

**Minutes of the SICS Council Meeting, Friday 19<sup>th</sup> May 2015**  
**The Royal Hotel, Bridge of Allan**

**Present:** Martin Hughes (MH), Kallirroï Kefala (KK), Mike Gillies (MG), Thalia Monro-Somerville (TMS), Ruth Forrest (RF), Phil Korsah (PK), Richard Appleton (RA), Fiona McIlveney (FM), Gavin Simpson (GS), Charles Wallis (CW), Steve Cole (SC), Iain Macleod (IMac), Judith Joss (JJ), Ian Mellor (IM), Barbara Miles (BM), Nigel Webster (NW) & Sarah Ramsay (SR)

**1.) Apologies & introductions:** Apologies were received from Jim Ruddy, Brian Cook, Liz Wilson, John Colvin, Malcolm Sim, Andrew Mackay, Neil Spenceley, Alastair Gibson and Graham Nimmo. Martin Hughes chaired the meeting in place of Graham Nimmo. The new regional reps were introduced (Gavin Simpson for the East region, Iain Macleod and Judith Joss for the North region and Barbara Miles for the GG&C region). SR apologised for not formally introducing them at the AGM. Mike Gillies was introduced as the new Chair of the Education and Training Group. Thalia Monro-Somerville from the Trainees Committee stood in for Alistair Gibson. It was assumed that all reports had been read in advance.

**2.) Minutes of previous meeting held on Wednesday 21<sup>st</sup> January 2015**

SR noted a mistake on page 4 which was corrected to read 'the critical care pharmacy group'. The minutes were then accepted as an accurate record.

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

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

- AP 9.1: Abstracts – after discussion amongst the office bearers, online publication was deemed too expensive and a PDF of the abstract booklet will be added to the website.
- AP 10.1: Letter in support of SNODs – this was matter was felt to be resolved and no letter was required.
- AP 17.1: RF had no further updates on the SAPG review of meropenem use
- AP 17.2: RF yet to discuss a link nurse system with GN
- AP 18.2: A needs assessment exercise was underway for a Scottish community ventilation service. MG is involved.

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

- Patients & families subgroup – GN had attended the Inspire Clinic at GRI. Tara Quasim and Joanne McPeake will join the subgroup. The first step will be to find out what is happening across Scotland. SR asked how the group would report back and it was agreed that a member of the group would join Council.

***AP 4.1: SR to add this as an agenda item once a representative to sit on Council is identified***

- **GPICS** - MH reported on the exchange between the GPICS authors and the SICS office bearers. It was recognised that the document is a work in progress and will take time to implement. It refers to both level 2 and level 3 patients. Commissioning was a major driver behind GPICS in England and Wales but Scotland's different funding system would impact on implementation. MH asked how Council wanted to move forward with GPICS and a lengthy, wide ranging discussion ensued. It was clarified that the SICS had endorsed the document with reservations. An assessment exercise would be performed in E&W but as yet there had been no response from the SGHD. The overall feeling was that the document should be dissected, perhaps into essential, aspirational and undeliverable aspects and presented to the SGHD who would ultimately decide on what services would be provided. A review of critical care in Scotland would inform this process, which was felt to lie with the Critical Care Delivery Group. Simon Baudoin, a GPICS author, will speak at the SICSAG meeting in September. NW was keen that the SICS membership were kept informed of developments.

***Post-meeting note: GN, SC and BC have written to the CMO on behalf of the SICS, SICSAG and CCDG respectively asking for a review of critical care, focussing on future needs***

**AP 4.2: SR will circulate correspondence with GPICS authors**

**AP 4.3: GN to update all members after the CMO responds**

- **Critical Care Leadership Forum [SC]** – Both Brian Cook and Tim Walsh have stepped down. A variety of topics were covered, although not in great detail. E&W are overtaking Scotland in areas where we previously led the way, such as quality improvement.
- **RCPE Meeting**– It was agreed that this would be a useful opportunity to interact with physicians, with enough material for a full day.

**AP 4.4: GN to take this forward**

- **Simulation Group** – the group is underway and will report back to Council via the Ed&T Group.

#### **5.) Honorary Secretary and Website reports** - report tabled and copy on file

- **Grants and awards** – SR noted the low uptake of these. TMS suggested posting information of how to take time out of programme with the advert and agreed to advertise awards at the education meetings. It was harder to reach non-anaesthetists and junior trainees who were unaware of the SICS. PK suggested using the Directors of Medical Education to ensure good coverage.

**AP 5.1: SR to post advice on how to take time out of programme with the advert on the website**

**AP 5.2: Trainees Committee to advertise at Education days (TMS/AG)**

**AP 5.3: Trainees Committee to investigate ways to reach non anaesthetic and junior trainees**

- **Next Honorary Secretary** – SR noted her intention to step down as of the 2016 AGM.

**AP 5.4: Expressions of interest for the post of Hon Sec to SR by September Council meeting**

- **Website report [SR & RA]:** RA described ongoing work and the need for succession planning. Any interested parties should contact RA or SR. Without volunteers the next option might need to be expensive outsourcing.

**AP 5.5: Expressions of interest to work on the website to RA or SR. An advert will also be posted on the site**

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

- **Transport insurance** – a new company (Novae) were providing the same cover at the same premium.
- **ASM** – the 2015 meeting had made a £12K excess. It was discussed and agreed that to maintain good quality speakers business class travel could be supported but not the paying of honorariums. Again after discussion it was agreed to continue to invite companies to have trade stands. The meeting generated a lot of work for all concerned, and a rise in payment for administrative support had been requested. A job description for this role was felt worthwhile and also there was merit in contacting other event management agencies, e.g. AAGBI, to see what this would cost.

**AP 6.1: KK and GN to agree an ASM administration job description**

**AP 6.2: SR to approach AAGBI about events management; KK to investigate other options**

- **Public liability insurance** – cancellation insurance had previously been deemed unnecessary due to adequate reserves. The hotel did not however provide public liability insurance.

**AP 6.3: SR to discuss with other societies and make enquires with insurance broker**

- **Late cashing of cheques** – it was agreed there should be a time limit for the cashing of cheques.

**AP 6.4: NW to decide on an appropriate time limit**

#### **7.) ASM report** – reports tabled and copies on file

- **ASM 2015** – Overall the meeting had been rated as excellent and any negative comments were being addressed where possible. JJ asked why many of the oral presentation were from medical students, this was simply because they had ranked highest.
- **ASM 2016** – the programme was nearly finalised and ready for advertising. There would not be parallel sessions which RF felt was in keeping with the Associate Members' preferences. RA asked about A-V

recording for the members section of the website. This would have its cost and difficulties but might offer good value in the end.

**AP 7.1: SR & KK to arrange advertising of the ASM 2016**

**AP 7.2: RA & KK to liaise regarding A-V recording**

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

- No questions on the submitted report

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

- Education days - it was discussed making these free to members with a small fee otherwise to encourage trainees to join.

**AP 9.1: Further discussion between Trainee Committee and Council office bearers required (SR)**

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

- **Activity** – the 2015 report is nearing publication and showed a drop in level 3 admissions. Two HDUs had not been contributing data and SICSAG had been helping the relevant Boards appreciate the benefits and responsibilities of being in the audit. Otherwise there was nearly complete national coverage. Obstetric units were also keen to join. GS asked who sees the report, SC replied that it was the audit lead, CD, MD and Chief Executive of the Board.
- **COMQUI** – SICSAG was seen as one of the leading ISD audits in this SGHD ‘audit of audits’.
- **Promoting excellence and quality of care** – MH felt that SMR was not a good quality measure and asked Council to consider other methods to describe and quantify good care. KK noted that GPICS contained many of these and PK noted that the SICSAG quality indicators were helpful. SC recognised the limitations of APACHE and SMR but stated that there was nothing better and any changes would result in the loss of historical data. More process rather than outcome data would be ideal but required buy-in to commit to collecting even more data. The QIs were a ‘starter’, designed to cover all critical care areas including HDUs and they would be developed over time. BM suggested involving patients and relatives in this process.

**AP 10.1: Further suggestions to MH (all)**

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

- **Future activity** – the group will meet soon to decide on work-streams. The modules are proving difficult due to busy work schedules but will be progressed.

**12.) Paediatric Intensive Care Report** – no report tabled

- It was noted that patients leaving paediatric care would have significant impact on adult community ventilation services.

**13.) Critical Care Delivery Group** – report tabled and copy on file

- No questions on the submitted report, and relevant topics were covered elsewhere in the agenda

**14.) ICM Recruitment and Training Report** – no report tabled

- **Appointment of non FICM recognised trainees to ICM consultant posts** – there had been some email correspondence prior to the meeting between Liz Wilson, John Colvin and MH. Both LW and JC felt that FICM training was ideal but recognised that there were not enough trainees. A survey would be conducted to gauge national opinion. Some anaesthetic trainees were doing extra ICM in their advanced year but this was not FICM recognised, and might not allow them affiliate FICM membership. BM noted that consultants could apply to become a FICM fellow once in post. SC stated that a Board could decide on essential and desirable aspects of a job description and market forces would dictate this. MH expressed concern that trainees might therefore decide not to do ICM training. MG felt that bigger units might

attract FICM trained clinicians but ongoing support for smaller units, in a time of GPICS, was important. Overall there was consensus that FICM training should be encouraged for an ICM consultant post but in the absence of such a candidate and in view of workforce pressure it was not mandatory.

**15.) CMO's Advisor in ICM Report** – no report tabled

- Relevant topics were covered elsewhere in the agenda.

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

- **SNOD involvement in requesting** – There was little hard evidence that this improved consent/authorisation but low levels in Scotland was under scrutiny.

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

- No questions of the submitted report
- **UK Critical Care Research Forum** – MG informed Council that the UKCCRF would no longer be hosted by ICNARC but rather the Intensive Care Society. The ICS was asking relevant bodies to make a contribution of ~£2K for administration charges.

*AP 17.1: Malcolm Sim to make a recommendation on behalf of the SCCTG*

**18.) AOCB**

- **Annual Report:** FM preparing reports and happy to include adverts. The print run will be about 60 hard copies.

*AP 18.1: Any materials or ideas for the Annual Report to FM (all)*

**Date of Next Meeting: Friday 25<sup>th</sup> September 2015, 13:30 for 14:00**

**Royal Hotel, Bridge of Allan**