



The Royal College of Emergency Medicine

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COUNCIL MINUTES

The Minutes of the meeting of the Council held via Zoom on 28th January 2021. The meeting was chaired by the President, Dr Katherine Henderson.

In attendance:

Trustees:

Steve Black	<i>FASSGEM Chair</i>
Adrian Boyle	<i>Vice President, Policy</i>
Simon Carley	<i>CPD Director</i>
Dan Darbyshire	<i>Incoming EMTA Chair</i>
Jane Evans	<i>Regional Chair, East of England</i>
Carole Gavin	<i>Vice President Membership</i>
Divyansh Gulati	<i>South Central Regional Chair</i>
Scott Hepburn	<i>Treasurer</i>
Jayne Hilderley	<i>Lay Group Chair</i>
Ian Higginson	<i>Vice President</i>
Steve Jones	<i>North West Regional Chair</i>
Amar Mashru	<i>EMTA President</i>
Lisa Munro-Davies	<i>Vice President</i>
Kalyana Murali	<i>West Midlands Regional, Chair</i>
Maya Naravi	<i>Chair, TSC</i>
Shashank Patil	<i>Regional Co-chair, London</i>
Suresh Pillai	<i>Vice President, Wales</i>
Derek Prentice	<i>Corporate Governance Chair</i>
Adam Reuben	<i>South West Regional Chair</i>
Emma Rowland	<i>Regional Co Chair, London</i>
Jason Smith	<i>Chair, Research Committee</i>
Simon Smith	<i>QEC Chair</i>
Will Townend	<i>Dean</i>
John Thomson	<i>Vice President, Scotland</i>
Olivia Wilson	<i>ACP Forum Chair</i>

Present (representatives, co-opted members and employees)

Gerardine Beckett	<i>Office Manager</i>
James Beedle	<i>Communications Officer</i>
Emily Beet	<i>DCEO</i>
Fergal Hickey	<i>IAEM representative</i>
Alastair Gilmore	<i>RCP representative</i>
Ian Gurney	<i>HM Forces Representative</i>
Pooja Kumari	<i>Policy Manager</i>
Luke O'Reilly	<i>Communications Manager</i>
Nigel Pinamang	<i>Director of Corporate Services</i>
Helgi Johannsson	<i>RCoA representative</i>
Sam McIntyre	<i>Head of Quality and Policy</i>
Gordon Miles	<i>Chief Executive</i>
Shamim Nasrally	<i>SAM representative</i>

Tamara Pinedo
Kelly Sarsfield
Anne Weaver

Policy and Communications Officer
Policy Officer
Pre-Hospital Care representative

C21.01 Welcome and apologies

Dr Henderson welcomed Divyansh Gulati, the new chair of the South-Central Region, Jayne Hilderley, the new Lay Group Chair and Dan Darbyshire, the incoming EMTA Chair.

Apologies for absence received from Sohom Maitra, Julian Webb, Manou Sundararaj, Richards Wright and Paul Kerr.

Dr Henderson asked Council to note, with sadness, the passing of Professor Donal O'Donoghue, the RCP Registrar, who was the RCP representative on our Council. We extend our condolences and sorrow to both his family and to the RCP. Alastair Gilmore represents the RCP today.

Also within the EM family, we are sad to report of the death of Fellow, David Gorman, from the West Midlands as well as Malinda Dissanayake, a middle grade doctor working at the North Middlesex Hospital.

C21.02 Conflicts of interest

None were declared.

C21.03 Minutes

The Minutes of the meeting held on 19th November were accepted as a correct record, with some small items of amendment, which were done. Dr Henderson noted that we failed to thank Derek Prentice at the last Council as he was ending his term as Lay Group Chair. However, Mr Prentice remains on Council as the Chair of the Corporate Governance Committee.

C21.04 Matters arising

- i. The EMTA conference took place and was very well received and the President confirmed that there are advantages to running conferences virtually.

C21.05 Report from the Vice President, Membership

- i. Dr Gavin requested Council members to review and approve the applications for Fellowship and Membership (266) and also to note the resignations (26). Council approved.
- ii. Dr Gavin spoke about the alternation to the bye-laws to remove the point of asking an employer for a letter of support if the applicant in question has a previous conviction, which is now spent. This will be sent to our lawyers this week for further review and will then return for approval to the Corporate Governance Committee.

Dr Henderson believes it will be interesting to see how the specialty progresses over the next year or so as she anticipates a number of departures from the specialty as the NHS as a whole. Dr Gavin suggested that we ask for the reason for a resignation and Mr Miles wondered whether our new membership engagement team could contact resigning members for a short exit interview. Dr Mashru reminded that Dr Jo Hartley, the Quality Lead on TSC, already collects this data for trainees.

C21.06 Treasurer's report

Dr Henderson asked Dr Hepburn to step away from his screen whilst Council discussed approving the proposal for Dr Hepburn's second term of office as Treasurer. This was heartily approved, and Dr Hepburn was invited to rejoin.

Dr Hepburn advised that our annual audit is about to start. Trustee declarations should be completed retrospectively as well as currently.

Dr Hepburn reported that our financial position was positive, despite the fact that we had originally forecast a £250,000 deficit. In fact, we are likely to see a surplus of £400,000. The reasons behind this are several – good management and budgeting and the fact that our cash position has changed having cashed in our investments. Dr Hepburn understood that other Colleges are not faring so well. He paid tribute to the management team as well as our Finance Team. A further reforecasting will be carried out. Dr Henderson noted that subscription letters have been sent to all members and that she had received a couple of queries, Mr Miles advised that the Membership Team had not received many calls. Dr Black suggested we could reduce subscriptions given our financial strength but Mr Miles counselled against this as there is much uncertainty in the country at present and 2021 looks challenging, we must be cautious.

C21.07 CEO's report

i Corporate Governance Code project – Mr Miles' paper gave a detailed overview of this work and confirmed that

- Privy Council approval now achieved.
- Recruitment of Nominations & Appointments Committee Chair and Non-Exec Member underway

The next steps are broadly as follows:

- 1) Establish Nominations Committee
- 3) Recruit new Trustee Board
- 4) Establish new Trustee Board
- 5) Change the Corporate Governance Committee membership to reflect the new Terms of Reference agreed at Council previously
- 6) Bring to the Trustee Board the new Bye Laws and a scheme of delegation for approval.

Mr Miles confirmed that the Nominations Committee will be chaired by Mr Ken Batty. Drs Gavin and Higginson as well as Dr Maya Naravi will also join. Mr Miles requested Council consider his paper carefully as he wanted Council to proceed with confidence with this work.

ii Corporate Plan – this was put before Council for approval.

The Royal College of Emergency Medicine (RCEM) corporate plan 2021 -2023 highlights the College's mission for the next three years, detailing our commitment to improving patient care and support our 10,000 strong membership of emergency physicians and associated health professionals. We aim to remain patient focussed and clinically led as we aspire to drive improvement in the diagnosis of disease, the care of individual patients and the health of the population, both in the UK and across the globe.

Our mission is, with over 10,000 members worldwide, The Royal College of Emergency Medicine is the professional membership body for emergency physicians in the United Kingdom. As the leading body for emergency medicine in the UK and internationally, we will work to achieve our vision by:

1. Improving patient care
2. Support Members and Fellows to achieve sustainable satisfying careers
3. Advancing the practice of Emergency Medicine through research and engagement in Global Health
4. Support Members & Fellows with the delivery of high quality day to day care in Emergency Departments

There followed a discussion on wording and Ms Hilderley questioned the use of the words "right person" on page 3, which implies that there is a wrong person. It was agreed we would review this wording. There was also a discussion on the phrase "Fellows and Members" and whether this excluded those

without our exams etc. Again, consideration will be given to this. The Corporate Plan was then approved, taking into account these discussions.

C21.08 Report from the Corporate Governance Committee

Mr Prentice reported on work to prepare for the annual audit also a review of IT functions in the College. The ISO 9001 work has been completed and we have passed, therefore renewing our accreditation.

C21.09 Dean's Report

i. Extending derogation of examination attempts for first sitting of online examinations – Mrs Beet explained that the Covid-19 pandemic necessitated the postponement of a number of College examinations in Spring 2020. The Examinations Team quickly implemented plans to deliver both written and clinical examinations online. In June 2020, Council agreed a derogation to the Examination Regulations on the counting of examination as follows:

Where a candidate's first attempt at a new online format examination is taken between 1 July 2020 and 31 December 2020 and is unsuccessful, this will not be counted towards their total number of attempts at that specific examination.

The Covid-19 pandemic continues as the UK is under another national lockdown. The College continues to run written and clinical examinations online ensuring candidates are able to continue with the progression or completion of their chosen training pathway. However, some candidates are now attempting the online delivery of an examination for the first time. Council are therefore asked to extend the derogation to the counting of examination attempts until 31 August 2021. This extension is in line with the derogations agreed by the GMC which have been extended until September 2021.

This was approved.

ii. Terms of Reference for the Ultrasound Education and Training sub-committee

Mrs Beet brought this paper for approval and it was noted that we will need to include ACP representation on the sub-committee and it was then approved.

iii. Dr Townend was pleased to report that the ePortfolio project is progressing very well and he thanked Ms Elizabeth Goldsmith, Head of Training and Mr Nick Rose, the project manager.

iv. Curriculum – we have a final meeting in February to fine tune some details and communications plans are being developed.

v. ACCS – Dr Townend spoke about the challenge of implementation and the need to ensure synchronicity, a way must be found to ensure proper progress. A meeting with the GMC is planned.

vi. Examinations – Dr Townend confirmed that we are currently on Day 4 of the FRCM OSCE and it has been a struggle to find enough examiners. The MRCEM OSCE in March will be a hybrid examination and examiners are needed for this too.

vii. Recruitment – Dr Naravi explained that the most pressing issue is the ACCS interviews, running from 15th – 26th March. The interviews consist of MSRA assessments and 2 panel interviews. We are short of interviewers and this risks the process overall. Plan B would be no interviews with the process relying on MSRA assessments. Recently retired and shielding clinicians as well as HST doctors could be employed. The President urged members to volunteer if they can as we absolutely must engage in this process.

Dr Townend thanked the Examinations Team for their continuing hard work. Dr Henderson highlighted that there are massive training issues heading our way one year into the pandemic. The AoMRC and the Royal College of Surgeons are raising this issue at the highest levels. There was a discussion and it seems that some Trusts have suspended SPA time.

C21.10 President's report

- i. Covid-19/vaccination – Dr Henderson reported on the huge surge in the South East and in London which is now settling and plateauing. Her own hospital, St Thomas', has 400 COVID patients currently. The vaccination programme is underway and there is conjecture about the whether the delay in administering the second dose is a positive option. We have conducted a second "snapshot" survey which Dr Higginson shared with Council. It showed levels of staff sickness. Mental Health issues feature in the survey results as well.
- ii. Clinical Review of Standards – Dr Boyle provided a presentation to Council giving information on the current situation with regard to the review. We have been engaged with the process extensively and pushed for more metrics. We have been successful in length of stay, NHS 11 metrics and disaggregation but unsuccessful with IPC standard and Time to SDM / Treatment. We propose to support 12 hour LOS, System wide focus, disaggregation and ready to progress. There are still some unanswered question. A discussion followed with contributions from Shamin Nasrally and Alastair Gilmore and there was agreement that system wide measures are preferable. Dr Boyle confirmed that the clinical review of standards for urgent and emergency care is one of four reviews, the others being cancer, mental health and elective surgery. He confirmed that implementing these standards would require investment and Dr Henderson reiterated this, as measures which fall short will fail. Dr Henderson confirmed we will submit our response, highlighting concerns but we cannot enter winter 2021/22 in the same situation and COVID will still be around. **Action:** Council members to email KH/AB with comments and further suggestions. We have to submit by 12th February.

C21.11 Regional reports

- i. East of England – Dr Evans reported on:

COVID

- Many more cases seen within Eastern region compared to first wave, especially in Essex.
- Regional COVID surge centre open and operation at NNUH, expansion to >80 critical care beds, transferring patients mainly from within region.
- Percentage of beds occupied with COVID patients ranges from ~30% in Peterborough/Hinchingbrooke to ~60% in Essex (data w/e 19/1/21)
- Staffing a significant challenge in most departments. Sickness levels reported to be up to 25% in medical staff and 50% in nursing staff in some departments within region.
- Most departments report that those working within their EDs that requested a vaccination have received their first dose, few have received a second (20/1/21)

Performance across region

- Across the region, 7 day and 21 day stranded patients have increased, 4 hour performance has worsened and conversion rates have increased (across the last year, UEC Operations East of England, NHSE/NHSI 7/1/21)
- 4-hour performance across region reported between 52% and 89% (weekly ECIST data w/e 19/1/21)
- East of England lagging in vaccinating (COVID) – NHS England data showing lowest regional over 80s share of first dose by 10th Jan.

Training within region

- Regional training days continue to run virtually.

- Regional Faculty day being held virtually 16.4.2021 to include curriculum and examination update for members and fellows.
- Further webinars being planned to update trainees on curriculum changes.
- Half day 'train the trainers' event being held for specialty tutors 27.4.2021 for curriculum update.
- ACCS virtual training opened up to ACPs
- ACP TPD appointed for region
- All trainee rotations for February planning to proceed as planned bar Anaesthetics to ICM in ACCS year 2
 - 5% of trainees currently have an active case open with the professional support and wellbeing service, with the majority citing COVID related issues.

Challenges for region

- Change in trauma network. NNUH now acting as 'surge support' for Addenbrookes MTC (accepting secondary transfers). Plans for development of second network MTC at NNUH.

Plans for next year include the regional chair to work with support from college to develop regional network or board as this has not formally existed within the Eastern region to date.

ii. London

Dr Patil and Dr Rowland provided a full report:

The last 6 months of 2020 mainly focused on post COVID restoration of services and urgent care was no exception. The London Urgent care Restoration Board was established and then each of the 5 ICSs had local Restoration boards reviewing what improvements were needed in urgent care going forward.

The focus was mainly on:

- Think 111 First campaign
- 111 and the CAS
 - Capacity
 - Capability
 - Pathway development
- Direct to Primary care
 - Primary care appointments
 - Community Services
 - UTCs
- Direct to Secondary Care
 - Direct booking into Emergency Departments
 - SDEC pathways
- Capital funds for improving space within Emergency Departments
- Violence Reduction Programme

The end of December 2020 saw a sudden increase in adult COVID cases caused by the new strain, which started in Kent and progressed to North East London (NEL) and then towards North Central London (NCL) by January 2021 with fairly catastrophic impacts.

The issues were mainly:

1. A sudden increase in acutely unwell patient with COVID
2. Bed shortages (ITU and general and acute medical)
3. Staff shortages
4. Oxygen pressures

Calls to 111 and 999 significantly increased and both the numbers and percentage of patients requiring transfer to hospital increased. This resulted in sudden surges of unwell patients attending EDs, and a

significant increase in hospital admissions to both ITU and the medical wards. There was a huge rise in the demand for NIV and Optiflow and this was all whilst staffing became a significant challenge for all services due to the number of staff suffering either directly or indirectly from COVID.

As a result multiple hospitals across London (especially NEL and NCL) essentially became 'grid locked' with ITUs full, ITU expansion areas full, general and acute medical capacity full, additional capacity areas used, staffing minimal and nursing ratios significantly reduced (ITU and wards). Surgical and other outpatient services were reduced or stopped to release hospital capacity and staff. Several hospitals also used boarding of patients but despite all efforts patients became backlogged into Emergency Departments. Most EDs cohorted patients when able (after reviews using previous CDUs) in order to try and create additional capacity and throughout most hospitals the recommended infection control measures were not achievable.

Despite all efforts this resulted in patients spending excessive time within EDs and full departments which invariably led to significant delays in off-loading ambulances. This in turn led to ambulance crews and vehicles being unavailable, and together with the increased calls and need for more ambulances, staffing challenges for LAS due to COVID, this caused significant delays in calls being responded to throughout London, with an initial disproportionate affect felt within NEL. Cardiac arrests within the community were estimated to have risen 3-4 times the norm during this time. Mutual aid support was delivered for ambulance crews from nearby regions and also other emergency personal (St Johns, fire and police). ITU patients from London have been transferred to various parts of the country (Bristol, Stoke) via mutual aid agreements.

Due to the number of acutely unwell patients in various hospitals, oxygen demand then also became a challenge and in NEL a new clinical pathway was set up to try and mitigate some of these issues. During this time, several hospitals remained on either critical incident or even major incident for days or even weeks.

Towards the later part of January, this significant surge appears to be settling slightly and the death toll during this time has sadly also risen. This has permitted some slight relaxation on the critical G&A bed pressures that were being faced, but the ITU pressures continue.

During this time there have been many challenges faced by all, but also there have been some fantastic examples of integration and collaborative working both within the ICSs and also across London.

Some examples include:

- Centralisation of services
- Patient transfers between units especially ITUs
- Changes to clinical pathways to relieve bed or oxygen pressures
- ITU Network Meetings
- Urgent Care Network Meetings
- Long term COVID and follow up

iii. North East

Dr Maitra sent his apologies but provided a report for Council

The North East Region, like so many others, has seen unrelenting pressure on Emergency Departments since the onset of Covid-19. The south of the region, a particular victim of severe health and socio-economic inequalities, long before the pandemic, has seen their local departments effected in momentous fashion.

The 3rd wave has seen pressure on all departments reach new heights, with patients (especially age 45-65) presenting in high numbers with the virus, with increased acuity and critical care admissions. Regional

critical care units are having to transfer to the larger centres to manage their finite respiratory care resources.

Despite the pandemic occupying nearly the entire bandwidth of regional Trusts and departments, non Covid-19 emergency presentations continue abound. The regional landscape of departmental flow is one of increased length of stay aligned with a marginal decrease in overall attendances. Increased patient severity, physiological disturbance, need for IPC rigour w.r.t. Covid-19 *identification* (via POC test or PCR) and managing bed capacity deficits - remain the lead factors contributing to the current status quo. The region has supported effected Members and Fellows via its local units with aplomb and luckily has welcomed back all those that were medically unwell – a privilege we are aware is/was not shared by all. Trainees ran their annual conference with great success via online platform(s) in January 2021 and were buoyed by the keynote speaker presence of the RCEM President.

Training progression and ARCPs have run seamlessly, embracing technology and social distancing guidelines - with the result that the regional future remains bright for future trained Consultant colleagues. Morale does remain high, though this is tempered unfortunately, by rising reported physical and emotional fatigue of our colleagues.

Present position

The well documented challenges in activity, acuity and flow continue to be felt across the whole region with EDs offering mutual aid to each other where possible.

There are departments under specific and high profile regional stress positions with regard their target, flow and emergency care system process.

Board membership

The Vice-Chair position remains vacant. A call for this position to be filled remains a requirement and a repeat endeavour to push for this will be required, as soon as feasible please, from the college.

Financial report

The NE Regional board does **not** hold a bank account and has not entered into any contracts with third parties. There are no plans to change this position.

Risk Report

Succession planning given the vacancy detailed above in the Vice-Chair position.

Plans for next year

The regional departments remain in mutual contact on a pragmatic basis. The region does not have a burgeoning appetite for recurrent fixed meetings, especially during pandemic operational and service pressures. Cascade and relay of information, from the centre, continues to receive positive feedback.

- iv. Republic of Ireland – the President advised Council that Emily O’Conor has ended her term as IAEM President, and therefore will no longer represent them on RCEM Council. She is replaced by Fergal Hickey, who was welcomed to Council. Dr Hickey reported on the third wave of COVID in the ROI, but there has been increased capacity with improvements to real estate. The vaccination programme is underway.

C21.12 Report from the Honour Committee

Mr Prentice reported that the Honours Committee met earlier this month to review and consider nominations currently submitted as well as nominations for various awards for 2021.

It was agreed that other than in exceptional circumstances College Honours and Awards were not an appropriate mechanism to reward staff for long or meritorious service and we recommend that the Chief Executive consider the introduction of an award/s specifically for staff.

It was also agreed that a timeline be developed to ensure we can seek nominations for national honours in a timely manner.

C21.13 Report from the Lay Group

Mr Prentice spoke to this report as Ms Hilderley had to leave the meeting. Since our last report to Council in July 2020, the focus of Lay Advisory Group meetings has been to discuss the Resetting of Emergency Medicine/ NHS111 and the Clinical Review of Standards (CRS). We called an urgent meeting in July (before our scheduled October and December meetings). We were delighted to have the President and VP Policy attend to update the committee on these key issues and answer any questions members might have. The CEO has also attended our Lay Group meetings in 2020.

The meetings involved discussions surrounding the committee's view on the proposed scrapping of the four-hour target in England. The Lay Group's view has been consistent: we feel that the patient perspective has not been truly at the centre of these planned changes. The group has expressed fears that the direction of travel with both the CRS and NHS111 strategy would result in Emergency Medicine as a specialty being in a weaker position to lobby and campaign for resources. We will of course continue to monitor the current NHS England project and support the College's policy in any way that we can including contributing to its response to the consultation.

Throughout 2020, members of the Lay Group made contributions to committees, demonstrating their knowledge and experience. Members sit on committees including: Informatics; Mental Health Sub Committee; Training Standards; and Sustainable and Working Practices. Our members sit on the Scottish and Welsh boards and our chair represents the College on the AoMRC's patient and lay committee. Several of our members attended the AoMRC's annual patient seminar. In addition, Mr Prentice to the ED team at Exeter on Complaints handling.

Two of our members were speakers on panels at the Scientific conference and we sat as the lay member representative on 15 appeal panels during 2020 (an increase up from five in 2019 due to the change in the exam delivery format). Also, members of the Lay Group attended and contributed to the regular all-College Thursday Zoom calls.

As a lay group we endeavour to cover as many of the College's committees as possible to ensure our assistance and lay perspective is available where required for good governance. We will be reviewing our committee allocation in 2021 to ensure there is good lay representation across the College.

There have been some personnel changes: Don MacKay our Northern Ireland representative left the committee in December and we are now advertising for his replacement.

In December, Jayne Hilderley was elected as the new chair succeeding Derek Prentice from January. Mr Prentice's commitment to patient voice and his contribution to RCEM has been extraordinary. Fortunately, the College does not lose the experience, knowledge and passion which Derek has brought to his role as chair as he takes over from Denis Franklin as Chair of Governance.

C21.14 Any other business

- i. Professor Carley reported that the Spring CPD conference is progressing well and bookings are open. The scientific conference planning is also underway. Professor Carley would welcome more ideas, especially ideas about engaging with members.
- ii. Mrs Munro-Davies advised that Dr Sunil Dasan, Chair of our Sustainable Working committee is standing down and we are therefore looking to replace him. Dr Dasan will be a hard act to follow and grateful thanks were extended to him for all he's done in this arena.
- iii. There was a suggestion that we send Valentine cards to all members.

C21.15 Date of next meeting

The date of the next Council meeting is Thursday 18th March. Further dates for 2021 are 13th May, 8th July, 16th September and 18th November.