



Scottish Intensive Care Society

Report 2016/17

SCOTTISH INTENSIVE CARE SOCIETY

Annual Report 2016-2017

Introduction

The Scottish Intensive Care Society has ensured that coordinated training and education has been nurtured in Scotland for over 25 years. Any successful organisation must be able to respond to challenges by adapting, developing and innovating. For Scottish Intensive Care it has been a challenging year.

Many of the pillars of Intensive Care Medicine in Scotland which have been part of the high quality provision for decades, have continued to develop and progress, with reports from The Scottish Intensive Care Audit Group outlining the state of ICM practice across the country, the Critical Care Trials Group progressing plans for amalgamation and Recruitment and Training tentatively developing novel approaches to current and real recruitment pressures.

The Chief Medical Officer released a report in 2016, Realistic Medicine, which addressed challenges with practicing medicine as a whole in the 21st Century. It suggested adapting, developing and innovating would be needed for the future - this refreshing ethos was welcomed.

Our Annual Scientific Meeting changed venue this year with feedback extolling its successes and attendance demonstrating the keen and broad interest from members and non members alike.

This SICS report summarises much of the hard work individuals and groups have been involved with, providing continued stewardship of ICM across Scotland in 2017.

Presidents Report

The Society's role is to improve the practice of Intensive Care Medicine in Scotland. Here are some of the ways we are trying to achieve this.

Realistic Medicine

This important document has significant implications for ICM. Council has debated the best way the Society can respond to this, but meantime, all ICU clinicians should be aware of the content and relevance to ICU.



CMO Catherine Calderwood addresses ASM

Visits

Council has agreed to fund interhospital visits for multidisciplinary members of the Society. The aim is to spend time in another hospital, and share the learning on the SICS website. There will be a limited number of trips funded and applications will be handled transparently and fairly. Funding will cover travel and, where necessary, accommodation.

PSIG

Professional Special Interest Groups are a new development designed to allow allied groups of professionals to have regular funded meetings (up to a maximum of £1000 per

year). The first groups are likely to be cardiothoracic intensivists and ACCPs.

ACCP Training

Increasing numbers are now being trained, and although there is no National funding, a pseudo National course has been set up, with trainers and trainees from across the central belt teaching and learning together. The group is led by Graham Nimmo.

Annual Meeting

Our Annual Scientific Meeting took place at the Fairmont Hotel in St Andrew's in January, and the excellent programme and engaging speakers were very well received. The view of the majority of delegates was that the venue was also excellent, and on that basis we are returning to the Fairmont next year.

Workforce

Significant challenges lie ahead due to increasing demand for services, lack of recognition of an impending workforce crisis and recruitment that is already difficult as trainees seem to have less appetite for ICM training. There is engagement with Scottish Government regarding increasing numbers of posts.

In the past, ICM numbers and funding came from anaesthesia posts, but there has been important investment in new ICM posts (16 in past 4 years) as it is recognised that the previous funding link with anaesthesia is unsustainable. There is a concerning retirement profile. There is a general feeling at council that anaesthesia and ICM should continue to work as close partners. Brian Cook is leading extensive work to improve the workforce position.

SICSAG

Our audit group continues its excellent work, and Steve Cole's report is also in this annual report

Education

One of our major roles is education, and I am pleased to report that we continue to hold our successful Annual Education meeting. We have established 3 senior trainee teaching days focussing on professionalism with the last one being an externally managed course on dealing with difficult conversations in the workplace. The extremely time consuming module redevelopment is nearing completion. We input heavily in both organisation and examining in the only FICM approved FFICM preparation course in Leeds and local and central simulation training continue to improve.

Martin Hughes
President SICS

Honorary Secretaries Annual Report

Elections:

Murray Blackstock will replace Elizabeth Wilson as East Representative and Jonathan Richards will replace Fiona Mcilveney as West Representative later this year.

Andrew Mackay, Ian Mellor, Phil Korsah and Jim Ruddy will be stepping down at the end of their tenure. Thank you to all departing representatives for your efforts and welcome to those coming on board.

Office Bearers

Graham Nimmo completes his term as Past President and SICS would like to express gratitude for the service he has provided to Council and the organisation over the years. We wish you well in your future endeavours.

Elizabeth Wilson takes up the role of President Elect and we look forward to continuing to work productively with you in the future.

Nigel Webster stepped down as Honorary Secretary in April 2017 and will be replaced by Richard Appleton. Thanks are due to Nigel for his financial stewardship during this time.



ARDS outcomes: Professor Geoff Bellingham

Insurance

The SICS provides personal accident cover through Novae which covers fatality or serious injury sustained during interhospital transfer. The policy is open to any SICS member of any profession and is included in the membership fee.

Travel Grant

This was awarded jointly to Drs Lindsay Ford and Matthew Harvey who experienced

paediatric cardiac surgery in New Delhi and Texas and Dr Laura Barry who travelled to the Marsden to experience oncology and ICU. The findings were presented at the ASM in January in St Andrews

There were five applications for two awards in 2016 and a high level of competition.

Educational Bursary

This was awarded for the first time to Dr Michael McLaughlin to pursue a PG certificate in Health Economics at the University of Aberdeen.

Fiona McIlveney
Honorary Secretary SICS

SICSAG Report

The 2016 Annual Report was published and was well received at the end of 2016 and can be seen on the SICSAG section of the website.

It reported on 14,500 Level 3 patients, a 2% reduction on 2014 numbers and 31,500 Level 2 patients, a 4% increase.

The Scottish Government COMQI- chaired by Aileen Keel and Jason Leitch has undertaken a structured performance review of all the audits that are supported by ISD. SICSAG scored well (top 3) and is viewed as a high quality audit that has a high degree of professional engagement and is functioning well.

The replacement new build for Ward Watcher is gaining momentum and progressing with Scottish Government support and funding.

Close collaboration with HIS continues and our reports were for the second year published jointly. There was general support from the CCDG at the meeting to move towards unit identifiable publication of CRBSI, Bacteraemia and VAP's. This is a GPICS standard and we will evaluate together with HIS any practical steps required to publish this data in the 2018 report.

The SICSAG spring meeting was held at Murrayshall in Perth on Thursday 27th April and the joint SCCTG/SICSAG meeting will be held on 7th/8th September 2017.

Stephen Cole
SDTG, SICSAG

Annual Scientific Meeting Report

The Scottish Intensive Care Society moved venue for the 2017 Annual Scientific Meeting in January this year. A successful and well attended meeting was at the Fairmont Hotel in St Andrews.

A very busy two day program had nearly 250 delegates attending for both days.

Professor Dale Needham opened the meeting themed on Rehabilitation after Intensive Care and was followed with an overview of the Inspire project which is being piloted in 4 Scottish ICUs.

Professor Geoff Bellingan discussed the long term outcomes from ARDS and very entertaining but contrasting presentations were provided from Rhona Das and Adrian Plunkett; learning from complaints and learning from excellence – concluding that there is as much to learn from positives as there is from negatives!



Martin Hughes welcomes the SICS ASM in St Andrews

Trauma and penetrating injuries aligned with Major Incident Planning and NHSs England's response to major incidents provided a sobering and eye opening session highlighting many of the realities of contemporary critical care provisions in modern cities.

The Chief Medical Officer, Catherine Calderwood, spoke on developments in the Realistic Medicine report and project.

The feedback suggested that the new venue and the ASM as a whole was very successful with most feeling the topics, subject matter and conference were 'above average or excellent'. A strong representation from industry with a new configuration provided a more dynamic interaction.

We look forward to next year's meeting with anticipation and thanks to Kallirroï Kefala for the huge undertaking coordinating the ASM.

Scottish Intensive Care Society Education and Training Group Report

The Education and Training Group has had a busy and productive year. Mike Gillies stood down as Chair with Rosie Baruah taking on the

position. Laura Strachan is now Honorary Secretary. The group would like to thank Mike for all his hard work in his two years as Chair.

The group continues to provide high quality training events for ICM trainees. This year we have held training days on specific topics such as “Dying, Death and Donation” and held a “Courage to Manage” training day for senior trainees and consultants in their first two years of appointment. This day provided structured training in dealing with difficult conversations in the workplace. In 2017/18 we plan to hold a training day to cover those tricky-to-achieve WPBAs for ICM training such as brain stem death testing, pericardiocentesis and major incident management.

The 2016 November Education meeting was once again held in the Teacher Building and was a great success, with positive feedback from delegates. The 2017 meeting will be held on 23rd and 24th November, again in the Teacher Building.

The SICS module redevelopment continues. Laura Strachan and Richard Appleton have put in a huge amount of work towards this, and we would hope to have the modules ready for upload by the end of 2017/early 2018.

Thalia Munro-Somerville and Graham Nimmo have formed a Professional Special Interest Group to support in situ simulation in Scottish ICUs. All ICUs have been given the opportunity to have medical and nursing staff trained in the delivery of in situ simulation and the Simulation Group will work hard to provide ongoing support and mentorship delivering this valuable training in their units. There are many scenarios suitable for in situ training on the SICS website, expertly written by Dr Nimmo.

Mindful of our carbon footprints, the Education and Training group will attempt to

videoconference half of its yearly meetings. This will hopefully increase the number of members who can attend.

Rosie Baruah

Chair SICS Education and Training Group

Recruitment 2017:

ICM training has changed markedly over the last 5 years.

When ICM CCT recruitment started in Scotland in 2013 there was no funding allocated for ICM posts.

Anaesthesia agreed to fund the extra time to CCT for both specialties as long as the second specialty was Anaesthesia. However while we do have 25 doctors currently training in ICM and Anaesthesia appointed in this way the posts they give up upon completion will return to Anaesthesia for future recruitment. There are 15 posts that “belong” to ICM. Scotland no longer recruits in a separate process and all Scottish posts recruit through the West Midlands process in Birmingham. In the latest recruitment round, posts were advertised on a 4-region model rather than whole of Scotland.

Workforce Planning:

We can predict, using figures from a Scotland wide survey of all ICM consultants undertaken in 2011, that the CCT output from the Scottish ICM training programme will not be sufficient to take the place of retiring doctors working in ICM sessions.

On September 9th 2016, FICM facilitated a Workforce Planning Engagement Meeting with all stakeholders in Scotland.

- Growth in Service – All projections indicate an increase in critical care demand which will result in the need for a

larger workforce. Nearly half of ICM consultants are currently over 50 years of age, which will become an issue in the future.

- A number of units stated they are looking to train Advanced Critical Care Practitioners as an integral part of the future workforce. Current ICM nursing personnel are the most likely source of this workforce development. ACCPs are used differently in the units that currently have them. They cannot replace senior trainees or consultants.
- Medical staffing issues at trainee level – there is a falling number of ICM trainees in Scotland when compared to other UK regions of similar population size.
- Comparison of numbers of ICM training posts to population by FICM shows Scotland offering a falling number of posts whilst rest of UK improves this ratio. To highlight this Scotland has gone from “amber” to “red” in the FICM recruitment charts.

The final Regional Workforce Engagement Report: Scotland is now available on the Faculty of Intensive Care Medicine website: <https://www.ficm.ac.uk/sites/default/files/ficm-regional-engagement-report-scotland.pdf>

The changes have had a major effect on ICM training in Scotland. The overall reduction in training numbers partly reflects the way workforce planning is undertaken, where workforce projections are based on a stable trainee establishment. This cannot be applied to critical care. A meeting was held on 19th May with the Chief Medical Officer when a proposal was made to utilise a National Training Grid system similar to that used by RCPCH. This relies on a pre-determined annual number of posts, perhaps 12 in the case of ICM and enables some flexibility to

support a regional variation in numbers as need dictates. A decision from the Scottish Government is pending.

Elizabeth Wilson,
President-Elect and former Lead Regional Advisor for ICM training in Scotland

Scottish Critical Care Trial Groups Report

As you may remember the NIHR in England reorganised its research structure a few years ago. More recently the CSO underwent a reorganisation along similar lines. Critical care research nationally now falls under the new CSO Critical Care Specialty Group. Prof. Tim Walsh was the initial lead. He suggested in January of last year, a meeting to discuss future research strategy in Scotland. This took place in Edinburgh in March. The final session of that meeting was a discussion with the assembled delegates and it was decided that there was too much overlap between the aims of the new CSO Critical Care Specialty Group and the SCCTG to make both viable. To that end it was decided that the SCCTG representatives should form the core membership of the new specialty group (at that point a “group” with a chair but no representatives).

Prof. Walsh stepped down as chair in October and Dr. Mike Gillies has been appointed the new Specialty Group lead. The SCCTG was formally disbanded in January 2017 following on from this amalgamation and this was ratified by SICS. The first CSO specialty group research meeting was held in November in Glasgow. This replaced the SCCTC/SICSAG September meeting that did not take place this year.

Dr. Malcolm Sim
SCCTG



Dr Rhona Das – Learning from Experience.

Treasurers Report

The Society continues in a sound financial position. The finances are largely stable whilst the Society fulfils its objectives of promoting knowledge and practice in Intensive Care Medicine in Scotland, providing a forum for the dissemination of information and representing its members. The SICS Annual Scientific Meeting and Education Meeting continue to be very successful and with the fees kept as low as reasonably possible they run fairly cost-neutral. We are grateful for the continuing support from industry that enables this to be the case. We continue to keep a reserve account with contingency funds sufficient to cover the cost of the ASM should any unforeseen disaster occur.

In terms of other spending the Society has sponsored several other critical care events this year in Scotland and the Society continues to support learning through the travel and education bursaries. The SICS website, the main conduit for disseminating information to the membership and public, continues and is hosted and supported by Kiswebs Ltd for which there are ongoing fees. The Society continues to provide personal accident

insurance for members injured during a patient transfer.

The SICS membership continues to rise year on year with 596 members as of July 2017. The AAGBI Specialist Societies continue to administer our membership database and manage membership fee collection and the commercial accountancy firm MacFarlane Gray prepare our accounts. The Society remains in good standing with regard its charitable status and taxation.

I would like to thank Nigel Webster for handing over the role of Treasurer to me with the Societies finances in solid shape.

Richard Appleton,
The Queen Elizabeth University Hospital
Glasgow.

Scottish Critical Care Delivery **Group Report**

1. Long Term Ventilation Services:

A long term ventilation service has been tabled as a possibility to manage patients who are weaning from ventilation or require long term ventilation with no agreement of a plan to initiate to date.

2. ECMO provision

NSD called a meeting of clinicians from the 4 boards that have expressed interest or are providing ECMO in March 2016. The simple message from the clinical community was that we would wish to see ECMO commissioned in Scotland to the same standards as other UK centres.

Basic data where known on Scottish referrals to Glenfield (still the referral centre for Scotland) suggests that provision is inequitable for Scottish

patients. Aberdeen remains a surge centre.

B Cook has written on behalf of SCCDG to Dr Mike Winter (Medical Director, NSD) for clarification of Scottish commissioning plans but no formal response has been received. Meantime all CCDG chairs agreed to collect a basic dataset for any ECMO referrals made and this will be collated in 2017.

3. ICM Workforce Planning

Workforce for sustainable service delivery recognised by all to be a major challenge. SG health department has not engaged with the ICM community on this issue beyond the specialty training boards. The promised inclusion of ICM in the 2016/7 sustainability work review for surgical services never transpired.

Therefore, SCCDG with FICM and REA's organised a Scottish engagement day attended by representatives of all health boards to describe current staffing and challenges for the future to deliver current services, planned developments and what may be required to meet core GPICS staffing standards. The report from this meeting is still in now available.

Brian Cook
Chair SCCDG

Associate Members Report

Over the last year there has been an encouraging increase in the number of associate members especially from ACCPs. Work is ongoing to encourage more engagement with other AHPs.

A significant issue affecting the AHP members concerns 7 day working and the impact that

this has on those pharmacists and physiotherapists who work within critical care. With current resources the weekend services are inevitably being provided at the expense of the weekday service. This will have an impact on the achievement of published staffing standards and is being raised with relevant managers.

In a similar manner to the previous project carried out on standardised drug concentrations, work has started looking at standardised dosing of prokinetic drugs as well as administration of phenytoin.

Teaching of undergraduate pharmacy students with specific critical care lectures and workshops is now well established and continues to be well received.

A number of associate members are becoming involved in the InS:PIRE project roll out.

Ruth Forrest
Associate Representative



NHS Ayrshire and Arran at a busy poster session

Scottish Transplant and Donation Group Report

The Scottish Government has produced a consultation paper inviting views on the introduction a “soft opt out program” similar to that introduced by the Welsh Assembly.

The early evidence from the introduction of the Welsh legislation has been mixed and to date it does not seem to have significantly altered the rates of deceased organ donation. The view of the majority of the Scottish Donation and Transplant Group is that this could simply be a somewhat unnecessary and expensive distraction from the ongoing work to increase rates of deceased organ donation. However, patient groups and the BMA appear to be in favour of this.

NHSBT has launched an Emergency Department strategy with the goal of moving away from the immediate decision of declaring a brain injured patient “unsurvivable”. Where possible they suggest that admitting the patient to ICU for a period of prognostication would be best practice. This is more closely aligned with our current practice for the management of an OOHCA patient who presents to the ED. The document has been endorsed by the ED College. (Document attached below)

The last 12 months has shown a steady and continued rise in deceased organ donation from Intensive Care units in Scotland. Notably this is not from any one region or from large rather than small units. It seems generalised and widespread. Collaborative requesting with the specialist nurses is also increasing.

Currently there have been 105 deceased organ donors from the start of the financial

year. This compares with a previous high of 99 donors for the entire year and gives a predicted 12 month total of 125. This equates to a donor per million population rate of 22. This is the internationally accepted metric used to compare different countries.

Authorisation from family members/NOK remains a problem. There have been a number of retractions from families where patients are already on the ODR. There are a number of reasons behind this but it is often related to the time the process takes. NHSBT/SDTG remains concerned that this is a major barrier to increasing the number of deceased organ donors.

The introduction of a new SNOD rota and a reduction in the number of on call teams does seem to be resulting in increased delay between referral and retrieval. The data over the past 5 years for both DCD and DBD supports this. As always early referral or notification to the specialist nurse will allow planning of workload and resource allocation to minimise delays.

SDTG: John Forsythe has been appointed as the Associate Medical Director of NHSTB and as a result has stepped down as the chair of the SDTG. Following a competitive appointments process John Casey and Iain Macleod have now been appointed as the new co-chairs of the SDTG for a fixed term. Congratulations to them both.

Stephen Cole
SDTG, SICSAG

SICS Trainee Committee

Report

Education

We have now organized 3 successful training days in Dundee, Glasgow and Edinburgh. The Edinburgh training day was aimed at Advanced ICM trainees focussing more on management and communication.

The trainees meeting took place on the 10th and 11th November at the Teacher building in Glasgow and was attended by over 100 delegates. A good mixture of consultants, advanced trainees and junior doctors attended and the meeting received excellent feedback. We have now started planning for next year's meeting.

Audit

The 2016 snap shot audit collected data on ventilator-associated events throughout October and has been a great success. We managed to recruit 46 different data collectors and gathered data from every ICU in Scotland. The diagnosis of VAP is a contentious issue. We currently adopt the HELICS definition, which is in line with the rest of the UK and Europe but numerous other ways of defining VAP exist. This year we were trying to determine a baseline rate of ventilator associated events (VAC), infection related ventilator associated events (IVAC) and ventilator associated pneumonia (VAP).

Ward watcher provides a baseline of VAPs determined by the HELICS criteria. This audit will allow us to compare our VAP rate with this for internal quality control. Additional demographic data was collected including age, APACHE score, use of subglottic tubes, tracheostomy/ETT and admission diagnosis to determine whether any demographic correlation exists. HAI data from 204 patients

has been collected which includes 1547 days of data collection. We are now in the process of analyzing the data and the results will be presented at the upcoming SICSAG meeting.

We would like to extend thanks to all 46 data collectors who participated in last year's audit, to Sarah Ramsay for her supervision, Steve Cole and the SICSAG steering group for their support in making the 2016 audit project a success.

Communication

We are continuing to advertise with the @SICStrainees twitter account and SICStrainees Facebook group. We have updated some of the trainee sections on the website and are looking for trainees to submit case reports to be published as an educational resource. We recently advertised for an additional trainee member to assist with in-situ simulation in Scotland and we have had an excellent response so far.

Robert Hart and Sarah Maclean will be swapping roles for 2017 with Rob taking over as Secretary and Sarah as Audit Lead. I would like to thank the rest of the trainee committee for all their hard work this year.

Scott McNeill

Chair SICS Trainee Committee



Current SICS council 2017

Paediatric Intensive Care Report

PICU Review

A PICU review, chaired by Dr Mike Winters, is underway in Scotland. It is specifically looking at demand and capacity. There have been two meetings so far with the clinical teams from Edinburgh and Glasgow with the NSD – the final report is awaited. It is not yet clear whether there is a need for more PIC beds because the data shows that there are a significant number of HDU patients referred to the PICUs, and there are an increasing number of long term ventilated children in the PIC beds. The emerging themes/recommendations are: HDU provision for children across Scotland is patchy and could be strengthened and improved, and there is a growing issue with long term ventilated children (LTV) being repatriated to their local hospital or home. It takes approximately a year to organize a package of care. Neither of these issues will have a 'quick fix' and will require significant resource which may be difficult to secure. Similarly across the UK there is a shortage of appropriately trained nurses and both PICUs have significant vacancies. The PICU Review in NHS England should report over the summer.

PICU Transport

There is now a triage process in place and it seems to be working well. A transport referral pathway for children is being worked on, and a meeting between the PICUs and Scotstar is planned.

PICU Surge Capacity

Both PICUs have had severe capacity issues in the first half of this year. It has unfortunately led to the cancellation of many elective patients in both hospitals and correctly attracted scrutiny from the SG. Both hospitals have surge plans if an internal patient required PIC, but for outside Glasgow and Edinburgh we would be dependent on the support from adult ITUs around the country until a suitable bed was identified for a critically ill child.

**Jillian McFadzean,
Lead Clinician, Paediatric Critical Care,
Edinburgh**

Elected reps	Up till AGM 2017	From AGM 2017	End/Eligible for re-election
GG&C	Richard Appleton	Richard Appleton	End Jan 2018
	Barbara Miles	Barbara Miles	Re-elect Jan 2017
	Andy MacKay		End Jan 2017
East	Gavin Simpson	Gavin Simpson	Re-elect Jan 2017
	Liz Wilson	Murray Blackstock	End Jan 2019
	Kallirroï Kefala	Kallirroï Kefala	End Jan 2018
North	Ian Mellor		End Jan 2017
	Iain Macleod	Iain Macleod	Re-elect Jan 2017
	Judith Joss	Judith Joss	Re-elect Jan 2017
West	Fiona McIlveney	Jonathan Richards	End Jan 2019
	Phil Korsah		End Jan 2017
	Jim Ruddy		End Jan 2017
Trainees	Scott McNeill	Scott McNeill	End Jan 2018
Associate rep	Ruth Forrest	Ruth Forrest	End Jan 2018
Office bearers			
Treasurer	Nigel Webster	Nigel Webster	End Apr 2017
Hon Sec	Fiona McIlveney	Fiona McIlveney	End Jan 2019
President	Martin Hughes	Martin Hughes	End Jan 2018
Meetings Sec	Kallirroï Kefala	Kallirroï Kefala	End Jan 2018
Past President	Graham Nimmo	vacant	End Jan 2017
President Elect	vacant	Elizabeth Wilson	End Jan 2018
Ex officio			
Paediatric Rep	Jillian McFadzean	Jillian McFadzean	End Jan 2018
SCCTG	Malcolm Sim	Malcolm Sim	
Website	Richard Appleton	Richard Appleton	
SDTG	Steve Cole	Steve Cole	
SICSAG	Steve Cole	Steve Cole	
Annual Report	Fiona McIlveney	Fiona McIlveney	
SCCDG Chair	Brian Cook	Brian Cook	
CMO's Adviser in ICM	John Colvin	John Colvin	
Education & Training Group	Mike Gillies	Rosie Baruah	