raise awareness of SICS including dietetics via the nutrition group.

AP 16.1: FM to send letter to specialist groups to raise awareness of SICS

- Changes in BACCN may encourage more nurses to consider SICS. SS felt that more breakout sessions at the ASM might be well received. MF tasked regional reps with contacting unit lead nurses to promote awareness of SICS.

AP 16.2 : Regional reps to contact lead nurses to raise awareness of SICS.

17.) Website – report tabled and copy on file

The website was discussed at numerous times during the meeting and there was strong support for an update - see Honorary Secretary's report.

18.) AOCB

- ECMO – paper for interest; SR stated that referrals for ECMO continue to be co-ordinated by Leicester. Roxy Bloomfield will continue to update Council if there are important developments.
- Annual report - there remain a few outstanding reports although reports for the AGM 2012 can probably be adapted for the Annual Report. The report should be collated in the next week or so.
AP 18.1: WP to collate 2011 report for Sept Council meeting
- No further AOCB brought to Council's attention

19.) Date of next meeting: Friday 28th September 2012, Ivy Lodge, BOA at 13:30 for 14:00