The Royal College of Emergency Medicine

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DRAFT COUNCIL MINUTES

The Minutes of the meeting of Council held using Zoom Meeting software on 14th May 2020

The meeting was chaired by the President, Dr Katherine Henderson

In attendance:
Trustees

Adrian Boyle	*Vice President, Policy*
John Burns	*FASSGEM Chair*
Simon Carley	*CPD Director*
John Thomson	*Vice Chair Scotland*
Carole Gavin	*Vice President Membership*
Ian Gurney	Military Representative
Ian Higginson	*Vice President*
Steve Jones	*Regional Chair, North West*
Paul Kerr	*Vice President, Northern Ireland*
Jason Long	*Dean*
Manou Sundararaj	*Regional Chair, Yorkshire & Humber*
Amar Mashru	*EMTA President*
Jo Mower	*VP Wales*
Lisa Munro-Davies	*Vice President*
Kalyana Murali	*West Midlands Regional, Chair*
Maya Naravi	*Chair, TSC*
Shashank Patil	*Regional Co-chair, London*
Derek Prentice	*Lay Group Chair*
Adam Rueben	*South West Regional Chair*
Emma Rowland	*Regional Co Chair, London*
Jason Smith	*Research Committee Chair*
Simon Smith	*QEC chair*
Julian Webb	*Regional Chair, South East Coast*
Olivia Wilson	*ACP Forum Chair*
Richard Wright	*Regional Chair, East Midlands*

Present (representatives, co-opted members and employees)

Emily Beet	*DCEO*
Theo Chiles	*Policy Research Manager*
Nigel Pinamang	*Head of Corporate Services*
Helgi Johannsson	*RCoA representative*
Sam McIntyre	*Head of Quality and Policy*
Gordon Miles	*Chief Executive*
Emily O'Conor	*President, IAEM*
Donal O'Donoghue	*RCP Representative*

C20.19 Welcome and apologies

1. The President welcomed all to the first entirely virtual meeting of Council.

2. Apologies for absence were received from Anne Weaver PHEM Representative; Taj Hassan, Immediate Past President, Shamim Nassrally, SAM representative; David Chung, VP Scotland, Jane Evans, East Midlands Regional Chair, Sohom Maitra Regional Chair North East, Gerardine Beckett, Office Manager.

3. Emily O'Connor and Emily Beet were present but advised that they may need to step out for other business.

C20.20 Conflicts of interest

4. No conflicts declared.

C20.21 Minutes

5. The Minutes of the meeting held on 12th March were accepted as a correct record. The President reviewed how quickly the Covid situation developed and changed the way we work. In hindsight the decisions to close down face to face events which were such difficult decisions at the last meeting were the right ones.

C20.22 Matters arising

6. There were no matters arising that were not already on the Agenda for this meeting.

C20.23 Dean & Deputy CEO's Education Report

7. This item was taken early in the Agenda as Emily Beet (EB) had to leave to attend another meeting.

8. EB spoke to the paper at 8.1 concerned with ACP Credentialing in which it is proposed that the ACP Credentialing Panel is granted a third outcome - 'Partial Resubmission' for those cases where there are limited competences that require additional evidence. This reduces the burden for both the candidate and the credentialing panel. This was approved on the basis presented.

9. There was a question about PA allocation for ACP supervision which was confirmed as 0.25 per ACP as per the guidance on our website.

10. Olivia Wilson spoke to the paper at 8.2 setting out the work programme for the ACP Forum. The work programme was welcomed. Council asked for updates periodically on progress.

11. The Dean gave an overview of the substantial workload associated with the pandemic which has added to what was already a large work programme. The recent development of Trainee FAQs, Guidance for ARCP, additional eLearning resources were highlighted. The new Curriculum continues to be planned for in 2021. Once the GMC approves the new curriculum there is work to do to review the ACP curriculum so it is in step with the coming new arrangements for the medical curriculum. EB noted tremendous work of RCEMLearning team and reported the highest number of page views had been reached the previous month with over 6,000 views of the Covid-19 resource page.

12. The recent Zoom video call focussing on examinations and training had over 300 joining and demonstrates how it is possible to reach out to Members and Fellows at this time.

C20.24 President's report

13. The President gave a report.

14. PPE has been a big issue for the specialty. Initially Emergency Depts were not categorised as high-risk areas but working through the NHS system we were successful in getting hot and cold zones recognised and our workforce wearing appropriate PPE. However this meant there was a delay at the MAYMstart of the outbreak when staff were not wearing PPE on zones with undifferentiated patients so there are worries that a large numbers of staff may have been affected.

15. The President reported that there have been a large number of documents/ guidelines that have come to the College for comment at short notice. She is grateful to everyone who has helped with this work.

16. Our main routes of influence have been through the Academy. We have been present on the weekly CMO England calls which brief the AOMRC Presidents about what is going on. However, there are a whole series of other calls involving NHSE and briefings are regular.

Devolved Nations reports

17. **Paul Kerr, Northern Ireland:** Reported he is involved with regular calls and has contributed to position statements. Problem is nursing homes in particular. Plans to talk to Minister again collectively about the lack of elective work being done, could become a problem for EDs as those patients will default to the EDs. Patient numbers are rising quite quickly now despite press reports of low attendances. Try to address issues of making safe for patients, waiting rooms safe etc. Need to maintain some of those Covid pathways and making the permanent.

18. **Jo Mower, Wales:** There has been a national Clinical Leaders Forum Zoom meeting. There has been a reduction in sick Covid patients attending and an increase in 'green' patients. PPE not an issue. There is a noticeable increase in mental health presentations. Social distancing is a challenge hence the need to maintain Covid/non-Covid zones. There was a sense that they need CDU up and running. Concerns about the withdrawal of extra staff. A Training Head of School appointed in Wales. Welsh Govt media campaign has maintained the Stay home message. Trying to balance message about those who need to come should come and thank patients for keeping away. There is no 111 system for Wales which is likely to be needed, so working on options - wait and care like the Danish model is being explored - also pull through of patients from other specialties being continued. The roads getting busy so fear of R Factor increasing.

19. **John Thomson, Vice Chair, Scotland.** Weekly meetings are held with the Scottish Academy. They are trying to manage COVID/non Covid streams. Looking at flow and pathways. There is regular Government contact. Also there are regular virtual meet ups with Clinical Leads in Scotland.

20. **Emily O'Connor, IAEM**. There is different Public Health Advice in Ireland from the UK. IAEM have improved their communication via Zoom running webinars every 48 hours. EDs close to the border are being watched carefully. The IAEM have had good access to a Medical Leaders Forum, so have had good influence with CMO and Ministers. Getting some press and political involvement now with their own position statement which is similar to our own. The clinical experience has been similar, number of Covid decreasing and seeking to restart other care.

General discussion re Presidents and VPs reports

21. Donal O'Donoghue raised a question re sharing of approaches for the reset. Shielding of clinically vulnerable across 4 nations is difficult because approach is not common to all. More work to be done there. RCP doing work on the shielded (those who are linked into Secondary Care) and will make sure they pick this up with us. Action: President to follow up with Donal O'Donoghue.

22. The Vice President Policy reported that discussions with CMO raised some concerns about lock down being released and hence a concern about a potential second wave of Covid-19 infections in Autumn.

There is a worry that we may return to business as usual too soon. There is therefore a need to try and maintain Red/Green arrangements in Emergency Departments.

23. West Midlands Regional Chair reported a rapid increase in non-Covid patients presenting. There were concerns about losing the gains made to improve patient flow.

Position Statement

24. The RCEM Position statement was published on the 6th May. This was done because it was clear the workload was increasing, redeployed doctors are being pulled out and so there is a risk of crowded departments emerging again. This is incompatible with infection control measures. Our statement didn't get much media attention but has had influence at senior levels particularly in England. It was sent to Presidents of RCP, RCGP, RCS, RCPysch, RCoA and SAM. It also went to CQC, NHS Providers and the NHS Federation. All these groups have made positive comments.

25. Emergency Departments have seen a decrease in attendances since the start of the pandemic. The biggest drop in patient numbers is in lowest risk groups. There has been concern because of an actual decrease in the number of patients presenting with stroke and AMI. Looking at the England Emergency Department Syndromic surveillance data suggests AMI and cardiac presentations are now back at normal seasonal averages. Respiratory presentations are significantly down now. It is essential that vulnerable patients can attend without a high risk of a nosocomial infection. There could be a nosocomial dividend which could have beneficial effect on other contagious diseases eg measles, hospital acquired pneumonia and flu.

Other activities

26. The President has had two meetings with Secretary of State (SoS) Matt Hancock. Discussion with other Colleges and SoS about concerns about working up the restart of services in a safe way.

27. At a second meeting which was a one-to-one with his team, we were joined by a range of Department of Health & Social Care personnel including Edward Argar Health Minister**.** There is a question as to where next for the Clinical Review of Standards? The CRS report should have been published at the end of March. We had reached a point where we felt there were sensible clinical metrics which would reduce crowding. In particular having a 12 hour absolute maximum not the current DTA plus 12. The other positive metric was Ready for ward/ Ready to Progress. We still have DTA Plus 12-hour breaches even with the current hospital bed occupancy and this is unacceptable.

28. In the future it clearly would be impossible to have a frail elderly patient in a corridor because of risks of nosocomial infection. We need to see if revisiting the CRS can give us what we need to allow EDs should be the ultimate safety net for patients but not the safety net to the system. The system should rise to the challenge of providing safe care which is right for its patients. This raises system questions such as: How do we bolster NHS 111, provision of video consultation and also accept that there will need to be primary care investment to enable them to deliver care in the community.

29. Within the ED system, there are issues in a Covid endemic world, for patients at home who are shielding, who then present with problem that relates to their chronic health problems: how do we get them in without them being in a queue with undifferentiated waiting room? There are suggestions that these patients could be 'Heralded Patients'. There are care pathways being specially developed for these patients and so we are contributing to these changes. We also recognise that the elective backlog may result in increased demands on the EDs as patients present with problems that could have been resolved through elective care.

30. As the situation remains fluid, we may need to ask Council Members to review statements by email, so the President asked Council Members to please help us by responding quickly.

31. There was a discussion about engaging the public and the need for help from NHS communications resources to get the messages out an out safety and appropriate care. Feedback and questions from the College Lay Group are sought and these should be sent to Vice President (Higgi). **Action: Lay Group Chair**

32. Council was asked to help with the FAQs under development. **Action: Council**

33. Conversations with CQC led to a positive response and to help them help with our messaging - they need some standards to judge against on the infection control issue so they can say assess EDs and tell if they are keeping patients safe.

C20.24 Vice President Membership's report

34. VP Membership talked to her report about Membership Stats. The report was welcomed. It was noted that the Overseas Members as a percentage of the whole membership had declined in recent years as the membership in the UK increased. This provides an opportunity for us to look at the membership value for overseas members as well.
35. There was a discussion about the planned membership survey. Council gave agreement to proceed in June. There is a need to improve the data we have particularly on the ethnicity of members and Fellows and age.
36. The resolution to change the Bye Laws to improve the Disciplinary Procedures and the Code of Conduct were approved.

C20.25 CPD Director's Report

37. Simon Carley described the work to develop a business case to hold our events in a virtual way. There is significant work developing new proposals and re-engineering our events and CPD offerings. The cancellation of face to face events has also involved a considerable workload.

38. There was a discussion about future plans and it was agreed that for 2020 we should plan for all events to not be face to face, with the hope that these would restart in 2021.

39. The EMTA President flagged up a new initiative based on an innovation from the EM Leaders work to create a form to record learning experiences which automatically creates a pdf of reflections to upload into portfolios.

40. FASSGEM President comments that they would need to take a decision to cancel autumn conference.

C20.26 Sustainable Working Group Report

41. The merits of the RCEM Wellbeing App called 87% App were discussed. This App had been taken up by 25% of the Membership. The App had also been shared with 7,500 ED nurses (10% have downloaded) and will shortly be offered to 1,500 nurses in ROI.

42. In terms of wellbeing there is a lot of good practice being followed but equally concern about training progression, exams, ARCPs etc and what happens with their training. There is considerable activity being undertaken to address these concerns.

43. There is a huge variety of welfare issues across the EM Community. Some concerns about colleagues who are shielding.

44. There is an opportunity to use RCEM Zoom services to support regional welfare meetings

45. There was a question and a discussion about SPA time. There was a request for ACPs to be included in the guidance. It was agreed that the College guidance needs revisiting. VP Higgi to follow up and also Adam Rueben to follow up with President and Vice President off line.

C20.27 Report from the Service Delivery Cluster

46. Simon Smith reported that the Quality Audits Projects are re-starting. The topics are infection control, pain in children and fractured neck of femur. Infection control is a new measure and the group are working to find robust standards we can use for QI

47. The Safety Committee have been busy with weekly safety flashes. These will continue for a few more weeks, then switch to a monthly basis. There is a plan to review some of the safety material for example the Top Tips and Checklist and update website in near future. Action: QEC

48. The Safer Care Committee have experienced lengthy delays in renegotiating access to NRLS incident data following the end of the last data sharing agreement. This is expected to be resolved imminently, pending confirmation of analysis capability within the Committee.

49. There are opportunities for further quality and safety work eg Aortic dissection, missed MIs etc get out messages on how we would like the clinical pathways to operate.

C20.28 Treasurer's report

50. 2019 Accounts: The treasurer reported that the financial Audit of the 2019 Accounts was completed on schedule. The Audit flagged only minor issues: a) the Register of Interests needs to be kept up to date and b) there is a need given the financial impact of the pandemic on the 2020 financials to consider the impact on the lending covenant with our Bankers. The former is in hand and the latter has been dealt with by Handelsbanken confirming a waiver of the covenant for 2020.

51. The Treasurer sought Council approval of the Accounts. This was granted by Council so that the Accounts can be signed.

52. Budgets: Budgets have been modified to reflect the loss of events and additional costs. Also we experienced a loss of £320k when we cashed in our investments about a month ago.

53. We are in the process of putting some of our cash reserves with Flagstone (a facilitator of cash deposits with a range of banks) to spread some of our cash to reduce vulnerability to any bank failure.

54. We are advocating using Zoom technology for meetings of any kind, recognising that Events may need special software to enable them to be effective.

55. We shall be reviewing our membership subscriptions and are keen to see us boosting value of membership.

56. Examinations business case: The Executive have signed off a repurposing of examination budget in the sum of £308,000 to invest in software to enable us to run written exams in an safe and secure online environment. This was noted. The next issue that is being explored is how to run OSCEs in a virtual environment as it appears unlikely to be able to run face to face OSCEs in the foreseeable future.

57. Business Cases: Please speak to finance team as early as possible if you have a business case for investment or a project that needs financing as an early conversation will be most effective.

C20.29 CEO's Report

58. The CEO advised Council that from the outset of the approaching pandemic the College management had been preparing for the challenge. The Business Continuity and Disaster Recovery Procedures were invoked and a Crisis Management Team formed to take action to preserve our operations and services.

59. We are seeking to try and take opportunities to innovate when making changes that are forced on us by the situation. So we are exploring online examinations and events and may in future to reach more Members and Fellows in new ways than before.

60. We took the decision to close the College buildings on Monday 16 March. A skeleton staff had to support the examinations work as there were some marking meetings happening at Octavia House and as soon as the decision was taken to move to a virtual operation this building closed. Our buildings are being inspected by facilities contractors 3 times a week to ensure that they are safe whilst empty.

61. Before the lockdown we had invested in video conferencing and quickly moved to enhance our Zoom licence, support staff with additional laptops and screens for working at home.

62. We established our Mental Health First Aiders, reached out to support those who are alone, increased our communications, held regular and frequent Zoom meetings.

63. A new HR App was adopted which enables online leave and sickness absence recording, blogs, information sharing and a place to store our HR policies. The 87% wellbeing App was also rolled out to employees.

64. Our recruitment was been embargoed. Two appointments where offers had been made were continued as they are essential roles: the Psychometrician and Head of Training.

65. Our headcount has reduced to 50 (from 56) as vacancies are unfilled. We also have 16 staff on furlough taking advantage of the Government Job Protection Scheme, where we recoup 80% of their employment costs.

66. We have risk assessed the potential to return to the office working environment but presently there is no clear benefit to do so and a lot of risk to employees particularly commuting into London. Our working from home arrangements have been effective and our operational activities have been maintained.

67. The Council thanked the employees for their work in difficult circumstances.

C20.30 VP Chairs of Corporate Governance Code Project Report

68. The papers were considered and noted. There were some questions from Members about where the details of the Committee Structure would be set out. It was explained that this would be in the Terms of Reference document, so no change is expected in the operation of existing Committees.

69. The Council were invited to send any questions or comments to VP Membership, Vice President (Higgi) and the CEO for consideration. The next steps would then be to seek Privy Council review and approval of the changes. The aim being to bring proposals to the AGM this Autumn to seek Membership approval of the changes, which would then enable the College to formally ask the Privy Council to approve the changes to the Ordinances and petition the Sovereign to change the Charter.

C20.31 Any other business

70. The Zoom connection terminated and cut an end to the discussion as the Clinical Leaders Zoom meeting started.

C20.34 Date of next meeting

71. The next meeting of Council is scheduled for 16th July and it is planned to meet virtually. Further details will follow.