

## Minutes of the SICS Council Meeting, Friday 19<sup>th</sup> September 2014, 13:30

### The Royal Hotel, Bridge of Allan

#### **In attendance:**

Graham Nimmo (GN), Neil Spenceley (NS), Nigel Webster (NW), Shelagh Winship (SW), Mike Fried (MF), Ian Mellor (IM), Charles Wallis (CW), Jim Ruddy (JR), Martin Hughes (MH), Fiona McIlveney (FM), Malcolm Sim (MS), Andy Mackay (AM), Ruth Forrest (RF), Ally Gibson (AG), Richard Appleton (RA), Phil Korsah (PK), Kallirroï Kefala (KK), Liz Wilson (LW) & Sarah Ramsay (SR)

#### **1.) Apologies & Introductions**

Apologies were received from Rosie Macfadyen, Steve Cole, and Brian Cook. GN noted that there had been some clashes of dates for well attended SICS meetings which will need to be avoided in the future. GN introduced Andrew McIntyre, AMD of ScotSTAR.

**2.) Previous minutes** - Accepted as an accurate representation of the meeting held on 16.05.14.

#### **3.) Matters arising not covered elsewhere in the minutes**

GN ran through the relevant action points from the previous meeting:

AP 4.3 - MS waiting to hear from Tim Walsh about the UKCCRF

AP 5.1 - KK will take over as Meetings Secretary after the 2015 ASM

AP 5.6 - Endorsement policy now on website

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

- **FICM** – SR reported from FICM Board on 10.07.14
- **Organ donation** – A consultation on a proposed 'opt-out' bill for organ donation had been distributed to members, after Council did not reach a consensus view. CW noted that since the introduction of an opt-out system in Wales there had been a drop in donor numbers.
- **Scottish Morbidity & Mortality Review Group** – GN recapped on the remit and membership of this new group (previously 'Learning from Deaths in Scotland'), and proposed gathering M&M information from Scottish units. SICSAG would be pivotal in this. A discussion ensued on the importance of looking at morbidity, and use of improved processes. PK volunteered to lead a sub-group, comprising PK, GN, MH and NS. NS invited the group to see the RHSC 'quality dashboard' in action.

##### ***AP 4.1: GN to report back on the progress of this new subgroup***

- **Unit visits** – GN was concentrating on visiting remote HDUs in hospitals with no ICU, which care for occasional level 3 patients. He suggested a 'spoke and hub' programme might allow remote unit staff to visit major centres for professional development, and vice versa. The idea was well received by Council, FM offered to help at FVRH. RA noted that EMRS have resources for remote & rural education.

##### ***AP 4.2: GN to report back on the progress of this proposed programme***

- **Simulation** – GN reported a move towards unit-based simulation, aiming for a central faculty comprising members from each unit, overseeing delivery of high quality teaching. Flash training and minimal equipment techniques were discussed. FM is the newly appointed 'Anaesthetic and ICU Simulation Lead' at FVRH and offered to help with any new courses.
- **ScotSTAR** – Andrew McIntyre described the background to, remit of, and staffing for the Scottish Specialist Transport and Retrieval service. He then set out its challenges and emerging work-streams. (Written report sent post-meeting). A discussion ensued about difficulties encountered since the end of the Shock Team, and with time critical transfers. AM was keen for input; this could come via the local unit lead consultants for transport. It was agreed that AM would maintain operational links with the CCDG and visit Council on an ad-hoc basis.

- **Glasgow University Anaesthetics Society Meeting** – Council agreed that this was a worthwhile venture to encourage early interest in the specialty, and agreed to provide some funding and a speaker. Advertising to other medical schools and forging links with other undergraduate groups were suggestions for the GUAS's development.

**AP 4.3: MF to contact GUAS with an offer of financial assistance; GN will speak**

#### **5.) Honorary Secretary's report** – report & papers tabled and copies on file

- **Council** - Martin Hughes and Nigel Webster have both expressed an intention to stand for President Elect; SR will arrange an election according to the SICS Constitution. There are regional rep positions coming up to start next year.

**AP 5.1: SR to arrange the election of President Elect**

**AP 5.2: Encourage interest in new regional reps positions (all)**

- **Awards** – A decision was made to continue the Medical & AHP Awards at the combined SCCTG/SICSAG meeting for one more year, then reassess interest.
- **Lifebox Fellowship** – After discussion Council decided that the SICS would be better funding projects closer to its own interests. GN suggested contacting Chris Holmes and Chris Wright who visited an ICU in Malawi on an SICS Travel Grant in 2013.

**AP 5.3: SR to contact AAGBI Secretariat regarding the Lifebox Fellowship**

**AP 5.4: GN to contact Chris Holmes and Chris Wright**

- **Website** - RA noted that the site remained a work in progress, with a 3-5 year plan. The workload was being diaried. GN reported a search engine problem with Yahoo.

Hosting the new modules would be expensive, but the automated system would be less time-consuming for supervisors, while still offering a very useful resource. (MH later reported that the modules would hopefully be ready in January 2015). NW felt on-line education should be conducted properly and agreed to fund the hosting. GN felt this should be paid from the main funds. SW wondered if subscriptions should be raised to cover such costs. NW asked for the module hosting costs to be added as an agenda item in January 2015.

**AP 5.5: SR to add to Council agenda for January 2015**

- **AGM** - This will be held in the OCH Conservatory with a new format as circulated; GN will give an overview for the year. Council members will be available to discuss their written reports.
- **Invites to future Council meetings** - On hold until the FICM away-day is confirmed.
- **Louie Plenderleith** – SR noted that Dr Plenderleith would retire from the WIG in early December and Council agreed it was appropriate to recognise all his efforts for the SICS over many years.

**AP 5.6: SR to arrange a suitable gift**

#### **6.) Honorary Treasurer's report**

- **Handover** - NW is still in a handover period with the previous Treasurer.
- **Matters arising** - SICS can accept charitable donations; the Honorary Treasurer is the contact for this on the website. Current investments will be continued; other options are too risky.

#### **7.) SICS meetings/ASM Report** - report tabled and copy on file

- **ASM 2015** – CW asked for ideas for stand-by speakers. Rosie Macfadyen needed regional reps to identify regional case presentations and for volunteers to mark abstracts. The ASM 2015 is being advertised by AAGBI, ICS and FICM. The ASM 2016 will also be advertised in FICM's Critical Eye.

**AP 7.1: KK to submit advert to Critical Eye Editor by early June 2015**

#### **8.) Associate Members Report** - report tabled and copy on file

- **Membership** – RF noted no change in numbers since January. GN felt that engaging senior nursing staff was vital, and regional reps should target this. (Post meeting note: a group of theatre staff from NHS A&A have now joined.)

- **Webinars** - Pharmacy group trialling a video-conference on CVVH; RF will report back.  
*AP 8.1: RF will report back*

**9.) Trainees Committee Report** - report tabled and copy on file

- **Education days** – AG reported that Aberdeen trainees had had difficulties getting study leave to attend and so far video-conferencing had not been very effective. The next day was to be held in Dundee. AG apologised for the clash of the recent education day with the Combined SCCTG/SICSAG meeting.

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

- **Meetings** – MH hoped to introduce simulation into the education day syllabus.

**11.) Paediatric Intensive Care Report**

- **RHSC at the SGUH** – The new hospital will have 22 beds (from 17) to accommodate an increasing number of admissions, taking children up to age 16, including trauma.
- **Transport** – This is now shared between Edinburgh & Glasgow on rotation but base hospital referral centres remain the same for telephone advice and activation of retrievals. Time critical transfers remain the remit of the local team with paediatric input.
- **ECMO** - 30-40 cases per year with improving transport and education capabilities.
- **SPSP Paediatric Sepsis 6** – NS offered to send this to Council for interest and comment.
- **Post CCT Fellowship** – NS brought this to Council's attention. AG will distribute to trainees. NS asked about interest in pre-CCT training. LW noted that dual trainees will start coming to PICM soon, although time granted for further OOPE was limited.

*AP 11.1: NS to send papers to SR for distribution*

**12.) Critical Care Delivery Group Chair's Report** - report tabled and copy on file

- No matters arising from the submitted report. GN noted the common problems of workforce planning and manpower in this report and that of the CMO's Advisor in ICM.

**13.) ICM Recruitment and Training Report**

- **Recruitment** – The 2014 round had only a 75% fill rate. In 2015 LW is aiming for 14 posts to keep CCT output, with some badged but hoping for at least four going to national recruitment. These will require new money and will be open to trainees up to ST 6/7. Government engagement remained a problem. From 2016 only ICM will use Scottish recruitment and hopefully the cost of this will push an acceptance of joining national recruitment (which will stop at ST5 from 2016).
- **Shape of training** – The implications are not clear, but ICM may become a post CCT specialty.
- **E-portfolio** – Now operational but not compatible with other systems.
- **Educational Supervisors** – Difficulties in getting adequate numbers, particularly in the West.
- **Local FFICM exam courses** – LW looking to develop local exam courses; MH keen for the Education Group to be involved.

**14.) CMO's Advisor in ICM Report**- report tabled and copy on file

- No matters arising from the submitted report – see item 12 above.

**15.) Scottish Donation and Transplant Group Report** - report & papers tabled and copies on file

- **Meeting with John Forsythe** - Deferred as no current pressing issues.

- **Regional CLOD** – This role is being shared by Pam Doherty (GG&C) and Mark Worsley (FVRH) as an interim arrangement.
- **Brainstem death testing form** – The final version was presented by CW. Its use is advised but is not mandatory. The form is consistent with other documents including the 2008 AoMRC ‘Code of Practice’ and the 1976 BMJ article, ‘Diagnosis of brain death’.
- **Early DCD screening** - Although this replacement for the ‘Northern Model’ was deemed to be effective by NHSBT, most members of Council had not seen the document. CW agreed to feed this back to NHSBT. CW and IM agreed that use of clinical discretion was important but JR cautioned that PDA data might still be used to identify potential ‘misses’. IM noted variability in the acceptance of organs.

***AP 15.1: CW to feed Council comments back to SDTG & NHSBT***

- **Cardiothoracic scouts** – LW asked for clarification on this new NHSBT initiative. Council members had experienced variable skill levels of the scouts so far.

**16.) Scottish Critical Care Trials Group (SCCTG) Report** – report tabled and copy on file

- **Combined SCCTG & SICSAG Meeting 2014** – MS reported on a successful meeting, a highlight being the results of the SICS Delphi study into research priorities.

**17.) SICSAG Report** - report tabled and copy on file

***AP 17.1: GN to write to Angela Kahn on behalf of the Council thanking for her contribution to SICSAG.***

**18.) AOCB**

- **Annual Report** – Ready for distribution.
- **ACCPs** – The syllabus and curriculum are complete and awaiting approval by parent colleges and stakeholder organisations. The assessment documents are being written, hoping for a full training package to be available by early next year.
- **Use of social media** – JR noted that the use of social media had caused difficulties for some of those present at the SICSAG/SCCTG Meeting and asked for the views of a national society to reflect all members and all areas.
- **25<sup>th</sup> ASM 2016** – CW asked if the 25<sup>th</sup> meeting should be a bigger event. Options proposed included a combined paediatric meeting or a joint Scottish & Irish meeting.

***AP 18.1: Suggestions to KK for the ASM 2016 (all)***

- **Paediatric ET tubes** – NS requested that ETTs were left uncut to reduce airways problems.

**Date of Next Meeting: Wednesday 21st January 2015**

**Old Course Hotel, St Andrews**