

Scottish

Intensive

Care

Society

Annual Report

2014-2015



## Introduction

Fiona McIlveney, Forth Valley Royal Hospital

Welcome to the annual report of the Scottish Intensive Care Society for 2014-2015.

The Society has delivered many successful and well received meetings in this year, including the traditional and familiar Annual Scientific Meeting at St Andrews in January, the Education group meeting and the combined SICSAG / SCCTG meeting. In addition, there has been a SIGSAG delivered day to consider how to best use local data for quality improvement and supplementary trainee study day. Education has also been delivered to facilitate development of simulation of emergency scenarios within individuals units.

Much work has also been done on the new look website and I would encourage you to visit this and explore the new educational resources as they become available. The

Society is also active on social media, including Facebook and Twitter.

As we look towards the 25<sup>th</sup> anniversary of the Scottish Intensive Care Society and the 20<sup>th</sup> anniversary of SICSAG it is clear that the Society remains at the heart of the many developments and is rising to meet the challenges in ICU provision facing Scotland and the UK as a whole. These significant milestones for both groups will undoubtedly be recognised in an appropriate fashion over the next year.

In conclusion, I would like to thank those members of Council who contributed to this report, and also thank Sarah Ramsay and Richard Appleton for providing the photographs. I hope you find this report enjoyable and informative.

**Dr Fiona McIlveney.**



SICS Council 2015

## SICS Council Members 2014-2015

| Elected reps               | 2014- 2015       | From AGM 2015              | End/Eligible for re-election |
|----------------------------|------------------|----------------------------|------------------------------|
| GG&C                       | Richard Appleton | Richard Appleton           | Re-elect Jan 2016            |
|                            | Malcolm Sim      | Barbara Miles              | Re-elect Jan 2017            |
|                            | Andy Mackay      | Andy MacKay                | End Jan 2017                 |
| East                       | Rosie Macfadyen  | Gavin Simpson              | Re-elect Jan 2017            |
|                            | Liz Wilson       | Liz Wilson                 | End Jan 2017                 |
|                            | Charles Wallis   | Kallirroi Kefala           | Re-elect Jan 2016            |
| North                      | Ian Mellor       | Ian Mellor                 | End Jan 2017                 |
|                            | Nigel Webster    | Iain Macleod               | Re-elect Jan 2017            |
|                            | Shelagh Winship  | Judith Joss                | Re-elect Jan 2017            |
| West                       | Fiona McIlveney  | Fiona McIlveney            | End Jan 2017                 |
|                            | Phil Korsah      | Phil Korsah                | End Jan 2017                 |
|                            | Jim Ruddy        | Jim Ruddy                  | End Jan 2017                 |
| Trainees                   | David Griffith   | Alistair Gibson            | End Jan 2016                 |
| Associate rep              | Fiona McIntyre   | Ruth Forrest               | Re-elect Jan 2016            |
|                            |                  |                            |                              |
| Office bearers             |                  |                            |                              |
| Treasurer                  | David Cameron    | Nigel Webster (April 2014) | End Apr 2017                 |
| Hon Sec                    | Sarah Ramsay     | Sarah Ramsay               | End Jan 2016                 |
| President                  | Graham Nimmo     | Graham Nimmo               | End Jan 2016                 |
| Meetings Sec               | Charles Wallis   | Kallirroi Kefala           | End Jan 2015                 |
| Past President             | Mike Fried       |                            |                              |
| President Elect            |                  | Martin Hughes              | End Jan 2016                 |
|                            |                  |                            |                              |
| Ex officio                 |                  |                            |                              |
| Paediatric Rep             | David Rowney     | Neil Spenceley             | End Jan 2016                 |
| SCCTG                      | Tara Quasim      | Malcolm Sim                |                              |
| Interhospital Transport    |                  |                            | End Jan 2015                 |
| Website                    | Richard Appleton | Richard Appleton           |                              |
| STG                        | Steve Cole       | Charles Wallis             |                              |
| SICSAG                     | Steve Cole       | Steve Cole                 |                              |
| Annual Report              | Rosie Macfadyen  | Fiona McIlveney            |                              |
| SCCDG Chair                | John Colvin      | Brian Cook                 |                              |
| CMO's Adviser in ICM       |                  | John Colvin                |                              |
| Education & Training Group | Martin Hughes    | Mike Gillies               |                              |

## President's Report

Dr Graham Nimmo, Western General Hospital, Edinburgh

It gives me enormous pleasure to write my first report as the Society's President. I have been involved with the Society since it was founded and have been heartened by its development and maturation over the last quarter century. I would like to thank Council for all their hard work and I would particularly like to thank Dr Mike Fried, immediate past president, for his enormous contribution to the Society. I would also like to extend my thanks to the rest of the Office bearers: Dr Sarah Ramsay (WIG), Hon Secretary, who has provided continuity and common sense over the last year, Dr David Cameron (RIE) and more recently Professor Nigel Webster (ARI), for their work as Honorary Treasurer and Dr Charles Wallis (WGH, Edinburgh) who organised his third highly successful Annual Scientific Meeting in January 2015 (see the ASM report below). Dr Kallirroi Kefala (RIE) has succeeded Charles in this pivotal role, and I wish her every success in organising our 25<sup>th</sup> anniversary meeting in 2016. Fiona McIlveney (FVRH) has taken over from Rosie Macfadyen (WGH, Edinburgh) as Editor of the Annual Report and I thank them both for all their efforts.

### **The Council and subgroups:**

The Scottish Intensive Care Society has been very active in all domains in the last year and I would like to thank all of the group chairs and members for their hard work.

The new website is running very well and is well worth a visit: this Annual Report can be found there. Many thanks to Dr Richard Appleton and Dr Sarah Ramsay for their time and hard graft in achieving this.

The SICS Audit Group has been recognised as one of the leading audits in ISD. The de-anonymized SICSAG Annual report will be published jointly with HAI data henceforth. Upcoming work includes a review of the Quality Indicators document.

The Scottish Critical Care Trials Group continues to lead innovative research in Scotland, and have major influence in the UK and beyond.

Membership of the Associates group continues to grow, with greater involvement in all aspects of the Society.

The trainees group continue to run their highly successful annual education meeting but have also introduced one day educational meetings, moving round the regions, attracting 50-60 participants at various stages of training and promoting the specialty in the process.

The Education Group continues to evolve and innovate. The fifteen online tutorials are being metamorphosed into three interactive e-learning modules, each based on an individual patient's clinical story. The FFICM exam is now well established and the SICS Education group is working with a FICM group in creating and running an exam course for FFICM. Dr Mike Gillies (RIE) has succeeded Martin Hughes (GRI) as chair of the group. I would like to thank Martin for his thoughtful and effective leadership and to wish Mike all the best for his term of office.

### **The wider work of the SICS:**

Around Scotland and the rest of the UK there continue to be major developments and reorganisations affecting critical care delivery. A critical component of the work of the SICS President, and executive, is to interface with Council of ICS (UK) and the FICM Board on subjects of joint interest, and for us to give voice to the Scottish perspective in order to influence policy and practice in UK Intensive Care. In addition to this a key interaction is through the Critical Care Deliveries Group Chairs' Group. Important lines of communication are maintained through attendance at the Scottish Standing Committee AAGBI and through links with the Scottish Society of Anaesthetists.

**Faculty of Intensive Care Medicine:**

In addition to concentrating on its core activities of ICM training (including academic training), examinations, manpower planning and quality standards the FICM Board has been discussing commissioning in England and reorganisation of services.

Brian Cook, chair of Scottish Critical Care Delivery Chair's Group and member of the FICM Workforce Advisory Group has placed great, and appropriate, emphasis on the area of workforce and future planning. Part of the solution may be adoption of the recently established Advanced Critical Care Practitioner role which is already embedded in a number of centres in Scotland and across the UK. The FICM ACCP curriculum, syllabus and assessment system have been completed.

**The joint ICS/FICM Guidelines for Provision of Intensive Care Services:**

The first edition of GPICS has been launched. SICS was given sight of them for consultation at a late stage and we have made a robust response to them. As a society we will continue to input on UK and Scottish issues relating to Critical Care which may impact on our patients, their families and on our ability to deliver high quality care and the attendance of the SICS President at the FICM Board, the ICS Council and the Critical Care Leadership Forum (CCLF) is vital to this work.

**Critical Care Leadership Forum:**

This has been developed on the recommendation of the comprehensive review "Collaborating for Quality in ICM" led by Professor Sir John Templeton and Drs Judith Hulf and Jonathan Cohen. The aim of the organisation is to bring together all of the stakeholders in critical care delivery across the UK. The Critical Care Leadership Forum is under the chairmanship of Professor Julian Bion and until recently the deputy chairmanship of Dr Brian Cook.

There are five work-streams:

- Professional standards
- Workforce
- Multi-professional training
- Research and audit
- Ethics

**Upcoming developments:**

As we head towards our 25<sup>th</sup> anniversary year the Society is in good shape.

Developments in 2015 will include:

- The setting up of a patients and families group
- The training of medical and nursing staff from ICUs around the country to deliver in unit clinical simulation
- The development of more SICS support for critical care in hospitals remote from intensive care facilities

I would be pleased to hear from any of the membership with ideas, queries or comments and can best be contacted via [g.nimmo@nhs.net](mailto:g.nimmo@nhs.net) or at the address below.



**Dr Graham Nimmo**  
**Consultant Physician in Intensive Care**  
**Medicine and Clinical Education**  
**Ward 20 Intensive Care Unit**  
**Western General Hospital**  
**Crewe Road**  
**Edinburgh EH4 2XU**

## Honorary Secretary's Annual Report

Dr Sarah Ramsay, Western Infirmary, Glasgow

It's been another busy year for the Society and as ever the Honorary Secretary is right in the thick of it.

### Elections:

Elections were held in autumn 2014 and congratulations go to Martin Hughes, our new President Elect, and to Barbara Miles from GRI, Judith Joss from Dundee, Iain MacLeod from Aberdeen and Gavin Simpson from Kirkcaldy who join Council as regional representatives, starting two year terms as of the AGM. Kallirroi Kefala has taken over from Charles Wallis as Meetings Secretary, and is already planning the 2016 ASM, the Society's 25<sup>th</sup> meeting. Many thanks are due to Shelagh Winship and Rosie Macfadyen who demitted office in January, with extra thanks to Rosie for her fantastic editorship of the last two Annual Reports.

### Constitution Change:

A change to the SICS Constitution was ratified at the 2015 AGM such that an elected associate or regional representative completing a first two year term, who is in good standing with Council and who wishes to serve a second two year term, can do so without having to stand for re-election.

### Annual General Meeting:

We continue to look at ways to make this meeting a more useful occasion for both members and those on Council. There is often a lot of information to impart but we are aware that members are tired after the ASM sessions and looking ahead the evening's activities. Any suggestions as to what members would like from their AGM would be most welcome.

### Inter-hospital Transfer Insurance:

The SICS continue to provide this insurance policy which covers fatality or serious injury sustained during an inter-hospital transfer. The cover is now provided by Novae although the premium to the Society and the policy benefits remain unchanged. 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 memberships.

### Dual SICS & ESICM membership:

Don't forget that the European Society of Intensive Care Medicine offer a reduced joining fee of €100 for SICS members, as well as reduced fees for their meetings.

### AAGBI database:

The AAGBI Specialist Society Office continues to run our members' database, with only a small increase in the cost over the past year, and they provide us with a very good service. They host an annual meeting of the Specialist Societies in November; please let me know if you would like a copy of my report or the meeting minutes from 2014. For any membership queries or to notify a change in your personal details you can contact the office directly at [SICS@aagbi.org](mailto:SICS@aagbi.org); otherwise the treasurer or I would be happy to do this for you.

### Awards & Grants 2015:

#### • The 2015 Travel Grant:

This grant 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. The 2015 award deadline was in March and the winner will present at the 2016 ASM.

#### • The 2015 Postgraduate Studies Bursary:

The Society will again 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 and is available to all membership categories. There are more details on the Society's website. There is a set closing date each year (end of April).

● **The 2015 Nursing/AHP and Medical awards:** This is a great opportunity for SICS members to present original research or quality improvement projects in the field of intensive care at the SICSAG/SCCTG Combined Annual Meeting in September. The winning entrant will be the guest of the Society at the following SICS Annual Scientific Meeting, including accommodation and meeting registration costs. More details are available on the website.

**Website & social media:**

The new website is up and running, with the same web address:

[www.scottishintensivecare.org.uk](http://www.scottishintensivecare.org.uk).

Many thanks to those involved with the project, and particularly to Richard Appleton for his hard work and enthusiasm throughout the process. Initial feedback has been positive. The next phase will be to add a members' log-in section, and later the capacity to pay for meetings online. The Education and Training Group are creating new e-learning modules which will launch via the site, meanwhile the original induction modules are still available.

We are also exploring ways of making audio-visual recordings of the society's meetings and training events which will be accessible via a secure area of the website.

A challenge for the future is succession planning, and recruitment of interested people to upkeep and update the site. Our current estimate is between one to two hours per week for basic maintenance, with additional time for development work. We have an ongoing contract with the site developer for hosting, support and training. If you have any comments or suggestions for the site please get in touch with either Richard or myself. Rosie Macfadyen has established an active and informative SICS twitter account which she will now hand on to her successor having left the Council, and the Trainees Committee host the Facebook page. The Society adheres to its social media policy, as given on the website. As ever, if there are any queries or concerns about the Society, please don't hesitate to get in touch.

**Dr Sarah Ramsay**

**SICS Postgraduate Bursary**

The Scottish Intensive Care Society is pleased to offer a postgraduate bursary to part-fund studies undertaken in fields of work allied to intensive care medicine.

The bursary is available to all membership categories, and will be advertised to members on the Society's website, with a set closing date each year (April).

Please see the SICS website or contact the Honorary Secretary for further information regarding application.



## SICSAG Report

Dr Stephen Cole, Ninewells Hospital, Dundee

### Staff Changes:

This past year has seen important changes of personnel within the audit. Angela Khan has moved to STAG after 7 years with SICSAG. She will be sorely missed. We welcome Paul Smith as our new national clinical coordinator. Paul has recently returned from Canada and has extensive experience in critical care. After much lobbying of ISD we have successfully gained more analyst time and Lorraine Smyth moves from part time to full time work on SICSAG. This will hopefully improve the lag time on data requests from the SICS membership. It's your data and I would encourage all to submit any requests for data via the steering group. We can also increasingly provide linkage to other national data sets held by ISD/PHI and this is a powerful resource.

### Obstetrics:

Following the publication of reports highlighting a number of concerns in the quality of care provided to the critically ill obstetric patient, we have been approached by representatives of the obstetric community in Scotland with a request to join the audit for their level 2 patients. This has been agreed by the steering group and units in Dundee, Glasgow and Edinburgh are starting to collect data via ward watcher. They are subject to the same governance rules as all other SICSAG contributors.

### Electronic extracts of data:

The monthly and annual report data extracts are currently carried out at local level. It is now technically feasible to centrally initiate a secure data extract. We are slowly working board by board through the data and electronic permissions required to do this and would hope to have this rolled out by the end of 2015. We are also revisiting the options for a web based replacement for ward watcher because of a number of risks around the

current system and personnel. We report on 43,680 critical care admissions in the 2014 annual report.

### Standards and Quality Indicators:

We report on the quality indicators for the second time in the 2014 annual report. These indicators were developed and agreed by wide consensus and consultation within the Scottish critical care community. For 2015 the steering group has agreed that we will bring the Quality indicators into the existing SICSAG governance structure as we are aware that some parts of the country are struggling to get support, resource and recognition from local hospital and board managers.

### SPSP collaboration:

We are developing closer collaboration with the Scottish Government SPSP programme and 10 safety essentials project. We already share routine HAI data with SPSP and are trying to streamline this process. Angela and I met with Andy Longmate to look at what we could potentially achieve.

### Meetings:

- 8<sup>th</sup> May 2015: We ran a one day meeting on "*How to make the most of your local data set*" to highlight what can be achieved locally in terms of research, audit and quality improvement. This was enthusiastically attended by both critical care nursing and medical staff and we hope to repeat this next year.
- 3<sup>rd</sup> & 4<sup>th</sup> September: 2015 SICSAG/SCCTG Joint two day meeting. Both of the meetings this year were held in the Beardmore Conference Centre GJNH Glasgow. Finally, 2016 will mark **20 years since the formation of SICSAG** and 25 years of the SICS ASM: a quite remarkable milestone.

**Dr Stephen Cole.**

## Annual Scientific Meeting Report

Dr Charles Wallis, Western General Hospital, Edinburgh

The Society's 24<sup>th</sup> Annual Scientific Meeting took place at the Old Course Hotel, St Andrews in January 2015. We had a record attendance with up to 300 delegates from medical, nursing and AHP backgrounds.



ASM January 2015

Tony Gordon from London started us off with a talk on vasopressin in septic shock based on his experience of the VASST trial, and then a resume of upcoming research in critical care. Our star speaker was Prof Wes Ely from Nashville USA doyen of ICU delirium and the CAM ICU score. He captivated the audience with his certain style of delivery and strong message of how to detect and manage this important problem. A superb Mike Telfer lecture was then delivered by Prof Hugh Montgomery of London. Hugh is an avid researcher and explorer and was involved with the 2007 Xtreme Everest expedition. He captivated us with an insight into the history of the planet, evolution of life, hibernation and how that links with our response to hypoxaemia. He followed on with an insight into muscle weakness and hypoxaemia.



Dr Anthony Gordon ASM 2015



Prof Alasdair MacLulich, ASM 2015

Friday had a neurological theme with traumatic brain injury by Jonathan Rhodes, status epilepticus by Matthew Walker, and hypothermia to protect the brain after cardiac arrest by Matt Wise, of the 'TTM' trial.

St Andrews alumnus Dr Simon Finney, now of the Brompton described the role of ECMO for severe respiratory failure and then the day finished off with a superb talk by Joe Brierley on the growing problem of children transitioning from paediatric intensive care to adult services, and the ethical challenge that this is bringing.



Prof Wes Ely, ASM January 2015

The meeting is also a forum for upcoming young talent with over 50 abstracts accepted on research and audit. The best oral presentation was from a medical student Joseph Campbell on “Validation of a prognostic scoring system for cirrhosis in ICU”. The best poster prize went to Kate Hulse on “Features of lung cancer patients in ICU”. Both of these were from John Kinsella’s department in Glasgow. The regional case presentation cup went to Dr Stuart Hannah from the west.

This brings to an end my three year term as meetings secretary. It has been both fascinating and rewarding job though with a few nail biting moments! I would like to thank all those on Council who have assisted me with putting together the programmes, without whom I could not have done it, and Julie Fenton for her expert administrative help. I have now handed the baton on to the capable hands of Kallirroï Kefala who will see the meetings on through our 25<sup>th</sup> year and beyond. I wish her well.

#### Dr Charles Wallis



Prof Hugh Montgomery, ASM 2015



Dr Anthony Gordon, ASM 2015

## Scottish Intensive Care Society Education and Training Group Report

Dr Martin Hughes, Glasgow Royal Infirmary

**The Education area of SICS Website and core teaching materials:**

### **SICS induction module programme 2015**

We are progressing with the new modules. The content has been finalised. Filming has to take place, and will happen in the next couple of months.

### **Ongoing plan for education in Scotland:**

In December 2014, the Education and Training group met to plan for the ongoing provision of education in Scotland. There are many different educational resources, some national and some local, and we felt it would be sensible to attempt to rationalise them.

Our aims are :

- To have a good introduction to ICU, with a modern, useful resource available free and online – the new induction modules.
  - At ST3/4 when FRCA will be the main focus, to ensure that we have enough education so that trainees remain interested in, and committed to, the specialty.
  - To have effective exam preparation
  - To teach professionalism
- These are not mutually exclusive.

We will finalise the modules for new start trainees and other interested professionals.

We will liaise with FICM on the creation of a new exam preparation course, with a view to future course being run in Scotland. The organisation for this course is now well underway, and the first running of it should be in early October. The Ed and T group are contributing questions and examiners. We will keep the 'senior' days going, with more focus on professionalism. These days are fast becoming established as popular and useful teaching resources for ICU trainees in Scotland. They are attended by all grades of trainees. One of these days may be in the Simulation Centre. These courses should be advertised widely to everyone involved in trainee education.

We will keep the Annual Education Meeting going. It is good for consultants and those who cannot attend the other meetings. They have always been successful.

Finally, I have been replaced as Chair of the Education and Training Group by Dr Mike Gillies. Dr Al Haddad has stepped down as secretary and been replaced by Dr Rosie McFadyen.

### **Dr Martin Hughes**

on behalf of the Education and Training Group of SICS



Poster judging, ASM 2015

## Scottish Critical Care Trials Group Report

Dr Malcolm Sim, Western Infirmary, Glasgow

### Trials Group activity:

There has been good uptake of studies this year across the various Research and Development Boards. Examples include EPOCH (Enhanced Peri-Operative Care for High-risk patients), LUNG-SAFE (Large observational study to UNDERstand the Global impact of Severe Acute respiratory Failure), Fluid-TRIPS (Fluid Translation of Research into Practice Study) and Breathe (a non invasive weaning trial). The DESIST (Development and Evaluation of Strategies to Improve Sedation Quality in Intensive Care) study has finished recruiting. Some units are currently considering participation in the REST trial (pRotective vEntilation with venous lung assist in respiratory failure).

### Annual joint meeting with SICSAG:

This event took place on Thursday 4<sup>th</sup> and Friday 5<sup>th</sup> September 2014. There was a wide range of presentations. These included an update on changes within the NIHR and CSO (Prof. Tim Walsh), evidence that should be used in guidelines (Prof John Kinsella), the OPTIMISE and OPTIMISE-2 studies (Dr Mike Gillies), the ProMISe study (Dr Sheila Harvey from ICNARC), getting funding for research (Prof Chris Packard), alcohol related admissions to critical care (Ms Joanne

McPeake), academic training in Critical Care (Dr Liz Wilson), solid organ tumour outcomes in ICU (Dr Kathryn Puxty), the RELinQuiSH study (Dr Pam Ramsay) and the INPUT study (Dr Susanne Kean). Preparations are well underway for the 2015 meeting which will take place in the Beardmore Hotel Clydebank on the 3<sup>rd</sup> and 4<sup>th</sup> of September.

### Plans for 2015:

As well as promoting uptake of units into studies, the trials group will also focus on taking forward the research themes identified in the recent research prioritisation Delphi exercise. The results of the second stage of this process were announced at the 2014 meeting and the top 10 research priorities important to Scottish Critical Care consultants considered in turn. These were narrowed after audience discussion to a top 3. These are:

1. Does high flow nasal O2 prevent intubation and alter outcomes in ICU?
2. Can a panel of biomarkers in addition to procalcitonin rationalise antibiotic use in ICU?
3. Troponins and ICU outcomes in general.

A working group has already been set up to examine the first of these and some proposals will be put forward for discussion.

**Dr Malcolm Sim.**



SICS AGM, January 2015

## Treasurer's Report

Prof Nigel Webster, Aberdeen Royal Infirmary

I am pleased to report that the SICS continues to operate from a solid financial background. We have built up funds in keeping with the Council agreed financial structure. This will allow the stated aims of the Society to continue and we provide education, audit and research awards. We also have the ability to provide financial cover if required for 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. We try to keep registration fees as low as possible and I am grateful for the industrial support in this regard. The meeting runs at a break-even level once all expenses and income are taken into account.

The Society continues to use 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

The Society remains in good standing with regard to its taxation and charitable status. I am attempting to complete more banking transactions electronically thereby saving time and postage. The Society has money in a reserve account which is currently yielding very little interest and is there to cover the expenditure of the Annual Scientific meeting should any unforeseen disaster occur. I have looked at other potential investment options but the relatively small amount the Society would be able to invest makes this not really viable at present.

I would like to thank David Cameron for handing over the role of Treasurer to me with the Society in such good shape.

**Prof Nigel Webster.**



Dr Simon Finney, ASM 2015



Dr Matthew Wallace, ASM 2015

## Scottish Critical Care Delivery Group Report

Dr Brian Cook, Royal Infirmary, Edinburgh

I took over the chair of SCCDG from November 2013 and am grateful to my predecessor John Colvin for maintaining direction and focus over the years. SCCDG has been in existence since 2002 as the forum for Scottish Health Board clinicians who lead regional Critical Care Delivery Groups. This group supports the Scottish Health Directorates and CMO's office for critical care delivery in Scotland.

2014-15 has been a year where major issues have been identified across the UK with service configuration, standards and workforce in critical care. These were recognised by SCCDG in 2013 when we requested a national review through the National Planning Forum (NPF).

### **National Review:**

This was agreed by the NPF on the basis of projected demographics, rising demand (particularly level 2 care), workforce insecurities due to changes in training of ICM doctors and changes in UK professional standards (FICM and ICS Guidelines for the Provision of Intensive Care Services: GPICS). Those of us involved in what transpired have been frustrated and disappointed that a "stock take" was undertaken and this provided a snapshot of 2014 service provision and ignored the future challenges.

There is particular anxiety in smaller hospitals where there is no ability to split anaesthetic and critical care consultant rotas recommended in the new UK standards (GPICS). These standards are driving commissioning south of the border which may result in widening differences between us and the rest of the UK.

While there has been a failure to recognise these challenges in Scotland, NHS England and NHS Wales are actively reviewing their future requirements and services in conjunction with FICM Workforce Advisory Group and the Centre for Workforce Intelligence.

This will be relevant to many Scottish NHS strategic plans and targets and further work is

required. The appointment of a new CMO and a window between elections may offer opportunities in 2015.

### **Transport:**

Many changes are happening over the next few years with the end of the SHOCK team, major trauma centre developments and reorganisation.

Previously the three nationally commissioned retrieval, stabilisation and transfer services have worked independently. These are the neonatal stabilisation and transport service, paediatric intensive care retrieval and adult intensive care retrieval (EMRS) services. These are now planned to come together under the (Scottish Specialist Transfer and Retrieval) ScotSTAR umbrella and to be hosted in the Scottish Ambulance Service (SAS). This allows the services to provide a range of responses across Scotland and can also tie into trauma and major incident management.

### **Adult ECMO:**

Scottish Health Services NSD position remains unchanged and a Scottish ECMO centre has not been commissioned. Numbers appear to be increasing: 33 Scottish referrals to Glenfield with 15 placed on ECMO in various centres in 2013-14. Referral from Scotland for ECMO remains via Glenfield.

### **Pandemic Flu Responses:**

Health Boards are expected to be able to maintain the ability to increase ventilated bed capacity by 100% in a pandemic. The ownership of the national fleet of ventilators purchased in 2009/10 has been confirmed by Scottish Health Directorates as sitting with health boards where they are hosted.

National testing of pandemic responses may involve critical care in 2015.

My thanks go to the individual members of SCCDG for their continued support and particular thanks to Catriona Barr (NHS Shetland) whose organisation and minute taking keep us all in order.

**Dr Brian Cook.**

## Associate Members Report

Ms Ruth Forrest, South Glasgow University Hospital

The work started by Fiona McIntyre looking at the demographics of the associate membership and reasons for joining (or not joining) SICS has continued throughout the year. However, over the last six months there has been an increase in nurse associate membership which is very encouraging.

It was hoped to trial a videoconference link between London and Edinburgh to test whether this would be a useful method of increasing access to educational material. It was planned that this event would focus on renal replacement therapies including citrate

anticoagulation. Unfortunately, the London venue was not ready and so this has been postponed until later in 2015.

For the first time, Critical Care has been included in the undergraduate pharmacy MPharm degree at the University of Strathclyde as part of their revised course. This involved both lecture and workshop sessions and has been very well received and will be continuing in the next academic year.

**Ms Ruth Forrest.**

### SICS Travel Grant 2016

The aim of this grant is to support travel to study or experience critical care in an environment or location different from the individuals workplace. It has a maximum value of £2000, awarded in whole or part to up to two applicants. The successful applicant will be invited to present an account of their project at the following year's ASM.

The grant is accessible to all SICS members of any profession or grade.

The date of the 2016 award will be announced early in 2016. Please see the SICS website for details.



## Scottish Transplant and Donation Group Report

Dr Charles Wallis, Western General Hospital, Edinburgh

I would like to start by thanking Steve Cole for all his work on organ donation over the last five years. Steve had the combined roles of National Clinical Lead for Organ Donation and as SICS representative on the Scottish Donation and Transplant Group (SDTG). These roles have now been divided and I represent Intensive Care interests on the SDTG. This committee is hosted by the Scottish Government Health and Social Care Directorate and chaired by Prof John Forsythe, a transplant surgeon. It acts as a central advisory body covering organ donation, NHS Blood and Transplant and transplantation services.

After several years of steady growth in organ donation there has been a slight fall in Scotland and across the UK in the last year. There were 98 donors in 2014/15 compared to 106 the year before. Whilst this may just be natural variation possible reasons include fewer DCD donors, higher decline rate for marginal donors and fewer high risk patients waiting.

I would like to thank you all for making early referrals as this is really making a difference. SNODS may be able to give rapid indication of whether patient is unsuitable for donation, thus obviating the need for family approach in these cases. When donation is a possibility it allows them time to mobilise to your unit. There are absolute contra-indications to donation but these are subject to constant review. I suggest you speak to your local SNOD if you wish to see them. One other request; please do not forget tissue donation. The pool of available tissue has declined while solid organ donation has increased. Your SNOD will be able to advise you on local tissue donation services.

One of the issues that challenges NHSBT is that about 42% of families are declining organ donation across the UK. For those not on the Organ Donor Register (ODR) the decline rate is over 50% and even for the 20% who are on the ODR about 11% of their families override

the persons wishes to donate. NHSBT is advising that SNODS should be involved in the initial request with the ICU consultant, based on evidence that the decline rate is lower when a SNOD is in the room. A best practice guide with accompanying DVD is being distributed to ICUs via the SNODs and should reach you soon. The guidance is well written and the DVD helpfully demonstrates both good and bad family approaches.

A significant issue on the horizon is the 'Opt out' bill going through the Scottish Parliament. Proposed by Anne McTaggart MSP this private members bill is called Transplantation (Authorisation of removal of Organs etc.) Scotland. It would "amend the law on the removal of parts of the human body for transplantation by providing for decisions to be made on behalf of a deceased adult by a proxy and by authorising removal and use in certain cases where the deceased adult has not recorded an objection". Wales have recently introduced similar legislation.

This will go for detailed scrutiny by the Health and Sport Committee in the autumn and may or may not proceed from there. If enacted it would entail a very significant change to the way we practice organ donation in our ICUs. Adults would have the opportunity to 'opt out' using the ODR or other methods, but if they had not done so, permission to remove organs would be presumed. The bill states that an adult could appoint a 'proxy' to deal with such issues; it is not clear who that would be, and talks of an 'Authorised Investigating Person', as yet undefined but it is thought that this role might be undertaken by the SNOD. I suggest you have a look at this bill at <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/89893.aspx>. The SICS has asked via the SDTG to give evidence at Holyrood, and hopefully will have the opportunity to do so. I propose to survey our members for opinions before that so your response would be very helpful.

**Dr Charles Wallis.**

## SICS Trainee Committee Report

Dr Alistair Gibson, Royal Infirmary, Edinburgh

This has been a productive year for the trainee group with a well organised and successful audit, several well received trainee education days and an informative and well run education meeting. The trainee group have been involved in discussions aimed at ensuring delivery of high quality critical care education for trainees in Scotland, with contribution to content of the SICS website, and have participated in the planning of this year's annual Scientific meeting.

The trainees committee continues to hold provision of critical care education and training as one of its core principles and Thalia Monroe-Somerville organised an education meeting which received widespread positive feedback for both the lecture content and the delivery of practical breakout sessions.

This year's national trainees audit was led by Lia Paton and focussed on tracheostomy care in Scottish ICU's. Prior to undertaking this

year's audit a survey of tracheostomy practice amongst the trainee membership was undertaken the results of which were presented at this year's ASM by Lisa Gemmel.

The coming year promises to be another busy and fruitful one for the trainee group and we are all looking forward to building on this year's successes.

I would like to personally thank Lisa, Lia and Thalia for all of their hard work and enthusiasm over the past 12 months and look forward to continuing working with them over the coming year. In addition I would like to thank the recently appointed local trainee linkmen: Miriam Stephens, Lorna Young, Caroline Ferguson, Oliver Robinson and James MacBrayne for their motivated and enthusiastic contributions and hope that they will all be able to continue for another year in the role.

**Dr Alistair Gibson.**



ASM, January 2015

## Paediatric Intensive Care Report

Dr Neil Spenceley, Royal Hospital for Sick Children, Glasgow

Intensive care for the children of Scotland is provided in partnership between Glasgow (RHSC-G) and Edinburgh's (RHSC-E) Sick Children's Hospitals. During this last year the overall capacity across both sites has been increased by 5 beds to 34. We hope for an additional 4 beds during the coming year taking Glasgow and Edinburgh to 22 and 16 beds respectively. There has been a gradual consultant expansion on both sites and we would hope for this to continue in line with the predicted increase in occupancy, dependency, service development and patient/parent expectation over the coming years. In addition, with the ScotSTAR base now opened at Glasgow Airport, the provision of suitably trained paediatric personnel to ensure the safe and effective retrieval of critically ill children will require further investment. Scotland has a number of PICU Fellows in training, which may potentially provide an avenue to increase the medical workforce in the future.

Glasgow's Hospital for Sick Children moved to the Southern University Campus in June (Edinburgh is due to move to the Little France campus in 2017). The PICU transitioned 12 children in 36 hours safety and effectively largely due to extensive preparation and planning. The services provided remain the same although it now, like Edinburgh, accommodates children up to 16 years of age although there is a degree of flexibility with the neighbouring adult facility allowing certain 'adult themed' conditions to be optimally cared for. Predictably there has been a degree of staff attrition during this time, particularly nursing, which has put an additional strain on the service. Nursing recruitment is underway but as ever the

availability of suitably trained individuals is constrained.

Both units continue to contribute to the Paediatric Intensive Care Audit Network (PICANet) and are shown to provide excellent care. Both units also collaborate to maximise the use of the Metavision Clinical Information System (CIS) and therefore the information provided to this network and clinical information provided to the clinician in a clear and timely manner.

ECMO for Children in Scotland is provided at the RHSC(G) which also has a transport capability. It continues to be one of the four major centres within the UK and provides extra corporeal support to suitable candidates under 16 years of age. The institutions expertise has been sought in the past with regards to adult patients and we expect this to continue.

Glasgow continues to be the national congenital cardiac centre for and with the addition of a new surgeon (Mr Ed Peng) it is envisioned that the service will continue to develop. Edinburgh provides the national scoliosis programme and both units can provide facilities for long-term ventilation / technologically dependent children.

The expansion and maintenance of this service however can only be accommodated with a corresponding expansion in personnel. This is the greatest threat to both units and there is ongoing discussion regarding how best to address this world wide problem.

**Dr Neil Spenceley.**



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