SICS

scottish intensive care society

Annual Report

2013-2014

Editor's Introduction

Dr Rosie Macfadyen, Western General Hospital

Welcome to the Scottish Intensive Care Society's Annual Report, reporting on the year 2013-2014.

This last year has, as always, been a busy and fruitful year for the Society. The leadership of the SICS has been passed from Mike Fried to Graham Nimmo. Graham is notable for many reasons, but he is notable in particular for becoming the Society's first non-anaesthetist President. His links with the Faculty of Intensive Care Medicine will ensure that the Society's interests will continue to be well represented at national level.

The Society's meetings have continued to be well-attended and highly rated. The SICS ASM in St Andrew's was a sell-out. The Education Meeting, held this year in Glasgow, provided CPD matrix points to consultants mindful of upcoming revalidation, as well as valuable education for the traditional trainee attenders. The joint SICSAG/SCCTG meeting in Stirling continued to showcase the best of Scotland's quality improvement and academic research activity.

The new SICS website has now gone live, and will act as a resource for education and networking amongst the local, national and international ICU community. The SICS educational modules, already a popular and well-accessed resource, will be brought up to date with a multimedia makeover as part of the website relaunch.

There will be elections for regional representatives to sit on Council in 2014 and I would encourage anyone interested in becoming more involved with the running of the society to get in touch with Sarah Ramsay, Honorary Secretary, for further information.

Council hope that you find the reports of its activities useful and informative. I would like to take the opportunity to thank the members of council who contributed to this Annual Report, and wish the Society every success for 2014.

Rosie Macfadyen
Editor, Annual Report

SICS Council Members 2013-2014

Back row L –R: Andy Mackay, Malcolm Sim, Jim Ruddy, Richard Appleton, Sarah Ramsay, David Griffith

Front row L-R: Ian Mellor, Fiona McIntyre, Charles Wallis, Graham Nimmo, Shelagh Winship, Mike Fried, Rosie Macfadyen, Fiona McIlveney, Anna Bachelor.

SICS Council members 2013-2014			
Elected reps	**Until AGM 2013**	**From AGM 2013**	**Contact details**
GG&C	Martin Hughes	Richard Appleton	martin.hughes2@ggc.scot.nhs.uk
	Malcolm Sim		malcolm.sim@ggc.scot.nhs.uk
	Andy MacKay		andrewmackay@nhs.net
East	Rosie Macfadyen		rosie.macfadyen@nhs.net
	Liz Wilson		elizabeth.s.wilson@nhslothian.scot.nhs.uk
	Charles Wallis	Kallirroi Kefala	kalliroi.kefala@nhslothian.scot.nhs.uk
North	Ian Mellor		ian.mellor@nhs.net
	Nigel Webster		n.r.webster@abdn.ac.uk
	Shelagh Winship		swinship@nhs.net
West	Fiona McIlveney		fiona.mcilveney@nhs.net
	Phil Korsah		p.korsah@nhs.net
	Jim Ruddy		jim.ruddy@lanarkshire.scot.nhs.uk
Trainees	David Griffith	Alistair Gibson	alistair.gibson@nhs.net
Associate rep	Fiona McIntyre	Ruth Forrest	ruth.forrest@nhs.net
Office bearers			
Treasurer	David Cameron	Nigel Webster (April 2014)	n.r.webster@abdn.ac.uk
Hon Sec	Sarah Ramsay		sarah.ramsay@ggc.scot.nhs.uk
President	Graham Nimmo		g.nimmo@nhs.net
Meetings Sec	Charles Wallis		charles.wallis@nhslothian.scot.nhs.uk
Past President	Mike Fried		mike.fried@nhslothian.scot.nhs.uk
Ex officio			
Paediatric rep	David Rowney	Neil Spenceley	neil.spenceley@nhslothian.scot.nhs.uk
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Website	Richard Appleton		rtdappleton@doctors.org.uk
STG	Steve Cole	Charles Wallis	charles.wallis@nhslothian.scot.nhs.uk
SICSAG	Steve Cole		stephen.cole@nhs.net
Annual Report	Willis Peel		rosie.macfadyen@nhs.net
SCCDG Chair	John Colvin	Brian Cook	brian.cook@nhslothian.scot.nhs.uk
Education gp	Martin Hughes		martinhughes@aol.com

President's Report

Dr Mike Fried, St John's Hospital

This year I, unfortunately, have to start with an acknowledgement of the unexpected and premature death of Dr. Ian Armstrong, Consultant Anaesthetist at the Edinburgh Royal Infirmary, who died in his own hospital's ICU on New Year's Day.

Ian was one of the founding members of the SICS, those who used to meet at the Station Hotel in Perth. He was the Honorary Secretary between 1994 and 1997 straddling the presidencies of Drs. Ian Gray and Grant. He was also one of the founding members of the medical critical care team at the Western General Hospital in Edinburgh.

A lot is going on in critical care medicine both at the Scottish and UK level:

- Major developments and reorganisation of critical care delivery is being planned in Glasgow at the new 'Southern', in Edinburgh at the Royal Infirmary and also at Ninewells in Dundee.
- Dr. Anna Batchelor (Newcastle) and Dr. Carl Walderman (Reading), Consultants in Intensive Care Medicine and Anaesthesia, were elected as the new Dean and Deputy Dean (respectively) of the Faculty of Intensive Care Medicine (FICM).
- A recent comprehensive review ("Collaborating for Quality in ICM") of organisations involved in the delivery of critical care services led by Professor Sir John Templeton and Drs. Judith Hulf and Jonathan Cohen proposed a number of recommendations, one of which was the creation of an umbrella organisation bringing together all the stakeholders and critical care delivery across the UK (including audit and research): the Critical Care Leaders' Forum is under the chairmanship of Professor Julian Bion and deputy chairmanship of Dr. Brian Cook.
- The FICM board has been considering the usual issues of ICM training (including academic training), examinations, manpower planning and quality standards. This last issue is of particular importance to the new commissioning process in NHS England. Thus, the Critical Care Core Standards were developed. They are immediately pertinent to NHS England where they will, in due course, develop teeth, i.e. if critical care services will not be able to meet those standards they will in due course not be commissioned. It is unlikely that the core standards will remain isolated to NHS England. This amongst other issues has led to a proposal from the Scottish Critical Care Delivery Group to the National Planning Forum to review critical care services in Scotland.
- ICM training in Scotland remains a concerning issue. In a nutshell the concern stems from a lack of funded ICM training posts and a lack of harmonisation of the training programme in Scotland with the rest of the UK. All of this uncertainly amongst other matters has meant that for the first time in Scotland we have been unable to fill all the ICM training slots (12) in Scotland. This fundamentally important issue is being very ably watched over by Dr. Liz Wilson, Senior RA for ICM in Scotland.
- Organ donation in Scotland remains a hot topic which, unfortunately, precipitated the resignation of Dr. Steve Cole as the Scottish Transplant Group's lead for organ donation. The SICS council, after much discussion, agreed that straddling both the organ donor clinical lead and SICS representative roles is nigh on impossible. The two roles should therefore be separated. Dr. Charles Wallis (Western General Hospital, Edinburgh) has agreed to be the SICS representative on the Scottish Transplant Group.

The National Planning Forum's major trauma sub group has concluded its review of major trauma provision in Scotland and its recommendations are that all major trauma patients should be taken to one of four newly designated major trauma centres at Aberdeen, Dundee, Edinburgh and Glasgow.

Transport of the critically ill is clearly becoming more important so as to enable the delivery of acute health care. For example, the reorganisation of major trauma (above) is predicated on transport of the critically ill trauma patient. It is, therefore, ironic that February saw the cessation of the Glasgow Shock Team. However, to balance this sad news, April will see the commissioning of the new Scottish Specialist Transport and Retrieval (ScotSTAR) service, whose first Associate Medical Director is Dr. Andrew McIntyre, Paediatric Intensivist at Yorkhill Hospital in Glasgow and the new Head of Service is Ms. Carol Morton. The service will be hosted by the Scottish Ambulance Service. It will bring together neonatal, paediatric and adult transport and retrieval provision for Scotland, all of which will be based at Glasgow Airport. Generic inter-hospital transport of the critically ill is being considered under the aegis of ScotSTAR but it is predictably proving to be a big nut to crack.

As can be seen from the various subgroup reports the Society is busy in all aspects of critical care and I would like to thank the chairs and their members for all their hard work over the last year. I would like to thank Charles Wallis and his group (including Julie Fenton and Dawn Campbell) for organising another exciting and interesting Annual Scientific Meeting programme in 2014; the two days would be impossible without them. I would also like to thank Rosie Macfadyen for compiling the annual report in such an interesting and dynamic way and finally I would, since this is my last report as President, like to sincerely thank Sarah Ramsay for her fantastic work in steering not only myself but the rest of Council in her usual enthusiastic and sensitive manner and I wish Graham Nimmo all the very best in his term as our new president.

Mike Fried
Immediate-past President

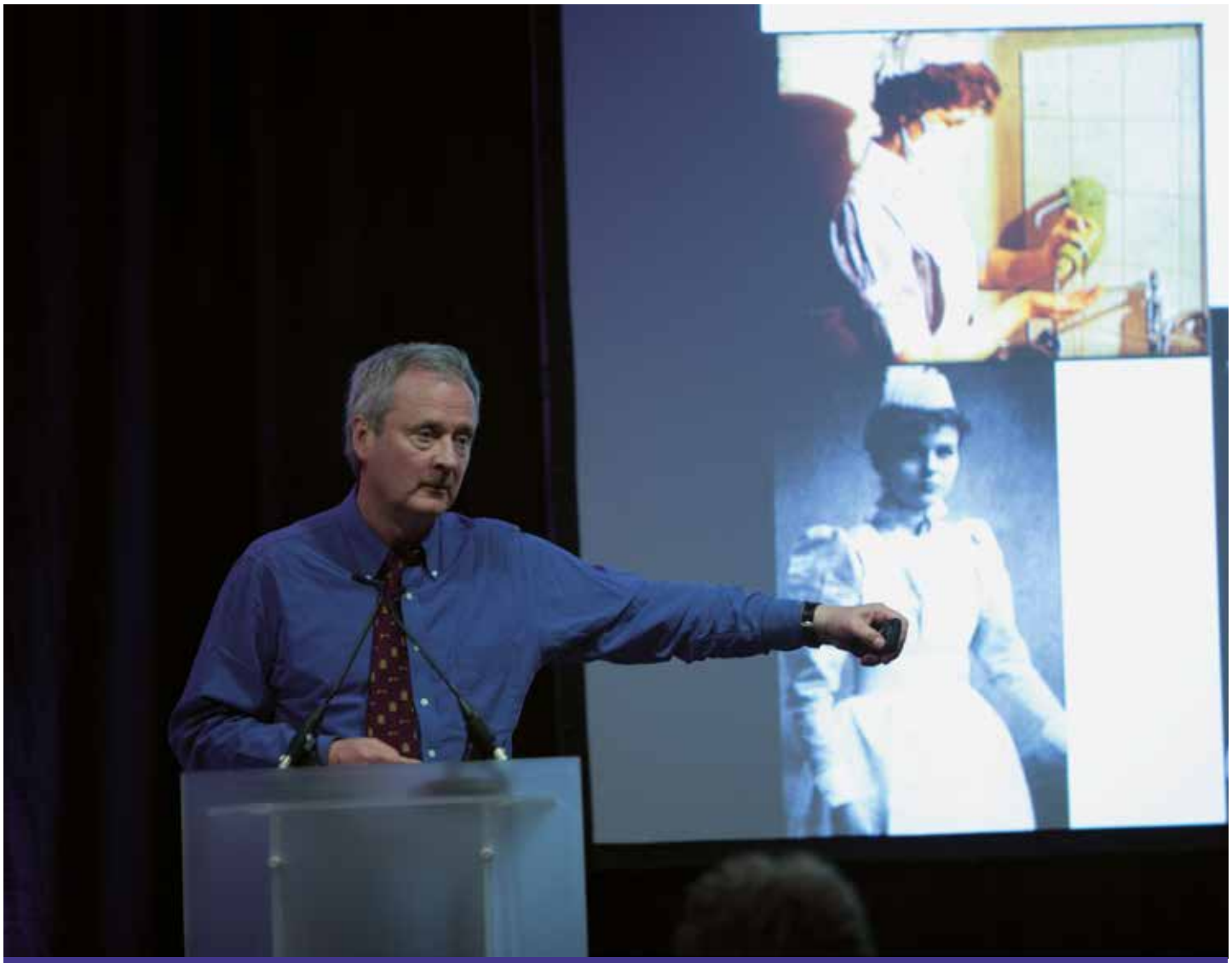
Annual Scientific Meeting 2014

Dr Charles Wallis, Western General Hospital

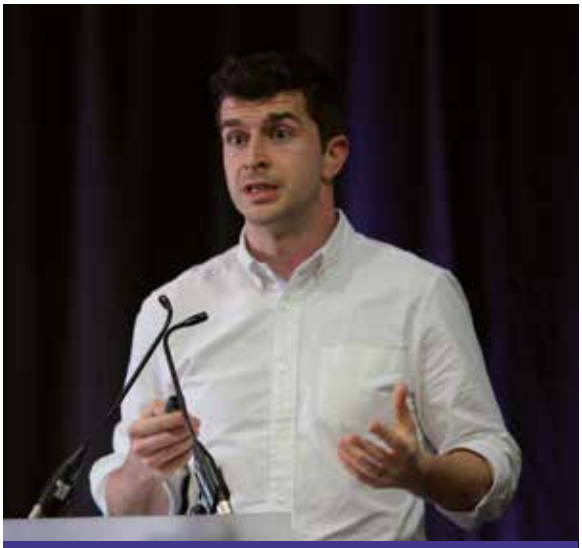
The Society's Annual Scientific Meeting took place once again at the Old Course Hotel in St Andrews. The meeting was a sell out, with 270 medical, nursing and AHP ICU professionals in attendance.

This year's meeting was loosely themed around 'advanced ventilation' and we were fortunate in having several internationally renowned speakers delivering excellent talks on their areas of specialism. The Society was particularly pleased to have Dr Neil Soni in attendance, who delivered this year's Mike Telfer Lecture entitled 'The Good and the Bad and the Ugly'.

The ASM provides a showcase for up-and-coming local ICM talent, and those attending the meeting had the opportunity to view over 60 research posters, and 5 research oral presentations from departments around the country. Joint best oral prize; Neil Spenceley, and Mr Philip Emerson, (Medical student category) Best poster Dr Daniel Brooks. There were also fascinating case presentations from three regions of Scotland (winner: Dr David Finn, West: A knee jerk to weakness), and a well-received talk by the recipients of the SICS Travel Grant Prize winners Drs Chris Holmes and Chris Wright; visit to Lusaka).



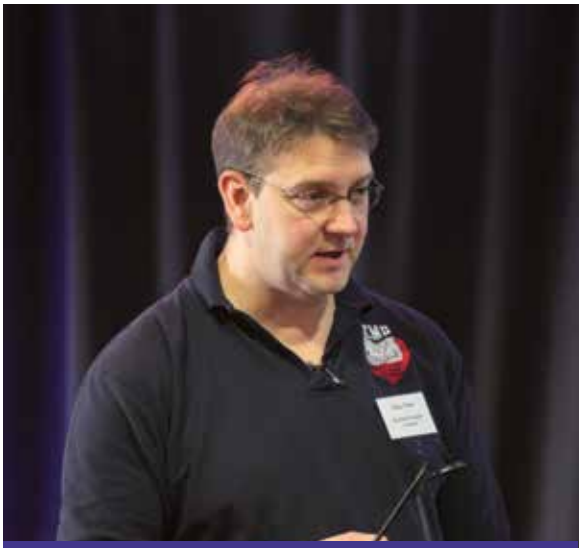
Dr Neil Soni, SICS ASM 2014



Dr Chris Holmes

Dr Chris Wright

The 2015 ASM will return to the Old Course Hotel on the 22nd and 23rd January 2015. Book your study leave now!



Dr Giles Peek

Dr Nader Habashi

Many thanks must go to Dr Charles Wallis for his efficient and enthusiastic running of what has become the premier national intensive care meeting in Scotland. He has been assisted by Julie Fenton, whose superb organizational skills help the meeting run smoothly, and Drs Jim Ruddy, Malcolm Sim, David Griffith, Sam Moultrie,

Charles Wallis
Meetings Secretary

Scottish Critical Care Delivery Group Report

Dr John Colvin, Ninewells Hospital

Following the recommendations of 'Better Critical Care' in 2000, each Scottish Health Board established a Critical Care Delivery Group to develop a more strategic approach to regional critical care planning and to contribute to operational management of all levels of critical care. This development reflected an increasing recognition of the wider spectrum of critical care as a continuum and the need to manage all levels of critical care in a coordinated fashion.

The Scottish Critical Care Delivery Group, a forum of Regional CCDG Chairs, was set up in 2002 as a focal point for information sharing and pooling of expertise around these key remit areas. This Group also now includes senior medical representation from SGHD, Scottish Intensive Care Society, SICSAG and Paediatric Intensive Care. The Group supports the Scottish Health Directorates and CMO's office in matters relating to critical care service delivery in Scotland.

Professor Tim Walsh, SICS ASM 2014

Long Term Strategic Planning

SCCDG is developing a specific piece of work on strategic long term planning for the provision of Critical Care in Scotland. There is a need to explore the different models of Critical Care already provided in Scotland and to consider the wide range of services supported by ICM, noting that Critical Care underpins the acute hospital in many ways and noting also the significant service changes in England and new UK ICM standards. A national review of Critical Care has been approved and will be supported by SGHD National Planning Forum. The scope of this review has yet to be finalised but will include:

- Adult Intensive Care Units
- Adult High Dependency Units
- Specialist ICU's including cardiothoracics and neuro-intensive care.
- Integration with ScotSTAR; adult transport services
- Paediatric Services: although the review would not cover PICU, it should be aware of the ongoing NSD Review of paediatric ICU beds. This is important because of the need for adult ICUs to care for children under some circumstances and because of children with chronic illness transitioning into adult care.

SCCDG welcomes active partnership with SICS Council on this review.

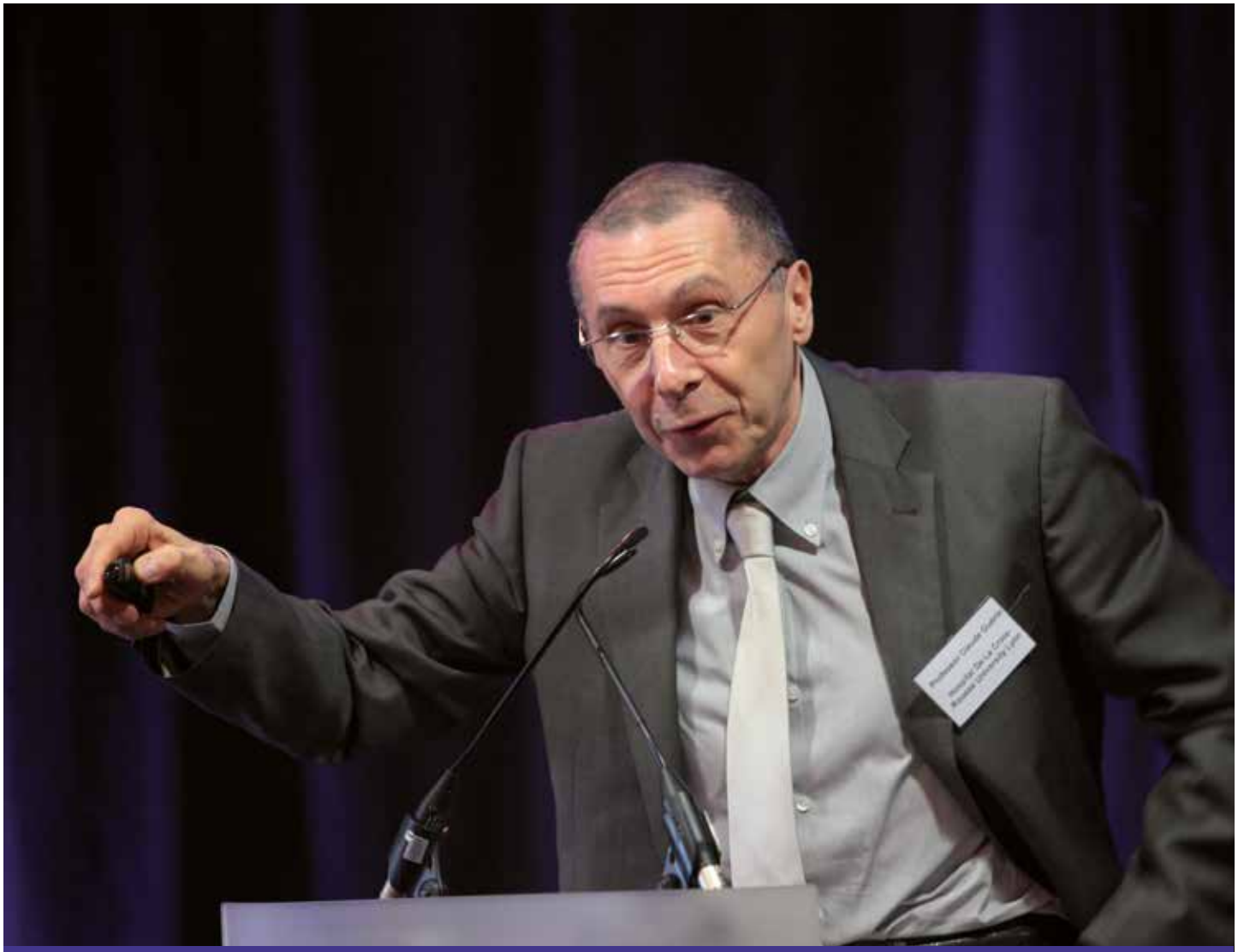
Medical Workforce

There continues to be significant risks to Critical Care, particularly Intensive Care, due to medical workforce pressures. A major risk is poor central government (ISD) information on consultant contribution to ICM; the gross underreporting of ICM consultants was corrected in the joint SCCDG/SICS submission to 'Reshaping' last year. Specific pressures include increased demand, reduced numbers/experience of trainees, competition with other specialties and increasing out-of-hours requirement for consultants. Skills from ICM are felt to be increasingly demanded by many other specialties when there are gaps in rotas or deficiencies in level of experience of on-call doctors.

SCCDG notes the general trend toward delivery of more front line and out of hours work by Consultants. While supporting the quality aspects associated with this, it was agreed that there is a need to highlight pressures on consultants due to these changes in working patterns and to explore how the consultant post of the future will require a) to be balanced to include this front line work and b) will need to have explicit career progression over time. SCCDG recognises the absolute requirement to support consultants SPA time to maintain the full range of non-clinical activities required to run a safe viable quality service and training program and to maintain competitive recruitment.

Other workforce issues

Advanced Critical Care Practitioner development continues to be viewed as part of the future solution in an increasing number of regions. Well-established programs in Lanarkshire and Lothian, recently joined by Grampian and West of Scotland are being linked with UK National initiatives to ensure consistent standards, a national training programme and qualification.



Professor Claude Guerin, SICS ASM 2014

SCCDG are currently awaiting a response from NES to a request to recognise and support ACCP development on a national basis in Scotland.

ICM Training

Recent changes to Intensive Care Training continue to have significant impact. SCCDG agrees that the primary driver of future training pathways should be to meet the future Critical Care service need in Scotland as defined by SGHD and Boards. It was agreed that decisions on this must be based on a future vision and strategy of how ICM should be provided in Scotland.

2013 - SCCDG and SICS welcomed recognition last year by the Reshaping Board of the need for specific training posts in Intensive Care Medicine and valued the support from Anaesthesia in ensuring availability of 10 Dual training posts for the last recruitment round. 2 further posts were available to dual train in ICM and other non-specified specialty, though an essential criterion for appointment was possession of a funded NTN in another specialty. 8 of 10 badged anaesthetic posts were filled and one of the 2 non-specified posts by an anaesthesia trainee. In addition to these 'dual posts' there are also still remaining 'Joint posts', derived from old 'advanced training' numbers. There are 10 of these posts in Scotland and at least one of these is held by non-anaesthetist. These posts have been proleptically filled for several future years by all regions, as the cut off for recruitment to this training was 31st July 2013.

We have suggested that again 12 posts are needed for 2014, ideally some or all being explicitly recognised and funded. Pragmatically it is recognised that the majority of training are again likely to come from dual anaesthesia/ICM badging, though this requires continuing agreement from Anaesthesia. It was agreed that there should be a more secure explicit route in from other specialties and ideally some stand-alone ICM posts to allow flexibility and participation in UK national recruitment. The pressing need for independent funding for ICM posts must be brought out in any National Review of Critical Care provision. The work of Dr Liz Wilson, Lead RA in ICM on RCoA Scottish Board, in pursuing this case is recognised, supported and very much valued by both SCCDG.

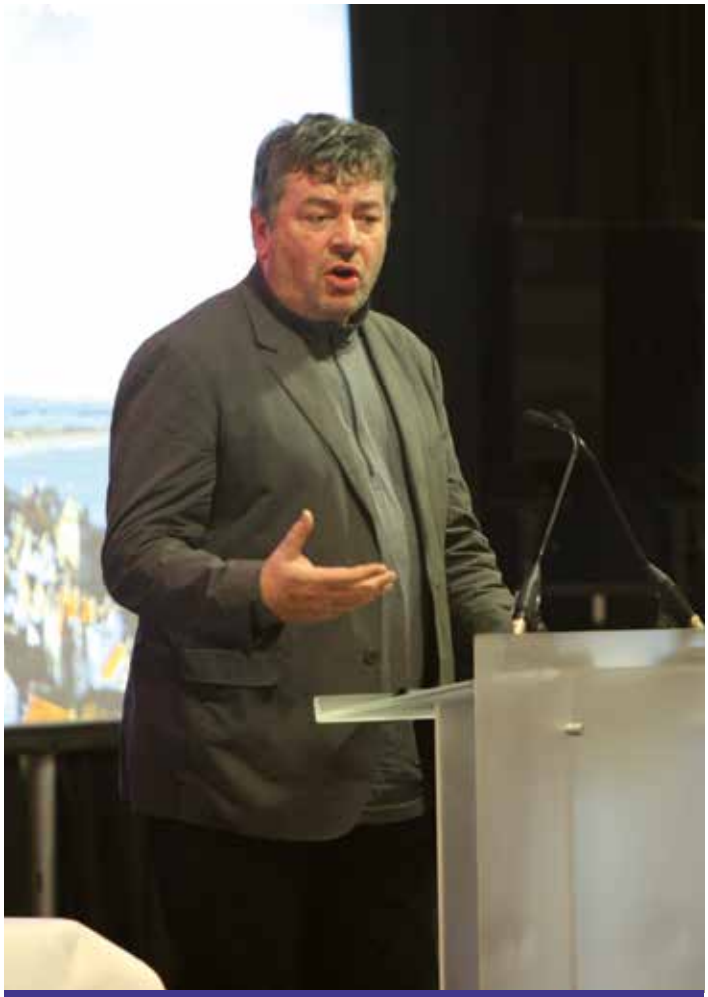
We have strongly urged that specific dedicated training posts are identified for Intensive Care Medicine for the 2014 and subsequent recruitment rounds and we support inclusion of Scotland in UK national recruitment. The National Reshaping Board have recommended 10 Dual posts with Anaesthesia based on similar arrangements to 2013 and also recommended 2 new posts in ICM which still require funding to be identified.

Ensuring and strengthening training opportunity in Academic ICM requires further focus; there is no easy mechanism to link training with higher Academic posts at present.

Surge Capacity and Critical Care

The Scottish CCDG has again had input to flu planning with SGHD. The SCCDG role includes providing a network in terms of monitoring activity, sharing clinical experience, contributing to escalation around assurance of capacity and equitable access, and coordinating the flexible ventilator pool. Effects of escalation up to double baseline capacity on reducing elective operating activity and risks of diluting standards are of concern and require to be explicitly acknowledged. Ultimately SCCDG has agreed to contribute at triage level should demand go significantly beyond a level that exceeds escalation capacity though unlike the last winter, early signs are of low activity so far.

The SCCDG continues to provide co-ordination of the flexible shared resource of 43 adult ventilators to support escalation beyond our 'normal' local arrangements. The agreed mechanism to access these ventilators is via your regional CCDG Chair who has the distribution list of the ventilator pool. Contact should then be made directly either with the relevant local CCDG Chair or ICU consultant on-call for the unit where you wish to source the ventilator.



Mr David Aaronovitch, SICS ASM 2014

ECMO

SCCDG position is that ECMO as a recognised intensive care modality should be available to Scottish patients when clinically indicated and to a consistent nationally agreed standard. Scottish bids to the UK Commissioning group to extend ECMO services had all been rejected last year. The current provider of ECMO to Scottish patients continues to be based in Leicester though Aberdeen continues to provide capacity via the Leicester referral service if required. Following representation from SCCDG, Scottish Government agreed to re-consider whether there is specific support for a Scottish Centre, based on an updated activity analysis. Very recently they, though NSD have again rejected establishing a Scottish Advanced Respiratory Centre (including ECMO) having seen the "paucity of cases". So the situation is the status quo: that we refer to Leicester, they will coordinate the allocation of the appropriate centre if it is not them and they will coordinate transport with the assistance of the SAS

Transport

Implementation of the National Planning Forum Strategic Retrieval Services Review was welcomed by SCCDG, noting the continuing disappointment of the Critical Care community at the lack of tangible investment in provision of adult critical care transport services. We note the demise of the Glasgow 'SHOCK Team'; transport arrangements in the West of Scotland require further exploration. We continue to push for further investment in provision of adult transfer capacity, this aspect will form part of the NPF/SCCDG National Critical Care review.

Scottish representation on Faculty of Intensive Care Medicine.

The SCCDG continues to support the position agreed between the RCoA Scottish Board and SICS to ensure the specialty in Scotland is well represented within the new Faculty, with the SICS President sitting on the Faculty Board and an RCoA Scottish Board representative (Scottish Lead RA) on the FICM training committee.

In this, my last, report I'd like to note my personal thanks to the ongoing enthusiastic support from all CCDG Chairs, particularly our Hon Sec, Dr Catriona Barr, to 3 enthusiastic colleagues who agreed to be nominated for the Chair and to Dr Brian Cook who has been elected and has taken over as my successor. Thanks also to Dr Sara Davies, Senior Medical Officer at SGHD who supports our effective links with CMO and Government Workforce. SCCDG supports and values the work of SICSAG and the wider Patient Safety and Quality initiatives in Scottish Critical Care. The effective network of the SCCDG continues to be recognised and appreciated by SGHD Workforce, Resilience and National Planning teams and allows direct and meaningful input from the specialty into Scottish Health planning and delivery.

John R Colvin
Past Chair
SCCDG

Treasurer's Report

Dr David Cameron, Royal Infirmary of Edinburgh

I am pleased to report that the SICS continues to operate from a solid financial background. The funds available are in keeping with the agreed financial structure that would allow the stated aims of the Society to continue to provide education, audit and research wards and have the ability to provide the Annual Scientific meeting. The Annual Scientific meeting continues to be the highlight of the Society's year and clearly was well supported by members and, importantly, consistently supported by industry.

In an effort to maintain transparency, accountability and a degree of independence the Society now uses on a fee per work done basis a number of third party organisations:

- Association of Anaesthetists of Great Britain and Ireland small societies group to administer membership fee collection and registration of new members
- Commercial accountancy MacFarlane Gray for accounts preparation
- External website provision infrastructure Kiswebs Ltd

All of the above have contributed to the Society's ability to maintain its charity status. The Society, for the first time as a charity, has been asked to submit a corporation tax return that has been duly completed and at the time of writing there are no outstanding liabilities. It is therefore important that appropriate records are maintained, as the HMRC will require intermittent corporation tax returns for their records.

On a personal note, I would like to wish Nigel Webster all the best as incoming Treasurer. I would like to thank of the council members and in particular the office bearers over the last 6 years for an enjoyable time with a Society and I will enjoy watching the Society go from strength to strength.

David Cameron
Treasurer, Scottish Intensive Care Society

SICS ASM 2014

Honorary Secretary's Report

Dr Sarah Ramsay, Western Infirmary

Elections

Elections were held in autumn and we welcome Kallirroi Kefala and Richard Appleton joining Council as regional representatives, Ruth Forrest as the associate members' representative and a new trainee committee. Nigel Webster will take over from David Cameron as treasurer in the new financial year. Many thanks are due to those Council members who are demitting office at the AGM.

Later in 2014 there will be a number of elections for regional reps, president elect and meetings secretary. If you would like any information about the positions please contact me.

Inter-hospital Transfer Insurance

The SICS has decided to continue with this insurance policy which covers fatality or serious injury sustained during an inter-hospital transfer. The policy is open to any SICS member of any profession, and is included in our membership fee. Our policy only covers members not also covered by the AABGI or ICS; with less dual membership of these organisations we now insure half of our membership. In order to maintain an adequate level of cover please do keep the Society informed of any change in your membership of ICS or AAGBI.

AAGBI database

The AAGBI Specialist Society Office continues to run our members' database. At a recent meeting with them it was clear that the fees charged for services are likely to increase this year. Fees comprise pro-rata charges for work done plus overheads. Although expensive, as our Society continues to grow in size we cannot realistically manage our financial business and communication without some administrative support. For the time being we will continue using their services but will be mindful of the rising cost. For any queries or to notify a change in your personal details you can contact them directly at SICS@aagbi.org; otherwise the treasurer or I would be happy to do this for you.

Travel Grant

Once again the SICS travel grant will be offered in 2014. This is available to any established member for travel to experience critical care in a different setting to their norm, with a value of up to £2000. It can be awarded whole or shared between two winners. To ensure a fair and transparent award process a marking scheme is used; this and further details of the award will soon be available of the website. The closing date for applications will be Friday 28th March 2014.

Postgraduate Studies Bursary

The Society is pleased to announce that from this year we will be offering a postgraduate bursary to part-fund studies undertaken in fields of work allied to intensive care medicine. The bursary will be up to a value of £3000, available to all membership categories, and will be advertised to members on the Society's website and at the ASM and AGM with a set closing date each year (end of April). More details can be found on the website.

Website

The new website has gone live and I'd like to thank Richard Appleton for all his help with this. The web address will be unchanged. We hope you will find it more user-friendly and a useful resource; in due course additional functions such as on-line meeting bookings will be available. The new induction modules will also launch through the site.

Thanks

I would like to finish by thanking Mike Fried all his input and support during his time as president and David Cameron for his calm fiscal stewardship as treasurer. They have both made my job much easier and more enjoyable. I look forward to two more similarly rewarding years with Graham Nimmo as President and Nigel Webster as treasurer.

As ever, if there are any queries or concerns about the Society, please don't hesitate to get in touch.

Sarah Ramsay
Honorary Secretary

SICS
Postgraduate Studies Bursary

The Scottish Intensive Care Society is pleased to offer a new bursary to part-fund postgraduate studies in courses allied to intensive care medicine

All SICS members are welcome to apply

The bursary will pay up to £3,000 for a maximum study period of 12 months

Closing date for applications will be in April each year

Recipients will be invited to provide a final report to the SICS

More details are available on the SICS website or from the Hon Sec

The Scottish Intensive Care Society is a charity registered in Scotland No.SC040669

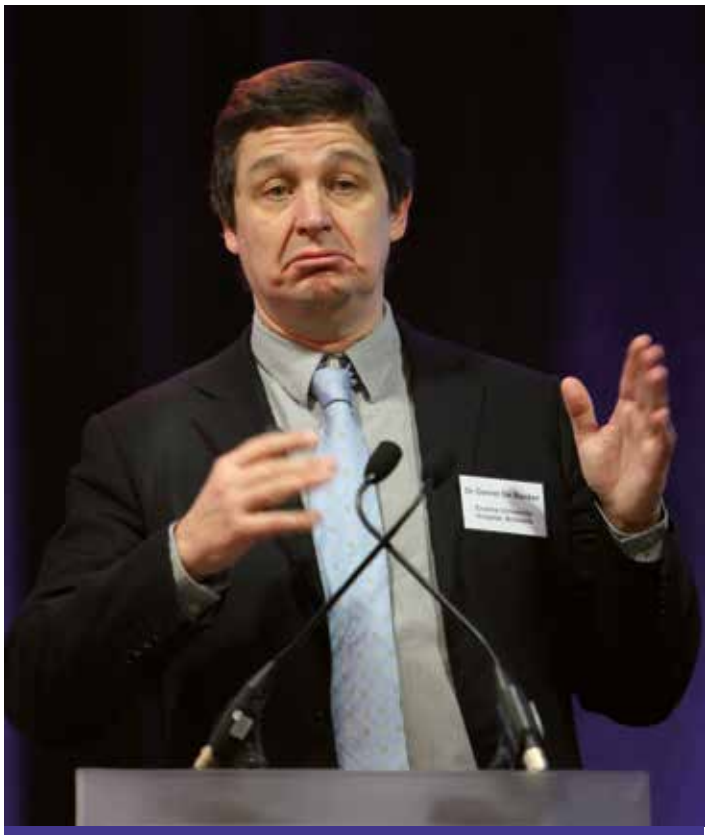
Scottish Intensive Care Society Audit Group Report

Dr Stephen Cole, Ninewells Hospital

This is my first report to council as the newly appointed chair of SICSAG. The audit remains in a very healthy position and is well regarded within the ISD stable of national audits. Huge credit for this should go to my predecessor Brian Cook to whom I offer heartfelt thanks for all his hard work and leadership over the last six years.

Plans for the audit for the next 12 months include the following:

We intend to merge the annual report together with joint Report with HIS for Hospital Acquired Infection, reflecting the fact that HAI surveillance is core business for the audit. Secondly we will report once again on the Quality Indicators and we may need to alter them slightly to ensure that they are aligned with those being developed south of the border. Thirdly we will review the governance structure of SICSAG to ensure that this is updated and remains fit for purpose both in terms of outcomes audit and perhaps more particularly for process audit over the next 12 months. This is in line of the Scottish Governments Health Strategy and meets the requirements of ISD. Finally we will once again co-host a two day meeting at Stirling Management September in September 2014 with the Critical Care Trials Group.



Dr Daniel De Backer, SICS ASM 2014

I would like to thank all those involved with the audit particularly the unit audit leads, the national and local coordinators for their ongoing hard work and engagement with the Audit.

One of the markers of a successful audit venture is that more and more people want to join and this has been the case over the last year with the SICSAG audit. We have increasing numbers of high dependency Units joining and Neuro Units together with Cardiothoracic Units in Scotland and more recently there have been representations made on behalf of Obstetric Anaesthetists throughout Scotland and the Critical Care Network in Northern Ireland to look at the practicalities of being part of the SICSAG Audit.

Finally if any members of the society are interested in joining the steering group, I would be happy to discuss the roles and responsibilities involved.

Please contact me on stephen.cole@nhs.net

Stephen Cole
Chairman
Scottish Intensive Care Society Audit Group

Education and Training Group Annual Report

Dr Martin Hughes, Glasgow Royal Infrmary

Website and Induction Modules:

The process of finding a suitable website designer took far longer than anticipated. At that point we felt a more specialised company dealing with interactive learning would produce a more useful educational experience. We asked four companies to tender for the business (including LearnPro), and this procedure also took a considerable amount of time. The best value for money was provided by Dynamics. They have a track record of successful production of educational resources for the NHS, and I am looking forward to working with them. The first meeting is scheduled for 31.1.14.

Intensive Care training and simulation

The Education and Training Group continues to provide regular courses in the Scottish Clinical Simulation Centre for trainees attached to Intensive Care. These PICT courses (Principles of Intensive Care Training) utilise the SAINT learning modules and are suitable for FY2, ACCS, ST1 and ST2 trainees.

Trainee run education meeting and Senior Trainee Education

We returned to the Teacher building in Glasgow for another successful meeting. Feedback was very positive.

Education Meeting 2013 (Teacher Building, Glasgow)

Total number of delegates	83 (18=consultants, 61=trainees, 4=nursing staff)
Cost of meeting	£70 per day for non SICS members £60 per day for SICS members £50 per day for AHPs
Total outgoings	£6226.04
Total ingoings	£8530
Profit	**£2303.96**

Senior teaching days

March 2013 (Glasgow Royal Infirmary):
22 delegates (12 of whom were either in, had just finished or had been appointed to ICM training).
Catering costs £200 (approx)

June 2013 (Edinburgh Royal Infirmary):
31 delegates (12 of whom were either in, had just finished or had been appointed to ICM training)
Catering costs £500 (approx)

September 2013 (Ninewells Hospital, Dundee):
22 delegates (10 of whom were either in, had just finished or had been appointed to ICM training)
Catering costs tbc

These senior teaching days have been well received and attended. We will continue them. Both these days, and the education meeting, take a lot of work to organise. I would like to thank Dr Macfadyen, Dr Joss and in particular Dr Strachan for all the effort that was put into making these meetings a success.

Dr Martin Hughes
Education and Training Group

Scottish Critical Care Trials Group Report

Dr Malcolm Sim, Western Infirmary

Executive Committee Structure

Malcolm Sim succeeded Tim Walsh as chair of the executive committee in September 2013. Tim has worked enormously hard over the past few years driving the group and research in Scotland forward and the committee are grateful to him for his effort and leadership.

SCCTG Annual conference September 2013

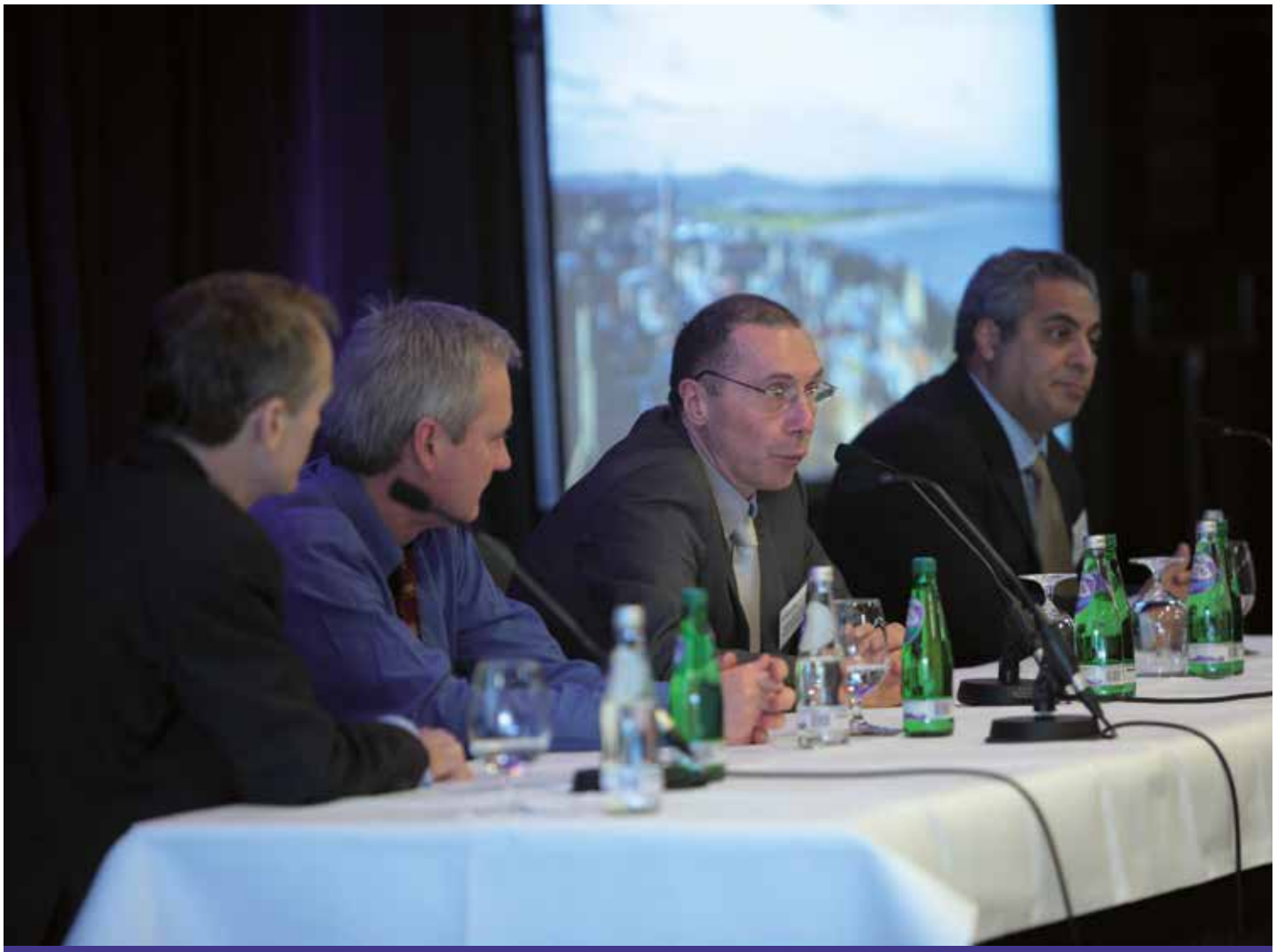
The joint meeting in Stirling with SICSAG was well attended this year. In the morning there were several excellent presentations including about the enhanced rehabilitation in ICU (RECOVER) study by Tim Walsh and Lisa Salisbury. In the afternoon Rupert Pearse spoke about his proposed optimisation of high risk emergency surgery patients study, EPOCH. There will hopefully be some Scottish sites taking part. Lucy Lloyd-Scott from ICNARC updated the audience on the National Cardiac Arrest Audit and John Simpson gave a very entertaining talk entitled "The VAP Trap".

The 2014 meeting will take place on Thursday 4th and Friday 5th September. Naz Lone has agreed to help Malcolm Sim in the organisation of this.

Trials Group activity

It is encouraging that units throughout the four Research and Development Boards are and have been participating in a variety of studies which are at various stages of completion. These include the well known Scottish studies DESIST, ABLE and EUROTHERM. Other studies ongoing or completed include ISOC2, VAPRAPID and HARPII. Details of these studies can be found online.

There is the opportunity for units to participate in other studies which will start this year. As above there will hopefully be some Scottish sites taking part in EPOCH, although at the time of writing we are waiting to hear what support there may be for data collection from the CSO. There has been interest from several units in the LUNG-SAFE study through the ESICM. This



(L-R) Dr Charles Wallis, Dr Neil Soni, Prof Claude Guerin, Dr Nader Habashi, SICS ASM 2014

is a multicentre observational study looking at the therapeutic approaches to and outcomes from acute hypoxaemic respiratory failure requiring ventilatory support. Others include the selective decontamination study (SUDDICO) and BREATHE. Again further details are available online.

Funding Structure Changes

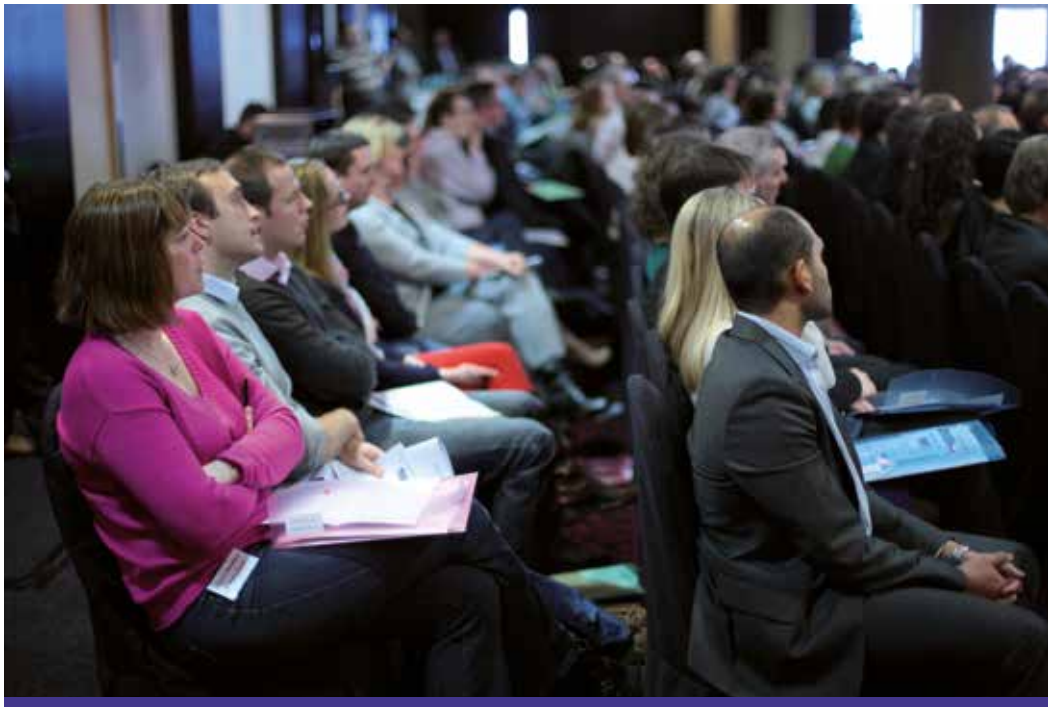
By April 2014 the NIHR in England will replace its 7 Topic Specific Networks and 23 Specialty Groups with a new structure. This will be led through 12 NIHR Theme director posts. Ministers in Scotland have agreed that it would be in our interest to adopt a similar structure to promote continued cross border collaboration in studies. A document was circulated for comment in July and August 2013 and the original consultation document and summary of responses can be found on the CSO website. The final detail is awaited but will include the appointment of National Research Champions for areas with a significant level of research activity.

SCCTG plans for 2014

We aim through a consultation process to increase collaboration between units in Scotland in the undertaking of clinical trials. The purpose will be to run novel trials which can be accomplished in Scotland using the combined resources of several Scottish Units.

The SCCTG website will also be updated, one option being to develop the SCCTG pages on the new SICS website.

Dr. Malcolm Sim
Chair, SCCTG



SICS ASM 2014

The Scottish Intensive Care Society is now on Twitter.

Follow us @sicsmembers

Scottish Transplant Group Report

Dr Steve Cole, Ninewells Hospital

The last 12 months have been another very busy period in terms of organ donation and once again it is pleasing to report a further significant increase in the number of potential organ donors identified, and referred from Intensive Care Units throughout Scotland.

Over the last 12 months of 2013 there have been a total of **106 deceased organ donors** in Scotland. This is a **96.3% increase** on the number of donors in at the start of the task force in 2008/09 and a 27% increase on 2012.

This is a reflection of the huge amount of hard work and engagement from those working in ICU across Scotland. This increase activity has resulted in a total of 272 patients receiving life saving transplants over the last year.

In addition there have been another 70 patients who have been referred for organ donation but for a number of reasons have non-proceeding to organ retrieval.

It is fair to say that organ donation has become a routine part of end of life care in Scotland.

NHSBT and the Scottish Government are now looking forward to 2020 and have produced a new Donation and Transplant Patient Plan for Scotland for the next 7 years.

A regional collaborative meeting was held in October 2013 under the auspices of NHSBT looking at ways to further increase organ donation, one of the ways suggested was to introduce what is known as the **Northern Model** where end of life care decisions were to be referred to Specialist Nurse for Organ Donation to see whether organ donation was a possibility. It is fair to say that this was not received with universal acclaim and indeed that a number of ICU colleagues around the country felt very uncomfortable about many aspects of this proposed policy.

It has belatedly been recognised that this is a step too far at the present time and would have the potential to undo much of the good work that has been done over the last five years.

There are I'm afraid still some members of the Transplant community who persist in the view that patients are not being referred and that potential organ donors are being willfully missed.

I would argue that the evidence noted above does not support this view and that the fact that we continue year on year to have significant increases in organ donation in Scotland which shows just how engaged we are as a community.

Finally I regret to inform you that I have decided to step down from my STG representative role with immediate effect and have communicated this to our president and the Office bearers of Council.

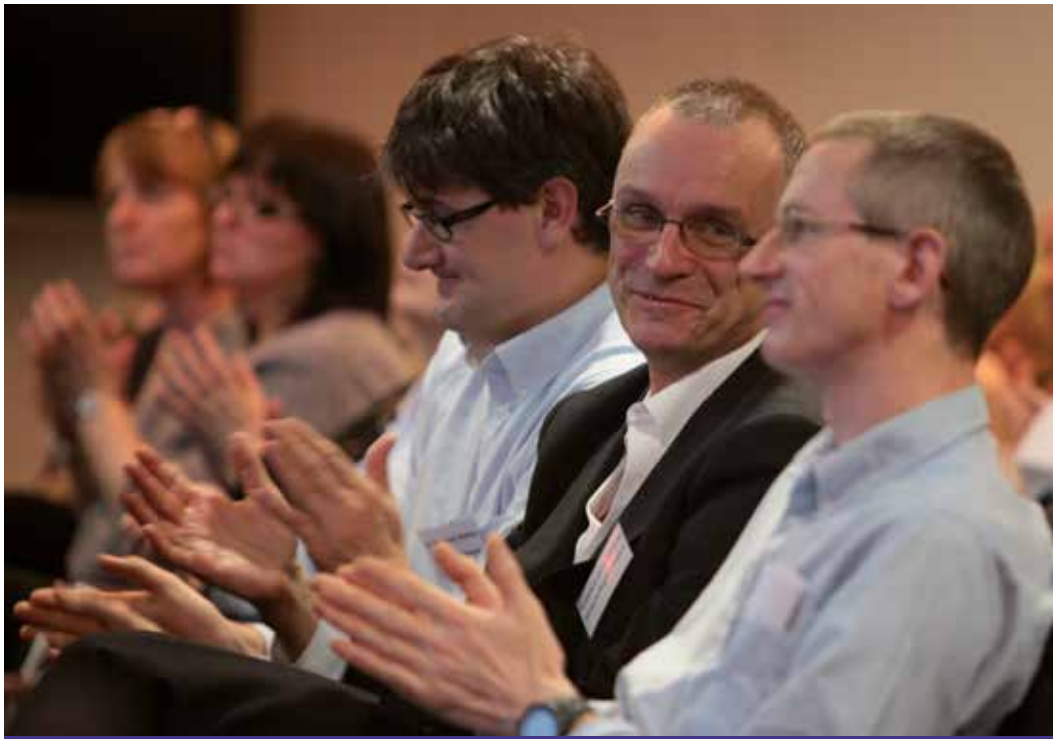
I have been put in a simply untenable position as both your representative to the Scottish Transplant Group and the National Clinical Lead for Organ Donation being asked to straddle two widely opposing positions.

Going forward I think it is important that we do remain engaged as a community with the sometimes challenging world of transplant politics and that Council continues to have representation on the Scottish Transplant Group.

I feel that it is important that this person is completely independent and does not have a role in the NHSBT Clinical Lead structure.

I would like to thank you all for your considerable support over the last five years and I hope that in the future we can return to a situation where our expert views as intensivists are truly listened to and respected by the transplant community and that we can work together in a collaborative way.

Stephen Cole



SICS ASM 2014

Scottish Paediatric Intensive Care Service Annual Report

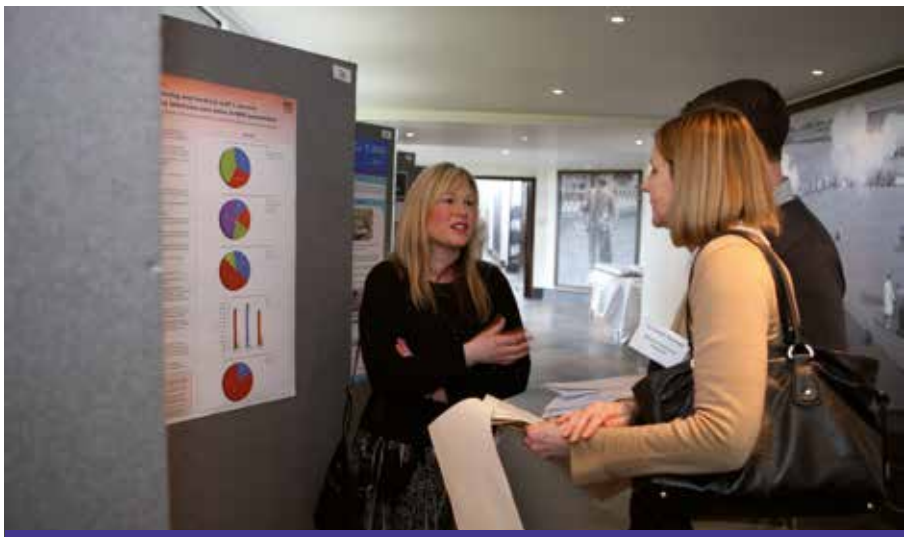
Dr David Rowney, Royal Hospital for Sick Children, Edinburgh

This is my final report at the end of a 2-year term on Council. I've enjoyed being the first co-opted Council member representing Paediatric Intensive Care (PIC) and would like to thank President Mike Fried for his support during this time. I wish Neil Spenceley all the best as he takes up the role for the next 2 years.

The prevalence of PIC admissions remains at around 1.5 per 1000 Scottish children, with a median age of less than 2 years and median length of PIC stay ranging from less than 1 day for older children to 4 days for infants under 1 year. Predictable spikes in activity during the winter months of infants under 1 year of age with respiratory illness continue to stretch available PIC resource to the limit, threatening elective surgical workload including the national major surgery programmes; Cardiac (Glasgow) and Scoliosis (Edinburgh).

The delivery of Critical Care (Intensive and High Dependency) to Scotland's one million children is uniquely challenging. The PICUs in Edinburgh and Glasgow are commissioned as a single national service by the National Services Division (NSD). Currently four Health Boards have Paediatric High Dependency Units, two linked to the PICUs in Glasgow and Edinburgh, the other two in Aberdeen and Dundee.

A review of Scottish paediatric intensive care bed numbers undertaken by NSD is nearing completion. The review advocates an increase in the provision of paediatric intensive care beds in Scotland. The report once finalised by NSD will be presented to the National Professional, Patient and Public Reference Group (NPPPRG) and the National Specialist Services Committee (NSSC). It will then be considered by the Board Chief Executives Group and finally Scottish Government. It is anticipated that implementation will not commence before April 2015.



Poster Judging, SICS ASM 2014

Following the reorganisation of commissioning, NHS commissioners in England have published Service Specifications for Paediatric High Dependency Care (HDC). Similarly, a widely endorsed (English) Report has been recently published advocating a change in terminology away from HDC and Paediatric Intensive Care (PIC) to Basic, Intermediate and Advanced Critical Care (CC), with Basic and Intermediate CC capturing activity that would previously be described as HDC and proposing that commissioning of all paediatric CC activity should be hosted by the NHS National Commissioning Board. This could revolutionise the HDC and deliver significant improvements to patient care. It is likely that changes in England, if shown to be worthwhile, will be mirrored in Scotland.

A major challenge for PIC in the UK, including Scotland, is recruitment to PIC consultant posts. This despite the rewarding nature of the job with a largely consultant delivered (medical) service working in a highly motivated and skilled multi-professional team, treating a wide range of age groups and conditions and the fact that even the sickest of patients tend to get better and go home (crude mortality rate of 2.1%!). I would urge all Intensivists in training to consider the rewards of following a career in PIC.

Paediatric Intensive Care Transport

The nationally commissioned PIC Retrieval Service, which operates out of both PICUs in Glasgow and Edinburgh, is undergoing a process of harmonisation with Neonatal and Adult specialist transport services and the Scottish Ambulance Service to form ScotSTAR, which will be launched in April 2014. The vision is that ScotSTAR will evolve into a single specialist transport service, which can respond and adapt to the varied and changing demands faced in Scotland. It will provide high-quality clinical decision support through video-conferencing and a rapid dispatch of an appropriately skilled team in the optimal mode of transport (road, rotary, fixed-wing) for each leg of the journey, stabilising and delivering the patient to the most appropriate intensive care unit.

David Rowney
Scottish Paediatric Intensive Care and Retrieval Services

SICS Trainee Committee Annual Report

Dr David Griffith, Royal Infirmary of Edinburgh

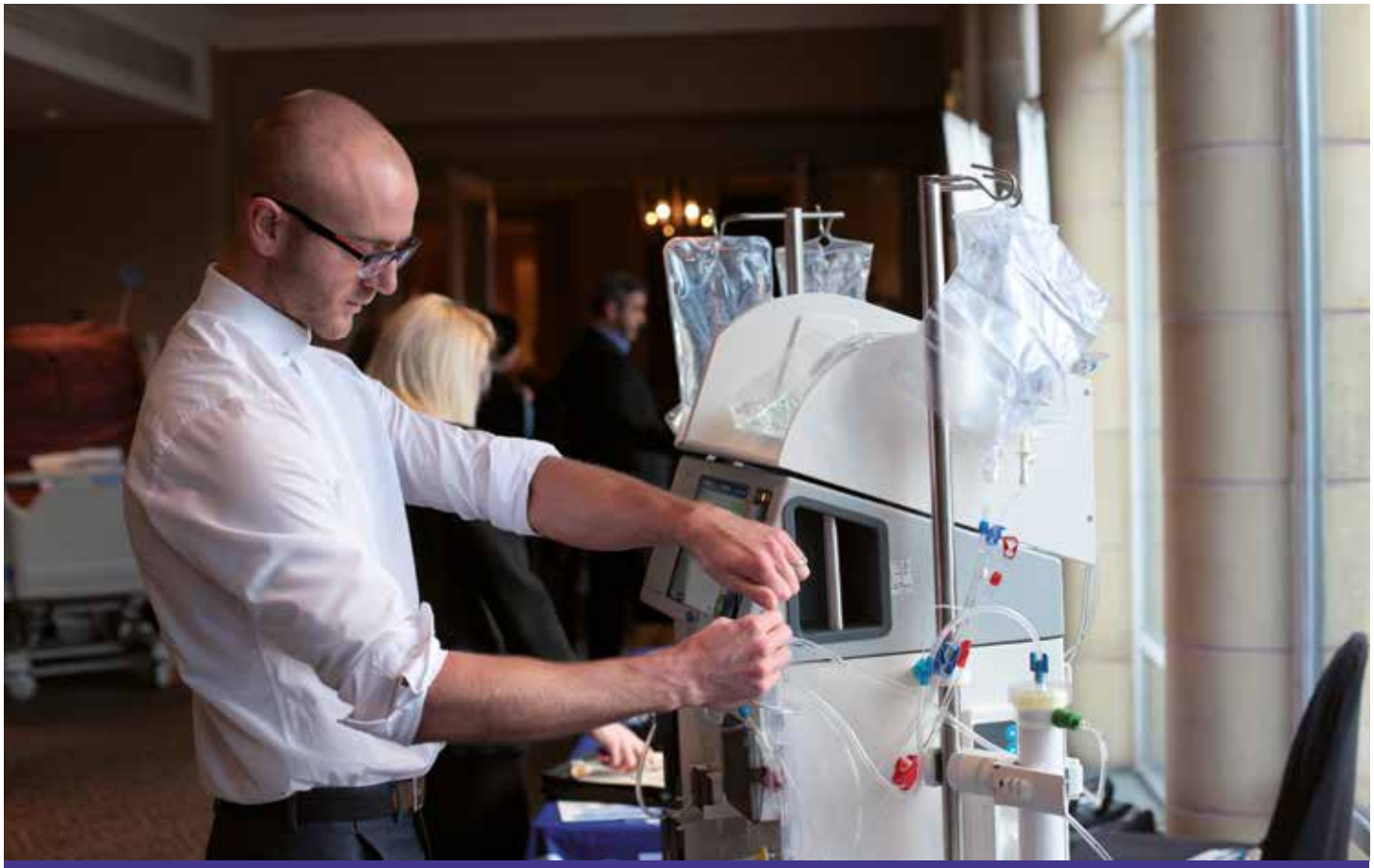
The past 12 months have been extremely productive for the trainee members of the SICS. Membership has continued to grow reaching a record high of 147 trainee members. As a result communicating effectively with members has become a priority. The trainee regional 'Link' people coordinated by Bob Docking have done a fantastic job at keeping people informed, and have also provided excellent support to the audit projects.

The trainees have also continued to have very strong representation on the education group in the form of Laura Strachan. Once again, an excellent Education Meeting organised by Laura took place in November at the Teacher building in Glasgow and has received very good feedback. In addition, the now well-established Senior ICM trainees teaching days continue to be well attended. The trainees wish to express thanks to all those speakers, and regional organisers that have given up their time to educate (and in some cases bake for!) their junior ICU colleagues.

Euan Black again led this years national audit project. This was a snapshot review of fluid management within critical care. As in previous years, the project would have been impossible without the support of the trainee data collectors and we would like to sincerely thank all those who took part.

This is my final report as Chair of the Trainees Committee and I would like to thank Bob, Laura, and Euan who have worked exceptionally hard over the last 2 years. We would also like to wish our successors Alistair Gibson, Thalia Monro-Somerville, Lisa Gemmell, and Lia Paton, as they take things forward in 2014.

David Griffith
Immediate past-chair
SCS Trainee Group



SICS ASM 2014

Associate Member Annual Report

Fiona B McIntyre, Ninewells Hospital

Work carried out this year has been focussed on increasing the Associate Membership and trying to increase engagement and involvement of the Associate Membership with the work of the Scottish Intensive Care Society.

At the beginning of 2013, work was carried out to look at the demographic of the Associate Membership with a view to understanding the professional groups already part of the SICS. The membership can be broken down into:

- ***Nursing:*** ***48%***
- ***Pharmacists:*** ***19%***
- ***Academia and Research:*** ***13%***
- ***ACCP:*** ***8%***
- ***Dietitian/Physio:*** ***4.5%***
- ***Unknown:*** ***7.5%***

During the summer the Honorary Secretary and Associate Representative met to describe a plan to try to gain intelligence on the views of our current Associate Membership and utilising any themes gained from that piece of work to then extend that to potential Associate Members currently working in Scottish ICUs.

The first electronic survey was aimed at current Asssociate Members and elicited a response from 17 members of the 67 registered. It was clear from the responses that the majority of current members joined the SICS to become more involved with the Scottish Intensive Care Community and to connect with professionals in the same discipline working in different units. The respondents indicated that networking opportunities, communication and reduced cost of attendance at SICS meetings were popular benefits of SICS membership. Interestingly, 40% of those who responded felt that accident insurance for patient transfer was not a useful benefit. The responses also suggested that communication of benefits could be improved.

The current membership rate of £15 was felt to be just right by the respondents. Most of the respondents felt that a national SICS meeting for Associate Members would be useful, however, opinions were divided and a feeling that the intensive care community is multiprofessional and deeper integration should be encouraged e.g. greater involvement of Associate Members in the current conferences.

Other suggestions by the respondents included an Associate Member Subcommittee, member's area of the SICS website and educational resources for nursing staff.

This information will be used to inform the work of the Associate Member Council Representative in the next term.

Fiona B McIntyre
Associate Member Representative

SICS

scottish intensive care society

www.scottishintensivecare.org.uk

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