Minutes of the SICS Council Meeting, Friday 27th September 2013, 14:00,
The Royal Hotel, Bridge of Allan

Present: Mike Fried (MF), Shelagh Winship (SW), Jim Ruddy (JR), Ian Mellor (IM), Steve Cole (SC), David Cameron (DC), Charles Wallis (CW), Fiona McIntyre (FBM), Liz Wilson (LW), Andy MacKay (AM), David Griffith (DG), John Colvin (JC), Martin Hughes (MH), Fiona McIlveney (FKM), Graham Nimmo (GN), Sarah Ramsay (SR)

1.) Apologies & introductions: Apologies were received from Tim Walsh, Rosie McFadyean, Nigel Webster, David Rowney, Malcolm Sim, Richard Appleton & Phil Korsah. MF thanked Tim Walsh and Brain Cook for their excellent contributions to the Society over many years, and he welcomed Marcia MacDougall (MM) to give a presentation on her fluid prescription guidelines. It was assumed that all reports had been read in advance.

2.) Minutes of previous meeting on Friday 17th May 2013

Item 10: SC clarified that CLOD funding was indefinite, otherwise accepted as an accurate record.

3.) Matters arising not covered elsewhere in the minutes

MF ran through the relevant action points from the previous meeting:
AP 4.1: Applicant has been informed, and can apply for the next bursary award
AP 4.3: Letter in support of SPA time sent to relevant people but no reply so far
AP 6.1: Trade have been informed of potential for advertising with no replies so far
AP 9.1: JICS have agreed to publish the best abstract, although it is no longer PubMed listed
AP 9.4: Declaration of interest policy for ASM speakers to be completed
AP 11.3: JC to circulate CMO Specialty Adviser Report in Anaesthesia & Intensive Care Medicine (ICM)
AP 14.2: Trainee members' database up to date

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

- **Fluid guidelines** - These had previously been discussed at Council without reaching agreement about SICS support. MF had invited MM to give a brief presentation after seeing her well-received talk at the Edinburgh Anaesthesia Festival. MM described the need for education of all healthcare groups in fluid management, the Fife strategy to produce and implement guidance, the ongoing issues of maintaining consistent use, leading on to her future plans to study outcome improvement and spread the work more widely, to both students and established doctors. FBM suggested approaching NES, GN offered to link the work with the Emergency Medical Handbook, and both GN & JC felt that SPSP improvement methodology and tools might prove helpful. FBM noted the current work on a national prescription chart would be worth linking with. LW highlighted that both A&E practice and ALS teaching were matters to address. Council offered no objections to supporting the guidance.

  AP 4.1 MF to formally contact MM to offer SICS support to the guidance and provide a copy of the new SICS logo

- **SICS external reviews** - The SICS had been asked to investigate and report on a unit in Scotland that was an SMR outlier in the 2012 SICSAG report. Although SICS had done this in the past there was little documented guidance. MF asked firstly if this was a role that SICS should take on, or it should be done by a statutory body (e.g. FICM). There was general agreement to keep the process in Scotland and JC offered the support and participation of the SCCGD. SC noted that it is the NHS Board that initiates the report and they can choose whom they please. The SICS can be ready and available but cannot be a mandatory investigator. FICM would be an alternative if that Board so wished. MH was uncomfortable that this would not be seen as a genuinely 'external review' to the outside observer but it did enable better understanding of local issues. DC suggested an external member of the review

panel, with local, expert knowledge but from outside the intensive care community. CW felt that continued provision of reports by SICS would maintain consistency.

MF then asked about the composition of the investigating panel and the report content, as future reports will need to be both consistent and transparent. The suggested panel members included the President, a representative from the SCCDG, a clinical observer and some-one with audit expertise, all from outwith the Board being investigated. Too big a panel would be hard to co-ordinate. JC felt that appropriate expertise was important and suggested Health Improvement Scotland's Independent Scrutiny Panel as a framework. The current process was performed without administrative support, and payment by the commissioning Board to the SICS was not felt appropriate at this time.

LW asked about the situation in England and Wales, SC replied that ICNARC used a trigger of +/- 3SD, over two quarters so triggers were less frequent if at all. JC asked if, as statistically outliers will happen, there was a way to screen those who truly needed a review. JR and IM both had experience of using a trigger in the monthly CUSUM report as an early warning, prompting local investigation. SC believed the process focussed units on providing good quality data.

AP 4.2: SR to produce more detailed guidance on SICS External reports

- **FICM matters:**
  - **Elections** - MF congratulated Anna Batchelor, the new FICM Dean and Carl Waldmann, the new Vice-Dean. He drew Council's attention to the upcoming elections for FICM Board; GN hoped that a strong Scottish presence on the Board would continue.
  - **Core Standards for Critical Care** - Chris Danbury from ICS and Simon Baudouin from FICM are now collaborating on a 'Core Standards' document to inform commissioning. It has, however, been embargoed and cannot be distributed. JC noted that as there has been no consultation with the Scottish intensive care community it cannot be 'forced' upon us.
  - **Critical Care Leadership Forum** - DC attended the first meeting in July. Although there was a strong emphasis on commissioning and networks, workstreams covering areas such as audit and workforce planning would be useful for Scotland. There was good Scottish representation in this evolving group and Brian Cook has been elected as Deputy Chair.

- **Other matters:**
  - **ICS** - There was agreement to invite the ICS President to one meeting a year, and also to extend this invitation to other regional intensive care societies, on their own expenses.
  - **Sunday Times** - MF and GN sent a reply to a negative article about Scottish intensive care doctors published in the Sunday Times and picked up by other papers, but it was not printed.
  - **NPF Major Trauma Subgroup** - Aberdeen, Dundee, Edinburgh and Glasgow have been chosen as the four Scottish trauma centres, this will have major repercussions for critical care in these sites.
  - **ScotSTAR** - Andrew McIntyre from Yorkhill has been appointed as the AMD of ScotSTAR.

  AP 4.3: MF & SR to write to Prof Bellamy of ICS, and other regional society presidents.

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

- **Post-graduate studies bursary** - MH has agreed that the Education and Training Group will administrate the bursary. All further comments on the documentation are welcome by 11/10/13.

  AP 5.1: SR to finalise PGS Bursary documentation, to be introduced at the AGM 2014

  AP 5.2: SR will liaise with MH regarding running of the bursary
- **Medical and Nursing/AHP awards** - there was a poor response to this year's awards, better advertising and a rewriting of the adverts with more detail on what is required were suggested as improvements.

AP 5.3: SR will contact the SCCTG and Janice Rattray to revamp the award adverts

- **Website** - the first meeting with the design company has taken place and work is underway. SR will be asking for help in producing new text and photo content for the site. Council agreed to the publication of approved minutes in line with other similar societies.

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

- The Trustees' Report is completed and the annual accounts will be signed off soon. The Society's financial activity remains in neutral balance.
- The floorspace for trade at the ASM has been increased, with a steady input from trade currently.
- The imminent major outgoing is the website rebuild.
- DC will step down one year early, in April 2014. He is happy to help his successor with a long handover period.

AP 6.1: Any Council member interested in taking on the role of Treasurer to contact MF

7.) SICSAG Report - report tabled and copy on file

- SC was welcomed as the new Chairman of SICSAG, and he recognised the highly regarded work that his predecessor, Brian Cook, had done for SICSAG.
- The 2013 SICSAG Annual & HAI reports have been published with some press interest in delayed discharges, but none in the good news story of reducing HAI rates.
- The Steering Group will soon elect a new Vice-chair and are looking for new and enthusiastic people.

AP 7.1: All to spread word and encourage interest in joining SICSAG Steering Group

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

- Malcolm Sim has been elected as the new Chair of the SCCTG Executive Group, starting Jan 2014.
- Pam Ramsay's progress report on the EPIC study was noted; Council felt it important that the SICS was explicitly recognised on the website under development.

AP 8.1: SR to contact Pam Ramsay, Tim Walsh & Malcolm Sim to ensure SICS funding explicitly recognised on EPIC website

9.) SICS meetings/ASM Report

- **ASM update** - A leaflet and posters for the 2014 ASM are available and reps were asked to promote them locally, particularly the deadlines of 5th October for abstracts and 6th December for early-bird registration. GN congratulated CW on an excellent flyer and upcoming programme. CPD approval is awaited from the RCOA.

AP 9.1: all to promote 2014 ASM in their own areas

AP 9.2: Post meeting note - due to IT problems in GG&C the deadline for abstracts was extended for one week, for this region only

- **Regional presentations** - to improve the quality of this session, there will now be a named consultant sponsor for three/four presentations, each seven minutes long with three minutes for questions. The consultant will be present during the presentation and named on the first slide. The title will be either 'a clinical lesson of the year' or 'a challenging case'. JR will organise this.

AP 9.3: JR to provide advert for regional presentation to SR for distribution soon

AP 9.4: JR/CW/DC/MS to choose presenters and notify them by mid November

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

- **A Donation and Transplantation Plan for Scotland 2013 - 2020** - this report follows on from the five year plan set out in the Organ Donation Taskforce Report 2008, the key elements now being reduced refusal rates, consistent surgical acceptance of organs and continued increase in referral rates.

- **'Northern Model' trial in Scotland** - SC described the Newcastle method of discussing all patients for withdrawal of therapy with the SNOD, with a rapid answer, which had lead to increased referral rates. There was pressure to do the same in Scotland, but some disquiet about this. MH felt that if the SNOD was following a protocol to answer questions then we should simply be given the protocol, but SC explained that surgeons were not keen to give pragmatic acceptance criteria in case they missed a potential donor. MH felt the resultant slow responses times were too long. SC acknowledged that intensivists are expert at recognising a donor but the transplant community seemed to disagree, wanting comprehensive referral even if this upset ICM. JR felt that better engagement by the transplant side with ICM was required. DC felt that ICM has already done much to progress organ donation and improvements were needed in their systems and capacity, and a centralised system might be an option. CW agreed but felt it important that regional variations were addressed, all aiming for the level of the best units. Council agreed that donation has become part of core business at the end of life in ICU, but were not supportive of referring all patients at time of withdrawal. MF agreed to feed this back to a joint SGHD/NHSBT meeting to be held on 1st October 2013.

  AP 10.1: Post meeting note - following the meeting on 01/10/13 SC will work with the CLOD network to devise a more workable pilot for discussing (not referring) appropriate patients

11.) ICM Recruitment and Training Report & Update from CfWI

- **2013 Recruitment -** LW recapped on the inability of Scotland to take part in national recruitment, due to a lack of plurality of access resulting from badged posts dictated by SGHD workforce requirements. She noted that in the national process for 2013 75% of dual appointments were with anaesthesia, offering reassurance that badging might not be necessary to ensure ongoing supply of ICM/anaesthesia consultants. The Scottish 2013 recruitment process had a disappointing 80% fill rate, reasons for which might include little support from other specialities, a large number of recent proleptic appointments and lower quality applicants due to concerns about being out of the national system. It was hoped that the process would improve in time.

- **2014 Recruitment** - There is agreement for 12 posts for 2014, with ten linked with anaesthesia and two unbadged. Although there is still no funding for ICM posts it may be possible to enter unbadged posts into national recruitment in a phased process, aiming for full recruitment in due course, using the caveat that the post is only open to applicants with an NTN in another specialty. More core training jobs, hopefully in ACCS, will in time increase candidates for ST ICM training. Better advertising of the ICM posts will be required, via numerous routes including consultants raising awareness, the SICS trainee network and the non-anaesthetic faculties and colleges.

  AP: LW & DG to collaborate on a survey of the future plans of SICS trainee members
  AP: DG will distribute the advert for the 2014 ICM posts via the SICS trainee networks

- **Centre of Workforce Intelligence** - LW attended an anaesthetics and ICM scenario generation workshop with the CfWI, which aimed to model what supply and demand might look like in the future, and how various policies might affect this. The results were more relevant to the current changes in the NHS in England. JC noted that NHS England would be advised to take an approach to workforce planning more like that already adopted by Scotland & Wales.

- **Medical workforce planning in Scotland** - JC and Ian Finlay (a surgeon from GRI) have recently been appointed as SGHD advisors for reshaping the medical workforce. JC explained the modelling process which aims to predict the speciality establishment for future needs. If this suggests growth in training posts is required then discussions on possible mechanisms of funding will follow, although this may be money taken from elsewhere. Current figures suggest a need for more core posts to feed a proposed

20 new ST posts, possibly including two posts in ICM which might be standalone posts with separate funding, and with no cuts anaesthesia. Although anaesthesia and ICM continue to work co-operatively in regards dual posts, it is not tenable to take 20% of anaesthesia intake into dual jobs on a yearly basis. LW was reassured that the majority of trainees will probably dual with anaesthesia and was keen to see less badging because it reduces the pool of people to take dual jobs, leaving some unfilled. DC voiced the ongoing concern about attrition, which was a new concern in our ICM training.

12.) Critical Care Delivery Group - minutes tabled and copy on file

- **National Review of Critical Care Provision in Scotland**- the National Planning Forum are open to this suggestion and JC will draft a proposal for comment by the SICS Council. The review will cover HDU and other specialist ICUs, with links to PICU. Information gained from the review will be useful in guiding workforce planning.

  AP 12.1: John Colvin to send draft proposal for comments
- **SPA time** - there has been a big push to Board Chief Executives to consider improved SPA time allocation in view of recruitment difficulties in some Boards, and issues arising from the quality assurance agenda and the Francis Report.
- **ACCPS** - there is less money available to develop the programme compared to the time of introduction of PA-As. The Chief Nursing Officer is, however, interested in this group.
- **Consultation on draft MDRGNB guidance** - Radha Sundaram (RAH) will feedback comments to the authors' group.
- **ECMO/Advanced Respiratory Care Centre** - Mike Gillies (RIE) had attended a meeting on the morning of 27/09/2013, where it has been decided to commission one centre by next year, with another one if there proved to be a need. JC stated the SCCDG view that access to high quality advanced respiratory care should be available, be that in Scotland or elsewhere in the UK.

  AP 12.1: MF to report back on developments

13.) Paediatric Intensive Care Report

No report tabled.

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

- **Modules** - the main website designer is not able to do everything that is desired for the new modules and MH provided examples and costs from companies with more experience in this field. A long discussion ensued about the cost benefit of the various options, what the target audience and content was (new start trainees in ICU to whom delivery of face-to-face basic induction tutorials was difficult due to shift working), the need to cater for a new generation of learners who are motivated by interactive content and the rising use and acceptance of e-learning in healthcare. The modules would need to be accessible from anywhere, unlike some current NHS systems. It was agreed that the money in the education account could be used to develop e-learning; DC cautioned that this account did not generate much new money so it was vital the right product was chosen first time.

  AP 14.1: MH to collate quotes and make a recommendation to Council

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

- **ECMO Needs Audit** - the decision to commission a Scottish ECMO Centre has now been made (see Item 12 above), and the need to prove demand is less time critical. The audit group felt it would have struggled to produce high quality data with its current resource and time constraints but had done a significant amount of work towards the project leaving little time to organise another national audit this year. MF apologised to the Trainee Committee for this. DG reported that Euan Black was, however, confident of completing a more manageable audit on a different topic before the current committee members demitted office.

AP 15.1 DG to liaise with Euan Black to progress trainee audit by end of January 2014

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

- **Surveys** - FBM explained the surveys that she and SR had created; the survey of current and potential members would hopefully inform what might encourage increased membership and what type of associate meetings would be worthwhile. Council were happy to become involved in identifying potential survey participants in their own areas.

  AP 16.1 FBM and SR to progress with the survey process

- **Standardised drug concentrations** - the results of the questionnaire sent to audit leads and the benefits of standardising were presented. IM felt that units using weight based doses would not be keen to change. MH noted that guidelines did not mean they must be adhered to, although MF felt that if a unit not using established guidelines had a problem this would require explanation.

  AP 16.2 MF will bring the issue of standardised drug concentrations up with SICSAG

17.) AOCB

- **ACCPs** - the first national ACCP meeting in June was a success, and may be held in Edinburgh in 2014.
- **Annual Report** - All are asked to prepare a report for the Annual Report when submitting their AGM reports. No 2010-2011 report has been forthcoming.

Date of Next Meeting: Wednesday 22nd January 2014, 13:30 for 14:00
Old Course Hotel, St Andrews.