

Scottish Intensive Care Society Audit Group (SICSAG) Constitution

Steering Group Constitution

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Translations



Easy read



BSL



Audio




Large print



Braille

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Version history

Version	Date	Summary of changes
1.0	6/3/24	Martin Paton drafted the constitution
2.0	6/3/24	Ros Hall added SICCSAG specific data
3.0	6/3/24	Martin Paton added additional points after feedback from Stuart Baird
4.0	3/4/24	Final version uploaded to the most up to date template by the PHS websites content team

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Constitution of the steering group

The SICSAG steering group oversees the conduct of the audit, determines its direction, maximises the use of data, actively undertakes research and identifies areas of care which should be the focus for future improvement work.

Membership, appointment, and terms of office

SICSAG has an established group of key stakeholders to oversee the work of the audit/ register in collaboration with the central team within the Scottish National Audit Programme (SNAP) in Public Health Scotland (PHS).

The composition of the steering group aims to reflect the range of participating hospitals in terms of size and location.

Chair

- The chair will be a consultant practising in critical care in Scotland with responsibilities as set out in [Appendix 1](#).
- Nominations for the chair will be sought from members of the steering group. Applicants for the role of chair must be nominated and have their nomination seconded by members of the steering group. A person specification can be found in [Appendix 2](#).
- The chair will be selected based on a written application (measured against the role descriptor) and an interview process. This applies in the case of one or multiple applicants for the role.
- The term of office will be three years. The chair shall not serve more than two consecutive terms unless the steering group agree to a third term in exceptional circumstances.

- The chair shall report to the SNAP service manager and is accountable to the Chief Medical Officer through the Scottish Government National Audit Programme Board (Health) (SGNAPB (H)).

Vice-chair

- The vice-chair will be a consultant or other professional practising in critical care in Scotland taking into consideration that the vice-chair may be required to temporarily perform the duties of chair ([Appendix 1](#)).
- Nominations for vice-chair will be by self-nomination from the steering group.
- The vice-chair will be elected by the steering group.
- The term of office will be three years. The vice-chair shall not serve more than two consecutive terms unless the steering group agree to a third term in exceptional circumstances.

Ordinary clinical members

- President of the Scottish Intensive Care Society (SICS)
- Medical staff will be drawn from critical care or other clinical areas related to critical care and will be practising within NHS Scotland.
- Other health professionals and nursing, midwifery, and allied health professionals (NMAHP) will be drawn from critical care and will be practicing within NHS Scotland.
- Regional representation and individual enthusiasm are essential criteria.
- Members should bring their professional expertise and local experiences to the group.

- Members should share news and updates relating to SICSAG with their local teams.
- Members should actively participate in ensuring adherence to the SNAP governance policy by evaluating responses brought to the steering group for review. Members should also, where applicable/ appropriate, participate in annual/ peer review visits to ensure that local learning is used at a national level.
- Representation may be from pharmacy, physiotherapy, dieticians, speech and language therapy or trainee in intensive care medicine.

Public Health Scotland

- Service Manager
- Senior Nurse
- Caldicott Guardian (available for consultation)
- Consultant in public health medicine
- National Clinical Coordinator
- Regional Coordinator
- Principle information analyst (as needed)
- (Senior) information analyst
- Quality assurance manager (as needed)
- Project manager and project/ data support officers (as needed)

Other

Additional parties/ advisors may be co-opted onto the steering and sub-groups as required to meet the aims of the audit/ register.

Management

A small executive group will be responsible for routine operational issues:

- National Clinical Coordinator
- Chair
- Vice-chair
- Government lead (if there is one allocated to the audit/ register)
- Service Manager (as needed)
- Senior Nurse (as needed)

Meetings

Meetings will be at least twice a year, but ideally a minimum of three times a year.

Each member's attendance should be commensurate to their role on the steering group.

If a member does not attend in a manner commensurate to their role, then membership will be reviewed by the steering group. If a member cannot give this commitment to the steering group, an alternative representative should be found.

Members are asked to try to identify an alternate colleague from their region to attend in their absence.

Information request handling

- Notwithstanding the steering groups permission(s) for Information Requests (IRs), they will be handled according to **Public Health Scotland's Information Protocol**.
- All IRs must be approved by the steering group before analysis is performed or data released to the requestor.
- Any trainee submitting an IR **must** have a consultant investigator named in the IR.
- All persons submitting an IR are required to provide the chair, national clinical coordinator and any other member decided by the steering group with sight of any results or paper prior to publication.
- Any paper/ publication must cite SICSAG as the data source/ reference and where applicable relevant SICSAG members should be included in the authorship.

Terms of reference

1. To improve the care of patients who have been managed in intensive care units and high dependency units in Scotland.
2. To provide clinical direction and advice on key performance indicators/ standards for critical care in Scotland.
3. To manage the clinical governance aspects of the audit, in accordance with the SNAP Governance Policy, ensuring that appropriate action is taken.
4. To plan the medium and long-term strategy of the audit, considering the national strategy for audit as determined by the SGNAPB (H) and PHS.
5. To direct the clinical content of the annual national report and approve the release of any other routine data analyses produced by the group.

6. To maximise the use of the data by identifying research potential and establishing associated research projects.
7. To establish sub-groups with a remit to address specific issues (e.g., report writing).
8. To provide clinical advice and support to the central team at PHS.
9. To organise national meetings or presentations at other relevant meetings.

Privacy notice

Public Health Scotland will retain information relating to steering group membership. This data includes name, role, employer, contact information and any self-declared declarations of interest members make.

Contributions made by members in meetings may be reflected in any documented minutes which may be subject to disclosure under Freedom of Information (Scotland) Act 2002 (FOISA).

For further information please refer to the [Public Health Scotland Privacy Notice](#) or contact the SNAP team at phs.snap@phs.scot

Appendix 1: Role of chair

The role of chair involves an average of about four hours per week, but this is highly variable. PHS provides appropriate funding to the chair's employer to enable them to fulfil this role. The chair would be expected to carry out this role for a minimum of three years, recognising that continuity in such a role is important to the success of the audit/ register.

The role of chair carries the below responsibilities.

Communication

- To be the clinical 'public face' of the audit/ register and promote its activities at every opportunity.
- To be the designated clinical spokesperson for the audit/ register in response to enquiries from the media.
- To liaise with professional bodies and Scottish Government to ensure that the audit/ register remains aligned with national priority areas.
- To ensure appropriate action is taken in response to audit/ register results (at a local, regional, or national level) in compliance with SNAP governance requirements.

Leadership

- To lead the steering group in determining the planning of the audit/ register in line with Scottish Government strategic requirements.
- To co-opt specialty advisors as required assisting in the work of the steering group and subgroups.

- To optimise the use of audit/ register data by the critical care community through widespread dissemination of its findings and identification of opportunities for presentation and publication.

Operational role

- To work closely with both the steering group and PHS and be available to provide expertise (in a timely manner) whenever it is requested.
- To set the agenda for the steering group in consultation with the central team and ensure minutes are actioned.
- To liaise with the SNAP service manager and/ or senior nurse and national clinical coordinator on all matters that may impact on the operational activity of the audit/ register.
- To contribute to other related audit/ register meetings as necessary, e.g., local audit coordinators, SGNAPB (H) meetings etc.
- To contribute to the writing of the annual national report.

Appendix 2: Person specification for role of Chair

Essential criteria

Criteria	Evidence
Can demonstrate commitment to the main aims of the audit/register	
Have recent experience and/or knowledge in delivery of all aspects of critical care.	
Demonstrate a track record in interpretation of data and statistics to then invoke positive change.	
Experience of committee work and some experience of chairing committees.	
Can demonstrate experience of, and success in, a leadership role within the NHS.	
An effective public speaker	
Excellent interpersonal and communication skills with a proven ability to operate in highly political situations with assertive negotiators.	
Training in information governance and handling of medical records.	
Have undertaken diversity training.	

Desirable Criteria

Criteria	Evidence
Completion of a higher degree which involved research, data, and statistics.	
Understanding sources of routine data relevant to healthcare delivery in Scotland.	