



Annual Business Meeting 1

Chairman

The President – Prof. Bruce Keogh



Apologies for Absence

- Graham Venn (Sunday)
- Jonathan Hyde (Wednesday)



Announcement of members deaths

- A Brom – September 2006
- H Grillo – October 2006
- W F Kerr – December 2006



Minutes 2006 ABM 1 & 2

- Previously circulated via web
- Confirmation
- Matters arising not considered elsewhere



Report from the Hon. Secretary

James Roxburgh



Attendance at the 4 Executive Committee meetings of 2006-2007

- **4** - Keogh, Sethia, Roxburgh, Hamilton, Kendall, Munsch, Bridgewater, Bhatti, Cooper, Nashef, Bartley, Dalrymple-Hay.
- **3** - Hunter, Hyde, Livesey, Ohri, Taggart, Venn, Graham
- Thoracic Surgery - McGuigan/Page
- Irish representation - Wood/McGovern



Retiring Executive members

- Steve Livesey
- Graham Venn



Election of Executive members

- Deferred until after Annual Meeting
- Plan to have in place by Exec meeting in June
- Process to be discussed
 - The New SCTS – Graham Cooper



Appointment of Hon. Secretary

- Stand down after ABM 2008
 - 4^{1/2} years
- Expressions of interest by Sept 3rd 2007
 - 100 – 200 words – Experience, Future plans
 - Forms downloadable from scts.org
- Considered by Executive
 - Appointment by Trustees



SCTS representation on other organisations

- Important as SCTS will pay expenses of members who are officially representing the profession on behalf of SCTS.
- If you are intending to claim expenses please check with SCTS office first.
- List posted on agenda/Registration area
- If you think you represent SCTS please check this list and let us know of errors & omissions.



Ratification of new members

- The list of proposed new members has been posted on the web agenda and will be available for viewing in the registration area.
- Unless there are any objections they will be considered as ratified from the end of the second ABM



Prizes for 2006 Annual Meeting

- Ionescu Scholarship-**M Jahangiri**
- Thoracic Surgery Scholarship – **J Edwards**
- St Jude Scholarship – **J Chikwe**
- Ronald Edwards Medal – **A Ranasinghe**
- John Parker Medal – **E Hickey**
- Society Medal – **A Alzetani**



The Bulletin

sunil@ohri.co.uk



Photographs – Visit the Booth



2006 ANNUAL REPORT

Celebrating 10 Years of Service



British Cardiac Society

- Secretary represents SCTS
- Angioplasty activity monitoring
 - Important to ensure deaths not hidden in surgery deaths



Publication of minutes

- Full text version of the Executive minutes
- Placed on “Members page” once ratified
 - 2 sets now posted



Audit related reports

- Thoracic Audit
 - Richard Page – UK Activity & Practice
- NCEPOD
 - Steve Livesey



Thoracic Surgical Audit

- New style Register (national activity + deaths)
 - 2002-2005, 36 out of 40 Units. www.scts.org
- Thoracic surgical section in next "Blue Book"
 - National activity 1980-2005
 - Unit activity 2002-2005
- For the year 2005-6: -
 - 11 out of 41 Units still have not sent returns
 - 9 units have contributed returns as per the SCTS dataset



Working parties

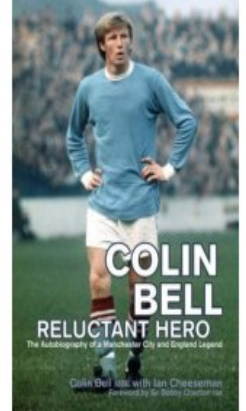
- Medico-legal Leslie Hamilton
- High risk patient Samer Nashef
- Thoracic representation Jim McGuigan
- Job plans James Roxburgh



- The Annual Business Meeting
- The Society for Cardiothoracic Surgery of Great Britain and Ireland



**To: The Society for Cardiothoracic Surgery
From: The Thoracic Forum**



True friends stab you in the front



Oscar Wilde

Born Dublin 1854

SCTS

Annual Business Meeting, 2007



Lead Specialty Interest of Executive SCTS

Adult Cardiac = 12

Don't know = 3

General Thoracic = 1

- Adult Cardiac Surgery = 24 pts
- General Thoracic Surgery = 8 pts
- Paediatric Cardiac Surgery = 2 pts





- A high quality research dominated program with papers chosen strictly on merit
- A program reflecting submission by percentages
- An inclusive program guaranteed to produce a meeting worth attending for the vast majority



Low Esteem Specialty Sector



Thoracic Surgical Research

- Few thoracic led units
- Too few thoracic consultants for expanded workload.
- Researchers have large clinical loads
- SPR's prefer cardiac research projects



Possible Changes ?

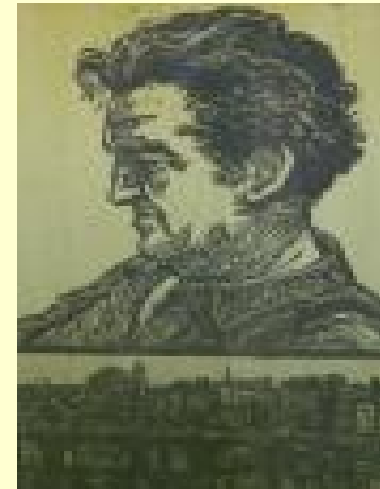
- Special interest sessions and presentations from members and others.
- Ring fenced sessions for paediatric, transplant and thoracic
- Specialist interest session not only research abstracts but innovative formats



Thoracic Critics of SCTS beware

- Critics are like eunuchs in a harem; they know how it's done, they've seen it done every day, but they're unable to do it themselves.

Brendan Behan





SCTS

Annual Business Meeting, 2007



ABM 1 Manchester 2007

Job planning – updated results

Presented by SCTS GB&I Ltd

Prepared for SCTS by SCTS GB&I Ltd.

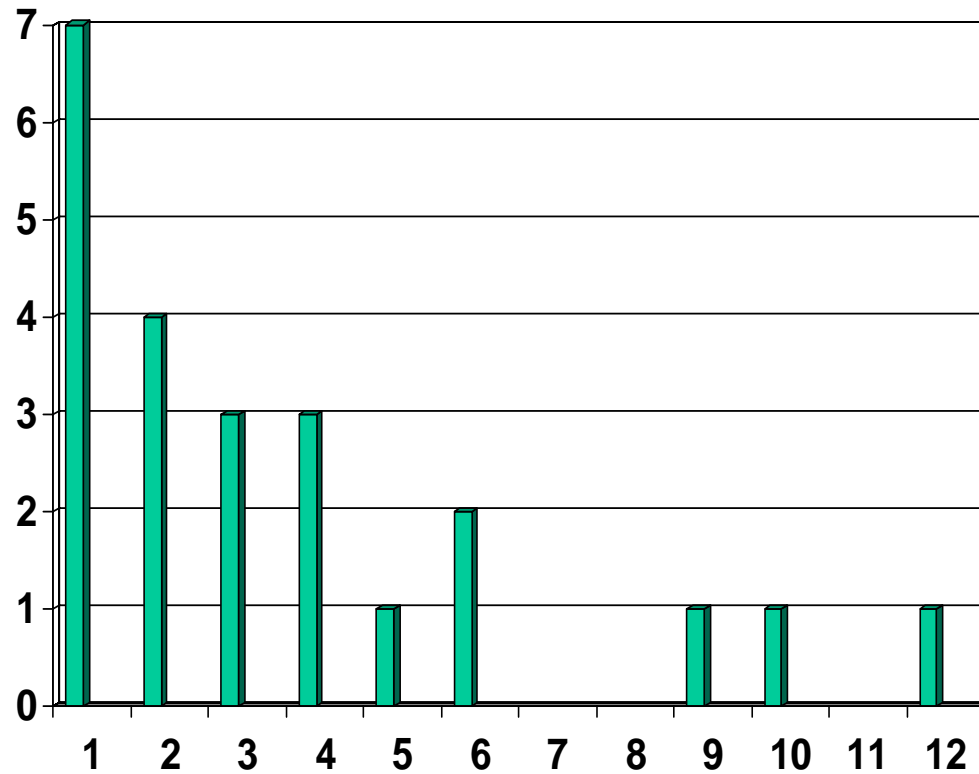


Name and unit

- **Name** 93 replies
– 2 Anon, 1 unit under Appeal,
- **Unit** 26units,



Units



Prepared for SCTS by SCTS GB&I Ltd.



Q1 Speciality

- Adult cardiac surgery
 - 42 Pure cardiac, 24 Cardiac & Thoracic
- Paediatric cardiac surgery
 - 2 pure paed, 6 cardiac and paed
- Thoracic surgery
 - 18 pure thoracic



On-call

- On-call
 - 14 receive less than 1 PA
 - 43 = 1PA
 - 12 = between 1 and 2 PAs
 - 12 = 2 or more PAs



Total PAs

- Mean Total PAs - 12.00 PAs,
 - 2 indiv have 10 PAs
 - 10 indiv have 11 PAs,
 - 56 indiv have 12 PAs,
 - 16 indiv have > 12 PAs.



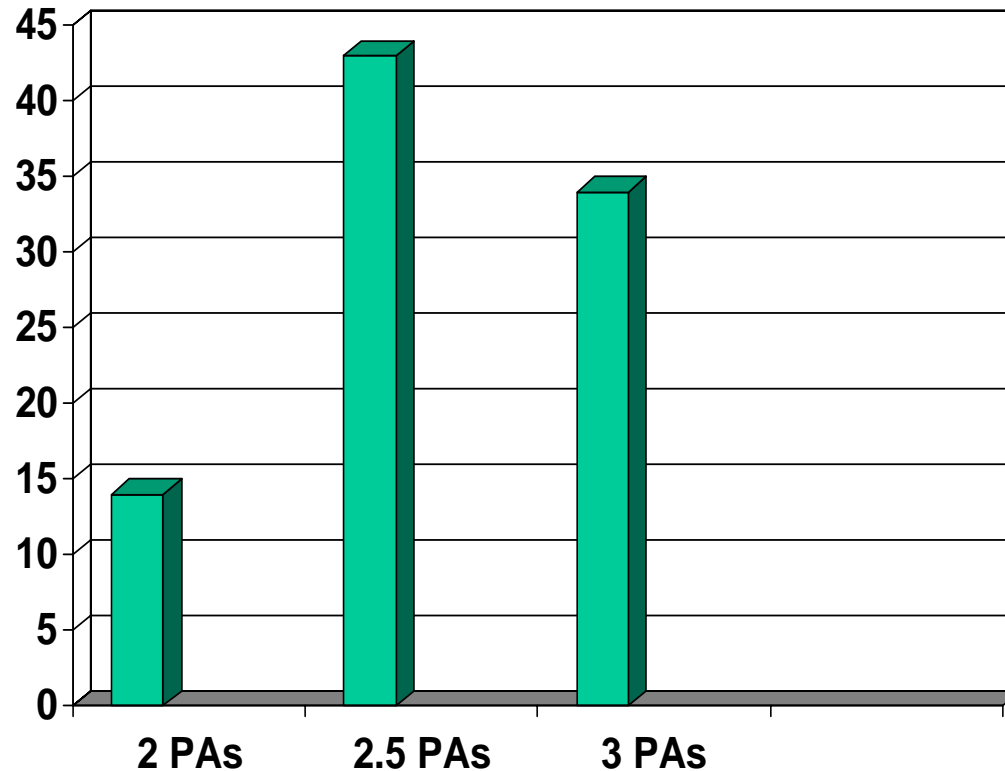
Operating time (half days)

- Thoracic
 - Mean = 3
- Cardiothoracic
 - Mean = 4.3
- Cardiac
 - Mean = 4.1



PAAs per all day list

2.5 PAs is SCTS guideline





75 : 25 split

- Yes 56 No 25
- Some units only applied this rule to 1st 10 PAs



Cross cover in contract

- 55 surgeons no contractual cross cover
- 14 surgeons contractual cross cover
 - 1 PA most common
 - Difficult assess PAs, some hard deals made by Mx



Reduce PAs

- General feeling was if it is not already happening it soon will
- Pressure on 75:25 split



What now?

- Number of cases is public knowledge
- NHS Management workload review underway
- Powerful information to show value of other specialities
- The money saved will not go into new jobs!
- Protect time for CME, Audit, Revalidation and increased clinical work as MMC takes hold



Executive objectives

- Guidelines
- Public disclosure of result
- Patient involvement
- Revalidation
- Employment & Trainees
- The New SCTS
- G Venn B Bridgewater
- J Roxburgh*
- G Cooper
- P Magee*
- C Munsch*
- G Cooper

* Presented elsewhere



Clinical Guidelines

- Graham Venn
- Ben Bridgewater
- Jim McGuigan
- Sam Nashef
- David Taggart
- Tara Bartley



Clinical Guidelines

- Many sets of clinical guidelines exist already:
 - American College of Cardiology
 - American Heart Association
 - British Cardiovascular Society.



Clinical Guidelines

- Primary remit of the group
 - Web-based resource through the SCTS web site facilitating access to clinical guidelines.
 - The working group will collate data from existing guidelines and interpret these with appropriate commentary so that they are representative of UK practice.



Clinical Guidelines

- Initial areas for guideline development:
 - Links with EACTS
 - Multi-vessel coronary artery disease
 - Surgical treatment of atrial fibrillation, indications and funding
- BUPA / Milliman initiative



BUPA / Milliman

- BUPA are implementing care pathway guidelines produced by Milliman in the USA
 - Dictate treatment pathways
 - Dictate remuneration.
- The group proposes linking with BUPA to take this forward as a joint initiative rather than being led by it.



Questions for ABM

- Appropriate remit
- How wide?
- Helpful or proscriptive?



Patient Involvement

- Advice has been sought from Harry Cayton, National Director for Patients and the Public.
- Mandate from ABM to take forward
- If approved patient involvement will be taken forward once the new Executive is in place.



The New SCTS

Graham Cooper



A New SCTS

- Modify membership of the Executive
- Create a new Representative Board



A New SCTS

- Working Party established
 - Produce strategy for improved communication for SCTS
 - Consider questionnaire responses and comments in detail to identify other themes.
 - *Review whether or not it is appropriate for SCTS to remain a charity.*
 - Consider the structure of the Executive and how it represents the membership
 - Consider the need for lay representation on the Executive



Reference Group

- Uday Trivedi
- Stephen Langley
- John Dark
- Tony De Souza
- Sham Kolvekar
- Peter O’Keefe
- Danny Keenan
- Gianfranco Campalani
- Neil Moat
- Stephen Clark
- Domenico Pagano
- Steven Rooney
- Vipin Zamvar
- Raimondo Ascione
- Nihal Weeraseena
- David Taggart
- Carin Van Doorn
- Frank Wells
- David Waller
- Brain Prendergast
- Glen Wilkinson
- Andrew Cohen
- Enoch Akowauh
- Arjuna Weerasinghe
- Ralph White
- R. V. Venkateswaran
- Emma Beddow
- Farah Bhatti
- Andrew Chukwuemeka



Review of the Constitution and working of the Executive

Questionnaires and Working Group have identified:

- That members feel removed from Executive
- 9 key areas for SCTS



Review of the Constitution and working of the Executive

- Communication
 - Developing electronic communication
- Finance
- SCTS Administration
- Annual Meeting
- Training
 - SAC liaison
 - Exam
 - Advice to trainees
- Professional Issues
 - Job planning
 - Member support
- Promotion of Cardiothoracic Surgery
- Professional relationships
 - Lay and patient involvement
 - Non-medical staff involvement
- Governance
 - CCAD
 - Revalidation
 - Guidelines



Review of the Constitution and working of the Executive

Proposed New Structure

- **Modify Executive**

To organise key areas

- **New Representative Board**

To narrow the gap between Members and Executive



Modify Executive

Principles

- An officer is responsible for each key area
- Key areas and responsibilities reviewed at start of each Presidential term



An officer is responsible for each key area

- Treasurer - Finance
- Secretary - SCTS Administration
- Meeting Secretary - Annual Meeting
- Communication Secretary (nee Publications Secretary)
 - New post
 - Bulletin,
 - Website
 - Developing electronic communication.
- Education Secretary (new post) Training



An officer is responsible for each key area

- Professional issues, Governance and Promotion divided between President, President Elect and Secretary
- When necessary working groups and/or sub-committees may be convened for specific projects



Modify Executive

- Six Elected Trustees
- Elected by transferable vote
 - Administered by Electoral Reform Services
 - First election to be for 2 trustees elected by a single transferable vote
- Executive meets quarterly



New Executive

Trustee Members

- President
- President Elect
- Honorary Treasure
- Honorary Secretary
- Meeting Secretary
- 6 elected members

Non-Trustee Members

- Education Secretary
- Trainee Representative
- Nursing Representative
- Lay Representative
- Co-Opted Members



Representative Board

- Contains 1 representative from each unit (selected by unit)
- Each representative serves a fixed term
- Other members are members of current Executive who have no role on new Executive
- Meets twice a year with Executive, building on the success of the Audit Leads Meeting



Interaction

Representative Body

- Guide strategy
- Provide feedback
- Hold Executive officers to account

Executive

- Do their job
- Implement strategy
- Identify upcoming issues



A New SCTS

New structure will:

- Enable SCTS to focus on key areas
- Improve representation
- Improve connection between Executive and members