



## Minutes

Meeting:	APPG on Intensive Care		
Location:	Room M, Portcullis House, Westminster, SW1A 2LW		
Date:	18 July 2023	Time:	3:00pm – 4:30pm
Chair:	Rachael Maskell MP		

No	Item
	<p><b>Welcome and introductions</b></p> <p>All were welcomed to the All-Party Parliamentary Group on Intensive Care including colleagues joining virtually. It was noted that Baroness Finlay would chair the beginning of the meeting while Rachael Maskell MP was in transit.</p> <p>1. Baroness Finlay led a round of introductions and noted positive discussions with the Cabinet Office on improving survival rates following sudden cardiac arrest and her plans to follow up with the Resuscitation Council.</p> <p>No declarations of interest were raised.</p>
	<p><b>To agree minutes of the last meeting, 24 January 2023, and to receive an update on the actions</b></p> <p>2. Previous minutes were agreed as an accurate record. The Intensive Care Society’s Chief Exec Sandy Mather noted that today’s agenda builds on discussions at the last formal meeting and the subsequent planning meetings which highlighted different experiences in training and continuous professional development for those working in Intensive Care.</p>
	<p><b>Education, training and CPD – careers in ICU and staff retention</b></p> <p><b>Panel discussion and Q&amp;A</b></p> <p>3. Baroness Finlay highlighted that a parliamentary vote was due to take place that she was required to attend and invited speakers to summarise their key points to allow sufficient time for question and answer.</p> <p>Danielle Bear, Consultant Dietitian – Critical Care, Guy and St Thomas’ NHS Foundation Trust, was introduced as the first speaker. DB noted that career progression for Dietitians in Intensive Care is stagnant and courses to help people move along the pathway are not available. As a result, staff stay in lower band jobs for many years without a route to develop themselves and their careers. A further challenge is staff being pulled into other hospital areas.</p>

A positive step is the work towards the AHP Capability Framework which is a collaboration between the Society, NHS England and NHS Elect for 5 Allied Health Professions in Intensive Care.

Rebekah Haylett, Physiotherapist, Oxford University Hospitals NHS Trust, noted that, through planning meetings, it's become clear there are common challenges including the need to ring-fence AHP staff for ICU. This would help to avoid Therapy staff needing to work in other hospital areas to cover vacancies.

She added that securing staff allocation for the ICU, upskilling staff and monitoring how staff are used are extremely important. This continuity allows staff to see the impact of their work with patients and through training in audit allows them to contribute to quality improvement.

Claire Rock, Clinical Specialist Critical Care Occupational Therapist, shared that while Occupational Therapists (OT) were parachuted into different areas during COVID-19, they often don't have the dedicated training needed to flourish and sustain this specialist work. She agreed with the recommendation to ring fence staff and ensure specialist OTs were available to train newer staff. CR referred to Paul Twose' 2022 UK wide [ICU Therapy workforce survey](#) where units with staff ringfencing have 80% daily OT input, compared to only 10% without.

She added that OTs are often not seen as a core member of the multidisciplinary team (MDT), despite being able to help prevent common problems that patients have during and post an ICU stay, including delirium and PTSD. OTs also supports vocational rehabilitation which requires investment.

Similarly, Eileen Kelly, Speech and Language Therapist (SLT), Barts Health NHS Trust, noted that where SLTs can intervene early, they can help to mitigate problems that occur later such as readmission to the ICU and which impact quality of life for patients.

She highlighted staff retention as a key issue, as the average career for a SLT is 10 years. Baroness Finlay commented that 10 years is a very short working life, after time has been taken to qualify, gaining postgraduate qualifications and developing on the job, and asked why people leave. The panel noted that service provision is difficult to maintain while staff are also being pulled into different areas.

Frances Tait, Anaesthetics and ICM Dual Trainee, Northampton General Hospital NHS Trust, highlighted the 'core conditions to thrive' survey, an ICS survey of 130 trainees looking at what matters to ICM Trainees in the workplace. She noted that dissatisfaction with medical training involves several factors. The number one issue reported in the survey was errors in pay, not the amount itself. FT added that errors in pay occur frequently due to rotational working and as a result, tax codes are often wrong. Addressing issues like this would go a long way to securing the longevity of a workforce that spends years to qualify.

Panel members and the APPG agreed that a clear solution is to have a lead employer. FT shared that if this was implemented nationally, it would make a real difference to Trainees. It is difficult to feel a sense of belonging even when there is a good team, because you move every three months.

Furthermore, two thirds of Trainees surveyed felt the rota they work in is unsafe.

Michelle Hatch, SAS Speciality Doctor, Glan Clwyd Hospital, raised key themes as a SAS Doctor in Wales. A new SAS contract was formed in 2021 but this hasn't really manifested into new posts and there is lots of misunderstanding as to how this works. The CESR route is becoming more well-known and attractive, and recommended looking at more flexible ways to train doctors into senior roles. There also needs to be some thought about how we accommodate those who are in training.

Specialty Doctors have to move a lot, which accounts for a lot of the attrition. Baroness Finlay concurred with the point made around rotation and noted that in her experience, it doesn't work to transfer people from (i.e.) North to South Wales. Finally MH noted the issues of discrimination and differential attainment must be addressed

Kate Tantam, Specialist Sister ICU, Rehabilitation Team, Plymouth Hospitals NHS Trust, highlighted the following issues. Ensuring the retention and recruitment of the nursing workforce as raised by colleagues, ensuring the core conditions for ICU staff and noted that ICU nursing qualifications are not recognised by the Nursing and Midwifery Council which needs to be reviewed.

Steve Mathieu, Consultant in Critical Care, Portsmouth Hospitals University NHS Trust, highlighted three key issues affecting the Consultant workforce.

Firstly, a call for greater support for educators, he noted a lack of trainers to meet demand and insufficient time to allocate towards training. A recent GMC survey highlighted that 52% of trainers are at a moderate to high level of burnout. Without trainers today, there is no workforce tomorrow.

Secondly, more support for professional development. Currently opportunities for study leave and the associated budgets are limited and inconsistent across the country.

Finally, working in ICU is demanding and considerations need to be made as to how to we achieve career longevity. Careers need to be adaptable and a potential model is Australia's where short-term and long-term sabbatical leave is available.

Baroness Finlay noted that some clear themes were emerging from discussions, summarised below.

- Rotation of Doctors in Training and Specialty Doctors

Rotation at the current frequency is ineffective and disruptive. Honest broker/lead employer could see statutory forms that require completion every 3 months being removed alongside the widespread errors in pay. She added that the current system is rigid and medical training requires change.

- Investment in Training, the need for team-based training and protected time to deliver training

Zudin Puthuchery raised the importance of training and the underappreciation for how many institutions are involved. Baroness Finlay added that the perception is that you go through university and then you are trained. Rachael Maskell added that having core training is really important towards building the ICU community.

	<p>There is a whole framework around postgraduate training and how you bring that forward. Structure and training capacity needs to be significantly thought through. Baroness Finlay noted a team that learns together stays together and that staff should be allowed to flourish in their areas of interest.</p> <ul style="list-style-type: none"> <li>• Urgency in retaining specialist staff</li> </ul> <p>MH highlighted that staff retention was an urgent matter as the NHS is losing staff now. SM added that if we continue to lose highly skilled staff, they can't be replaced easily, and we can't care for the sickest patients. SM added that a swift resolution to industrial action would also alleviate significant pressures currently on the service.</p> <ul style="list-style-type: none"> <li>• Education about the role of specialist Allied Health Professions</li> </ul> <p>ZP raised that people don't understand what AHP colleagues do. We talk about doctors and nurses a lot but not the other professions. Rachael Maskell acknowledged that the bandwidth and awareness for senior decision makers is quite limited at times, and that we need to raise these matters for the attention of relevant government departments. SJM noted the ICS' work with NHSE and NHS Elect on the AHP Capability Framework to inform people about different roles of AHPs. This involves podcasts and webinars as part of the dissemination plans, and SJM invited Rachael Maskell to join given her professional background and role on the APPG. Rachael Maskell accepted this invitation and welcomed a follow up discussion.</p> <p>While Baroness Finlay had to leave the meeting to vote, Rachael Maskell and SJM thanked all for their important contributions to today's APPG meeting.</p>
4.	<p><b>Summary of actions and next steps</b></p> <p>A letter will be sent from the APPG to the Secretary of State for Health highlighting the key issues raised by speakers at today's meeting and to invite him to a future meeting.</p>
5.	<p><b>AOB and date of next meeting</b></p> <p>The date of the next meeting will be confirmed in due course.</p>

### In attendance

Name
Rachael Maskell MP, Baroness Finlay of Llandaff, Rebecca Smith
Steve Mathieu, Danielle Bear, Rebekah Haylett, Claire Rock, Eileen Kelly, Frances Tait, Michelle Hatch, Kate Tantam, Zudin Puthuchear, Sandy Mather, Alex Day, Asha Abdillahi, Daro Iizuka Bjayou

### Apologies

Name
Sir Gary Streeter MP, Baroness Watkins of Tavistock, Lord Wigley
Stephen Webb, Shondipon Laha, Paul Dean