



# Scottish Intensive Care Society

Report 2017/18

## SCOTTISH INTENSIVE CARE SOCIETY

### Annual Report 2017-18

#### **Introduction**

This last year and winter has seen some of the most significant demands on hospital services. Intensive care has not been immune to these pressures. Despite this, all of the activities of the SICS and affiliated groups has continued unabridged with ongoing development in exciting directions. This report highlights many of these SICS activities, with its aim to promote education, research and training. The continued work is due to the dedication of many individuals who pursue improvement in these areas to ultimately benefit the wellbeing of critical care patients and their families.

#### **Presidents Report**

The Society's role is to improve the practice of Intensive Care Medicine in Scotland. We continue to do this successfully.

#### *Visits*

Interhospital visits for multidisciplinary members of the Society have had SICS support. The aim is to spend time in another hospital with sharing of learning on the SICS website. There will be a limited number of trips funded and applications will be objectively assessed. Funding will cover travel and where necessary, accommodation.

#### *PSIG*

Professional Special Interest Groups have now developed and we have a PSIG for ACCPs and Cardiothoracic ICU.

#### *ACCP Training*

The training provided by Dr Nimmo and colleagues based at Napier University continues to provide education at a high standard. Numbers are increasing year on year, which is encouraging for those of us who feel that we will become reliant on this vital part of our workforce.

#### *Annual Meeting*

Our Annual Scientific Meeting took place at the Fairmont Hotel in St Andrews. This year's program was excellent, with some of the most influential figures in critical care speaking to us. We will decide in the near future whether to stay at the Fairmont, or move back to the Old Course Hotel.

#### *SICSAG*

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

#### *Education*

Our educational role is vital to the Society and all of the many and varied ways we support our medical staff are important – the Annual Education Meeting, the senior trainee

professionalism days, the modules, and our involvement in the FICM backed FFICM course.

### *Representing the Society*

One of our roles is to represent the Society on National bodies such as FICM. It is vital that our voice is heard at this level. One of the advantages of our relatively small size in Scotland is that we know everyone and different voices and controversial opinions are heard. This is something we should value.

I should note, as I come to the end of my official time with the Society, we could not do what we do without an enormous amount of unpaid, voluntary work from members of Council and the committees (SICSAG, the Education and Training group, the CSO Critical Care Specialty Group, the meeting organisers, the Trainee group, the Associate members' group). I will not thank all the individuals who do all of this work (no doubt I would miss someone and cause great offence), but you know who you are – thank you. I hope we continue to produce clinicians who care enough about what they do to make this extra effort – it is to their great credit that they do so.

Finally, good luck to Liz Wilson, my successor and, not before time, the first female President of the Society.

**Martin Hughes**  
**President SICS**

## Honorary Secretaries Annual Report

### *Council Members*

It is my pleasant duty to introduce to you some new members of Council in 2017-2018. Pamela Docherty (GG&C Region), Laura Strachan, John Allan and Jonathan Richards (West Region) Murray Blackstock from the East region and Marian MacKinnon from the North region, have all joined Council and brought with them fresh ideas and new enthusiasms for the job. A warm welcome to them all.

Sadly we are also losing some established contributors as regional representatives but who will remain on Council in their executive roles- Kallirroi Kefala steps down as an East representative (although she remains as meetings secretary) and Richard Appleton steps down from GG&C but remains as Treasurer and website developer. Ruth Forrest also leaves us as the Associate Member representative and we offer thanks to them all for their hard work and service to Council over their terms. I would also like to thank the Trainee Group for their sterling work over the past two years- together they have delivered multiple successful educational days and two national audits- well done to Scott McNeill as their chair, Robert Hart and Sarah McLean as audit leads and secretaries and Jamie Hornsby as educational lead.

### *Awards*

I am pleased to announce that the Travel Grant winners are Annemarie Docherty and Judith McCartney. The Travel Grant was fiercely contested this year, with a very high standard.

The Postgraduate bursary is awarded annually and previous bursary award winners have posted their experiences on the website.

### *Insurance*

Transport insurance continues to be provided for members of the Society as a benefit of membership. More information about this is provided in the membership section of the website.

### *Fees*

*The cost of annual membership is increasing* - each membership band had risen in price by £10 having been unchanged for many years. We believe this still represents value for money with all the benefits of membership but we understand that some may be disappointed by this decision. I would ask also that members check with their banks to ensure that all standing orders for payments have been cancelled and payment methods are converted to direct debit. Don't pay twice!

### *Thanks*

I would also really like to take this opportunity to thank my colleagues on Council for all their support and hard work. They stick to deadlines, deliver what's asked of them (and more) and readily volunteer for whatever is needed. A special thank you must go to Martin Hughes as outgoing President and a warm welcome to our new President, Liz Wilson.

**Fiona McIlveney**  
Honorary Secretary SICS



*Professor Rinaldo Bellomo presents the ADRENAL trial.*

## **SICSAG – Audit Group Report**

The 2017 Annual Report reporting on data for 2016 was published on 08.08.17

<http://www.sicsag.scot.nhs.uk/docs/2017/2017-08-08-SICSAG-Report.pdf>

The subsequent publication of hard copies of the report has returned to the traditional blue cover, a move which is to be welcomed. The published report was well received with refreshed and updated graphics together with a specific focus on out of hours discharges. This year we reported on 14,908 Level 3 patients, a 2% increase on 2015 numbers and 31,500 Level 2 patients, a 3% increase.

### *Audit and the COMQI*

The Scottish Government COMQI- chaired by Aileen Keel and Jason Leitch, have again undertaken a structured performance review of all the audits that are supported by ISD, the "audit of audits". SICSAG scored very well and on this occasion was ranked as the highest performing of the 8 Scottish Healthcare audits

supported by ISD. We are viewed as an “important high quality audit that has a high degree of professional leadership and stakeholder engagement and is functioning well”.

This is particularly important as there is a scheduled meeting of COMQI to discuss funding of 2018/19. NSS have been asked to identify a 30% cut in audit funding. It is probable that a decision will be made to discontinue funding for one or 2 of the national audits.

While SICSAG appears in a good place for this round I suspect that this financial stringency will become an annual occurrence and we need to have a strategy in place should our funding be reduced or removed

### *Ward Watcher Replacement*

The replacement new build for Ward Watcher has, as a result of financial constraints and the lack of a clear commitment to ensure it is “as good or better than what we currently have”, somewhat lost momentum. As things stand Scottish Government funding for this development remains in place but I suspect that may change.

### *HIS collaboration*

Close collaboration with HIS continues and our reports were once again published jointly. There was general support from the council the CCDG and the SICSAG steering group to move towards unit identifiable publication of CRBSI, Bacteraemia and VAP's. This is a GPICS standard and we will evaluate, together with HIS, the practical steps required to publish this data in the 2019 report. As part of this a WW update to the HAI page and ACP screen is currently being piloted.

### *Spring Meeting and SCCTG*

The free SICSAG spring meeting was held on Thursday 15<sup>th</sup> March 2018 and was aimed at critical care staff who would like to get more out of the WW database. The joint SCCTG/SICSAG meeting will be held on 6<sup>th</sup>/7<sup>th</sup> September 2018.

### *Non Clinical Transfers*

Together with Gordon Houston (Crosshouse) and the CCDG, SICSAG has attempted to quantify the extent of non-clinical transfers across Scotland. The results are available and show most NC transfers are concentrated in a small number of hospitals.

As part of the ongoing funding constraints we have lost most of the clinical time of our Quality Assurance Manager Clare McGeoch. This is very disappointing but she has been asked to cover all the ISD audits not just SICSAG. We still have Lorraine Smyth (senior statistician), but this is also under review and any loss of her time will significantly impact on our ability to respond to data requests in a timely manner. We have been fortunate to have had Abishek Roshan (a masters student working with Naz Lone), seconded to SICSAG for a period of time. This has been a very positive experience and we would like to continue to provide this sort of concentrated exposure to a suitably enthusiastic individual.

**Stephen Cole**  
**SDTG, SICSAG**

## **Annual Scientific Meeting**

The Scottish Intensive Care Society Annual Scientific Meeting was held for a second year in the Fairmont Hotel in St Andrews.

#SICS2018

Local and international experts were in attendance with a first day focus concentrating on sepsis; Professor Gordon Rubenfeld discussed long term outcomes and the ARDS phenotype with Dr Manu Shankar-Hari examining the causes of immune paresis associated with the condition. Professor Rinaldo Bellomo entertained interested discussion on EGDT and diabetic management. He also presented the findings of the newly published ADRENAL study.

The Mike Telfer lecture was presented by Professor Mike Grocott – ‘The human response to hypoxa’. He outlined how to publish a paper with  $n = 4$  and so exposed the practicalities of taking femoral arterial blood gases at the top of Mount Everest!

Deep Learning and Artificial Intelligence were expounded by Marius Terblanche describing how the future analysis of metadata could revolutionise what we know about treatment groups. Dr Hannah Burd explained how to Influence behaviour effectively with simple psychological strategies – influencing and improving medical efficiency and outcomes.

Dr Audrey Quinn updated the SICS on management of critically ill obstetric patients and Stuart Hamilton finished off the conference with a stimulating talk on sequelae in sepsis survivors.

Poster sessions with wide ranging scope from the InS:PIRE program to Intra-hospital transfer improvement and from Health care Utilisation after ICU to VAP analysis - again showed the extent and interest in research, audit and

quality improvement which is prevalent throughout the country.

On the first evening as expected, a great attendance to the Burns supper cheered as the Haggis was piped in. The Address started a great evening of dancing and socialising as friends old and new used the night to bring each other up to speed on the less official matters of occasion!

This was another fantastic conference and thanks must be given to Kallirroi Kefala for her expertise in its organisation.

We are looking forward to seeing everyone next year!



Professor Gavin Perkins addresses SICS ASM 2018

## **Education and Training Group**

### *Regional Training Days*

A successful trainee teaching day was held in Dundee last June and another in March this year in Glasgow. It was focused on achieving 'difficult to achieve' competencies from the FICM Syllabus.

### *SICS Education Modules*

All 3 scenarios are now completed and submitted with planned filming proposed with Dynamic. It is hoped the modules will be delivered early to mid-2018.

### *Teleconferencing*

Videoconferencing has been very successful and we plan to VC future meetings.

### *SICS Simulation PSIG*

The group is working with the Mastery Group in Edinburgh to develop simulation based skills teaching (CVC and chest drain insertion).

A re-audit of simulation activity across Scotland is proposed for 2018.

The group have been in touch with ASPIH (Association for Simulated Practice in Healthcare) and plan to distribute their documentation (standards for simulation based education).

### *Scottish FFICM Preparation Course*

The Leeds FICM-approved FFICM course was held in September and was well attended by Group members. Paul McConnell is replacing Martin Hughes as Faculty member with responsibilities for content development.

### *ACCP involvement*

Carolyn Meldrum, an ACCP based in NHS Lothian, has joined the group to provide ACCP involvement and we look forward to developing this cooperation.

### *Rosie Baruah*

#### **Chair SICS Education and Training Group**

### *New chair*

Rosie Baruah has stepped down as Chair of the Education and Training group. We wish to thank her for the hard work and coordination she had provided as group chair for the SICS. Laura Strachan is interim chair.



Dr Audrey Quinn discusses Maternal Critical Care

## **Critical Care Research Specialty Group**

### *Critical Care specialty group portfolio studies*

At present the following portfolio studies are open (or were recently open) in Scottish ICUs:

SPICE 3  
 REST  
 SNAP-IT  
 TEST-IT  
 OPTIMISE 2  
 STAART AKI  
 FRONTIERS  
 Ins:PIRE  
 GENOMICC  
 REST  
 INTEREST – recently closed

***Studies in setup or planning include:***

ADAPT-SEPSIS (procalcitonin study); SuDDICU (SDD study); BLING-III (beta lactam infusion study); A2B (dexmedetomidine).

***NRS Regional Visits***

Janet Gilchrist, the NRS Critical Care portfolio manager, is currently on secondment for six months. We plan to visit each region to discuss NRS support for research including clinician and research nurse time and have so far visited Ninewells and QEUH.

***NIHR Critical Care National Specialty Group***

A meeting of NIHR CC NSG took place on 16<sup>th</sup> January 2018. This discussed the following topics;

1. UK performance metrics are acceptable and critical care is a high performing specialty. Scotland currently does not recruit to target; the aim is 10% of English recruitment (based on population).
2. An experimental medicine subgroup has been formed and plans to meet in February to plan strategy in critical care. This group is led by Charlotte Summers and Tony Gordon; interest from Scottish leads will be sought.

3. Trainee engagement strategy has been proposed, through RAFT, supported by NIHR to facilitate ease of trainee involvement in research.

4. ACCP representatives will be sought for the NSG, to encourage this group to become involved in clinical research.

***UKCCRG Update***

The SICS has agreed to act as a sponsor organisation for the UKCCRG for the modest cost of £500 over 2 years.

The UKCCRG oversight committee met on 11<sup>th</sup> January 2018;

1. Dawn Campbell has been appointed as the UKCCRG administrator for the next 3 years.
2. Tim Walsh will demit as chair of the UKCCRG. Nomination and election for a new chair and member of the oversight committee will be sought from the UKCCRG membership.
3. The UKCCRG has a new logo.
4. ICS has agreed to continue to host the UKCCRG and hold and disburse UKCCRG funds.
5. The next UKCCRF meeting will be held on the 7-8<sup>th</sup> June 2018 in Belfast.
6. It is likely that 2020 UKCCRF will be held in Edinburgh.

***Critical Care Specialty Group Composition***

Further representation from nurses and AHPs is being looked for - if possible one from each sector.

**Dr. Malcolm Sim**  
**SCCRTG**



Gordon Rubinfeld - what is the ARDS Phenotype ?

## **CMO Report**

Key work streams in anaesthesia and intensive care medicine and those that require further action at both local and Government level -

### *Realistic Medicine*

The CMO's 2015-16 'Realising Realistic Medicine' report raises the challenges faced in adopting the principles of Realistic Medicine.

It is anticipated that the efforts and views of our community will be represented at a national level through the Realistic Medicine team to continue to support the development and delivery of realistic medicine by clinicians locally across Scotland.

### *Workforce*

Consultant expansion is driven by increased demands for both scheduled and unscheduled work. Vacancy of funded posts is

approximately 3% and related to difficulties with recruitment – inadequate CCT supply and post CCT attrition.

Following detailed workforce projections, ST3 recruitment would be further improved by an appropriate increase in Core numbers. This case was supported by the Scottish Shape of Training Transition Group. In addition, support was given to recruit to 12 ICM training post in the 2018 intake with funding within the current establishment. The first dual ICM CCT is due in August 2018. 83% of ICM dual trainees are training with anaesthesia. Impact on anaesthesia and ICM projections suggest that insufficient ICM doctors are being trained to meet increasing critical care demand and predicated ICM consultant retiral numbers.

### *Trainee Welfare and Morale*

In ICM, the over-reliance of hospitals on anaesthetists in training, outside of their ICM training modules, for ICM service delivery was identified. An increase in a dedicated ICM workforce to become self-sufficient without impacting on the anaesthetic workforce, a single recruitment process to dual training in anaesthesia and ICM with the RCoA and Faculty of Intensive Care Medicine (FICM) working in partnership to support the training needs of both specialties was recommended. The report highlighted that while retaining plurality of access to respective training programmes, it would be a great step forward to be able to recruit to both parts of the dual programme in a single year.

**Daphne Varveris**

**CMO Advisor in ICM and RCoA**

## **Treasurers Report**

The SICS accounts report from the trustees and the accountant's independent examiner's report of our accounts for the financial year ending 31<sup>st</sup> March 2017 have been completed and submitted. A copy is available on the website:

<https://www.scottishintensivecare.org.uk/about-sics/annual-reports/>

There is a deficit of approximately £7825 for the last financial year. There was a once off expenditure to support simulation training for ICU staff across the Scottish ICUs for approximately £3k though otherwise the expenditure is recurrent. In essence the SICS income is fairly static but the costs are not unexpectedly rising. The society's expenditure does not appear profligate so a focus on increasing revenue would appear necessary.

Account balances as of 11<sup>th</sup> January 2018:

|                   |          |
|-------------------|----------|
| Main account      | £ 90,546 |
| Reserve account   | £ 96,663 |
| Education account | £ 3,362  |
| Total             | £190,571 |

The approximate cost of the ASM is £95,000 with our agreed reserve of twice this cost (£190,000). We therefore only just meet this requirement by including the funds within the Education account.

Funds have been transferred from the SICS main account to the reserve account so that there is sufficient funds in the reserve account alone to pay for an ASM.

With regards the SICS expenditure, the AAGBI fees have risen dramatically. They have generally been around the £2000-3000, but for the financial year 2016-2017 they were approximately £3800 and for the first 6

months of 2017 the fees were approximately £3400. The AAGBI say this is due to an increase in the staff processing hours due to an increase in workload.

The ASM made a loss of approximately £4K and the fees have remained static for some time. In addition, the SICS underwrote a small number of meetings and despite the meetings making a profit the SICS made some small losses. The reasons for this were multifactorial.

In summary, to ensure good financial health for the society moving forward, we need to review our current revenue streams and some of our expenditure.

**Richard Appleton,**  
**Queen Elizabeth University Hospital**

## **SICS website**

The major development on the website is the building of the members' area with the infrastructure now complete. We are awaiting the AAGBI (who will provide the members data) to complete the arrangements and then it should be able to go live. The login will be on the home page with each member having a unique password to access the members' only pages. The area currently includes a welcome page with the member's details, a page to update their information and payment forms for SICS meetings that link to the SICS PayPal account. Any number of additional pages can be added to the members' area to display content that members of the society wish to be shared only with other members of the society.

The ability for anyone (particularly non-members) to pay for SICS meetings has been built in to the website.

To comply with regulations we have created a data sharing agreement between the parties involved. This should be self-explanatory and will be present on the members' area as well as a privacy statement.

The members' area is almost ready to go live. It will involve informing SICS members of this development and for them to activate their accounts to enable their access. Any ideas for development of content for the site are being actively encouraged.



*The Burns Ceilidh at SICS ASM 2018*

## **Scottish Critical Care Delivery Group**

The SCCDG continues to meet biannually in Forth Valley Royal Hospital. Representation from all territorial Scottish Health Boards is good.

The output from the Workforce Engagement day we organised jointly with FICM in September 2016 contributed significantly to the successful request for an increase in ICM training posts from 10 to 12 in 2017/18.

Other issues arising across 2017/18 were:

Non-clinical transfers: Gordon Houston (Ayrshire and Arran) completed a survey of

Scottish units which showed these are common in only a small number of units where local bed and service provision should be reviewed.

CCT6 Transfer trolleys and accompanying Merlin Inverters are nearing end of life and a group is meeting to plan replacements with Scottish Government.

Long Term Ventilation patients bring challenges for discharge and packages of care for home. Lanarkshire are looking at this across integrated health and social care but service delivery remains fragmented across the country. Lothian strategic planners are scoping numbers and possible developments.

ECMO continues to be delivered for Scotland primarily via Glenfield with Aberdeen Royal Infirmary as a surge centre. Both Royal Infirmary Edinburgh and Queen Elizabeth University Hospital Glasgow remain interested and active developing skills, training and equipment. Annual meetings with NSD have so far not reached a point of commissioning a single Scottish centre. A further meeting is planned in May 2018.

**Brian Cook**  
**Chair SCCDG**

## **Associate Members Report**

Over the last year there continues to be an increase in the number of associate members especially from ACCPs. Work continues to encourage more engagement with other AHPs. As the role of ACCP has continued to grow in Scotland, there is an opportunity for more formal links with the Society and so a Professional Special Interest Group allied to the Society, has been set up. This provides an opportunity to increase the visibility of the

ACCP role and creates a forum to share knowledge and experience.

The pharmacist members have contributed to a workforce benchmarking exercise looking at data from 279 critical care units in 171 organisations across the UK. Data from all the critical care units in Scotland were included. There was significant interregional variation in the amount of pharmacist input across the UK. However, NHS Scotland had a significantly higher staffing rate than all other areas within the UK including London. The provision of a weekend service was sparse. In general, pharmacists spent approximately 24.5% of their time on multidisciplinary wards rounds, 58.8% on reviewing patients and the remaining 17% on other critical care professional support activities.

Associate members have continued to support both the research awards and the Quality Improvement awards and congratulations go to all of those who submitted their work and to the winners.

**Ruth M Forrest**  
**Associate Representative**

## **Scottish Transplant and Donation Group**

At the end of June 2017, the Scottish Government published its analysis of the responses to their consultation paper inviting views on the introduction a “soft opt out or deemed consent program” similar to that introduced by the Welsh Assembly. The consultation exercise closed in early March and the society, along with other interested individuals and bodies, submitted a response; there were over 800 responses.

Despite being strongly supportive of organ donation and transplantation, the society could not perceive benefit from a soft out system. However the majority of submissions were from organ specific groups and individual transplant recipients and were strongly in favour of the proposals.

A link to the report is attached:

<http://www.gov.scot/Resource/0052/00521592.pdf>

We will now have an analysis of the process required for introduction of legislation potentially at the expense of some of the other established clinical initiatives that are already taking place.

The current plan is to put this legislation to parliament at some point during the second half of this year.

The Conservative party in Westminster have subsequently also indicated that they would bring forward similar “opt out” legislation for England.

The early evidence from the introduction of the Welsh “opt out” legislation has been somewhat mixed and to date it does not seem to have shown significantly increased rates of deceased organ donation.

The Scottish Government has also indicated that they will seek to progress the second part of the consultation proposals regarding CMO guidance to intensivists, given that there was also strong overall support from the majority of respondents. They have sensibly deferred this at the present time.

The last 12 months have 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.

Authorisation from family members/NOK remains an important limiting factor. 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 increasing amount of time that the process takes. NHSBT/SDTG remain concerned that this is a significant 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 also seem to be resulting in an 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

NHSBT has also launched an Emergency Department strategy with the goal of moving away from the immediate decision of declaring a devastatingly brain injured patient “unsurvivable”. Where possible they suggest that admitting the patient to ICU for a period of prognostication would be preferable. This is more closely aligned with our current evidence based practice for the management of an OOHCA patient who presents to the ED. The document has been endorsed by the ED College and Neurosurgeons but not currently by the SICS, given that significant concerns remain over the potential number of poor outcome survivors within this group of patients.

[https://www.ficm.ac.uk/news-events-education/news/management-perceived-](https://www.ficm.ac.uk/news-events-education/news/management-perceived-devastating-brain-injury-after-hospital-admission)

[devastating-brain-injury-after-hospital-admission](https://www.ficm.ac.uk/news-events-education/news/management-perceived-devastating-brain-injury-after-hospital-admission)

Finally guidance has also been released into paediatric and neonatal deceased organ donation and the PDA has been extended into the Scottish neonatal units

<http://www.gov.scot/Topics/Health/Services/OrganDonation/PaediatricandNeonatalDonationFullGuidance>

**Stephen Cole**  
SDTG, SICSAG



SICS Council 2018

## **SICS Trainee Committee**

### *Education*

The trainee education meeting was held at the Teacher Building in Glasgow on the 23<sup>rd</sup> and 24<sup>th</sup> of November 2017. There were over 50 attendees on each day, with a good mixture of foundation doctors, ANP's, ICM/ anaesthetic trainees and consultants. The meeting received excellent feedback and was accredited for 10CPD points by the Royal College of Anaesthetists.

The next advanced teaching day will be held in Glasgow on the 12<sup>th</sup> March 2018. This will be the first 'curriculum sign off day' and we

hope that these can be held every 2 years at least. The aim is to give trainees the opportunity to sign off the more difficult ICM curriculum competencies. The poster for the meeting, highlighting some of the more elusive competencies, can be found on the SICS website.

I would like to thank Dr Jamie Hornsby for all his hard work in organising 2 extremely successful education meetings and 5 trainee education days during his 2 years as trainee education lead.

### **Audit**

The 2016 audit is now complete and has been presented at the SICSAG meeting. The project lead, Dr Robert Hart, presented a poster at the scientific meeting and further posters have been submitted to the ESICM in Paris.

Sarah Mclean has taken over the organisation for the 2017 audit and data collection was completed at the end of November 2017. The project this year is examining Frailty Scoring at time of ICU admission. Data collectors were asked to record 'Clinical Frailty Scores' and baseline data for all admissions. This will be correlated with Wardwatcher outcome data. A project summary with further information can also be found on the SICS website.

I would like to thank Robert and Sarah for their work as both joint secretary and audit lead. They have successfully coordinated 2 large scale national audits and have produced some extremely interesting and thought provoking results.

### **Committee elections**

The current committee have come to the end of their 2 year tenure. There were 9 applicants and following a trainee vote, the new committee will be:

**David Hall- South East Scotland Deanery (Chair)**

**Abigail Short- West of Scotland Deanery,**

**Claire McCue- West of Scotland Deanery,**

**Susie Chapman- East of Scotland Deanery**

We would like to thank Council for their help and support over the last 2 years and wish the new committee all the best in their new roles

**Scott McNeill**

**Chair SICS Trainee Committee**

## **Paediatric Intensive Care**

The Scottish Annual Performance Review took place in November 2017, with representatives from both PICUs and the NSD, and was chaired by Dr Mike Winter (Medical Director of the NSD). Both PICUs continue to perform well in terms of outcomes (SMR) and quality indicators. There is a reasonable number of nursing vacancies across both PICUs.

The PICU Review in Scotland was discussed; it highlighted that the PICU bed numbers in Scotland were felt to be adequate (29) for the population but suggested that there needs to be more work trying to keep children who need HDU in their local units and also that the repatriation of children with complex needs or long term ventilation to units closer to their home, would be beneficial.

The National (UK) Review of Paediatric Critical Care, Specialist Surgery and ECMO Services for Children involved many different groups of stakeholders.

The review has 4 work streams – Models of care; Transport; Workforce and ECMO

It's recommendations and implementation plans are about to be released. The main points highlighted will be;

Improving sustainability and access;  
Recognising that children have different levels of need; Reducing inequalities in care;  
Providing care close to home; Delivering care in the right place at the right time by the right people.

Surgery in children is also under scrutiny – there appears to have been a migration of children towards specialist centres for surgery even for simple surgery.

The PICANet analysis revealed the following key points: There are a significant number of bed days for basic intensive care. There is seasonal demand driven by children under 1, primarily with a respiratory diagnosis.

The length of stay is increasing. There are a high number of refusals. There are gaps in the workforce (medical and nursing). There is a high volume of planned cardiac surgery which may affect unplanned admission requirements. There is significant variation in invasive ventilation rates. There is regional variation in uptake of ECMO and concerns about inequitable access to treatment.

There is ongoing discussion about whether there should be an HDU transport service – this would be dependent on HDU bed availability. ScotSTAR are involved with Scottish feasibility assessments.

**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       | Pamela Doherty    | End Jan 2019                 |
| 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        | Marian MacKinnon  | End Jan 2019                 |
|                            | 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       | John Allan        | End Jan 2019                 |
|                            | Jim Ruddy         | Laura Strachan    | End Jan 2019                 |
| Trainees                   | Scott McNeill     | Scott McNeill     | End Jan 2018                 |
| Associate rep              | Ruth Forrest      | Ruth Forrest      | End Jan 2018                 |
| <b>Office bearers</b>      |                   |                   |                              |
| 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                 |
| <b>Ex officio</b>          |                   |                   |                              |
| 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      |                              |
|                            |                   |                   |                              |