Minutes of the SICS Council Meeting, Wednesday 23rd January 2013, 13:30, Willie Park Suite, Old Course Hotel, St. Andrews

Present: Mike Fried (MF), Brian Cook (BC), David Cameron (DC), Charles Wallis (CW), Steve Stott (SS), Steve Cole (SC), Shelagh Winship (SW), Fiona McIntyre (FM), Rory Mackenzie (RM), Willis Peel (WP), Sam Moultrie (SM), Martyn Hawkins (MHa), David Griffith (DG), Martin Hughes (MHu), Tara Quasim (TQ), Neil Spenceley (NS), Malcolm Sim (MS), John Colvin (JC), Sarah Ramsay (SR)

1.) Apologies & introductions: Apologies were received from David Rowney (DR), Nigel Webster & Richard Appleton. Tara Quasim (standing in for Tim Walsh) and Neil Spenceley (standing in for DR) were introduced.

2.) Minutes of previous meeting on Friday 28th September 2012
Accepted as a true record.

3.) Matters arising not covered elsewhere in the minutes
MF ran through the action points from the previous meeting.

- Database - updating is still in progress
- Standardised Drug Concentration Project - CW will pick this up after the ASM

4.) President's report – reports tabled and copies on file
MF began by thanking SS for his excellent leadership of the Society, and congratulated Graham Nimmo on election as President Elect, with commiserations to Brain Cook. In addition he thanked Council members demitting office - RM for his work as treasurer, WP for the annual report, SM for the ASM and MHa for ASM posters.

The World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) 14th World Congress
MF recapped on discussions from the September Council meeting and the decision to investigate further the possibility of hosting the World Congress in Glasgow in 2019. Thus in early October MF had contacted the Director of the World Federation, expressing an interest in bidding, and asking for application details. One month later this email was acknowledged, and despite an application pack being promised, MF has heard nothing since. MF has discussed the matter with Tim Walsh who echoed the sentiment of others on Council that this was a major undertaking for an as yet unknown council, and although he was prepared to help with the bid he could not commit to the scientific programme. In view of all this MF emailed the Council in mid December with his recommendation that we proceed no further with the project and only one reply felt otherwise. Council had no further objections to the decision not to pursue the matter.

AP 4.1: MF to notify the World Federation of our decision not to bid for the World Congress

25th SICS ASM (2016)
MF asked for suggestions to mark the Society's 25th anniversary, perhaps with a bigger meeting than the current ASM format. Suggestions included hosting the meeting at a different time of year or in a major city to encourage more overseas delegates, and more aggressive marketing. The general consensus, however, was that the current venue was hard to beat, creating a strong sense of community and at a very reasonable cost by virtue of the time of year.

AP 4.2: Any ideas for the 25th SICS ASM to CW

Lay Representation
MF reported back on the positive view of the APAGBI towards lay representation and sought Council's views. It was clarified that lay reps were not required to maintain our charitable status. MF was keen to avoid a 'single issue' individual, seeking instead some-one with a wide remit and understanding of best ICM practice. JC asked

what they would add to council discussion and those with experience of lay reps on other groups (e.g. STG, FICM, Scottish Standing Committee of the AAGBI and the Scottish Board of the RCoA) acknowledged that they would offer little input in the case of the SICS. Council had not missed having a lay rep in the past. In conclusion it was decided that the SICS Council would not pursue lay representation at this time.

FICM Matters

FICM Board continues to be active in many areas, including training, the new exam, workforce planning, revalidation, ACCPs, simulation and development of future strategy. Badging of ICM and anaesthesia posts in Scotland was unpopular. Despite the view of the Dean this is not Scotland disconnecting from FICM but rather it is attempting to link service commitment to output. JC stated that there was no new money for posts in Scotland, and the two unlinked posts will need partner speciality to get funding. MF drew attention to the 2013 Annual FICM Meeting.

ICS Council Meeting (SS)

ICS has written to the GMC asking for guidance on the difficulty and appropriateness of seeking relative and patient 360^{o} feedback in ICU. There has been no reply so far.

ScotSTAR

SAS has agreed funding of a base at Glasgow Airport to accommodate all modes of transport and the retrieval teams. This will be supported by a clinical triage and logistics centre at Cardonald. The service will encompass the Tayside charity helicopter and in time a further centre in Aberdeen which will operate in collaboration with the oil industry, using longer range helicopters.

ECMO Transport (NS) & Services (MF)

With increasing numbers and more experience of starting ECMO outside of the PICU the transport capability has improved greatly in terms of staffing, kit, timings etc over the past 20 years. The current service is not funded 24hours a day, and there can be unrealistic expectations of what ECMO can do, so it is important to use it as effectively as possible. It is an ongoing learning process, with a lot to share with the fledgling adult road and air retrieval services, in regards logistics, centralisation, timing of treatment and patient selection. MF noted that the EMRS have withdrawn their offer to provide support for ECMO transfers as they are unable guarantee appropriate clinicians, and this had prompted a meeting with NSD to discuss transport as part of a Scottish ECMO service. Previously to this meeting, and as a result of David Noble's presentation to Council in September 2012, MF and JC had written to ISD on behalf of the Society requesting it to reconsider funding a Scottish advanced respiratory care centre. The SICS letter had been well received, providing good support to the clinical case. The future of ECMO services at Leicester is currently unsure, and this too may have a bearing on SGDH decisions. JC reported that the SCCDGs will be repeating an exercise to assess ECMO requirement as it may well be more than previously thought. The ensuing discussions on advanced respiratory care will doubtless prompt discussion on future critical care provision overall in Scotland.

AP 4.3: MF & JC to report back on future developments regarding advanced respiratory care

Council meetings

DC and MF recognised that Council meetings could be quite protracted and suggested a new format for Council meetings that would involve all reports given in the first half of the meeting, to give the elected members the information required to decide on Council business in the second half. JC felt it important that everyone stayed in case a topic needed to be revisited, and reports that highlighted points for discussion would be more time efficient. BC suggested a standardised template for reports might be useful. SS & CW both felt that elected reps should be allowed a greater role, and JC reiterated that if reports were given appropriately everyone could contribute. RM and MHu both believed that Council members should read the reports prior to the meeting. MF concluded that we will stick to the current template but that the onus is on

Council to read reports in advance and this will be assumed at the meeting. Reports will in future be formatted with key points for discussion highlighted. SR asked all to therefore submit reports in good time.

AP 4.4: SR to create and distribute standard report template for use by May Council meeting

Fluid Guidance

Marcia MacDougall had asked for Council to consider endorsing the NHS Lothian & Fife fluid prescription guidelines. MHu felt that although the guidance was appropriate other boards already had their own, to support it would suggest that it was a 'standard' and in fact it was more appropriate to modify it for use in the website induction modules.

AP 4.5: MF to contact Marcia MacDougall

Draft Minimum Standards for Intensive Care Units (from ICS & FICM)

This is an update to the previous 'Standards' document from the ICS. FM felt that good AHP input was needed, to ensure physiotherapy and clinical pharmacy, drug budgets, and treatment cost effectiveness were included. RM noted that there were big differences to the SICSAG Minimum Standards, and it would need a national planning strategy to oversee its introduction in Scotland. SS felt it be an aspirational document, which might not fit all models of care currently in place in Scotland, favouring some and disadvantaging others. JC noted the paucity of evidence based material it contained, and MHu felt much would not be deliverable. SC asked if there had been any devolved nations involved in authorship, BC stated not, and was keen that SICSAG was acknowledged appropriately. It will be a significant but important task to collate all Council responses.
Post meeting note: MF discussed the draft with Julian Bion and who stated no responses were required.

5.) Honorary Secretary's report - report tabled and copy on file

- Elections - the results of the President Elect and regional rep elections [Andy MacKay (GG&C), Fiona McIlveney (West), Phil Korsah (West), Jim Ruddy (West), Liz Wilson (East), Rosie Macfadyen (East) and Ian Mellor (North)]were announced, all of whom will take up office as of the AGM on 24th January 2013. Further elections for regional (East & GG&C), associate and trainee representatives will be conducted later in the year.
- Inter-hospital Transfer Insurance - this cover has been increased to insure half of the Society's membership at a cost of £1390 pa. Members are reminded to inform the Society if they resign from either the ICS or the AAGBI, as this may affect our cover. The insurance broker also has policies to suit particularly associate members, such as insurance against violence at work.
  AP 5.1: SR and FM to discuss options for further insurance
- Travel Prize - this will again be offered in 2013, with up to two recipients receiving a share of the grant. The marking scheme was distributed to Council for comment, and the rules and timetable of the grant explained.
  AP 5.2: SR to post advert for travel Grant of the website
  AP 5.3: ALL to draw attention to the grant in their own hospitals
- Foundation Year/CT prize: the provisional adverts, marking schemes and timetable were provided to council for comment.
  AP 5.4: SR and FM to move forward with the essay prize
- Website - RA and SR continue to redevelop the website. Council agreed that it was best to engage professional website designers with ongoing maintenance services, with the resultant capital cost.
  AP 5.5: RA and SR to continue with website rebuild, aim for completion within six months

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

- The Society's accounts are in a healthy balance, and the current accountant continues to provide a good service, albeit expensive for one off enquiries.

- The first major research grant has been awarded and the Council will follow progress via update reports from the investigators.
  AP 6.1: MF to request research grant progress updates from Pam Ramsay
- Ongoing costs include the travel grant, transport insurance, AAGBI support, the health informatics diploma, travel expenses of council office bearers attending FICM and ICS meetings in London and the main upcoming cost will be the new website.
- RBS has provided poor business account advice and DC has been advised to lodge a formal complaint, rather than move bank, in an attempt to improve the service; this was supported by Council.
  AP 6.2: DC to write a formal complaint to RBS Business Services
- SS asked if the positive annual balance was likely to continue and DC stated that another smaller meeting might be a way to increase cash flow.

7.) SICSAG Report Including Collaborating for Quality(CfQ) meeting - report tabled and copy on file

- BC will end his term as SICSAG Chairman at the September conference, prior to this self nominations for his successor will be sought from members who are consultants in ICM in Scotland, to be voted for by the audit leads. MF thanked BC for his work in this role.
  AP 7.1: SR to liaise with BC and distribute call for self nominations for the post of SICSAG Chairman
- At the CfQ meeting the Scottish intensive care community's contribution to the quality agenda was commended as that to which the rest of the UK should aspire. We will have much to offer in helping them achieve this. The CfQ report is awaited, but might recommend a Scottish Standing Board which would ensure better continued representation on FICM, and might have major implications if it is given statutory responsibilities for training etc.
- SM requested the adjusted SMRs in future SICSAG annual reports were accompanied by explanation to the press.

8.) Scottish Critical Care Trials Group (SCCTG) Report - report tabled and copy on file

- TQ relayed Tim Walsh's request that a future research grant be awarded by Council not by him to avoid any conflict of interest. MF stated that no further research grants would be offered until there is good evidence of the current one progressing, and if offered there would be a clearer voting process.

9.) SICS meetings/ASM Report

- The splitting of the roles of Hon Sec and Meetings Sec has proven to be very successful.
- All is in place for the 2013 ASM and CW thanked Julie Fenton for all her excellent work.
- An organising group (CW/DG/SM/Jim Ruddy)is already in place for future ASMs, with the first meeting on 8th March. Other expressions of interest were welcome. CW would appreciate any ideas and topics.
  AP 9.1: All to submit any ideas or topics for future ASMs to CW

10.) Scottish Transplant Group Report - report tabled and copy on file

- Scotland has achieved a 50% increase in donor numbers, thanks to the work of many SICS members. The rest of the UK is not far behind.
- UKDEC has arranged a meeting on interventions to the potential donor while still alive; it is likely to be contentious and SC would appreciate another Council member attending with him.
- The SICS has written to NHSBT and the SGHD to express SICS's disappointment at the ongoing delays to the PDA review, although this seems to be more vexatious in Scotland than elsewhere in the UK.
- The advert for a new Regional CLOD will be released soon.
- The Dundee pathway to admit patients to facilitate donation, if facilities are available, was briefly discussed, and will be covered in more detail in the donation session at the ASM.

- SM asked SC to comment on the negative feelings that the donation community sometimes created in ICUs. SC acknowledged that this was a real problem, and urged that we in intensive care must resist being led by the agenda of the transplant teams, challenging it instead, and leading by good clinical care. A number of council members gave examples of recent complex donation related cases. JC stated that this was a very political area with significant pressure to achieve targets, although obviously some good came of it. JC asked SC to input into the SCCDG on this matter. SM agreed with the process but not the way in which it was carried out. CW asked how SICS should go forward in this and SC reiterated the importance of staying involved.

11.) Critical Care Delivery Group - report tabled and copy on file

- **Long term planning strategy** - JC asked if there was a will from Council for a review of intensive care services in Scotland, to see if they are fit for purpose. RM and MF have already been invited to consult on major trauma services, both felt that a similar review in ICM would result in difficult discussions and politics. BC felt it would inform medical workforce planning and would offer the opportunity to recognise the essential role of ICU, and the threat to other services (e.g. ED, obstetrics, paediatrics) if the medical workforce cannot be maintained. MF acknowledged that future trainees will want robust ICM posts which may require service reorganisation.
- **ICM Training:** DC reported as SE Scotland TPD. In 2013 joint training ends (and should produce consultant candidates till 2017) and dual training begins. As previously stated there is no money for new jobs (new ST posts in England & Wales were funded by taking money from staff grade posts). There will be eight badged anaesthesia and ICM posts, and two ICM (and other specialty) posts available at NES interviews on 22nd April in Dundee. Interviews will be similar but not identical to the FICM framework. Once appointed regional training programmes will be developed. Ten posts are probably not enough, and there may be gaps in rotas due to attrition. This had been identified to the 'Reshaping the Medical Workforce' team but there is little communication back from them. JC reported that although only 10 were approved, some residual posts not recruited last year might allow for two more jobs.

12.) Paediatric Intensive Care Report

- Paediatric transport services have experienced recent difficulties with more on-site clinical services (neurosurgery and the hypoplastic left heart service) and fewer consultant numbers leading to withdrawal of consultant cover. The situation is now improving with ANP, senior trainee and further consultant input, and the service has ECMO transport capability. With two teams becoming one there may be some delays to pick-up but as ever there is always someone available for advice over the phone. In addition there was a reduced bed capacity at RHSC due to staffing issues but this too is improving.
- NS asked all to note the PICU preference to keep ETTs uncut, allowing tubes to be pushed past an obstruction and avoiding potentially difficult re-intubations. Long ETTs are safe for transport.
- Increasing mention of PICU management on Facebook. Frequent, detailed descriptions of management have led to staff not wanting to interact with parents, and potentially disadvantaging other parents. This one-sided external scrutiny that may be very inaccurate but about which nothing can be done can be extremely harmful to morale. RM suggested that legal advice should be sought, MHu noted that although it can't be stopped any libellous allegations should be treated as such. NS wondered if there might need to be a contract with the family, although SW felt this would be destructive to the relationship. All agreed that this situation must be watched carefully in all units.
  AP12.1: NS will update council on developments on the above issues at the RHSC (Glasgow)

13.) Education Group Report - report tabled and copy on file

- Trainees meeting - had made a small profit. SM asked if it should be cheaper but MHu explained how it was hard to predict beforehand, although subsidised nurse places might be a good idea.
- SC asked about the training programme, MHu replied that this would be Scotland wide, four days a year and concentrating on professionalism issues and exam topics.

14.) Trainees' Report - report tabled and copy on file

- The trainee group is communicating well via Facebook.
- Audit - the national audit has been completed and submitted to 4 meetings and a second one underway (based on an individual's audit). The Trainee Committee is keen to formalise and speed up the process for choosing an audit, and ensuring SICS is credited in any publications. SC felt that there was a risk of fatigue of local co-ordinators if too many audits ran at one time and requested that all projects should come through the SICSAG Steering Group.
  AP 14.1: DG to produce an audit selection tool
  AP 14.2: DG to ensure all projects go to SICSAG Steering Committee
- The Trainee meeting had received very good feedback and DG thanked Laura Strachan for her work.

15.) Associate Members Report - report tabled and copy on file

- Membership - Associate numbers are up despite no response to letters to relevant bodies.
- Minimum standards document - FM noted the many gaps in this document in relation to the AHP and nursing domains which will require rectification.
- Working practices - physiotherapists and dieticians are being put under pressure to find new ways of working often resulting in them being redeployed away from ICU, or not replaced if they leave. It is hard to keep expertise, and it is assumed that ICU can cope without them. There is some feeling within the national pharmacy professional leadership that a potential way forward for hospital pharmacy is to develop experienced generalist pharmacists as opposed to specialist pharmacists.

16.) AOCB

- **ACCPs** – RM had been unsuccessful in his attempts to contact Graham Nimmo about legacy awards. MF reported back for GN on ACCP training. There was no time frame as yet for the curriculum. RM expressed concern about succession planning. When ACCPs being relied on to provide the work leave, who will follow? SS noted that varying information about future trainee numbers makes it hard to predict the number of ACCPs required. DC stated that the South East was looking to introduce a rota, although the role of the ACCP was not well defined as yet. NS reported on the PICU situation which was moving towards a more stable workforce comprising one established ANP who had a transport and junior medical role, two in training, and two about to start, with a two year rolling programme of people eligible to apply and educational links with Liverpool.

- **Annual Report** - the 2011-12 Report is being printed and will be available soon. WP is leaving Council and the task will be handed on for the next report. In future the report will be available as a PDF to download, and as such will be useful for appraisal. A paper copy will be provided to each individual unit and for the Society archive. This should make it possible to be more timely with the report aiming to publish it late Spring, once the annual financial accounts are available.
  Post meeting note: Rosie Macfadyen has agreed to take on this role.

Meeting closed at 16:30 with thanks again to those leaving Council

Date of Next Meeting: Friday 17th May 2013, 13:30 for 14:00
The Royal Hotel, Bridge of Allan.