Scottish Intensive Care Society Council Meeting
Willie Park Suite – Old Course Hotel, St Andrews
Wednesday 18th January 2012
13:41hours

Present: S Stott (SS), R MacKenzie (RM), M Fried (MF), R Bloomfield (RB), C Wallis (CW), Martyn Hawkins (MH), Brian Cook (BC), S Winship (SW), W Peel (WP), S Cole (SC), S Moultrie (SJM), J Colvin (JC), S Ramsay (SR), David Cameron (DC), R Macfadyen (RMP), M Sim (MS), David Rowney (DR), T Walsh (TW), N Webster (NW), M Hughes (MHU) arr 14:24.

Introductions were led by SS as Dr David Rowney joined us as paediatric intensive care representative for the first time.

1. Apologies
   Dr C Cairns, Mr A Timmins

2. Minutes of previous meeting on 16th September 2011
   Accepted as a true record apart from the date given for the previous meeting was inaccurate, the correct date being Friday 13th May 2011. The minute will be amended.

3. Matters arising
   To be covered in individual reports

4. President's Report – S Stott. Report tabled and copy on file.
   The ICS is developing a no fee programme for ICM trainees. This will be run in venues throughout England and as yet it is not known if Scottish trainees will be welcome to attend. TW pointed out the academic training planned by the FICM will be based on the English system which has differences to that of Scotland. SS suggested maintaining close links with Louie Plenderleith who is the lead adviser in ICM in Scotland. There is a FICM meeting on the 6th February 2012. The revised constitution will be aired at the AGM. Future admin support will need to be addressed and this was discussed. Several potential solutions were discussed and members to research any options locally/nationally and feedback to Council. SS gave thanks to Council for their support over the past two years as this was his last meeting as president.

5. Honorary Secretary's Report – R Bloomfield. Report tabled and copy on file.
   The elected Associate representative to replace Alan Timmins' rescinded post is Fiona McIntyre – a pharmacist from Dundee - following a re-call for nominations. Charles Wallis and Martin Hughes are elected unopposed to their second terms. The Trainees' Group election has resulted in a tie for first place and they will meet to decide regarding placement of the successful nominees. Suggestions to the membership regarding the extended term for the next Secretary and creation of a Meetings Secretary has been met with support and it is anticipated this can be passed at the AGM tomorrow. CW has agreed to be the new Meetings Secretary having also stood for the Hon Sec election once this is ratified. There are options to archive past SICS documents in the RCPSG and there was support to pursue this. RB also thanked Council for their support over the past three years and wished her successors all the best.

6. Honorary Treasurer's Report – R MacKenzie. Report tabled and copy on file.
   The Society's finances are in a good condition with a general growth of assets. The research grant awarded last year is still to be paid out. The higher interest accounts

will need to be reviewed in a year to move to a higher earning account. There was an 11k profit made on last years ASM; trade income was 21k.
There are 449 members but only 178 have signed up to direct debit and RM is concerned there will be problems with double payment of subscriptions. NW pointed out that the original email looked like a spam email and may have been deleted by some members. The problem will be highlighted at the AGM and the regional reps were encouraged to put the word out locally.

7. Revised SICS constitution and Trainees' Group constitution – R Bloomfield and R Macfadyen. Copies on file

The revised SICS constitution has been distributed at the appointed time to the membership by email and any feedback/comments collated. There have been only notes of support by members who will not be at the AGM and no queries or protests to the revisions. The revisions mainly centre around Council proceedings and election strategies making it clearer as to the processes involved.
The Trainees' Group constitution is also for presentation at the AGM. This suggests a 50% physical quorate for voting, includes the ex officio regional members and clarifies the SICS Hon Sec role in overseeing their group. TW pointed out a typographical error in Para 18 which will be amended. If ratification occurs at the AGM then each constitution will be signed by both incoming and outgoing personnel as there are set to be many changes in both groups this year.

8. SICS meetings / ASM – Reports tabled and copies on file

SJM reported that all is in place for the forthcoming ASM. In anticipation of the Meetings Secretary post being ratified at the AGM, CW had made some provisional plans for the ASM in 2013. Provisional dates are 24/25 January and he has explored other venues to compare prices which have been distributed. There was some discussion about the relative merits of staying at the Old Course and returning to Dunblane. A final decision will be taken once the finances are clearer. RM stated that event insurance is in place.

9. Audit Group (SICSAG) Report – B Cook. Report tabled and copy on file.

SICSAG and HPS reports are distributed locally monthly. It is recognised that APACHE II is now out of date and there will need to be change in the comparator. New coefficients will be calculated from the 2010 dataset to be validated against the 2011 dataset; inter-unit calculations will be possible. National SMR reporting will continue for trend surveillance. HPS are doing systematic reviews of SPSP bundles – these will be published on the website and will be distributed to ICUs.
The Quality Indicators project commenced on the 1st January 2012 and unit individual reports will be generated for these. NW queried the QI regarding readmissions which had been raised in CCM recently. SS suggested that the QIs will be reviewed via the steering group on a regular basis and will develop in time.
In 2012-13 the intention is to develop a web based data entry system to supersede WardWatcher. This will be government funded. This is in the early stages but BC is concerned with the functionality of the new system especially as regards local data searching. CW urged caution in ensuring functionality was preserved or enhanced rather than reduced. WP queried whether ICNARC had a web based system. This is not government run and is funded by subscription from individual units.
BC has one more year of his term as Chair of SICSAG as does SC as Vice Chair.

10. Paediatric Intensive Care Report – D Rowney. Reports tabled and copies on file.

DR has been invited by MF as a co-opted member of Council to provide a liaison between the paediatric ICM community and the SICS.
The PICAnet report for UK and Ireland is available on the website which contains Scottish data. There are two large paediatric-only ICUs in Scotland with 16 beds at

Yorkhill and 17 beds in Edinburgh Sick Children's. These are run independently under the auspices of NSD but have an integrated transfer/retrieval service. There is an unmet need as regards paediatric HDU provision. There are 14-15 paediatric intensivists in Scotland. The intercollegiate board no longer exists for training and the path is less clear now. There is keenness within the paediatric ICU community for the following ideals:

- Cross training e.g. adult ICM trainees to receive a period of time within a paediatric ICU and vice versa.
- A paediatric lead consultant within all ICUs with paediatric ICM training.
- Integrated research with the SICS.
- Winter planning – a constant problem is being over capacity during the winter months with no foreseeable commitment to provide more.
- Transitional care – on a case by case basis.

MF suggested that common competencies between adult and paediatric ICM would be a step forward. BC asked about the PICAnet web platform but DR replied this does not always function well. BC also suggested it would be helpful to have a link to the SCCDG. SS concluded that there is much work to be done in this area and this provides a basis for future discussions.

11. Scottish Critical Care Trials Group (SCCTG) – T Walsh. Reports tabled and copies on file.

TW proposed the medical and nursing/AHP awards, if not taken this coming year could be handed onto SCCIRL (Scottish Critical Care Interdisciplinary Research Liaison group). Their terms of reference have been tabled. The prize is to attend the ASM fully funded. The poor take up of the award is possibly due to a lack of awareness. SICSAG also offer a similar QI prize. The research grant of 20k is reviewed internally within the trials group and then externally. A vote is then cast at the joint SCCTG/SICSAG meeting in September. There was only one submission last year and again, lack of awareness was suggested as reason for this. **TW will ensure readvertisement.**

The clinical trials diploma bursary will be coming to an end and will be readvertised also. The AAGBI have asked RB if there are any notes of grants and bursaries to be posted on their website – she asked TW about the wording of the notices, if it is intended the monies are used for research within Scotland by SICS members. There was much discussion regarding the location of research and the ability to specify this. **TW will explore the wording** to be used on the advertisements and suggested that they should not be sent to be posted on the AAGBI website.

Other notable news is that Scottish ICUs outperformed other units having 15% of the total in the FIRE study and 90% of our ICUs took part. The CSO is providing monies for research nurses so TW encouraged units to take advantage of this.

NW asked about NRS posts. The CSO has taken money from clinical budgets which is now available to NHS consultants and AHPs to apply for ring fenced time out of job plans for research. This is for up to 4PAs per week. The current round is closed but the CSO is planning to run again this year. They are awarded at board level around November/December time. There was variation as to who had been informed of this and who had not.

12. Scottish Transplant Group – S Cole. Report tabled and copy on file.

DCD numbers are increasing which would not be possible without continued engagement with the ICU community. The UKDEC report has been produced with feedback taken on board. 'Trigger factors' have been mentioned in the NICE report for the first time. NICE does not technically apply in Scotland but consideration needs to be given as to whether a response should be made. SS and SC attended a meeting on heart retrievals in DCD donors and no major conclusions were made. There are some legal and ethical impediments to this.

The time to reach theatre from identification is taking an increasing time from 6 hours previously to >12 hours now. This has led to withdrawal of authorisation and the reasons why are being examined. Each transplant centre can accept/decline as they wish and this is unregulated. Each referral can take 1- 2 hours for an initial response.
SR added to the discussion regarding the PDA. This is undergoing it's final reworking, the key aim of which is to produce an audit of good practice rather than auditing key performance indicators. A pilot will occur but the timeframe is expected to be several months. SC pointed out that despite this statement funnel plots are presented similar to SICSAG despite the data not being validated. RM questioned the role of transplant coordinators at the relative's interview, NHSBT suggest this is compulsory. CW pointed out that the wait for some coordinators may mean the opportunity to discuss donation can be lost. SC suggested maintaining control as much as possible and continuing to engage on clinicians' terms.

13. Evidence Based Medicine Group. Report tabled and copy on file.
Dr Cairns is unable to attend but he is still seeking volunteers to assist with the EBM group. SS suggested a Council member would be best placed to do this. No questions were raised.

14. Critical Care Delivery - Chair's Report – J Colvin. Report tabled and copy on file.
Medical workforce issues will be exacerbated with trainees coming from other specialties leading to ICM being sacrificed in programmes. The Dual training route will also take longer. SMASAC continues to look at HDU needs. There is little flu activity. The RCOA Scottish board will represent ICM in Scotland.
There were several questions regarding the single CCT which had been requested in Scotland but these are only being offered South of the Border and are due to commence in 2012. RM asked about the funding arrangements – monies are being diverted from clinical fellow and anaesthesia posts. JC suggested that ideas need to be put together to seek what can be done regarding the issue with critical care service delivery.

15. Education Group – M Hughes. Report tabled and copy on file.
The Trainees' Group meeting was a success. The training modules are being rewritten.

16. Trainees' Report – R Macfadyen. Report tabled and copy on file.
The Trainees' constitution will be aired at the AGM. The tie for first place in the elections will be resolved by the AGM when further discussions have taken place but it is likely the positions will be arranged by mutual agreement. The ICS meetings mentioned by SS earlier are unable to be run as podcasts/webcasts but this has been requested. The ICS trainee committee have decided not to co-opt the SICS Trainees' Group despite a request for this. **RB reminded RMP of the promise of the outgoing office bearers to write SOPs** or similar to ensure thorough handover and reduce the time to pick up business when there is such a rapid turnover of elected members.

17. Interhospital Transport – M Fried.
The air procurement is going ahead as planned. The National Planning Forum accepted the major emphasis on air transport but land transport is not going to be addressed. MF has been asked to be a clinical adviser to the process of implementation therefore will continue as SICS representative for IHT as present.

18. Associate members – No report.

19. Website – No report.

Several solutions have been explored and discussion centred around these potential solutions. There will need to be payment but all options will be considered prior to committing to a contract, bearing in mind the problems experienced by the AAGBI. It would be good to be able to integrate functionality to include meetings registration and applications for membership etc.

20. AOCB

a. ECMO – M Fried/R Bloomfield

The transport of these patients was discussed. Arrangements are still ad hoc. The commissioning process in England/Wales is now complete and there are five commissioned centres but none in Scotland. The referral pathway is unclear, especially during surge situations. Meantime the advice is to contact Leicester with ECMO referrals.

b. SPSP representative

A representative from the SICS at the SPSP group has been requested. SICSASG is already represented for three meetings per year in Glasgow and it was felt this should suffice.

c. ACCPs

A paper has been tabled as a position statement from NHS Lanarkshire regarding ACCPs. There was some discussion about setting up new programmes

d. Annual report

WP gave the figures for producing the report. RB reminded anyone who hasn't sent in their reports to WP do so.

e. Prizes

£400 for the best oral presentation, £200 for the best poster, £500 for Julie Fenton.

SS welcomed MF to his term as president and wished him all the best. MF gave thanks to SS for his work over the past two years.

21. Date of Next Meetings:

Friday 18th May 2012 Royal Hotel Bridge of Allan.
Friday 28th September 2012 The Ivy (Annex of the Royal Hotel) Bridge of Allan.
Wednesday 23rd Jan 2013 Venue to be decided.