



# The Royal College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Breams Buildings  
London  
EC4A 1DT

Tel +44 (0)207 404 1999  
Fax +44 (0)207 067 1267  
[www.rcem.ac.uk](http://www.rcem.ac.uk)

## COUNCIL MINUTES

The Minutes of the meeting of Council held in the Council Room at 7 – 9 Breams Buildings on 17<sup>th</sup> January 2019

The meeting was chaired by the President, Dr Taj Hassan

### Present:

Trustees:

Dr Saurav Bhardwaj	<i>Chair, South Central Board</i>
Dr Adrian Boyle	<i>Chair, QEC</i>
Dr John Burns	<i>FASSGEM Chair</i>
Dr Ian Crawford	<i>Vice President, Northern Ireland</i>
Dr Carole Gavin	<i>CPD Director</i>
Dr Lorraine Greasley	<i>HM Forces Representative</i>
Dr Katherine Henderson	<i>Regional chair, London</i>
Dr Scott Hepburn	<i>Treasurer</i>
Dr Ian Higginson	<i>Registrar</i>
Dr Jason Long	<i>Dean</i>
Mr Sohom Maitra	<i>Vice Chair, North East</i>
Dr Chris Moulton	<i>Vice President</i>
Mrs Lisa Munro-Davies – via video link	<i>Vice President</i>
Dr Kalyana Murali	<i>Chair, West Midlands</i>
Mr Derek Prentice	<i>Chair, Lay Group</i>
Dr Paul Stewart	<i>EMTA Chair</i>
Dr Manou Sundararaj	<i>Chair, Yorkshire &amp; Humber</i>
Dr John Thomson	<i>Vice Chair, Scotland</i>
Dr Richard Wright	<i>Chair, East Midlands Board</i>

### In attendance:

Employees:

Mrs Gerardine Beckett	<i>Office Manager</i>
Mrs Emily Beet	<i>Deputy CEO</i>
Dr Simon Howes	<i>Policy Research Manager</i>
Mr Gordon Miles	<i>CEO</i>
Miss Zoe Moulton	<i>Policy &amp; Communications Officer</i>
Mr Luke O'Reilly	<i>Policy &amp; Communications Officer</i>

### C19.01 Welcome and apologies for absence

The President welcomed Dr Manou Sundararaj to Council as the new chair of the Yorkshire and Humber region replacing Dr Graham Johnson, Dr John Thomson, Vice Chair of the Scottish Board, Dr Kalyana Murali, new chair of the West Midlands Board and Mr Sohom Maitra, Vice Chair of the North East Board.

It was noted that Dr Alasdair Gray has resigned as chair of the Research and Publications Committee and Council were asked to ratify the appointment of Professor Jason Smith as the new Chair.

Dr Hassan was delighted to advise Council that two Fellows have been awarded national honours in the New Year's list: Dr Ed Glucksman, former Vice President and Registrar of the Faculty and College, has been awarded an MBE (Hon) and Dr Malik Ramadhan, Consultant in EM at the Royal London Hospital, an OBE. This news was warmly received by Council.

Apologies for absence were received from Dr Nick Athey (Chair, North East Board), Dr David Chung (Vice President, Scotland), Dr Jim Crawford (Chair, East of England), Dr Steve Jones (Chair, North West Board), Dr Jo Mower (Vice President, Wales), Dr Maya Naravi (Chair, TSC), Dr Jerry Nolan (RCOA representative), Prof Donal O'Donoghue (RCP representative), Dr Adam Reuben (Chair, South West Board), Prof Jason Smith (Chair R&P), Dr Julian Webb (Chair, South East Coast)

### **C19.02 Conflicts of interest**

Dr Chris Moulton confirmed his status as co-leader of the GIRFT project.

### **C19.03 Minutes**

The Minutes of the Council meeting of 15<sup>th</sup> November 2018 were accepted as a correct record.

### **C19.04 Matters arising/actions**

- i. **C18.89i Workforce strategy** – Dr Hassan updated Council. For England a strategy was agreed in October 2017 with NHS England and we are in the implementation phase, growing the workforce, addressing attrition and maximizing retention. Dr Maya Naravi (TSC Chair) has put in some hard work on this with other colleagues. 400 training places were available and we have filled 390, 325 of which were ACCS trainees. The key question is how to keep them in training and well supported. We are in discussion with colleagues from EMTA and with HEE for the EM leaders project. In the devolved nations, Dr Hassan advised that he has visited Northern Ireland government officials with Dr Crawford, in Wales he has visited the Cabinet Secretary with Dr Mower and is due to meet again next month. In Scotland the Scottish Vice President and other board members meet regularly and Dr Hassan was due to meet the Scottish Cabinet Secretary recently but this has been deferred by them. We are also working with FASSGEM to support SAS doctors. Dr Burns advised that he is working on ensuring there's FASSGEM representatives on all relevant College committees.
- ii. **C18.89ii Sustainable working strategy with NHSE/I** – This work is ongoing and Dr Hassan met with the BMA chair last month to put our position across urging that doctors working in acute situations are appropriately recognized and rewarded for out of hours work. Mrs Munro-Davies, along with Miss Susie Hewitt have been discussing whether a fixed age for doctors working night shifts etc should be agreed and published and there was a discussion about this with Mr Miles advising that we should be careful about age discrimination and also that junior consultants would have to take over all the night shifts, which again is not ideal or desirable. **Action:** Paper for next Council: LMD/CM/TH/Sunil Dasan.
- iii. **C18.89vi Regulator day** – This was held last September but the resulting output document is not ready so deferred till March Council. **Action:** March agenda

(GB). It was discussed that a similar session could be run at the conference or as part of a study day.

- iv. **C18.89vi Regional Emergency Medicine Clinical Advisers** – This is an England only project. Dr Cliff Mann and Dr Hassan had been trying to get funding for more representation from EM at NHSI and this was now been forthcoming, therefore 7 clinical advisers have been appointed (including Mrs Munro-Davies for the South West). These advisers will interact with the new regional directors and also link with regional chairs.
- v. **C18.90ii Service Delivery Cluster, ECDS** – Dr Moulton updated Council as there was a level of anxiety at Council last time about some issues with ECDS. This work falls within the Informatics Committee remit and the new chair is Dr David Gaunt. He has recently had a meeting with the chair of the ECDS group so we can expect better engagement in the future. Dr Henderson had a specific request around input into injury but Dr Moulton confirmed that we don't have direct input but we can send our concerns to the chair. Dr Hassan asked Council regional chairs to ensure they contact Dr Moulton with any concerns they may have which can then be fed through the Informatics Committee. There will be a further update at March Council. **Action:** agenda for March (GB)
- vi. **C18.92 Risk Register** – At the last meeting of Council some concern was expressed around red risks and how they are being managed. Mr Miles will discuss this at the Corporate Governance Committee and report back to Council. The main risk is in the Examinations area and we continue to work to reduce the risk there. Mr Miles is concerned that there are some risks which we have not identified and he urged Council members to contact him if they had suggestions and ideas. **Action:** All

#### **C19.05 President's report**

- i. NHS 10 year plan – Dr Hassan confirmed that this has been published and there are some good elements for Emergency Medicine and some more worrying. Dr Hassan is keen to develop a position statement. At a meeting at the AoMRC yesterday, Dr Hassan met with Mr Matt Hancock, Secretary of State for Health. He recognizes that better modelling will need to happen around bed-planning, which would have an impact on bed blocking. We as a College, are ahead of the curve compared to others regarding a response to the plan. There are similar activities going on in the devolved nations. Both Mr Miles and Dr Howes (Policy Research Manager) have analysed the plan and these were circulated to Council. There was a discussion. Mr Prentice pointed out that the plan mentions that patient groups have been consulted yet none of the Royal College patient groups have had any contact about this. It was agreed that a position statement should be drafted having consulted members and fellows via a survey to find their views. Dr Long was keen that we have a UK-wide strategy rather than for individual countries. **Action:** All Council members to email Mr Miles with their views and suggestions by 24<sup>th</sup> January. To be discussed at Executive in February and signed off at Council in March. There was a suggestion that we write an open letter to Simon Stevens and Dr Hassan referred to our response to NHS England which was published in the HSJ.
- ii. Quality Indicators in EDs/4 hour target threat – Drs Higginson and Boyle jointly presented work on this which prompted an lively discussion. Dr Hassan thanked them for this work. Discussion will continue.
- iii. Winter planning/guidance about ED crowding and support for Fellows and Members – our winter planning guidance was launched and has the support of the AoMRC who have formed a winter planning group of their own (UK wide). HEE attempted to help by suggesting that anaesthetists and surgeons might assist in the ED when electives are cancelled, and this was not well received or well

worded. Dr Hassan drafted a statement which was discussed at Executive and they circulated to Council before Christmas but there was some objection to the use of the phrase "corridor medicine". Dr Moulton then gave a presentation using some GIRFT data and a rounded and diverse discussion followed. He asked Council to consider whether the College should issue useful and relevant guidance about negative matters such as ED crowding (including corridor care) without appearing to endorse the problem? Also, what form should this guidance take and how and to whom should it be disseminated. Does Council need to endorse it or can it be completely delegated to QECC/SDCC? Lastly, is the current RCEM crowding guidance fit for purpose if not, which bits need revision? The consensus was that the current crowding guidance could be updated, we could give a list of suggestions of what has worked well elsewhere, but we should avoid talking about managing the situation operationally as the situation cannot be condoned. It was agreed that we must try to support Fellows and Members, especially new and less experienced consultants. A vote was conducted on whether we produce guidance on risk/risk and operations/principles or risk and principles. The vast majority chose risk and operations. **Action:** For the next Executive and then Council in March

#### **C19.06 Vice President reports**

Dr Moulton wished to update on two items:

- i. The Humanitarian Fellowships spoken about previously will go ahead supported by HEE and RCEM and Professor Redmond's group.
- ii. Mrs Beet updated Council on the EMIT work which is being piloted in the East of England in conjunction with SEMI. The first meeting of the group took place in the previous week. We have 19 applicants for this pilot, 3 have MRCEM, a further 6 are sitting the MRCEM Intermediate SAQ in March and the others fulfil the requirements for shortlisting. The successful doctors would be here on a Tier 2 visa. They will be interviewed in Hyderabad by Fellows of the College.

#### **C19.07 Registrar's report**

- i. Call for nominations to stand for President of the College – Dr Higginson advised that we have received three valid nominations to stand for this post, Dr Carole Gavin, Dr Katherine Henderson and Dr Chris Moulton. The voting will open on 1<sup>st</sup> February, close on 1<sup>st</sup> March with the result announced at Council on 14<sup>th</sup> March 2019.
- ii. Applications for Fellowship and Membership were circulated, and as ever, Dr Higginson requested members to come back to him with any queries, in the meantime all were noted and approved. As previously indicated, our fastest growing membership groups are trainees and ACPs. We need ensure these groups are appropriately represented.

#### **C19.08 Treasurer's report**

Dr Hepburn advised that after his period of absence from College work, he's continuing to catch up and he thanked Mr Miles for keeping things moving forward and for keeping him updated where necessary. We currently have some difficulties in the Finance Team with some sickness and the inability to secure a temporary assistant. It's a busy time with the year-end accounts to produce, the audit looming and the December management accounts to review. We have appointed a new Head of Finance and IT, Mr Nigel Pinamang, who started at the College on 7<sup>th</sup> January.

The recently approved special funds (one for IT development and other relating to the RCEM Foundation Fund) will be governed strictly and he will report regularly on these.

#### **C19.09 CEO's report**

Mr Miles raised the subject of training for Trustees of the College. All trustees need to receive training on their responsibilities of as trustees of a large charity. In the past, our lawyer, Mr Ian Hempseed, has presented at Council but there are other ways to do this, for example, we could request new trustees to undertake training locally, we could invite them to a training session the day before Council and we would obviously cover the cost of a hotel or we could look for an online module. Dr Hassan reminded Council that we have agreed to begin the process of re-structuring Council to have a smaller trustee board but in the meantime, training must take place. **Action:** GM to consider options and report back.

#### **C19.10 Report of the Corporate Governance Committee**

As this committee reported in July there was nothing further to report at this time.

#### **C19.11 Report of the Honours Committee**

The report was circulated to Council and Mr Prentice confirmed that, as previously mentioned, 2 Fellows have received honours in the New Year list. He urged members to come to the committee with names to nominate for such honours, or indeed for College honours in the form of Honorary Fellowship or College Medals.

#### **C19.12 Report of the Lay Advisory Group**

- i. Suzanne Cosgrave (Lay member and previous Corporate Governance Chair) stepped down from the committee in December 2018 due to family commitments and Amanda Ellingworth (Lay member) has also resigned from the committee due to work commitments.
- ii. Denis Franklin has resumed his role as Chair of Corporate Governance.
- iii. The following committees require lay representation: Remote and Rural Working Group, Mental Health Sub Committee, Elderly Care and Frailty SIG and Service Design & Configuration Committee.
- iv. There are three national vacancies on the Lay Group alongside one Scotland vacancy.
- v. The Lay Chair will be interviewing a potential representative for Scotland in due course. When a Scottish member has been appointed, all of the UK Nations will be represented on the committee.
- vi. Following Lay Committee meetings, the Lay Chair has raised concerns regarding locum spend, risks associated with the lack of attendance at examiners briefings, bullying in the workplace and four-hour breach exemptions, amongst other topics.
- vii. The Lay Chair continues to sit on the Academy of Medical Royal College's Patient Lay Committee.
- viii. The Lay Chair attended both the Conservative and Labour Party conferences in the Autumn of 2018.
- ix. In October 2018, the Committee completed the Academy's survey on "unexpected radiological findings". The lay group agreed that, in principle, patients should be informed of all and any 'unexpected results'. There is a risk in failures of communication later which could result in harm if these results are not handed to the patient.
- x. On 23 October 2018, the Lay Chair spoke at the College's reception at the House of Lords.

- xi. The Lay Committee gave support to the Wales National Board regarding four-hour breach exemptions in Wales. The Committee wrote a letter to Mr Vaughan Gething AM, Cabinet Secretary for Health and Social Services, and Dr Andrew Goodall, Chief Executive of NHS Wales, expressing concern in November 2018 and received a reply later that month. The lay representative for Wales is keeping a watching brief on this issue.
- xii. The Lay Chair participated in a conference call with Channel 4's 'Dispatches' media team regarding the alleged misuse of the NHS in December 2018.
- xiii. The Lay Committee continue to provide support to the Annual Awards and RCEM Foundation.
- xiv. The Corporate Governance Chair and Lay Group Chair gave advice and support to the College's new employee pension scheme in 2018 and Employees Terms and Conditions Review and continue to support employee appeal processes.
- xv. The Lay Group held its first study day entitled 'Hearing the patient's voice to make better clinical decisions' on 1 November 2018.
- xvi. The Lay Committee will be responding to the GMC's consultation entitled 'Decision making and consent: supporting patient choices about health and care' (January 2019).
- xvii. Individual Lay members will continue to advise on their respective College committees and support the College wider activities where possible.
- xviii. The Committee plan to advertise for the three vacant national posts later this year.

Dr Hassan thanked Mr Prentice and all members of the Lay Group for their continued support to the College.

### **C19.13 Reports from the Regions**

- i. **South Central** - Dr Bhardwaj reported on activity in his region:
  - ED exit block is an ongoing issue in all the ED's in the region. The departments are concerned about the quality of care for the corridor patients and potential risks or incidents associated with it.
  - There has been an ongoing discussion about the 12 Hour DTA with no set guidelines on when will the DTA start, all trusts are following different rules, it has implications on the flow, with patient staying in the department for more than 10 hours but no DTA.
  - Recruitment and retention remains a significant problem, few trusts are providing 8/2 split, rather than 7.5/2.5, no implications for the Foundation trusts for not getting RCEM approval.
  - Given the dearth of substantive consultants, the quality of Locum Consultants is very variable, sometimes even questioned by the trainees regarding safety, especially on the weekends.
  - Nursing recruitment is now an increasing issue.
  - About 50% gaps in the ST3 rota in Wessex- trainees taking career breaks before starting HST.
  - Successfully conducted Regional CPD, OSEM conference in December, Dr Hassan gave the welcome speech, had a workshop on Yoga and well-being, very well received by the delegates.
  - An initiative called "ED Collaborative" started in the Oxford deanery last year with the support of NHSI, includes holding a regional event every six months and learning from the other ED's in the region about new projects or pathways started to improve patient safety/resilience/staff well-being, few e.g. included Mental health project to look at the re-attenders, GREATIX, setting up a research forum in the deanery, creating specialty pathways/ambulatory pathways.

- Clinical Educator role is being taken up by four trusts in the region at present, very good feedback from the trainees- need to see the sustainability.
- Started another new initiative in Oxford Deanery this year called "Command and Control: running the Emergency Department" for all the ST3/ middle grades who will be stepping up to run a department especially at night ( 1<sup>st</sup> course on 11<sup>th</sup> Feb, 2019)
- At MKUH, we are delivering a "Faculty Development day in Simulation" to encourage junior doctors and Consultants to learn about delivering simulation, how to set up scenarios and run in situ simulations in the department- very good feedback.
- Wessex- Good FRCER results and recent Consultant appointments, there have been three new leadership roles with two sites doing clinical educator role. Outstanding CQC rating for leadership at RBH, using Dorset system as PSF target and achieving 90%.
- Portsmouth performance has improved and has been better than the previous year.
- Wessex has a SuppoRRT lead who helps trainees returning to work.

### *Looking ahead*

Plan to extend the ED Collaborative event in the region.

- To conduct a Regional Training day/event including the trainees from both the regions once in six months, to share and learn. In discussion with the HoS.
- To have an ED specific return to work training for trainees coming back from Mat leave, OOPE/OOPT.
- To arrange a regional RCEM event involving both the deaneries and clinical leads in the region, have recently managed to get all the contact details.
- Dr Bhardwaj is stepping down from the chair post, as he has moved out of the region due to family reasons. He has thoroughly enjoyed my short tenure and thank college for the opportunity.

Dr Bhardwaj asked for guidance on the SPA split current recommended by the College and Dr Moulton confirmed that the College stance remains that there should be a 7.5/2.5 split in consultant job plans.

Dr Hassan thanked Dr Bhardwaj for his work as chair of South Central, despite its brevity.

## **ii. West Midlands**

Dr Murali report on the following:

### Issues

- ED performance: 4-hour performances continue to be poor as Trusts are unable to manage downstream flow efficiently. In several Trusts in this region, exit block and corridor care has become an almost everyday reality with some going to the extent of formalizing care in the corridor by having named nurse/corridor board etc and one Trust calling it a "safety zone". Most Trusts have been generally good at managing ambulance turnaround times.
- CQC: At least three Trusts have come into an adverse notice from the CQC. The clinical leads have expressed variable support from their managements.
- Recruitment:
  - Consultants: Most Trusts have expressed reasonable success in recruiting consultants. One foundation Trust has a 8:2 split on a standard 10PA contract and more importantly requiring new recruits to sign up to "automatically agreeing to do evening and weekends" thereby eliminating the protection offered by "mutual agreement" of the 2003 contract.

- MG: Recruitment at the MG level remains a continuing problem with most Trusts though one Trust seems to have bucked this trend reporting a good fill rate in this tier.

#### Achievements

- We are hosting a RCEM study day on Resuscitation Room Ultrasound on the 06<sup>th</sup> March. We have plans to do a series of study days, workshops and other academic activities to involve all tiers of EM professionals in and outside the region.
- Appointments to the West Midlands Regional Board are almost complete.

Chair	Kalyana MURALI [since 19 November 2018]
Vice Chair	Vacant
Head of School	Ellen JONES
Trainee Representative	Sukumar NAGAIAH
Academic Lead	Rama Govindan PUMMI RAMAKRISHNAN
SAS representative	Immad QUERESHI

#### Way ahead

- We have set a few goals in this region
  - To improve communication to the members- clean up and update the database of contact information
  - To give focus to the SAS/ACP tiers education and training – as a tool to attract, develop and retain this tier
  - To promote networking and camaraderie amongst the EM members by organizing social events

Dr Hassan thanked Dr Murali for this comprehensive report

### iii. Yorkshire and Humber

Dr Johnson sent a report which Dr Sundararaj presented.

The year in Yorkshire and Humber has seen 2 main events. In September after some prolonged negotiations and with the assistance of the Leeds Civic Trust, there was a grand unveiling of a “blue plaque” at Leeds General Infirmary commemorating Maurice Ellis’s appointment as the first Consultant in our specialty. Dr Hassan kindly performed the unveiling and the event attracted some positive local publicity for the specialty.

There was a successful Regional CPD event organised by James Griffiths and colleagues in Barnsley in October. We will continue to organise similar events going forward.

Around the region the pressures and difficulties are little different from what is experienced elsewhere. The proposal to close the Emergency Department at Huddersfield Royal Infirmary has been withdrawn though it is unclear whether there will be significant changes to the service. The STP process in Y&H appears disengaged from any public or professional consultation or input. What can be found out often alludes to “improving A&E performance” but detail is entirely absent.

At the end of December 2018, Dr Johnson completed his term as Chair of the Yorkshire and Humber Regional Board and hand over the reins to his colleague in Leeds, Sundararaj Manou. He felt honoured to represent the College.

**C19.14      Report on the progress on planning and delivering the Spring CPD Conference in Belfast, 2 – 4<sup>th</sup> April 2019**

Dr Gavin reported that today 147 delegates have registered for this event and we hope to achieve 350, which is entirely possible as the programme planned is both interesting stimulating. Early bird registration ends on 31<sup>st</sup> January. Dr Gavin advised that we are keen to secure more sponsors for the event.

**C19.15      Report on the planning and delivering of the Annual Scientific meeting at the Sage in Gateshead, 1<sup>st</sup> – 3<sup>rd</sup> October 2019**

This is in the early stages but on track and Dr Gavin is working with the new R&P Chair Professor Smith to compose the programme.

**C19.16      Any other business**

There was none.

**C19.17      Date of next meeting**

The next meeting of Council will be on 14<sup>th</sup> March, followed by 16<sup>th</sup> May. Dr Hassan requested a change to the July date and 27<sup>th</sup> June was agreed, then 19<sup>th</sup> September and 21<sup>st</sup> November.